Heal th Financia	al Systems	TERRE HAUTE REGIONAL	HOSPI TAL	In Lieu	of Form CMS-2552-10
This report is	required by law (42 USC 1395c	; 42 CFR 413.20(b)). Failu	re to report can res	sult in all interim	FORM APPROVED
payments made	since the beginning of the cos	st reporting period being d	eemed overpayments ((42_USC_1395g).	OMB NO. 0938-0050
HOSPITAL AND H AND SETTLEMENT	OSPITAL HEALTH CARE COMPLEX CC SUMMARY	DST REPORT CERTIFICATION	Provider CCN: 15004	From 09/01/2013	Worksheet S Parts I-III Date/Time Prepared: 1/26/2015 2:43 pm
PART I - COST	REPORT STATUS				
Provi der	1. [X] Electronically filed of	cost report		Date: 1/26/20	15 Time: 2:43 pm
use only	2. [] Manually submitted cos	st report			
	3. [0] If this is an amended 4. [F] Medicare Utilization.			resubmitted this co	ost report
Contractor use only	<pre>5. [1]Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended</pre>	7. Contractor No.	this Provider CCN 12		

PARI II -CERTIFICATION

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

CERTIFICATION BY 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 TERRE HAUTE REGIONAL HOSPITAL (150046) for the cost reporting period beginning 09/01/2013 and ending 08/31/2014 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.



```
Officer or Administrator of Provider(s)
```

Title

Date

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	84, 801	-74, 150	-36, 066	-11, 470, 936	1.00
2.00	Subprovider - IPF	0	32, 921	-394		0	2.00
3.00	Subprovider - IRF	0	-28, 467	-120		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	СМНС І	0		0		0	12.00
200.00	Total	0	89, 255	-74,664	-36,066	-11, 470, 936	200.00

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

JSPI I.	AL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DAT	ΓA	Provi	der CC	CN: 150046	Period: From 09/01		Part I		
							To 08/31	/2014		ime Pre 2015 2:3	
	1.00	2.	00	1	3.00		I	4.00	17 207 2	010 210	
	Hospital and Hospital Health Care Co										
	Street: 3901 HOSPITAL LANE	PO Box:				-					1.00
00	City: TERRE HAUTE	State: I		p Code			ty: VIGO	Deven		tam (D	2.00
		Component Na		CCN umber	CBSA Numbe		r Date Certified		, 0, or	tem (P,	
			NC INC		Numbe			V			-
		1.00	2	2.00	3.00	4.00	5.00	6.00	_	_	1
	Hospital and Hospital-Based Componer	nt Identification:		I							
00	Hospi tal	TERRE HAUTE REGIO	DNAL 15	50046	45460	D 1	07/01/1966	5 N	P	0	3.00
00		HOSPI TAL			45444		09/01/199		Р		1 00
00	Subprovider - IPF	TERRE HAUTE PSYCH		5S046	45460	0 4	09/01/199	I N	P	0	4.00
00	Subprovider - IRF	TERRE HAUTE REHAE	BUNIT 15	5T046	45460	5 5	09/01/2000	5 N	P	0	5.00
	Subprovider - (Other)										6.00
	Swing Beds - SNF								1	1	7.00
00	Swing Beds - NF										8.00
	Hospital-Based SNF										9.00
	Hospital-Based NF										10.00
	Hospital-Based OLTC										11.00
	Hospital-Based HHA Separately Certified ASC										12.00
	Hospi tal -Based Hospi ce										14.00
	Hospital-Based Health Clinic - RHC										15.00
	Hospital-Based Health Clinic - FQHC										16.00
7.00	Hospital-Based (CMHC) I										17.00
	Hospital-Based (CORF) I										17.10
	Renal Dialysis										18.00
9.00	Other										19.00
							From 1.00			0: 00	-
0. 00	Cost Reporting Period (mm/dd/yyyy)						09/01/2			/2014	20.00
	Type of Control (see instructions)						09/01/2	4	0073	172014	20.00
	Inpatient PPS Information						I				1 00
2.00	Does this facility qualify and is it	currently receiv	ing paymen	ts for	di spro	oportionate	e Y			N	22.00
	share hospital adjustment, in accord										
	for yes or "N" for no. Is this facil				2.06(c)) (2) (Pi ckl e	2				
0 01	amendment hospital?) In column 2, er					reporting	N			Y	22.01
	Did this hospital receive interim ur period? Enter in column 1, "Y" for y						N			ř	22.01
	reporting period occurring prior to						or				
	no for the portion of the cost repor				2						
	instructions)										
3.00	Which method is used to determine Me	2					1	3		N	23.00
	1, enter 1 if date of admission, 2 i method of identifying the days in th										
	used in the prior cost reporting per										
	used in the piror cost reporting per		In-State	In-St		Out-of		Medi ca	id (Other	
			Medi cai d	Medi c		State		HMO da		di cai d	
			paid days	eligi		Medi cai d	Medi cai d			days	
				unpa		baid days	eligible				
		-	1.00	day		2.00	unpai d	F 00		(00	-
00	If this provider is an IPPS hospital	ontor the	<u>1.00</u> 1,379	2.0	490	3.00	4.00	5.00	611	<u>6.00</u> C	24.00
. 00	in-state Medicaid paid days in col.		1, 3/9		470	55	12	Ι,		U	/ 24. UU
	Medicaid eligible unpaid days in col										
	out-of-state Medicaid paid days in c										
	out-of-state Medicaid eligible unpai										
	4, Medicaid HMO paid and eligible bu										
	column 5, and other Medicaid days in		40				14				25.00
	If this provider is an IRF, enter th Medicaid paid days in col. 1, the ir		48	1	0	0	14		9		25.00
	eligible unpaid days in col. 1, the fi										
				1							
	Medicaid days in col. 3. out-of-stat	e Medicald				1	I				
	Medicaid days in col. 3, out-of-stat eligible unpaid days in col. 4, Medi										
		caid HMO paid									

Health Financial Systems TERRE	HAUTE REGI	ONAL HOSPITAL		L	n Lieu	u of Form	n CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATIO	ON DATA	Provi der (eriod: rom 09/01/ p 08/31/		Workshe Part I Date/Ti	ne Pre	oared:
				Urban/Rur			Geogr	7 pm
26.00 Enter your standard geographic classification (no	nt wana) sta	tus at the her	upping of the	1.00	1	2.0	0	26.00
 27.00 Enter your standard geographic classification (m. reporting period. Enter "1" for urban or "2" 27.00 Enter your standard geographic classification (m. reporting period. Enter in column 1, "1" for urban 	" for rural. ot wage) sta	tus at the end	l of the cost		1			27.00
ass. 00 If this is a sole community hospital (SCH), enter effect in the cost reporting period.	ssi fi cati on	in column 2.			0			35.00
				Begi nni 1. 00		Endi r 2. 0		
36.00 Enter applicable beginning and ending dates of Se of periods in excess of one and enter subsequent		ubscript line	36 for number	1.00		2.0	0	36.00
37.00 If this is a Medicare dependent hospital (MDH), o in effect in the cost reporting period.		mber of period	ls MDH status		0			37.00
38.00 Enter applicable beginning and ending dates of M of periods in excess of one and enter subsequent		Subscript line	38 for number					38.00
				Y/N 1.00		Y/N 2.0		
39.00 Does this facility qualify for the inpatient hosp hospitals in accordance with 42 CFR §412.101(b)(or "N" for no. Does the facility meet the mileage CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for	2)(ii)? Ente e requiremen	er in column 1 Its in accordan	"Y" for yes ice with 42	N		N		39.00
	,			1	V 1.00	XVIII 2.00	XI X 3.00	
Prospective Payment System (PPS)-Capital 45.00 Does this facility qualify and receive Capital pa	avment for d	li sproporti onat	e share in acc	ordance	N	Y	N	45.00
with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment	exception f	or extraordina	iry circumstanc	es	N	N	N	46.00
pursuant to 42 CFR §412.348(f)? If yes, complete III. 47.00 Is this a new hospital under 42 CFR §412.300 PPS				0	N	N	N	47.00
48.00 Is the facility electing full federal capital pay Teaching Hospitals					N	N	N	48.00
56.00 Is this a hospital involved in training residents	s in approve	d GME programs	? Enter "Y" f	or yes	N			56.00
or "N" for no. 57.00 If line 56 is yes, is this the first cost report GME programs trained at this facility? Enter "Y	" for yes or	"N" for no in	column 1. If	column 1	N			57.00
is "Y" did residents start training in the first for yes or "N" for no in column 2. If column 2 "N", complete Worksheet D, Part III & IV and D-2.	is "Y", comp	lete Worksheet						
58.00 If line 56 is yes, did this facility elect cost defined in CMS Pub. 15-1, section 2148? If yes, o	complete Wor	ksheet D-5.		IS	N			58.00
59.00 Are costs claimed on line 100 of Worksheet A? I 60.00 Are you claiming nursing school and/or allied her					N N			59.00 60.00
provider-operated criteria under §413.85? Enter	"Y" for yes Y/N	or "N" for no	D. (see instruc Direct GME	tions) IME		Direct	GME	
	1.00	2.00		4.00				
61.00 Did your hospital receive FTE slots under ACA	1.00 N	2.00	3.00	4.00	0.00	5.0		61.00
section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) 61.01 Enter the average number of unweighted primary ca		0.00	0.00					61. 01
FTEs from the hospital's 3 most recent cost repo ending and submitted before March 23, 2010. (see instructions)								
61.02 Enter the current year total unweighted primary of FTE count (excluding OB/GYN, general surgery FTE	S,	0.00	0.00					61. 02
and primary care FTEs added under section 5503 or ACA). (see instructions)	f	0.00	0.00					(1.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used determining compliance with the 75% test. (see	for	0.00	0.00					61.03
 instructions) 61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the 	e	0.00	0.00					61. 04
61.05 current cost reporting period. (see instructions) Enter the difference between the baseline primary and/or general surgery FTEs and the current year	y s	0.00	0.00					61.05
 primary care and/or general surgery FTE counts (161.04 minus line 61.03). (see instructions) 61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprime care or general surgery. (see instructions) 	g	0. 00	0.00					61.06

alth Financial Systems DSPITAL AND HOSPITAL HEALTH CARE COMPLEX		TE REGIONAL H TA P			eriod:	u of Form CMS-2 Worksheet S-2	
				T		Part I Date/Time Pre 1/26/2015 2:3	
		Program N	lame	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
 1.10 Of the FTEs in line 61.05, specify of specialty, if any, and the number of for each new program. (see instructiculumn 1 the program name, enter in program code, enter in column 3 the unweighted count and enter in column FTE unweighted count. 1.20 Of the FTEs in line 61.05, specify of program specialty, if any, and the residents for each expanded program instructions) Enter in column 1 the enter in column 2 the program code, 3 the IME FTE unweighted count and enter in column 1 the 	f FTE residents ons) Enter in column 2 the IME FTE n 4 direct GME each expanded number of FTE (see program name, enter in column				0.00		61. 1
direct GME FTE unweighted count.							
						1.00	
ACA Provisions Affecting the Health	Resources and Ser	vices Adminic	tration	(HRSA)		1.00	
2.00 Enter the number of FTE residents th					od for which	0.00	62.0
your hospital received HRSA PCRE fu				(710)		0.00	
2.01 Enter the number of FTE residents the during in this cost reporting perior Teaching Hospitals that Claim Resid	d of HRSA THC prog	gram. (see ins			your nospitai	0.00	62. C
8.00 Has your facility trained residents	in non-provider s	settings durir	g this co	ost reporting	period? Enter	N	63.0
"Y" for yes or "N" for no in column	1. If yes, comple	ete lines 64-6	7. (see i				
				Unweighted FTEs	Unweighted FTEs in	Ratio (col. 1/ (col. 1 + col.	
				Nonprovi der	Hospi tal	2))	
			-	Site	0.00	2.00	
Section 5504 of the ACA Base Year F	TE Residents in No	onprovi der set	tinasT	1.00 his base year	2.00	3.00 reporting	
period that begins on or after July	1, 2009 and befor	<u>re June 30, 20</u>)10.	ne sace your			
4.00 Enter in column 1, if line 63 is yes in the base year period, the number resident FTEs attributable to rotati settings. Enter in column 2 the num resident FTEs that trained in your 1 of (column 1 divided by (column 1 +	of unweighted non ons occurring in mber of unweighted nospital. Enter in	n-primary care all non-provi non-primary n column 3 the	der care ratio	0.00	0.00	0. 000000	64.0
	Program Name	Program (Code	Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00		Si te 3. 00	4.00	5.00	
5.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column				0.00			65. C

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPL		TE REGIONAL HOSE		1	lr Period: From 09/01/ To 08/31/	2013	u of Form Workshe Part I Date/Ti	et S-2	
					Unwei ghted FTEs Nonprovi der Si te	Unweigh FTEs i Hospita	ted n al	1/26/20 Ratio (c (col. 1 2))	15 2:3 ol. 1/ + col.	
	Section 5504 of the ACA Current	Year FTE Residents ir	Nonprovider se	ttings-	1.00 Effective 1	2.00 For cost re		<u>3.0</u> ng perio		
66.00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations o Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	unweighted non-primar ccurring in all non-p unweighted non-primar al. Enter in column 3	orovider setting ry care resident the ratio of	s.	0. C	0	0.00	0.	000000	66.00
		Program Name	Program Cod	le	Unwei ghted FTEs Nonprovi der Si te	Unweigh FTEs i Hospita	n	Ratio (c (col. 3 4))	+ col.	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	1.00	2.00		3. 00 0. C	4.00	0.00	5.0		67.00
							1.00	0 2.00	3.00	
70.00	Inpatient Psychiatric Facility P Is this facility an Inpatient Ps		PE) or does it	contai	n an IDE sub	provi der?	Y			70.00
	Enter "Y" for yes or "N" for no If line 70 yes: Column 1: Did th recent cost report filed on or b Column 2: Did this facility trai §412.424 (d)(1)(iii)(D)? Enter " or 3 respectively in column 3. (beginning of the fourth year, en the new teaching program in exis	e facility have an ap efore November 15, 20 n residents in a new Y" for yes or "N" for see instructions) If ter 4 in column 3, or	pproved GME teac 104? Enter "Y" teaching progra no. Column 3: this cost repor if the 5th or	hing pr for yes m in ac lf colu ting pe	rogram in the or "N" for cordance wit mn 2 is Y, e criod covers	e most no. h 42 CFR enter 1, 2 the	N	Ν	0	71.00
75 00	Inpatient Rehabilitation Facilit	y PPS		:						75 00
	Is this facility an Inpatient Re subprovider? Enter "Y" for yes If line 75 yes: Column 1: Did th recent cost reporting period end no. Column 2: Did this facility CFR §412.424 (d)(1)(iii)(D)? Ent 1, 2 or 3 respectively in column beginning of the fourth year, en the new teaching program in exis	and "N" for no. e facility have an ap ing on or before Nove train residents in a er "Y" for yes or "N" 3. (see instructions ter 4 in column 3, or	pproved GME teac mber 15, 2004? new teaching pr for no. Column) If this cost if the 5th or	hing pr Enter " ogram i 3: If reporti	rogram in the Y" for yes o n accordance column 2 is ng period co	or "N" for e with 42 Y, enter overs the	Y N	N	0	75.00
								1.0	0	
80 00	Long Term Care Hospital PPS Is this a long term care hospita	(ITCH)? Enter "V"	for yes and "N"	for po)			N		80.00
85.00	TEFRA Providers Is this a new hospital under 42 Did this facility establish a new §413.40(f)(1)(ii)? Enter "Y" fo	CFR Section §413.40(f w Other subprovider (⁻)(1)(i) TEFRA?	Enter	"Y" for yes		no.	N		85. 00 86. 00
	<u>13413.40(1)(1)(1): Litter 1 10</u>	yes and in ror no.				V		XIX		
	Title V and XIX Services					1.00		2.0	0	0.5
	Does this facility have title V yes or "N" for no in the applica	ole column.				N		Y		90.00
91.00	ls this hospital reimbursed for full or in part? Enter "Y" for y				either in	N		N		91.00
92.00	Are title XIX NF patients occupy instructions) Enter "Y" for yes	ing title XVIII SNF b	eds (dual certi	fi cati o	n)? (see			N		92.00
93.00	Does this facility operate an IC "Y" for yes or "N" for no in the	F\MR facility for pur			(IX? Enter	N		N		93.00
94.00	Does title V or XIX reduce capit. applicable column.		or yes, and "N"	for no	in the	N		N		94.00
95.00	If line 94 is "Y", enter the red	uction percentage in	the applicable	column.			0.00		0. 00	95.00

Heal th Financial Systems TERRE HAUTE REG	GIONAL HOSPITAL		١n	Lieu of Form (CMS-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		CCN: 150046	Period: From 09/01/2 To 08/31/2	Worksheet 2013 Part I 2014 Date/Time	S-2 Prepared:
			V	1/26/2015 XI X	2:37 pm
96.00 Does title V or XIX reduce operating cost? Enter "Y" for ve	os or "N" for n	in the	1.00 N	2.00 N	96.00
 97.00 If line 96 is "Y", enter the reduction percentage in the ap Rural Providers 					98.00 0.00 97.00
105.00 Does this hospital qualify as a Critical Access Hospital (0.106.00 If this facility qualifies as a CAH, has it elected the all		nod of paymer	nt N		105. 00 106. 00
for outpatient services? (see instructions) 107.00 Column 1: If this facility qualifies as a CAH, is it eligi for I &R training programs? Enter "Y" for yes or "N" for r instructions) If yes, the GME elimination would not be on V 25 and the program would be cost reimbursed. If yes complet Column 2: If this facility is a CAH, do I&Rs in an approve train in the CAH's excluded IPF and/or IRF unit? Enter "Y column 2. (see instructions)	no in column 1. Worksheet B, Par te Worksheet D-2 ed medical educa (" for yes or "N	(see rt I, column 2, Part II. ation program N" for no in		N	107. 00
108.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	e CRNA fee scheo	dule? See 42 Occupationa		Respi rato	108.00
	1.00	2.00	3.00	4.00	
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	e N	N	N	N	109.00
				1.00 2.00 3	. 00
Miscellaneous Cost Reporting Information 115.00 Is this an all-inclusive rate provider? Enter "Y" for yes of enter the method used (A, B, or E only) in column 2. If col either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospital provider 15-1, §2208.1.	umn 2 is "E", e t for long term	enter in colu care (includ	ımn 3 les	N	0 115.00
116.00 Is this facility classified as a referral center? Enter "Y" 117.00 Is this facility legally-required to carry malpractice insu			"N" for	N N	116. 00 117. 00
118.00 Is the malpractice insurance a claims-made or occurrence po	olicy? Enter 1 i	f the policy	is	2	118.00
claim-made. Enter 2 if the policy is occurrence.		Premi ums	Losses	Insuranc	e
		1.00	2.00	3.00	
118.01 List amounts of malpractice premiums and paid losses:		719, 4			, 076 118. 01
			1.00	2.00	
118.02 Are malpractice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.			N		118. 02
119.00D0 NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hol \$3121 and applicable amendments? (see instructions) Enter i			N	N	119.00
"N" for no. Is this a rural hospital with < 100 beds that of Hold Harmless provision in ACA §3121 and applicable amendme	qualifies for th	ne Outpatient			
"N" for no. Is this a rural hospital with < 100 beds that of Hold Harmless provision in ACA §3121 and applicable amendme Enter in column 2 "Y" for yes or "N" for no. 121.00Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no.	qualifies for th ents? (see instr	ne Outpatient ructions)	Y		120.00
"N" for no. Is this a rural hospital with < 100 beds that of Hold Harmless provision in ACA §3121 and applicable amendme Enter in column 2 "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no. Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" for yes, enter certification date(s) (mm/dd/yyyy) below.	qualifies for th ents? (see instr antable devices for yes and "N"	ne Outpatient ructions) s charged to for no. If	Y N		120. 00 121. 00 125. 00
"N" for no. Is this a rural hospital with < 100 beds that of Hold Harmless provision in ACA §3121 and applicable amendmed Enter in column 2 "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost implication 121.00 Did this facility incur and report costs for high cost implication 125.00 Does this facility operate a transplant center? Enter "Y" for yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, end in column 1 and termination date, if applicable, in column	qualifies for the ents? (see instr antable devices for yes and "N" enter the certif 2.	ne Outpatient Fuctions) s charged to for no. If fication date	Y N		120. 00 121. 00 125. 00 126. 00
"N" for no. Is this a rural hospital with < 100 beds that of Hold Harmless provision in ACA §3121 and applicable amendme Enter in column 2 "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost impli- patients? Enter "Y" for yes or "N" for no. Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" f yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, end in column 1 and termination date, if applicable, in column 127.00 If this is a Medicare certified heart transplant center, end 128.00 If this is a Medicare certified liver transplant center, end	qualifies for the ents? (see instr antable devices for yes and "N" enter the certif 2. nter the certifi 2. nter the certifi	ne Outpatient ructions) s charged to for no. If fication date cation date	Y N		120.00 121.00 125.00 126.00 127.00
 "N" for no. Is this a rural hospital with < 100 beds that of Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2 "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost implication patients? Enter "Y" for yes or "N" for no. 125.00 Does this facility operate a transplant center? Enter "Y" fyes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, entir column 1 and termination date, if applicable, in column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified liver transplant center, entir column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified liver transplant center, entir column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, entir column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, entir column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, entir column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, entir column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, entir column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare cer	qualifies for the ents? (see instr antable devices for yes and "N" enter the certifi 2. nter the certifi 2. nter the certifi 2.	ne Outpatient Fuctions) s charged to for no. If fication date cation date	Y N		120. 00 121. 00 125. 00 126. 00 127. 00 128. 00
 "N" for no. Is this a rural hospital with < 100 beds that of Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2 "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost implication patients? Enter "Y" for yes or "N" for no. 125.00 Does this facility operate a transplant center? Enter "Y" for yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, enter in column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, enter column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, enter column 1 and termination date, if applicable, in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, enter column 1 and termination date, if applicable, in column 2. 	qualifies for the ents? (see instr antable devices for yes and "N" enter the certifi 2. nter the certifi 2. ter the certific enter the certific	ne Outpatient ructions) s charged to for no. If fication date cation date cation date i	Y N		120. 00 121. 00 125. 00 126. 00 127. 00 128. 00 129. 00
 "N" for no. Is this a rural hospital with < 100 beds that of Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2 "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost implication patients? Enter "Y" for yes or "N" for no. 125.00 Does this facility operate a transplant center? Enter "Y" for yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, end in column 1 and termination date, if applicable, in column 1 and termination date, if applicable, in column 127.00 If this is a Medicare certified liver transplant center, end in column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified liver transplant center, end in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, end column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified lung transplant center, end column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified lung transplant center, end column 1 and termination date, if applicable, in column 120.00 If this is a Medicare certified lung transplant center, end column 1 and termination date, if applicable, in column 2. 130.00 If this is a Medicare certified panceas transplant center, date in column 1 and termination date, if applicable, in cotenter, end in column 1 and termination date, if applicable, in cotenter, end column 1 and termination date, if applicable, in cotenter, end column 1 and termination date, if applicable, in cotenter, end column 1 and termination date, if applicable, in cotenter, end column 1 and termination date, if applicable, in cotenter, end column 1 and termination date, if applicable, in cotenter, end column 1 and termination date, if applicable, in cotenter, end column 1 and termination date, if applicable, in cotenter, end column 1 and terminatio	qualifies for the ents? (see instr antable devices for yes and "N" enter the certifi 2. nter the certifi 2. ter the certifi 2. ter the certific enter the certific enter the certific olumn 2. er, enter the certific enter the certific	ne Outpatient ructions) s charged to for no. If fication date cation date cation date i cation date i tification ertification	Y N		120.00 121.00 125.00 126.00 127.00 128.00 129.00 130.00 131.00
 "N" for no. is this a rural hospital with < 100 beds that of Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2 "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost implication patients? Enter "Y" for yes or "N" for no. 125.00 Does this facility operate a transplant center? Enter "Y" fyes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, entin column 1 and termination date, if applicable, in column 127.00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, entin column 1 and termination date, if applicable, in column 120.00 If this is a Medicare certified liver transplant center, entit column 1 and termination date, if applicable, in column 120.00 If this is a Medicare certified liver transplant center, entit column 1 and termination date, if applicable, in column 2.130.00 If this is a Medicare certified panceas transplant center, entit column 1 and termination date, if applicable, in column 2.130.00 If this is a Medicare certified panceas transplant center, entit column 1 and termination date, if applicable, in column 2.130.00 If this is a Medicare certified panceas transplant center. 	qualifies for the ents? (see instr antable devices for yes and "N" enter the certifi 2. ther the certifi 2. ter the certific enter the certific oumn 2. er, enter the certifi 2. ter the certific oumn 2. er, enter the certifi 2.	ne Outpatient ructions) s charged to for no. If fication date cation date cation date i tification ertification cation date	Y N		121.00 121.00 125.00 126.00 127.00 128.00 129.00 130.00 131.00 132.00 133.00

Health Financial Systems	TERRE HAUTE	REGIONAL	HOSPI TAL			١n	Lieu of	Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	N	Provi der	CCN: 15004		09/01/2	2013 Pari 2014 Date	e/Time Pre	epared:
ALL Drovi dorc						1.00		2.00	-
140.00 Are there any related organization chapter 10? Enter "Y" for yes or "	N" for no in column 1	1. If yes,	and home	office co		Y		70	140. 00
1.00	n arganization anto	2.00	- 111 three	unda 142 ±k					
					ne name	and addr	ess or tr	he	
141.00 Name: HOSPITAL CORP. OF AMERICA 142.00 Street: ONE PARK PLAZA					actor's	Number:	10301		141. 00 142. 00
143.00 Ci ty: NASHVI LLE	State:	TN		Zip C	ode:		37203		143.00
								1 00	-
145.00 If costs for renal services are cl	aimed on Worksheet A,		are they	costs for	inpatie	ent		Y Y	144. 00 145. 00
						1 00		0.00	-
					es,	<u>1.00</u> N		2.00	146.00
		6	"N"			N			147.00
					for	Ν			149.00
no.			Dort A	Dort	D	Ti +1 o \	/ T:	+1 o VI V	
			1.00				/ 11		-
				n the appl	i cati on	of the			
155.00Hospi tal			N	N		N		N	155.00
158. 00 SUBPROVI DER			IN			IN		IN .	158.00
159. 00 SNF			Ν	N		Ν		Ν	159.00
160.00 HOME HEALTH AGENCY			N	N		N		N	
161. 00 CMHC 161. 10 CORF									1
Multicampus									
	impus hospital that ha	as one or	more campu	uses in di	fferent	CBSAs?		Ν	165.00
	Name	Co	ounty	State	Zip Coo	de CBS	SA FTI	E/Campus	
	0	-	1.00	2.00	3.00	4.0	00	5.00	
								0.00	166.00
column 2, zip code in column 3,									
								1.00	
									1(7.00
reasonable cost incurred for the H	IIT assets (see instru	uctions)							
	Ail Providers 1.00 2.00 Air Providers 1.00 2.00 Are there are related organization or home office costs as defined in OMS Pub. 15-1, tore claiked, enter the fore orline chain nue. Cose instructions 3.00 140.00 If this facility is part of a chain organization, enter on lines office costs 3.00 140.00 Dame HOP the Net Organization, enter on lines office costs 3.00 141.00 Dame HOP the Net Organization, enter on lines office costs 3.00 141.00 Dame HOP the Net Organization, enter on lines office costs 141.00 142.00 Direct: NE PARK PLAZA Contractor's Number: 10301 141.00 142.00 Direct: WE PARK PLAZA For res or "N" for no. 142.00 142.00 Direct solution State: TN ZIp Code: 37203 143.00 Direct solution State: TN ZIp Code: 3.00 144.00 Direct solution State: TN ZIp Code: 3.00 144.00 Direct solution State: Tor no. N N 144.00								
						<u> </u>	ng l		
	eginning date and end	ding date	for the re	eporting			12 09.		170.00
					I		I		I

	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUES	STIONNAIRE Pr	ovi der		Period: From 09/01/2013	Worksheet S- Part II	-2
					To 08/31/2014		epared
					Y/N	Date	
					1.00	2.00	
	General Instruction: Enter Y for all YES resp mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	oonses. Enter N for all	NO re	esponses. Ente	r all dates in [·]	the	_
	Provider Organization and Operation				· · ·	1	
00	Has the provider changed ownership immediatel reporting period? If yes, enter the date of t				N		1.0
	reporting period: in yes, enter the date of t		(366	Y/N	Date	V/I	
	1			1.00	2.00	3.00	
00	Has the provider terminated participation in yes, enter in column 2 the date of terminatic voluntary or "I" for involuntary.			N			2.0
00	Is the provider involved in business transact contracts, with individuals or entities (e.g. or medical supply companies) that are related	, chain home offices, d to the provider or i	drug ts	Y			3. (
	officers, medical staff, management personnel of directors through ownership, control, or f relationships? (see instructions)						
				Y/N	Туре	Date	
	Financial Data and Reports			1.00	2.00	3.00	
00	Column 1: Were the financial statements prep Accountant? Column 2: If yes, enter "A" for or "R" for Reviewed. Submit complete copy or column 3. (see instructions) If no, see instr	Audited, "C" for Comp enter date available	l ed,	Y	A	03/31/2013	4. (
00	Are the cost report total expenses and total		om	N			5.
	those on the filed financial statements? If y	yes, submit reconcilia [.]	ti on.				
					Y/N 1.00	Legal Oper. 2.00	_
	Approved Educational Activities				1.00	2.00	
00	Column 1: Are costs claimed for nursing scho the legal operator of the program?	-		ne provider is			6.
0	Are costs claimed for Allied Health Programs? Were nursing school and/or allied health prog cost reporting period? If yes, see instruction	grams approved and/or i		during the	N N		7. 8.
0	Are costs claimed for Intern-Resident program	ms claimed on the curr	ent cos	st report? If	N		9.
00	yes, see instructions. Was an Intern-Resident program been initiated	d or renewed in the cu	rent c	cost reporting	N		10.
00	period? If yes, see instructions. Are GME cost directly assigned to cost center	rs other than I & R in			N		11.
	Teaching Program on Worksheet A? If yes, see	I INSTRUCTI ONS.				Y/N	
						1.00	-
	Bad Debts					1	
	Is the provider seeking reimbursement for bac If line 12 is yes, did the provider's bad deb period? If yes, submit copy.				st reporting	Y N	12. 13.
00	If line 12 is yes, were patient deductibles a	and/or co-payments wai	/ed? If	°yes, see ins	tructions.	N	14.
~~	Bed Complement		10 1 6	·			- 45
00	Did total beds available change from the pric	pr cost reporting perio		1	rt A	N Part B	15.
		Description		Y/N	Date	Y/N	
		0		1.00	2.00	3.00	
00	PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see			N		N	16.
00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is			Y	12/02/2014	Y	17.
00	yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional			N		N	18.
00	claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments			N		N	19.
00	made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions. If line 16 or 17 is yes, were adjustments			N		N	20.
	made to PS&R Report data for Other? Describe the other adjustments:						

Heal th	Financial Systems	ERRE HAUTE REGI	ONAL HOSPITAL		In Lie	u of Form CMS-:	2552-10
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE				Period:	Worksheet S-2	
					rom 09/01/2013	Part II Date/Time Pre	norod.
				'	o 08/31/2014	1/26/2015 2:3	
				Par	rt A	Part B	
		Descrip	ption	Y/N	Date	Y/N	
		0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the			N		Ν	21.00
	provider's records? If yes, see						
	instructions.						
						1 00	
	CONDUCTED BY COST DELMBURGED AND TEEDA HOSDIT					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPIT Capital Related Cost	ALS UNLY (EXCEP	T CHILDRENS H	USPITALS)			-
	Have assets been relifed for Medicare purpose	s? If yes see	instructions			N	22.00
	Have changes occurred in the Medicare depreci			als made durir	a the cost	N	22.00
20.00	reporting period? If yes, see instructions.	atton expense e			ig the cost	i v	23.00
24.00	Were new leases and/or amendments to existing	a Leases entered	d into durina	this cost repo	orting period?	Y	24.00
	If yes, see instructions	,	5		5 1 2 2 2		
25.00	Have there been new capitalized leases entere	ed into during t	the cost repor	ting period? I	f yes, see	N	25.00
	instructions.				-		
26.00	Were assets subject to Sec. 2314 of DEFRA acqu	uired during the	e cost reporti	ng period? If	yes, see	N	26.00
	instructions.						
27.00	Has the provider's capitalization policy char	nged during the	cost reportir	ng period? If y	es, submit	N	27.00
	copy. Interest Expense						
28 00	Were new Loans, mortgage agreements or letter	rs of credit ent	tered into dur	ing the cost r	eporting	N	28.00
20.00	period? If yes, see instructions.	3 OF CIEdit ent		The cost i	eportring	IN IN	20.00
29.00	Did the provider have a funded depreciation a	account and/or b	oond funds (De	ebt Service Res	erve Fund)	Ν	29.00
	treated as a funded depreciation account? If				,		
30.00	Has existing debt been replaced prior to its			debt? If yes,	see	N	30.00
	instructions.						
31.00	Has debt been recalled before scheduled matur	rity without iss	suance of new	debt? If yes,	see	N	31.00
	instructions.						
	Purchased Services		daaa Guundaha			N	22.00
32.00	Have changes or new agreements occurred in pa arrangements with suppliers of services? If y			ed through cont	ractual	N	32.00
33 00	If line 32 is yes, were the requirements of S			na to competiti	ve hidding? If		33.00
55.00	no, see instructions.	2100. 2 appi		ig to competiti	ve broaring: Tr		33.00
	Provi der-Based Physi ci ans						
	Are services furnished at the provider facili	ty under an arr	rangement with	provider-base	ed physicians?	Y	34.00
	If yes, see instructions.	5	0				
35.00	If line 34 is yes, were there new agreements			nts with the pr	ovi der-based	Y	35.00
	physicians during the cost reporting period?	If yes, see ins	structions.				
					Y/N	Date	
	llama Offica Casta				1.00	2.00	
	Home Office Costs Were home office costs claimed on the cost re	port2			Y		24 00
	If line 36 is yes, has a home office cost sta		anarod by the	home office?	Y Y		36.00
37.00	If yes, see instructions.	atement been pre	epared by the	nome office:	I		37.00
38 00	If line 36 is yes, was the fiscal year end of	of the home offi	ce different	from that of	Y	12/31/2014	38.00
20.00	the provider? If yes, enter in column 2 the f					.2, 3., 2017	
39.00	If line 36 is yes, did the provider render se				Y		39.00
	see instructions.						
40.00	If line 36 is yes, did the provider render se	ervices to the h	nome office?	lf yes, see	N		40.00
	instructions.						
		_					
	Cost Deport Droparon Costast Information		1.	00	2.	00	
	Cost Report Preparer Contact Information Enter the first name, last name and the title		DARRELL		CUNNI NGHAM		41.00
41.00	held by the cost report preparer in columns 1		JAKKELL				41.00
	respectively.						
42.00	Enter the employer/company name of the cost r	report ⊣	ICA				42.00
	preparer.						
43.00	Enter the telephone number and email address		515-344-6147		DARRELL. CUNNI N	GHAM@HCAHEALTH	43.00
	report preparer in columns 1 and 2, respectiv	vel y.			CARE. COM		

	Financial Systems TI AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUES	ERRE HAUTE REGIO	Provider CCN: 15	50046	Peri od:	u of Form CMS- Worksheet S-:	
03111	AL AND HOST THE HEALTH OAKE KET MONSEMENT QUE				From 09/01/2013 To 08/31/2014	Part II	epared:
		Part B				172072015 2.	<u>37 piii</u>
		Date					
		4.00					
	PS&R Data						
6.00	Was the cost report prepared using the PS&R						16.0
	Report only? If either column 1 or 3 is yes,						
	enter the paid-through date of the PS&R						
	Report used in columns 2 and 4 .(see instructions)						
7.00	Was the cost report prepared using the PS&R	12/02/2014					17.0
7.00	Report for totals and the provider's records	12/02/2014					17.0
	for allocation? If either column 1 or 3 is						
	yes, enter the paid-through date in columns						
	2 and 4. (see instructions)						
8.00	If line 16 or 17 is yes, were adjustments						18.
	made to PS&R Report data for additional						
	claims that have been billed but are not						
	included on the PS&R Report used to file						
0 00	this cost report? If yes, see instructions.						10
9.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of						19.
	other PS&R Report information? If yes, see						
	instructions.						
0 00	If line 16 or 17 is yes, were adjustments						20.0
0.00	made to PS&R Report data for Other? Describe						2011
	the other adjustments:						
1.00	Was the cost report prepared only using the						21.0
	provider's records? If yes, see						
	instructions.						
		-	3.00		_		
	Cost Report Preparer Contact Information	I					
1.00	Enter the first name, last name and the title		IMBURSEMENT MANAGE	R			41.0
	held by the cost report preparer in columns 1	, 2, and 3,					
	respectively.						
2.00	Enter the employer/company name of the cost r	report					42.
2 00	preparer.	of the cost					12
3.00	Enter the telephone number and email address report preparer in columns 1 and 2, respectiv						43.0

HOSPI T	Financial Systems TI AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S-3 Part I Date/Time Pre	
					10 00/31/2014	1/26/2015 2: 3	
						I/P Days / O/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
		Line Number	2.00	Avai I abl e	4.00	F 00	
1.00	Uponital Adulta & Dada (aplumna E. (. 7 and	1.00	2.00	3.00	4.00 30 0.00	5.00	1.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and	30.00	142	51, 8	50 0.00	0	1.00
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation		142	51, 8	30 0.00	0	7.00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31.00	18	6, 5	70 0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10. 00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		160	58, 40	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	18			0	16.00
17.00	SUBPROVIDER - IRF	41.00	12	4, 3	80	0	17.00
18.00	SUBPROVIDER		_			_	18.00
19.00	SKILLED NURSING FACILITY	44.00	0		0	0	19.00
20.00	NURSING FACILITY	45.00	0		0	0	20.00
21.00	OTHER LONG TERM CARE	46.00	0)	0		21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00 24.00	AMBULATORY SURGICAL CENTER (D. P.) HOSPICE	115. 00 116. 00	C		0		23.00 24.00
24.00		30.00	U		0		24.00
24.10	HOSPICE (non-distinct part) CMHC - CMHC	99.00				0	24. 10
25.00	CMHC - CORF	99.00 99.10				0	25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
20.25	Total (sum of lines 14-26)	89.00	190			0	27.00
28.00	Observation Bed Days		170			0	28.00
29.00	Ambul ance Trips					0	29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days (see first detroit)						31.00
32.00	Labor & delivery days (see instructions)		C		0		32.00
32.01	Total ancillary labor & delivery room		0		-		32.01
	outpatient days (see instructions)						
33.00	LTCH non-covered days						33.00

HOSPI 1	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	CCN: 150046 Pe F Te		Date/Time Pre 1/26/2015 2:3	pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9, 492	1, 995	16, 637			1.00
2.00	HMO and other (see instructions)	1, 134	1, 611				2.00
3.00	HMO I PF Subprovi der	101	1, 011				3.00
4.00	HMO I RF Subprovi der	24	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
5.00	Hospital Adults & Peds. Swing Bed NF	U U	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9, 492	1, 995	16, 637			7.00
3. 00	INTENSIVE CARE UNIT	1,746	0	3, 046			8.00
9.00	CORONARY CARE UNI T	.,	-	-,			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGI CAL I NTENSI VE CARE UNI T						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	938			13.00
14.00	Total (see instructions)	11, 238	1, 995	20, 621	0.00	559.00	
15.00	CAH visits	0	0	20,021	0.00	007100	15.00
16.00	SUBPROVIDER - IPF	1, 429	0	4, 778	0.00	27.45	
17.00	SUBPROVIDER - IRF	1,065	71	1, 596	0.00	11.31	
18.00	SUBPROVI DER	1,000	, ,	1,070	0.00	11.01	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	
20.00	NURSING FACILITY	0	0	0	0.00	0.00	
21.00	OTHER LONG TERM CARE		0	0	0.00	0.00	
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	
23.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0.00	0.00	
24.00	HOSPICE	0	0	0	0.00	0.00	
24.10	HOSPICE (non-distinct part)	0	0	0	0.00	0100	24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	
25.10	CMHC - CORF	0	0	0	0.00	0.00	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0,00	
27.00	Total (sum of lines 14-26)		0	0	0.00	597.76	
28.00	Observation Bed Days		101	446	0.00	0,,,,,0	28.00
29.00	Ambul ance Trips	0	.01	.10			29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	1	5			32.00
32.00	Total ancillary labor & delivery room outpatient days (see instructions)	Ŭ		0			32.00
33 00	LTCH non-covered days	0					33.0

HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S-3 Part I Date/Time Pre 1/26/2015 2:3	pared:
		Full Time Equivalents		Di s	charges		
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)		0	2, 3		4, 693	1.00
3.00 4.00 5.00 6.00 7.00	HMO IPF Subprovider HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions)			2			3. 00 4. 00 5. 00 6. 00 7. 00
8.00 9.00 10.00 11.00 12.00 13.00	INTENSI VE CARE UNI T CORONARY CARE UNI T BURN INTENSI VE CARE UNI T SURGI CAL INTENSI VE CARE UNI T OTHER SPECI AL CARE (SPECI FY) NURSERY						8.00 9.00 10.00 11.00 12.00 13.00
14.00 15.00	Total (see instructions) CAH visits	0.00	0	2, 3	16 519	4, 693	14.00 15.00
16. 00 17. 00 18. 00	SUBPROVI DER – I PF SUBPROVI DER – I RF SUBPROVI DER	0. 00 0. 00	0 0		66 0 78 5	1, 017 115	16.00 17.00 18.00
19.00 20.00	SKILLED NURSING FACILITY NURSING FACILITY	0.00 0.00				_	19.00 20.00
21.00 22.00 23.00 24.00	OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P.) HOSPICE	0.00 0.00 0.00 0.00				0	21.00 22.00 23.00 24.00
24. 10 25. 00 25. 10 26. 00	HOSPICE (non-distinct part) CMHC - CMHC CMHC - CORF RURAL HEALTH CLINIC	0. 00 0. 00 0. 00					24. 10 25. 00 25. 10 26. 00
26. 25 26. 25 27. 00 28. 00	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days	0.00 0.00 0.00					26. 25 27. 00 28. 00
29.00 30.00 31.00	Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF						29.00 30.00 31.00
32. 00 32. 01	Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) LTCH non-covered days						32. 0 32. 0 33. 0

SPI T	AL WAGE INDEX INFORMATION			Provi der	F	Period: From 09/01/2013 To 08/31/2014	Worksheet S-3 Part II Date/Time Pre 1/26/2015 2:3	pared:
		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	(col.2 ± col.		Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA SALARIES							-
00	Total salaries (see	200. 00	33, 124, 435	0	33, 124, 435	1, 243, 345. 00	26.64	1.0
	instructions)						0.00	
00	Non-physician anesthetist Part A		0	0	C	0.00	0.00	2.0
00	Non-physician anesthetist Part		0	0	C	0.00	0.00	3.0
00	B Dhuaiaian Dant A		0	0		0.00	0.00	1 1 0
0	Physician-Part A - Administrative		0			0.00	0.00	4.0
)1	Physicians - Part A - Teaching		0	-	-	0.00		
00	Physician-Part B		0	0	0	0.00		
)0)0	Non-physician-Part B Interns & residents (in an	21.00	Ŭ	0		0.00		
0	approved program)	21.00	0			0.00	0.00	/.0
)1	Contracted interns and residents (in an approved		0	0	С	0.00	0.00	7.0
00	programs) Home office personnel		0	0		0.00	0.00	8.0
00	SNF	44.00	0	Ő	C	0.00		
00	Excluded area salaries (see		2, 515, 642	0	2, 515, 642	101, 949. 00	24.68	10. 0
	instructions) OTHER WAGES & RELATED COSTS							
00	Contract Labor: Direct Patient		839, 832	0	839, 832	13, 441. 00	62.48	11.0
	Care							
00	Contract Labor: Top Level management and other		0	0	C	0.00	0.00	12.0
	management and administrative							
	services							
00	Contract Labor: Physician-Part		507, 355	0	507, 355	2, 805. 75	180. 83	13.0
00	A – Administrative Home office salaries &		7, 430, 325	0	7, 430, 325	196, 418. 00	37.83	14.0
	wage-related costs		, ,					
00	Home office: Physician Part A - Administrative		0	0	C	0.00	0.00	15.0
00	Home office and Contract		O	0	C	0.00	0.00	16.0
	Physicians Part A - Teaching							
00	WAGE-RELATED COSTS Wage-related costs (core) (see		9, 168, 182	0	9, 168, 182		1	17. (
00	instructions)		9, 100, 102	0	9, 100, 102	1		17.0
00	Wage-related costs (other)		0	0	C)		18. (
00	(see instructions) Excluded areas			0	757, 960			19.0
	Non-physician anesthetist Part		757, 960 0					20. (
	A							
00	Non-physician anesthetist Part		0	0	C			21.0
00	Þ Physician Part A -		O	0	C			22. (
	Admi ni strati ve							
01	Physician Part A - Teaching		0	0	0			22.
00 00	Physician Part B Wage-related costs (RHC/FQHC)		0					23. 24.
	Interns & residents (in an		0					25.0
	approved program)							
00	OVERHEAD COSTS - DIRECT SALARIE Employee Benefits Department	4.00	337, 728	0	337, 728	11, 151. 00	30. 29	26 (
00	Administrative & General	5.00	2, 849, 236					
00	Administrative & General under		112, 405	0	112, 405	556.00	202. 17	28.0
00	contract (see inst.) Maintenance & Repairs	6.00	0			0.00	0.00	29.0
	Operation of Plant	7.00	747, 561	-	747, 561			
00	Laundry & Linen Service	8.00	19, 234		19, 234	1, 661. 00	11. 58	31. (
00	Housekeepi ng	9.00	808, 634	0	808, 634			
00	Housekeeping under contract (see instructions)		0	0		0.00	0.00	33.
00	Di etary	10.00	681, 169	-275, 378	405, 791	32, 873. 00	12. 34	34.
00	Dietary under contract (see		323, 297		323, 297			
00	instructions) Cafataria	11 00	0	D7E 070	סדנ שדנ	22 200 00	10 04	24
	Cafeteria Maintenance of Personnel	11.00 12.00	U n	275, 378 0	275, 378	22, 308. 00 0. 00		
00	Nursing Administration	13.00	473, 811	139, 776	613, 587			
00	Central Services and Supply	14.00	0	0	C	0.00		
$\cap \cap$	Pharmacy	15.00	0	0	C	0.00	0.00	40.

Health Financial Systems	TI	ERRE HAUTE REG	IONAL HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provi der		Peri od:	Worksheet S-3	
			rom 09/01/2013				
					To 08/31/2014	Date/Time Prep 1/26/2015 2:3	
	Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
			(from	(col.2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00 Medical Records & Medical	16.00	51, 835	0	51, 835	5 2, 465. 00	21. 03	41.00
Records Library							
42.00 Social Service	17.00	0	0	(0.00	0.00	42.00
43.00 Other General Service	18.00	806, 814	0	806, 814	29, 011. 00	27.81	43.00

Heal th	Financial Systems	TI	ERRE HAUTE REG	IONAL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provi der		Period: From 09/01/2013		
						To 08/31/2014	Date/Time Prep 1/26/2015 2:3	
		Worksheet A	Amount	Reclassi fi cati	Adj usted	Paid Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		33, 560, 137	0	33, 560, 13	7 1, 252, 221. 00	26.80	1.00
	instructions)							
2.00	Excluded area salaries (see		2, 515, 642	0	2, 515, 64	2 101, 949. 00	24.68	2.00
	instructions)							
3.00	Subtotal salaries (line 1		31, 044, 495	0	31, 044, 49	5 1, 150, 272. 00	26. 99	3.00
	minus line 2)							
4.00	Subtotal other wages & related		8, 777, 512	0	8, 777, 51	2 212, 664. 75	41.27	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		9, 168, 182	0	9, 168, 18	2 0.00	29. 53	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		48, 990, 189	0	48, 990, 18	9 1, 362, 936. 75	35. 94	6.00
7.00	Total overhead cost (see		7, 211, 724	0	7, 211, 72	4 295, 610. 00	24.40	7.00
	instructions)							

	Financial Systems TERRE HAUTE REGIONA	Provider C	CNL 1E0044		u of Form CMS-2 Worksheet S-3	
105PT I	AL WAGE RELATED CUSTS	Provider C	UN: 150046	Period: From 09/01/2013	Part IV	
				To 08/31/2014		parec
					1/26/2015 2:3	7 pm
					Amount	
					Reported	
	PART IV - WAGE RELATED COSTS				1.00	
	PART IV - WAGE RELATED COSTS Part A - Core List					
	RETIREMENT COST					
00					1 205 105	1 1
. 00	401K Employer Contributions				1, 205, 105	1.
2.00	Tax Sheltered Annuity (TSA) Employer Contribution				0	2.
. 00	Nonqualified Defined Benefit Plan Cost (see instructions)				0	3.
. 00	Qualified Defined Benefit Plan Cost (see instructions)				0	4.
00	PLAN ADMINISTRATIVE COSTS (Paid to External Organization) 401K/TSA Plan Administration fees				02 (2)	5.
. 00					82, 626	
. 00	Legal /Accounting/Management Fees-Pension Plan				Ű	6.
. 00	Employee Managed Care Program Administration Fees				0	7.
~~	HEALTH AND INSURANCE COST				4 704 440	
00	Health Insurance (Purchased or Self Funded)				4, 706, 663	
. 00	Prescription Drug Plan				0	9.
0.00	Dental, Hearing and Vision Plan				-16, 697	
1.00	Life Insurance (If employee is owner or beneficiary)				35, 575	
2.00	Accident Insurance (If employee is owner or beneficiary)				0	
3.00	Disability Insurance (If employee is owner or beneficiary)				465, 904	
4.00	Long-Term Care Insurance (If employee is owner or beneficiary)				0	
5.00	'Workers' Compensation Insurance				381, 413	
6. 00	Retirement Health Care Cost (Only current year, not the extrao	rdi nary accri	ual require	ed by FASB 106.	0	16.
	Non cumulative portion) TAXES					
7 00	FICA-Employers Portion Only				2, 193, 844	1 1 7
8.00	Medicare Taxes - Employers Portion Only				501, 229	
	Unemployment Insurance				0	
J. UU	State or Federal Unemployment Taxes OTHER				233, 409	20.
1 00	Executive Deferred Compensation (Other Than Retirement Cost Re	onted on Liv		1 above (222	0	21
1.00	instructions))		ies i throu	ign 4 above. (See	0	21.
2.00	Day Care Cost and Allowances				0	22.
	Tuition Reimbursement				137, 071	
	Total Wage Related cost (Sum of Lines 1 -23)				9, 926, 142	
4. UU	Part B - Other than Core Related Cost				9, 920, 142	24.
	OTHER WAGE RELATED COSTS (SPECIFY)				0	25.

HOSPITAL CONTRACT LABOR AND BENEFIT COST Provider CCN: 150046 Period: Worksheet S-3 From 09/01/2013 Part V	
From 09/01/2013 Part V	
To 08/31/2014 Date/Time Prepar 1/26/2015 2:37 p	
Cost Center Description Contract Labor Benefit Cost	
1.00 2.00	
PART V - Contract Labor and Benefit Cost	
Hospital and Hospital-Based Component Identification:	
1.00 Total facility's contract labor and benefit cost 0 0 1	1. 00
2.00 Hospital 0 0 2	2.00
3.00 Subprovider - IPF 0 0 3	3.00
4.00 Subprovider - IRF 0 0 0	4.00
5.00 Subprovider - (0ther) 0 0 5	5.00
6.00 Swing Beds - SNF 0 0 6	6.00
7.00 Swing Beds - NF 0 0 7	7.00
8.00 Hospital-Based SNF 0 0 8	8.00
9.00 Hospital-Based NF 0 0 9	9.00
10.00 Hospital-Based OLTC 10	0.00
11.00 Hospi tal -Based HHA 0 0 11	1.00
12.00 Separately Certified ASC 0 0 12	2.00
13.00 Hospi tal -Based Hospi ce 0 0 13	3.00
14.00 Hospital-Based Health Clinic RHC 0 0 14	4.00
15.00 Hospital-Based Health Clinic FQHC 0 0 15	5.00
16.00 Hospital-Based-CMHC 0 0 16	6.00
16.10 Hospital-Based-CMHC 10 0 0 16	6. 10
	7.00
18.00 Other 0 0 18	8.00

Heal th	Financial Systems 1	ERRE HAUTE REGIONAL	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
	AL UNCOMPENSATED AND INDIGENT CARE DATA		Provider (Period:	Worksheet S-1	0
					From 09/01/2013		
					To 08/31/2014	Date/Time Pre 1/26/2015 2:3	pared: 7 nm
						1/20/2013 2.3	
						1.00	
	Uncompensated and indigent care cost computa	tion					
1.00	Cost to charge ratio (Worksheet C, Part I li	ne 202 column 3 divi	ded by lir	ne 202 column	8)	0. 176476	1.00
	Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid					11, 418, 793	2.00
3.00	Did you receive DSH or supplemental payments					N	3.00
4.00	If line 3 is "yes", does line 2 include all			rom Medicaid	?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplem	ental payments from	Medi cai d			0	5.00
6.00	Medicaid charges					84, 202, 282	6.00
7.00	Medicaid cost (line 1 times line 6)					14, 859, 682	7.00
8.00	Difference between net revenue and costs for	Medicaid program (I	ine 7 minu	ıs sum of lin	es 2 and 5; if	3, 440, 889	8.00
	< zero then enter zero)		-	· · · ·			
	State Children's Health Insurance Program (S	CHIP) (see instructi	ons for ea	ich line)			
9.00	Net revenue from stand-alone SCHIP					0	9.00
10.00	Stand-alone SCHIP charges					0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10					0	11.00
12.00	Difference between net revenue and costs for	stand-alone SCHIP (line 11 mi	nus line 9;	if < zero then	0	12.00
	enter zero)						
40.00	Other state or local government indigent car				<u>`````````````````````````````````````</u>		10.00
13.00	Net revenue from state or local indigent car					0	
14.00	Charges for patients covered under state or	local Indigent care	program (N	lot included	in lines 6 or	0	14.00
15.00	10) State or local indigent care program cost (I	ing 1 times line 14)				0	15.00
16.00	Difference between net revenue and costs for			program (lin	o 15 minus lino		16.00
10.00	13; if < zero then enter zero)	state of focal fild	gent care			0	10.00
	Uncompensated care (see instructions for each	h line)				<u>I</u>	
17.00	Private grants, donations, or endowment inco		ding chari	ty care		0	17.00
18.00	Government grants, appropriations or transfe					0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP				s (sum of lines	3, 440, 889	
.,	8, 12 and 16)		i nai gont	our o program		0, 110,007	
				Uni nsured	Insured	Total (col. 1	
			L	patients	pati ents	+ col. 2)	
				1.00	2.00	3.00	
20.00	Total initial obligation of patients approve			1, 555, 01	1 130, 322	1, 685, 333	20.00
21 00	charges excluding non-reimbursable cost cent			074 AC	2 22 000	207 424	21 00
21.00	Cost of initial obligation of patients appro times line 20)	ved for charity care	(Tine I	274, 42	2 22, 999	297, 421	21.00
22.00	· · · · · · · · · · · · · · · · · · ·	ri tu coro		5,04	8 4, 801	9, 849	22.00
22.00	Partial payment by patients approved for cha Cost of charity care (line 21 minus line 22)	Tity care		269, 37			
23.00	Cost of charity care (The 21 minus The 22)			209, 37	4 10, 190	207, 372	23.00
						1.00	
24.00	Does the amount in line 20 column 2 include	charges for natient	days beyon	d a length o	f stav limit	N 1.00	24.00
24.00	imposed on patients covered by Medicaid or o				i Stay i i mit	1	24.00
25.00	If line 24 is "yes," charges for patient da			ogram's lengt	h of stav limit	0	25.00
26.00	Total bad debt expense for the entire hospit			g 2 . snge		10, 938, 765	
27.00	Medicare bad debts for the entire hospital c					289, 147	
28.00	Non-Medicare and non-reimbursable Medicare b			s line 27)		10, 649, 618	
29.00	Cost of non-Medicare and non-reimbursable Me				28)	1, 879, 402	
30.00	Cost of uncompensated care (line 23 column 3				,	2, 166, 974	
	Total unreimbursed and uncompensated care co		e 30)			5, 607, 863	

31.00 Total unreimbursed and uncompensated care cost (line 19 plus line 30)

	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	F EXPENSES	Provi der	F	eriod: rom 09/01/2013	Worksheet A	
				T	0 08/31/2014	Date/Time Pre 1/26/2015 2:3	pared: 7 pm
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT		3,000,007	3, 000, 007	231, 462	3, 231, 469	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2, 516, 509	2, 516, 509		3, 277, 492	2.00
3.00	00300 OTHER CAP REL COSTS	007 700	0	0	0	0	3.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	337, 728 2, 849, 236	7, 397, 669 7, 531, 874	7, 735, 397 10, 381, 110	105, 876 -375, 278	7, 841, 273 10, 005, 832	4.00 5.00
7.00	00700 OPERATI ON OF PLANT	747, 561	3, 077, 065	3, 824, 626		3, 809, 155	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	19, 234	498, 456	517, 690		517, 690	
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	808, 634 681, 169	461, 601 1, 590, 906	1, 270, 235 2, 272, 075		1, 256, 844 1, 352, 146	
11.00	01100 CAFETERIA	001, 109	1, 590, 908	2, 272, 073		917, 726	
13.00	01300 NURSI NG ADMI NI STRATI ON	473, 811	269, 751	743, 562		850, 938	
16.00	01600 MEDI CAL RECORDS & LI BRARY	51, 835	1, 148, 367	1, 200, 202		1, 196, 641	16.00
18.00	01850 I NSERVI CE EDUCATI ON I NPATI ENT ROUTI NE SERVI CE COST CENTERS	806, 814	99, 080	905, 894	-5, 657	900, 237	18.00
30. 00	03000 ADULTS & PEDIATRICS	5, 491, 525	1, 679, 101	7, 170, 626	117, 678	7, 288, 304	30.00
31.00	03100 INTENSIVE CARE UNIT	1, 835, 986	488, 145	2, 324, 131		2, 169, 056	
40.00	04000 SUBPROVIDER - IPF	1, 330, 885	432, 948			1, 761, 866	
41.00 43.00	04100 SUBPROVIDER - IRF 04300 NURSERY	767, 363 309, 131	101, 395 66, 712	868, 758 375, 843		868, 113 375, 436	
44.00	04400 SKILLED NURSING FACILITY	0	00, 712	0	-407	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
50.00	ANCI LLARY SERVI CE COST CENTERS	3, 051, 881	2,007,354	5, 059, 235	-41, 248	5, 017, 987	50.00
51.00	05100 RECOVERY ROOM	535, 537	80, 315	615, 852		615, 797	
52.00	05200 DELIVERY ROOM & LABOR ROOM	821, 454	299, 390	1, 120, 844		1, 114, 425	
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53.00
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 05401 ULTRASOUND	857, 619 164, 587	1, 768, 515 37, 053	2, 626, 134 201, 640		2, 336, 259 201, 410	
54.02	05402 MAMMOGRAPHY	212, 020	145, 936	357, 956		356, 421	54.02
55.00	05500 RADI OLOGY-THERAPEUTI C	546, 335	690, 020	1, 236, 355		1, 205, 554	55.00
56.00	05600 RADI OI SOTOPE	232, 680	592,000	824, 680		825, 760	
57.00 58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	334, 026 193, 854	234, 318 102, 063	568, 344 295, 917		568, 344 295, 903	
59.00	05900 CARDI AC CATHETERI ZATI ON	507, 836	230, 368	738, 204		737, 502	
60. 00	06000 LABORATORY	1, 122, 856	1, 371, 467	2, 494, 323	-97, 406	2, 396, 917	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 62.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	63, 549	0 763, 441	826, 990	0	0 826, 990	61.00 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	00,000	020,770	0	020, 770	63.00
64.00	06400 I NTRAVENOUS THERAPY	0	0	0	-	0	
65.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	960, 890	377, 282	1, 338, 172		1, 180, 283	
66.00 67.00	06700 OCCUPATI ONAL THERAPY	1, 125, 204	253, 578 0	1, 378, 782 0	-1, 562 0	1, 377, 220 0	66.00 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDI OLOGY	457, 529	443, 007	900, 536		897, 838	
70.00 71.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	61, 143 274, 735	33, 638 3, 876, 573	94, 781 4, 151, 308		92, 782 4, 240, 061	70.00 71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	5, 579, 048	5, 579, 048		5, 687, 026	
73.00	07300 DRUGS CHARGED TO PATIENTS	1, 507, 132	8, 405, 467	9, 912, 599	-215, 930	9, 696, 669	73.00
74.00	07400 RENAL DI ALYSI S	842	734, 438	735, 280	0	735, 280	
75.00 76.00	07500 ASC (NON-DI STINCT PART) 03020 LI THOTRI PSY	0	0 86, 227	0 86, 227	0	0 86, 227	75.00 76.00
76.00	03020 LITHUTRIPSY 03021 ENDOSCOPY	776, 968	86, 227 962, 607	1, 739, 575	-12, 521	86, 227 1, 727, 054	76.00
76. 02	03022 PRISION CLINIC	111, 849	20, 628	132, 477		130, 877	76.02
76.03	03023 WOUND CARE	74, 915	692, 318			763, 259	
76. 04	03024 OPI C OUTPATI ENT SERVI CE COST CENTERS	380, 122	136, 149	516, 271	-1, 599	514, 672	76.04
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00		0	0	0	0	0	90.00
91.00 92.00	09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	1, 820, 566	722, 646	2, 543, 212	-74, 789	2, 468, 423	91.00 92.00
, <u>2</u> . UU	OTHER REIMBURSABLE COST CENTERS	I			1		, 2.00
94.00	09400 HOME PROGRAM DI ALYSI S	0	0	0	0	0	
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 97.00	09600 DURABLE MEDICAL EQUIP-RENTED 09700 DURABLE MEDICAL EQUIP-SOLD		0			0	96.00 97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
00 40	09910 CORF	0	0	۱ N	0	0	99.10

Health Financial Systems	TERRE HAUTE REGIO	NAL HOSPITAL		In Lie	u of Form CMS-2	552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provi der		Period:	Worksheet A	
				From 09/01/2013 To 08/31/2014	Date/Time Prep	ared
					1/26/2015 2:37	
Cost Center Description	Sal ari es	Other	Total (col. 1			
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
	1.00	2.00	3.00	4,00	col. 4) 5.00	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	1.00	2.00		4.00		100.00
101. 00 10100 HOME HEALTH AGENCY	0	0				100.00
SPECIAL PURPOSE COST CENTERS	0	0	1	0	0	101.00
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0		0 0	0	105.00
106. 00 10600 HEART ACQUI SI TI ON	0	0		0 0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0		0 0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0		0 0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0		0 0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0		111.00
113.00 11300 INTEREST EXPENSE		0		0 0		113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF	0	0		0 0		114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0 0		115.00
116.00 11600 HOSPI CE	0	0		0 0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	32, 707, 041	61,005,432	93, 712, 47	3 4, 685	93, 717, 158	118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	27, 997	49, 158	77, 15		77, 155	100 00
191. 00 19100 RESEARCH	27, 777	49, 150	11,15	0 0		190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0				191.00
193. 00 19300 NONPALD WORKERS	0	0				193.00
194. 00 07950 OCCUPATI ONAL MEDI CI NE	237, 769	29,044	266, 81	3 -508		
194.01 07951 OTHER NONREI MBURSABLE COST CENTERS	0	483, 059			478, 882	
194. 02 07952 SI TTERS	151, 628	13, 373			165, 001	
200.00 TOTAL (SUM OF LINES 118-199)	33, 124, 435	61, 580, 066	94, 704, 50	1 0	94, 704, 501	200. 00

					9/01/2013 3/31/2014		repared
	Cost Center Description	Adjustments	Net Expenses			1/26/2015 2:	
		(See A-8)	For Allocation				
	GENERAL SERVICE COST CENTERS	6.00	7.00				_
00	00100 CAP REL COSTS-BLDG & FIXT	-63, 534	3, 167, 935				1.0
00	00200 CAP REL COSTS-MVBLE EQUIP	-70, 723					2.0
00	00300 OTHER CAP REL COSTS	0					3. (
00	00400 EMPLOYEE BENEFITS DEPARTMENT	-9, 689					4.0
)0)0	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	2, 790, 914 53, 623					5.0
0	00800 LAUNDRY & LINEN SERVICE	0					8.
00	00900 HOUSEKEEPING	7, 466					9.
00	01000 DI ETARY	-237	1, 351, 909				10.
00	01100 CAFETERI A	-313, 469					11.
00	01300 NURSI NG ADMI NI STRATI ON	-176					13.
00 00	01600 MEDICAL RECORDS & LIBRARY 01850 INSERVICE EDUCATION	-75,027 -4,650					16. 18.
00	INPATIENT ROUTINE SERVICE COST CENTERS	-4,030	090,007				- 10.
00	03000 ADULTS & PEDIATRICS	-634, 826	6, 653, 478				30.
00	03100 I NTENSI VE CARE UNI T	-65	2, 168, 991				31.
00	04000 SUBPROVI DER – I PF	-250, 861					40.
00	04100 SUBPROVIDER - IRF	-20, 696					41.
00 00	04300 NURSERY 04400 SKILLED NURSING FACILITY	0					43.
00	04500 NURSI NG FACILITY	0					45.
00	04600 OTHER LONG TERM CARE	0					46.
	ANCI LLARY SERVI CE COST CENTERS		1				
00	05000 OPERATI NG ROOM	-1, 278, 412					50.
00	05100 RECOVERY ROOM	-24					51.
00 00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	-30					52. 53.
00	05400 RADI OLOGY-DI AGNOSTI C	-862, 358	-				54.
01	05401 ULTRASOUND	0					54.
02	05402 MAMMOGRAPHY	-269	356, 152				54.
00	05500 RADI OLOGY-THERAPEUTI C	-13					55.
00	05600 RADI OI SOTOPE	0					56.
00 00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0					57. 58.
00	05900 CARDI AC CATHETERI ZATI ON	0	737, 502				59.
00	06000 LABORATORY	0	2, 396, 917				60.
01	06001 BLOOD LABORATORY	0	0				60.
00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.
00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	826, 990				62.
00 00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY	0	-				63. 64.
00	06500 RESPI RATORY THERAPY	2, 280	-				65.
	06600 PHYSI CAL THERAPY	-49, 350					66.
	06700 OCCUPATI ONAL THERAPY	0	0				67.
00	06800 SPEECH PATHOLOGY	0	0				68.
00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	-38, 573					69.
00 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	92, 782 4, 240, 061				70.
00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	5, 687, 026				72.
00	07300 DRUGS CHARGED TO PATIENTS	-160					73.
	07400 RENAL DIALYSIS	0	735, 280				74.
00	07500 ASC (NON-DI STINCT PART)	0	0				75.
00	03020 LI THOTRI PSY 03021 ENDOSCOPY		86, 227				76.
01 02	03022 PRI SI ON CLI NI C	-157,047	1, 570, 007 130, 877				76.
02	03023 WOUND CARE	-22, 815					76.
04	03024 OPI C	-50, 206					76.
a -	OUTPATIENT SERVICE COST CENTERS		1				
00	08800 RURAL HEALTH CLINIC	0	-				88.
00 00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	0	0				89. 90.
00	09100 EMERGENCY	-107, 936	2, 360, 487				90.
00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.
	OTHER REIMBURSABLE COST CENTERS	1	1				
00	09400 HOME PROGRAM DI ALYSI S	0					94.
00	09500 AMBULANCE SERVICES	0	0				95.
00 00	09600 DURABLE MEDICAL EQUIP-RENTED 09700 DURABLE MEDICAL EQUIP-SOLD						96. 97.
	05950 OTHER REIMBURSABLE COST CENTERS	0	0				97.
	09900 CMHC	0	0				99.
	09910 CORF	0	0				99.
	10000 I &R SERVICES-NOT APPRVD PRGM		0				100.

Health Financial Systems	FERRE HAUTE REGIONA	L HOSPI TAL	In Lieu	of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE (OF EXPENSES	Provider CCN: 150046		Vorksheet A
			From 09/01/2013	
				Date/Time Prepared: 1/26/2015 2:37 pm
Cost Center Description	Adjustments Ne	t Expenses		
cost center bescription		Allocation		
	6.00	7.00		
SPECIAL PURPOSE COST CENTERS	I I			
105.00 10500 KIDNEY ACQUISITION	0	0		105.00
106.00 10600 HEART ACQUI SI TI ON	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		111.00
113.00 11300 INTEREST EXPENSE	0	0		113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF	0	0		114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00 11600 HOSPI CE	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-1, 156, 863	92, 560, 295		118.00
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77, 155		190.00
191. 00 19100 RESEARCH	0	0		191.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		192.00
193.00 19300 NONPALD WORKERS	0	0		193.00
194.00079500CCUPATIONAL MEDICINE	-45,475	220, 830		194.00
194.0107951 OTHER NONREI MBURSABLE COST CENTERS	-233, 927	244, 955		194.01
194. 02 07952 SI TTERS	0	165, 001		194. 02
200.00 TOTAL (SUM OF LINES 118-199)	-1, 436, 265	93, 268, 236		200.00

Health Financial Systems In Lieu of Form CMS-2552-10 TERRE HAUTE REGIONAL HOSPITAL Provider CCN: 150046 RECLASSI FI CATI ONS Peri od: Worksheet A-6 From 09/01/2013 08/31/2014 Date/Time Prepared: То 1/26/2015 2:37 pm Increases Cost Center Line # Sal ary 0ther 2.00 3.00 4.00 5.00 - LEASES 1.00 CAP REL COSTS-BLDG & FIXT 1.00 0 175, 924 1.00 CAP REL COSTS-MVBLE EQUIP 0 2.00 2.00 760, 983 2.00 3.00 RADI OI SOTOPE 56.00 0 1,080 3.00 0 4.00 0.00 0 4.00 0 5.00 0.00 0 5.00 6.00 0.00 0 6.00 0 7.00 0.00 0 7.00 8.00 0.00 0 0 8.00 0 9.00 0.00 0 9.00 10 00 0.00 0 0 0 10.00 0 11.00 0.00 11.00 12.00 0.00 0 0 12.00 0 0 13.00 0.00 0 13.00 0 14 00 0 00 14 00 0 0 15.00 0.00 15.00 16.00 0.00 0 0 16.00 0 0 0 17.00 0.00 17.00 0 0.00 18.00 18.00 0 19.00 0.00 0 19.00 20.00 0.00 0 0 20.00 0 0 0 0.00 21.00 21.00 22.00 0.00 0 22.00 23.00 0.00 0 0 23.00 0 0 24.00 0.00 0 24.00 0 25.00 25.00 0.00 26.00 0.00 0 0 26.00 27.00 0.00 0 0 27.00 0 28.00 0.00 0 28.00 29.00 0.00 0 0 29.00 TOTALS 0 937, 987 B - PROPERTY INSURANCE 1.00 CAP REL COSTS-BLDG & FIXT 1.00 5<u>5, 5</u>38 1.00 0 TOTALS 55, 538 C - EXECUTIVE COMPENSATION 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 0 109, 231 1.00 139, 776 2.00 NURSING ADMINISTRATION <u>13.00</u> 1<u>3, 5</u>93 2.00 TOTALS 139, 776 122, 824 D – CAFETERIA CAFETERI A 11.00 1.00 275, 378 642, 348 1.00 275, 378 TOTALS 642, 348 - MEDICAL SUPPLIES MEDICAL SUPPLIES CHARGED TO 189, 611 1.00 71.00 0 1.00 PATI ENTS 0.00 2 00 0 2 00 0 3.00 0.00 0 0 3.00 4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 0 6.00 0.00 0 6.00 7.00 0.00 0 0 7.00 8.00 0.00 0 0 8.00 0 0.00 0 9.00 9.00 10.00 0.00 0 0 10 00 11.00 0.00 0 0 11.00 TOTALS ō 189, 611 - I MPLANTABLE DEVICES 1.00 IMPL. DEV. CHARGED TO 72.00 0 142,654 1.00 PATI ENTS 2.00 0.00 0 0 2.00 0 3.00 0.00 0 3.00 0 4.00 0.00 0 4.00 5.00 0.00 0 0 5.00 0 0 6.00 0.00 0 6.00 7.00 0 00 0 7 00 0 8.00 0.00 0 8.00 9.00 0.00 0 0 9.00 0.00 10.00 0 0 10.00 TOTALS 142,654 0 G - ER BEDHOLD 1.00 ADULTS & PEDIATRICS 30.00 52, 239 1.00 13, 715 2.00 INTENSIVE CARE UNIT 31.00 1, 754 460 2.00 TOTALS

53, 993

14, 175

Heal th	Financial Systems	-	TERRE HAUTE REG	IONAL HOSPITAL		In Lie	u of Form CMS	-2552-10
RECLAS	SI FI CATI ONS			Provi der	CCN: 150046	Period: From 09/01/2013	Worksheet A-	6
						To 08/31/2014	Date/Time Pr 1/26/2015 2:	epared: 37 pm
		Increases						
	Cost Center	Line #	Sal ary	0ther				
	2.00	3.00	4.00	5.00				
	H – LOST CHARGES							
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	704				1.00
	PATI ENTS							
2.00	PRISION CLINIC		0	36				2.00
	TOTALS		0	740				
	I - OBSERVATION ROOM							
1.00	ADULTS & PEDIATRICS	30.00	71, 895	16, 413				1.00
	TOTALS		71, 895	16, 413				
500.00	Grand Total: Increases		541, 042	2, 122, 290				500.00

Health Financial Systems	TERRE HAUTE REGIONAL	HOSPI TAL	In Lie	u of Form CMS-2552-10
RECLASSI FI CATI ONS		Provider CCN: 150046	Peri od:	Worksheet A-6

Provider CCN: 150046

Peri od: From 09/01/2013 To 08/31/2014 Use Content of the second seco

						1/26/2015 2	
		Decreases			1		
	Cost Center	Line #	Salary		Wkst. A-7 Ref.		
	6.00 A - LEASES	7.00	8.00	9.00	10.00		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3, 355	10		1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	0	57, 140	10		2.00
3.00	OPERATION OF PLANT	7.00	0	15, 471	0		3.00
4.00	HOUSEKEEPING	9.00	0	13, 391	0		4.00
5.00	DI ETARY	10.00	0	2, 203	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	45, 993	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	3, 561	0		7.00
8.00	INSERVICE EDUCATION	18.00	0	5, 657	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	36, 339	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	68, 935	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	1, 967	0		11.00
12. 00 13. 00	SUBPROVI DER – I RF NURSERY	41.00 43.00	0	645 407	0		12.00 13.00
13.00	OPERATING ROOM	43.00 50.00	0	26, 017	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5, 554	0		15.00
16.00	RADI OLOGY-DI AGNOSTI C	54.00	0	283, 615	0		16.00
17.00	MAMMOGRAPHY	54.02	0	1, 535	0		17.00
18.00	RADI OLOGY-THERAPEUTI C	55.00	0	5, 336	0		18.00
19.00	LABORATORY	60.00	0	96, 197	0		19.00
20.00	RESPI RATORY THERAPY	65.00	0	99, 433	0		20.00
21.00	PHYSI CAL THERAPY	66.00	0	1, 562	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	1, 999	0		22.00
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	140, 641	0		23.00
24. 00 25. 00	ENDOSCOPY PRISION CLINIC	76. 01 76. 02	0	12, 521	0		24.00 25.00
25.00 26.00	WOUND CARE	76.02	0	1, 636 593	0		25.00
27.00	OPIC	76.03	0	1, 599	0		27.00
28.00	OCCUPATIONAL MEDICINE	194.00	0	508	0		28.00
29.00	OTHER NONREL MBURSABLE COST	194.01	0	4, 177	0		29.00
	CENTERS		-				
	TOTALS		0	937, 987			
	B - PROPERTY INSURANCE						
1.00	ADMI NI STRATI VE & GENERAL		0	55, 538			1.00
			0	55, 538			_
1.00	C - EXECUTIVE COMPENSATION ADMINISTRATIVE & GENERAL	5.00	139, 776	122, 824	0		1.00
2.00	ADMINISTRATIVE & GENERAL	0.00	139,770	122, 024	0		2.00
2.00	TOTALS		139, 776	122, 824	•		2.00
	D - CAFETERIA			,			
1.00	DI ETARY	10.00	275, 378	642, 348	0		1.00
	TOTALS		275, 378	642, 348			
	E – MEDI CAL SUPPLI ES						
1.00	OPERATING ROOM	50.00	0	15, 202	0		1.00
2.00	RECOVERY ROOM	51.00	0	55	0		2.00
3.00 4.00	RADI OLOGY-DI AGNOSTI C MAGNETI C RESONANCE I MAGI NG	54.00 58.00	0	6, 260 14	0		3.00 4.00
4.00	(MRI)	58.00	0	14	0		4.00
5.00	LABORATORY	60.00	0	1, 209	0		5.00
6.00	RESPI RATORY THERAPY	65.00	0	58, 456			6.00
7.00	ELECTROCARDI OLOGY	69.00	0	2, 698	0		7.00
8.00	IMPL. DEV. CHARGED TO	72.00	0	34, 676	0		8.00
	PATIENTS						
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	61, 103	0		9.00
10.00	WOUND CARE	76.03	0	3, 366			10.00
11.00	EMERGENCY	<u> </u>	— — — ⁰	<u>6, 572</u> 189, 611	0		11.00
	F - IMPLANTABLE DEVICES		0	107,011			
1.00	ADULTS & PEDIATRICS	30.00	0	207	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	46	0		2.00
3.00	OPERATI NG ROOM	50.00	0	29	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	865	0		4.00
5.00	ULTRASOUND	54.01	0	230	0		5.00
6.00	RADI OLOGY-THERAPEUTI C	55.00	0	25, 465	0		6.00
7.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	101, 562	0		7.00
0.00	PATIENTS	70.00		44 407			0.00
8.00 9.00	DRUGS CHARGED TO PATIENTS	73.00 76.03	0	14, 186	0		8.00 9.00
9.00 10.00	WOUND CARE EMERGENCY	76.03 91.00	0	15 49	0		9.00
10.00	TOTALS		— — — ⁰	<u>49</u> 142, 654			10.00
	G - ER BEDHOLD		0	172,004			
1.00	EMERGENCY	91.00	53, 993	14, 175	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		53, 993	14, 175			
-							

Heal th	Financial Systems	Т	ERRE HAUTE	REGI ONAL	HOSPI TAL				In Lieu	u of Form CMS	-2552-10
RECLASS	SEFECATIONS				Provi der	CCN:		Peri		Worksheet A-	6
								To	09/01/2013 08/31/2014	Date/Time Pr 1/26/2015 2:	
		Decreases									
	Cost Center	Line #	Sal ary	C	ther	Wkst.	A-7 Ref				
	6.00	7.00	8.00		9.00	-	10.00				
	H – LOST CHARGES										
1.00	ADULTS & PEDIATRICS	30.00		0	38			0			1.00
2.00	CARDIAC CATHETERIZATION	59.00		0	702			0			2.00
	TOTALS			0	740						
	I - OBSERVATION ROOM										
1.00	INTENSIVE CARE UNIT	31.00	71, 8	95	16, 413			0			1.00
	TOTALS		71, 8	95	16, 413						
500.00	Grand Total: Decreases		541, 0	42	2, 122, 290						500.00

	Financial Systems T ILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Date/Time Pre	pared:
				Acqui si ti on		1/26/2015 2:3	/ pm
		Begi nni ng	Purchases	Donation	Total	Disposals and	
		Bal ances	i ui chases	Donation	Total	Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE		2100	0.00		0100	
1.00	Land	0	0		0 0	0	1.00
2.00	Land Improvements	3, 166, 367	0		0 0	0	2.00
3.00	Buildings and Fixtures	30, 809, 628	0		0 0	0	3.00
4.00	Building Improvements	0	0		0 0	0	4.00
5.00	Fixed Equipment	22, 331, 422	21, 364		0 21, 364	0	5.00
5.00	Movable Equipment	67, 128, 389	3, 446, 756		0 3, 446, 756	122, 869	6.00
7.00	HIT designated Assets	0	0		0 0		7.00
3.00	Subtotal (sum of lines 1-7)	123, 435, 806	3, 468, 120		0 3, 468, 120	122, 869	8.00
9.00	Reconciling Items	0	0		0 0	0	9.00
10.00	Total (line 8 minus line 9)	123, 435, 806	3, 468, 120		0 3, 468, 120	122, 869	10.00
		Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE		-				
1.00	Land	0	0				1.00
2.00	Land Improvements	3, 166, 367	0				2.00
3.00	Buildings and Fixtures	30, 809, 628	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	22, 352, 786	0				5.00
5.00	Movable Equipment	70, 452, 276	0				6.00
7.00	HIT designated Assets	0	0				7.00
3.00	Subtotal (sum of lines 1-7)	126, 781, 057	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	126, 781, 057	0				10.00

Heal th	Financial Systems	FERRE HAUTE REG	IONAL HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150046	Peri od:	Worksheet A-7	
					From 09/01/2013 To 08/31/2014		narod
					10 06/31/2014	1/26/2015 2:3	pareu. 7 pm
			SL	JMMARY OF CAF	PITAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
						instructions)	
	1	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR			nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	3, 000, 007			0 0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2, 516, 509			0 0	0	2.00
3.00	Total (sum of lines 1-2)	5, 516, 516			0 0	0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description		Total (1) (sum				
		Capi tal -Rel ate					
		d Costs (see	through 14)				
		instructions)	15.00	-			
	DADT LL DECONCLULATION OF ANOUNTS FROM WOR	14.00	15.00				
1 00	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUN					1 00
1.00	CAP REL COSTS-BLDG & FIXT	0	3,000,007				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2, 516, 509				2.00
3.00	Total (sum of lines 1-2)	0	5, 516, 516				3.00

From 09/01/2013 Par To 08/31/2014 Dat	orksheet A-7 art III ate/Time Prepa /26/2015 2:37 HFR CAPITAL	ared:
COMPUTATION OF RATIOS ALLOCATION OF OTH	HER CAPITAL	
Leases for Ratio instructions) (col. 1 - col. 2)	Insurance	
	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 56, 328, 781 0 56, 328, 781 0. 444300	0	1.00
1.00 CAP REL COSTS-BLDG & FIXT 56, 328, 781 0 56, 328, 781 0. 444300 2.00 CAP REL COSTS-MVBLE EQUIP 70, 452, 276 0 70, 452, 276 0. 555700	0	2.00
3.00 Total (sum of lines 1-2) 126,781,057 0 126,781,057 1.00000	0	2.00
ALLOCATION OF OTHER CAPITAL SUMMARY OF CA	0	3.00
Cost Center Description Taxes Other Total (sum of Depreciation	Lease	
Capital-Relate cols. 5		
d Costs through 7)		
6.00 7.00 8.00 9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS		
1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 2,936,473	175, 924	1.00
2.00 CAP REL COSTS-MVBLE EQUIP 0 0 2,445,786	760, 983	2.00
3.00 Total (sum of lines 1-2) 0 0 5,382,259	936, 907	3.00
SUMMARY OF CAPITAL		
Cost Center Description Interest Insurance (see Taxes (see Other Tota	tal (2) (sum	
	of cols. 9	
d Costs (see th	hrough 14)	
instructions)		
<u> </u>	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS		
1.00 CAP REL COSTS-BLDG & FIXT 0 55, 538 0 0	3, 167, 935	1.00
2. OO CAP REL COSTS-MVBLE EQUIP O O O O	3, 206, 769	2.00
3.00 Total (sum of lines 1-2) 0 55,538 0 0	6, 374, 704	3.00

nancial Systems	TERRE HAUTE REGIONAL HOSPITAL

ADJUST	Financial Systems MENTS TO EXPENSES		RRE HAUTE REG	Provi der CCN: 150046	Period:	Worksheet A-8	
					From 09/01/2013 To 08/31/2014	Date/Time Pre 1/26/2015 2:3	
				Expense Classification To/From Which the Amount i			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		C	CAP REL COSTS-BLDG & FIXT	1.00	0	1.0
2.00	Investment income - CAP REL		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.0
3.00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other		C		0.00	0	3.0
4.00	(chapter 2) Trade, quantity, and time		C		0.00	0	4.0
	discounts (chapter 8)						
5.00	Refunds and rebates of expenses (chapter 8)		C		0.00	0	5.0
6.00	Rental of provider space by suppliers (chapter 8)		C		0.00	0	6.0
7.00	Telephone services (pay stations excluded) (chapter		C		0.00	0	7.0
3. 00	21) Television and radio service		C		0.00	0	8. C
9.00	(chapter 21) Parking Lot (chapter 21)		C		0.00	0	9.0
	Provi der-based physi ci an	A-8-2	-3, 327, 440		0.00	0	
11.00	adjustment Sale of scrap, waste, etc.		C		0.00	0	11. C
12.00	(chapter 23) Related organization	A-8-1	3, 148, 337	,		0	12.0
	transactions (chapter 10)	A-0-1	3, 146, 337			0	12.0
	Laundry and linen service Cafeteria-employees and guests		C		0.00		
5.00	Rental of quarters to employee		C		0.00		
6.00	and others Sale of medical and surgical supplies to other than		C		0.00	0	16. (
7.00	patients Sale of drugs to other than		C		0.00	0	17. (
8.00	patients Sale of medical records and		C		0.00	0	18. (
9.00	abstracts						
9.00	Nursing school (tuition, fees, books, etc.)		C		0.00	0	19.0
20.00	Vending machines Income from imposition of		C		0.00	0	
	interest, finance or penalty charges (chapter 21)						
22.00	Interest expense on Medicare overpayments and borrowings to		C		0.00	0	22.
23.00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	C	RESPI RATORY THERAPY	65.00		23. (
04 00	limitation (chapter 14)	A-8-3	C		66 00		24
.4. 00	Adjustment for physical therapy costs in excess of	A-0-3	L	PHYSI CAL THERAPY	66.00		24.0
25.00	limitation (chapter 14) Utilization review –		C	UTILIZATION REVIEW-SNF	114.00		25.
	physicians' compensation						
26.00	(chapter 21) Depreciation - CAP REL		C	CAP REL COSTS-BLDG & FIXT	1.00	0	26.
7 00	COSTS-BLDG & FIXT Depreciation - CAP REL		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.
	COSTS-MVBLE EQUIP						
	Non-physician Anesthetist Physicians' assistant		C	*** Cost Center Deleted **	* 19.00 0.00		28. 29.
	Adjustment for occupational therapy costs in excess of	A-8-3	C	OCCUPATI ONAL THERAPY	67.00		30.
0 00	limitation (chapter 14)		~		20.00		20
	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.
81.00	Adjustment for speech pathology costs in excess of	A-8-3	C	SPEECH PATHOLOGY	68.00		31.0
32.00	limitation (chapter 14) CAH HIT Adjustment for		C		0.00	0	32. (
	Depreciation and Interest		-				
	X-RAY COPY CAFETERI A	B		RADI OLOGY-DI AGNOSTI C CAFETERI A	54.00 11.00		33.0 33.0

					From 09/01/2013 To 08/31/2014	Date/Time Pre	
				Expense Classification on	Worksheet A	1/26/2015 2:3	7 pm
				To/From Which the Amount is			
			. .				
	Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Li ne # 4.00	Wkst. A-7 Ref. 5.00	
	VENDING	В		CAFETERI A	11.00	0	
	ED OTHER MEDI CAL RECORDS	B B		NSERVICE EDUCATION	18.00 16.00	0	
	BADGE DEDUCTIONS	B		ADMI NI STRATI VE & GENERAL	5.00	0	
	COMP REHAB	В		PHYSICAL THERAPY	66.00	0	33.0
	OTHER INTEREST INCOME	B B		ADMI NI STRATI VE & GENERAL ADMI NI STRATI VE & GENERAL	5.00	0	
3.00	UNCLAI MED PROPERTY	В		ADMI NI STRATI VE & GENERAL	5.00	0	
	PATIENT ACCOUNT INTEREST	А	-13, 485	ADMI NI STRATI VE & GENERAL	5.00	0	
	PATIENT TELEPHONES PATIENT TELEPHONES	A		EMPLOYEE BENEFITS DEPARTMENT	4.00 5.00	0	
	PATIENT TELEPHONES	A A		ADMINISTRATIVE & GENERAL	7.00	0	33.1
3. 14	ADMI N. TRAVEL	А	-4, 152	ADMI NI STRATI VE & GENERAL	5.00	0	
	ADMIN. MEALS	A		ADMINI STRATI VE & GENERAL	5.00	0	33.1
	ADMIN. PARTIES & BANQUETS MISC.	A A		ADMI NI STRATI VE & GENERAL ADMI NI STRATI VE & GENERAL	5.00	0	33.1 33.1
	MI SC.	A		ENDOSCOPY	76.01	0	
	MI SC.	A			10.00	0	33.1
	NONPATIENT GIFTS NONPATIENT GIFTS	A A		DEMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL	4.00 5.00	0	
	NONPATIENT GIFTS	A		OPERATION OF PLANT	7.00	0	
	NONPATI ENT GI FTS	А		HOUSEKEEPING	9.00	0	
	NONPATIENT GIFTS NONPATIENT GIFTS	A A		INSERVICE EDUCATION	18.00 30.00	0	33.2 33.2
	NONPATIENT GIFTS	A		SUBPROVIDER - IPF	40.00	0	
3. 27	NONPATIENT GIFTS	А	-92	RADI OLOGY-DI AGNOSTI C	54.00	0	
	NONPATIENT GIFTS NONPATIENT GIFTS	A A		MAMMOGRAPHY EMERGENCY	54.02 91.00	0	
	PATIENT GIFTS	A		ADMINISTRATIVE & GENERAL	5.00	0	
	ALCOHOL	А		ADMI NI STRATI VE & GENERAL	5.00	0	33.3
	ALCOHOL	A			10.00	0	
	ALCOHOL ALCOHOL	A A		RECOVERY ROOM	51.00 52.00	0	33.3
	ALCOHOL	A		RADI OLOGY-THERAPEUTI C	55.00	0	
	COUNTRY CLUB DUES	A		ADMINISTRATIVE & GENERAL	5.00	0	
	PHYSICIAN RECRUITMENT PHYSICIAN RECRUITMENT	A A		ADMINISTRATIVE & GENERAL	5.00 73.00	0	33.3 33.3
3. 39	NONALLOWABLES	A		EMPLOYEE BENEFITS DEPARTMENT		0	33.3
	NONALLOWABLES	A		ADMINISTRATIVE & GENERAL	5.00		
	NONALLOWABLES NONALLOWABLES	A A		RADI OLOGY-DI AGNOSTI C	54.00 194.01	0	
5. 72	NONALLOWADELS	~	2,21-	CENTERS	174.01	Ŭ	00.4
3.43	CONTRI BUTI ONS	A		ADMI NI STRATI VE & GENERAL	5.00	0	
3.44	CONTRI BUTI ONS	A	-107,352	OTHER NONREI MBURSABLE COST	194.01	0	33.4
3. 45	LEGAL FEES	А	-22, 777	ADMI NI STRATI VE & GENERAL	5.00	0	33.4
	DEPRECIATION BUILDING	A		CAP REL COSTS-BLDG & FIXT	1.00		33.4
	DEPRECIATION MME SOFTWARE AMORTIZATION	A A		CAP REL COSTS-MVBLE EQUIP	2.00		33.4 33.4
	CAPI TALI ZED RENOVATI ONS	A		CAP REL COSTS-BLDG & FIXT	1.00		33.4
	LOBBYING DUES	A		ADMI NI STRATI VE & GENERAL	5.00	0	
	MOB MOB	A A		ADMINISTRATIVE & GENERAL	5.00 4.00	0	33.5 33.5
	USEFUL LIFE ADJUSTMENT	A		CAP REL COSTS-BLDG & FIXT	1.00	9	33.5
	MEDLINE POSTAGE	А		ADMI NI STRATI VE & GENERAL	5.00		33.5
	PHYSICIAN RECORDS STORAGE	A	-314	OPERATION OF PLANT	7.00	0	33.5
3.56 3.57	NURSE PRACTITIONER	А	-35, 875	OCCUPATIONAL MEDICINE	0.00	-	
3. 58	HOSPICE	В	-108, 428	ADULTS & PEDIATRICS	30.00	0	33.5
	OUTSIDE CONSULTING	A	-34,062	ADMINISTRATIVE & GENERAL	5.00	0	
8.60 8.61			((0.00	0	33. 0 33. 0
3. 62			(0.00	0	
			(0.00	0	33.6
			(וו	0.00	0	33.6
3.64			((-	
3. 63 3. 64 3. 65 3. 66			(0.00	0	33.6

	inancial Systems	TEF	RRE HAUTE REGI			u of Form CMS-2	
ADJUSTME	ENTS TO EXPENSES			Provider CCN: 150046	Peri od: From 09/01/2013 To 08/31/2014	Worksheet A-8 Date/Time Pre 1/26/2015 2:3	pared:
			-	Expense Classification To/From Which the Amount i			
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.69			0		0.00	0	33.69
33.70			0		0.00	0	33.70
33.71			0		0.00	0	33.71
33. 72			0		0.00	0	33.72
33.72			0		0.00	0	33.72
33.73			0		0.00	0	33.73
			0			-	
33.75			0		0.00	0	
33.76			0		0.00	0	33.76
33. 77			0		0.00	0	33.77
33. 78			0		0.00	0	33.78
33.79			0		0.00	0	33.79
33.80			0		0.00	0	33.80
33.81			0		0.00	0	33.81
33.82			0		0.00	0	33.82
33.83			0		0.00	0	33.83
33.84			0		0.00	0	33.84
33.85			0		0.00	0	33.85
33.86			0		0.00	0	33.86
33.80			0		0.00	0	33.80
			0			-	
33.88			0		0.00	0	33.88
33.89			0		0.00	0	
33.90			0		0.00	0	33.90
33. 91			0		0.00		
33. 92			0		0.00	0	33. 92
33. 93			0		0.00	0	33.93
33. 94			0		0.00	0	33.94
33. 95			0		0.00	0	33.95
33.96			О		0.00	0	33.96
33.97			0		0.00	0	33.97
33. 98			0		0.00	0	33.98
33.99			0		0.00	0	33.99
	TOTAL (sum of lines 1 thru 49)		-1, 436, 265		0.00	0	50.00
	(Transfer to Worksheet A,		-1,430,203				30.00
	column 6, line 200.)					l	

(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.

DEFICE COSTS From 80/271/2013 (1) curve to Program Live The Program Line No. Cost Center Lapense Lites Accurve to Structure to Manual Cost (1) cost Accurve to Structure		Financial Systems MENT OF COSTS OF SERVICES FROM		EGIONAL HOSPITAL DME Provider CCN: 150046	In Lig Period:	eu of Form CMS- Worksheet A-8	
Line No. Cost Centur Expense I tens Amount interactions of the second secon					From 09/01/2013	3 4 Date/Time Pre	epared:
L 0.0 2.00 3.00 4.00 5.00 A. 00551 NUCKRED AND ADJUSTENTS FASTURED AS A RESULT OF TRANSACTIONS WITH RELATED DRGAN LATIONS OF CLANUED 100 0.00 5.00ADMINISTRATIVE & GENERAL PGC 79.230 1.45, 493 1.413, 400 2. 1.00 5.00ADMINISTRATIVE & GENERAL MALE OFFICE INTEREST 1.464, 493 1.413, 400 2. 3.00 5.00ADMINISTRATIVE & GENERAL MOLE OFFICE INTEREST 1.464, 493 1.413, 400 2. 4.01 5.00ADMINISTRATIVE & GENERAL MOLE OFFICE INTEREST 1.945, 256 1.464, 932 1.413, 400 2. 4.01 5.00ADMINISTRATIVE & GENERAL MOLE OFFICE INTEREST 1.946, 203 1.945, 343 1.946, 332 1.946, 345 1.946, 332 1.946, 404 1.946, 352 1.946, 453 1.946, 454 1.946, 454 1.946, 454 1.946, 526 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 1.946, 454 </td <td></td> <td>Li ne No.</td> <td>Cost Center</td> <td>Expense I tems</td> <td></td> <td>Amount Included in Wks. A, column</td> <td></td>		Li ne No.	Cost Center	Expense I tems		Amount Included in Wks. A, column	
1.00 S. OD/MIN IN STRATU F & CREPAL IPG 79, 230 156, 736 1 3.00 S. OD/MIN IN STRATU F & CREPAL INSE STATU F & CRE		A. COSTS INCURRED AND ADJUSTM				5.00	
4.60 0.00 4.61 0.00 4.62 0.00 4.63 0.00	$\begin{array}{c} 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 4. \ 01\\ 4. \ 03\\ 4. \ 04\\ 4. \ 05\\ 4. \ 06\\ 4. \ 07\\ 4. \ 08\\ 4. \ 07\\ 4. \ 08\\ 4. \ 07\\ 4. \ 10\\ 4. \ 11\\ 4. \ 12\\ 4. \ 13\\ 4. \ 14\\ 4. \ 15\\ 4. \ 16\\ 4. \ 17\\ 4. \ 18\\ 4. \ 20\\ 4. \ 21\\ 4. \ 22\\ 4. \ 23\\ 4. \ 24\\ 4. \ 25\\ 4. \ 26\\ 4. \ 27\\ 4. \ 28\\ 4. \ 29\\ 4. \ 30\\ 4. \ 31\\ 4. \ 35\\ 4. \ 36\\ 4. \ 37\\ 4. \ 38\\ 4. \ 36\\ 4. \ 37\\ 4. \ 38\\ 4. \ 36\\ 4. \ 37\\ 4. \ 38\\ 4. \ 46\\ 4. \ 47\\ 4. \ 48\\ 4. \ 45\\ 4. \ 46\\ 4. \ 47\\ 4. \ 48\\ 4. \ 45\\ 4. \ 46\\ 4. \ 47\\ 4. \ 48\\ 4. \ 45\\ 4. \ 55\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 59\\ 4. \ 60\\ 4. \ 61\\ 4. \ 62\\ 4. \ 63\\ \end{array}$	A. COSTS I NCURRED AND ADJUSTM HOME OFFICE COSTS: 5.00 6.00 6.00 6.00 7.00 7.00	ADMI NI STRATI VE & GENERAL ADMI NI STRATI VE & GENERAL ADULTS & PEDI ATRI CS I NTENSI VE CARE UNI T OPERATI NG ROOM DELI VERY ROOM & LABOR ROOM NURSI NG ADMI NI STRATI ON ADMI NI STRATI VE & GENERAL ADMI NI STRATI VE & GENERAL SUBPROVI DER - I RF MEDI CAL RECORDS & LI BRARY ADMI NI STRATI VE & GENERAL SUBPROVI DER - I RF MEDI CAL RECORDS & LI BRARY ADMI NI STRATI VE & GENERAL ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL CAP REL COSTS-BLDG & FI XT ADMI NI STRATI VE & GENERAL	F TRANSACTIONS WITH RELATED OF HPG IT&S HOME OFFICE INTEREST HOME OFFICE DIRECT COMP. PARALLON SSC PARALLON SUPPLY CHAIN PARALLON ALL ABOUT STAFFING PARALLON MARK-UP PARALLON PAYROLL CAPITAL DIVISION IT&S HIM REVENUE INTEGRITY CREDENTIALING BEHAVIOAL HEALTH DC10 FEES IT&S PARALLON PREBILL DENIAL CALL CENTER PHYSICIAN RECRUITING MALPRACTICE GENERAL LIABILITY CREDENTIAL SPACE POB HOSPITAL SPACE POB HOSPITAL SPACE POB HOSPITAL SPACE	RGANI ZATI ONS OR 79, 230 1, 454, 932 1, 589, 639 1, 645 2, 366, 606 1, 040, 809 52, 807 4, 700 9, 325 1, 381 12, 784 0 34, 099 1, 466, 280 1, 466, 280 99, 774 131, 458 68, 281 150, 149 43, 897 323, 520 14, 516 14, 516 0 0 0 0 0 0 0 0 0 0 0 0 0 137, 584 0 0 0 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>CLAI MED 156, 736 1, 413, 600 7, 211, 678 0 2, 366, 606 1, 040, 809 53, 535 4, 765 9, 454 1, 400 12, 960 901, 346 34, 099 1, 477, 108 1, 068, 472 68, 281 170, 845 43, 897 323, 520 14, 516 50, 472 68, 591 516, 644 6, 853 124, 361 145, 070 -9, 990, 107 0<td>$\begin{array}{c} 2. \ 00\\ 3. \ 00\\ 4. \ 01\\ 4. \ 03\\ 4. \ 04\\ 4. \ 05\\ 4. \ 06\\ 4. \ 07\\ 4. \ 08\\ 4. \ 06\\ 4. \ 07\\ 4. \ 08\\ 4. \ 09\\ 4. \ 10\\ 4. \ 12\\ 4. \ 13\\ 4. \ 14\\ 4. \ 12\\ 4. \ 13\\ 4. \ 14\\ 4. \ 15\\ 4. \ 16\\ 4. \ 17\\ 4. \ 18\\ 4. \ 21\\ 4. \ 22\\ 4. \ 23\\ 4. \ 24\\ 4. \ 25\\ 4. \ 26\\ 4. \ 27\\ 4. \ 28\\ 4. \ 29\\ 4. \ 30\\ 4. \ 31\\ 4. \ 32\\ 4. \ 36\\ 4. \ 37\\ 4. \ 38\\ 4. \ 36\\ 4. \ 37\\ 4. \ 38\\ 4. \ 46\\ 4. \ 47\\ 4. \ 48\\ 4. \ 45\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 56\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 56\\ 4. \ 56\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 56\\ 4. \$</td></td>	CLAI MED 156, 736 1, 413, 600 7, 211, 678 0 2, 366, 606 1, 040, 809 53, 535 4, 765 9, 454 1, 400 12, 960 901, 346 34, 099 1, 477, 108 1, 068, 472 68, 281 170, 845 43, 897 323, 520 14, 516 50, 472 68, 591 516, 644 6, 853 124, 361 145, 070 -9, 990, 107 0 <td>$\begin{array}{c} 2. \ 00\\ 3. \ 00\\ 4. \ 01\\ 4. \ 03\\ 4. \ 04\\ 4. \ 05\\ 4. \ 06\\ 4. \ 07\\ 4. \ 08\\ 4. \ 06\\ 4. \ 07\\ 4. \ 08\\ 4. \ 09\\ 4. \ 10\\ 4. \ 12\\ 4. \ 13\\ 4. \ 14\\ 4. \ 12\\ 4. \ 13\\ 4. \ 14\\ 4. \ 15\\ 4. \ 16\\ 4. \ 17\\ 4. \ 18\\ 4. \ 21\\ 4. \ 22\\ 4. \ 23\\ 4. \ 24\\ 4. \ 25\\ 4. \ 26\\ 4. \ 27\\ 4. \ 28\\ 4. \ 29\\ 4. \ 30\\ 4. \ 31\\ 4. \ 32\\ 4. \ 36\\ 4. \ 37\\ 4. \ 38\\ 4. \ 36\\ 4. \ 37\\ 4. \ 38\\ 4. \ 46\\ 4. \ 47\\ 4. \ 48\\ 4. \ 45\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 56\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 56\\ 4. \ 56\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 56\\ 4. \$</td>	$\begin{array}{c} 2. \ 00\\ 3. \ 00\\ 4. \ 01\\ 4. \ 03\\ 4. \ 04\\ 4. \ 05\\ 4. \ 06\\ 4. \ 07\\ 4. \ 08\\ 4. \ 06\\ 4. \ 07\\ 4. \ 08\\ 4. \ 09\\ 4. \ 10\\ 4. \ 12\\ 4. \ 13\\ 4. \ 14\\ 4. \ 12\\ 4. \ 13\\ 4. \ 14\\ 4. \ 15\\ 4. \ 16\\ 4. \ 17\\ 4. \ 18\\ 4. \ 21\\ 4. \ 22\\ 4. \ 23\\ 4. \ 24\\ 4. \ 25\\ 4. \ 26\\ 4. \ 27\\ 4. \ 28\\ 4. \ 29\\ 4. \ 30\\ 4. \ 31\\ 4. \ 32\\ 4. \ 36\\ 4. \ 37\\ 4. \ 38\\ 4. \ 36\\ 4. \ 37\\ 4. \ 38\\ 4. \ 46\\ 4. \ 47\\ 4. \ 48\\ 4. \ 45\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 56\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 56\\ 4. \ 56\\ 4. \ 56\\ 4. \ 57\\ 4. \ 58\\ 4. \ 56\\ 4. \ $

Heal th	Financial Systems	TERRE HAUTE REG	IONAL HOSPITAL	In Lie	eu of Form CMS-	2552-10
STATEMENT OF COSTS OF SERVICES FROM F OFFICE COSTS		RELATED ORGANIZATIONS AND HOM	E Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014		pared:
	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount	
	1.00	2.00	3.00	4.00	5.00	
4.69	0.00			0	0	4.69
4.70	0.00			0	0	4.70
4.71	0.00			0	0	4.71
4.72	0.00			0	0	4.72
4.73	0.00			0	0	4.73
4.74	0.00			0	0	4.74
4.75	0.00			0	0	4.75
4.76	0.00			0	0	4.76
4.77	0.00			0	0	4.77
4.78	0.00			0	0	4.78
4.79	0.00			0	0	4.79
4.80	0.00			0	0	4.80
4.81	0.00			0	0	4.81
4.82	0.00			0	0	4.82
4.83	0.00			0	0	4.83
4.84	0.00			0	0	4.84
4.85	0.00			0	0	4.85
4.86	0.00			0	0	4.86
4.87	0.00			0	0	4.87
4.88	0.00			0	0	4.88
4.89	0.00			0	0	4.89
4.90	0.00			0	0	4.90
4.91	0.00			0	0	4.91
4.92	0.00			0	0	4.92
4.93	0.00			0	0	4.93
4.94	0.00			0	0	4.94
4.95	0.00			0	0	4.95
4.96	0.00			0	0	4.96
4.97	0.00			0	0	4.97
4.98	0.00			0	0	4.98
4.99	0.00			0	0	4.99
5.00	0		0	10, 725, 138	7, 576, 801	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

			Related Organization(s) and	or Home Office	
Symbol (1)	Name	Percentage of	Name	Percentage of	
		Ownershi p		Ownershi p	
1.00	2.00	3.00	4.00	5.00	
 B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

1 of mout			
6.00	В	100.00 PARALLON 100.00	6.00
7.00	В	51.66 HPG 51.60	5 7.00
8.00	В	100.00 HCI 100.00	8.00
9.00	В	100. 00 CAPI TAL DI VI SI 0 100. 00	9.00
10.00	В	100.00 ALL ABOUT STAFF 100.00	0 10.00
10. 01	В	100.00HCA 100.00	0 10.01
10. 02	В	100.00 POB 100.00	10. 02
10. 03		0.00 0.00	0 10.03
10. 04		0.00 0.00	0 10.04
10. 05		0.00 0.00	0 10.05
10.06		0.00 0.00	0 10.06
10. 07		0.00 0.00	0 10.07
10. 08		0.00 0.00	0 10.08
10. 09		0.00 0.00	0 10.09
10. 10		0.00 0.00	0 10.10
100.00	G. Other (financial or		100.00
	non-financial) specify:		

Heal th	Financial Systems	TERRE HAUTE RE	GI ONAL HOSPI TAL	-	In Lie	eu of Form CMS-	2552-10
STATEME	NT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HO	ME Provider	CCN: 150046	Peri od:	Worksheet A-8	3-1
OFFICE	COSTS				From 09/01/2013		
					To 08/31/2014	Date/Time Pre	
						1/26/2015 2:3	37 pm
				Related Orga	nization(s) and/o	or Home Office	
	Symbol (1)	Name	Percentage of	1	Vame	Percentage of	
			Ownership			Ownershi p	
	1.00	2.00	3.00	4	4. 00	5.00	

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.

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

CF	COSTS	SERVICES FROM RELAT			From 09/01/2013 To 08/31/2014	Date/Time Prepar
	Net	Wkst. A-7 Ref.		<u> </u>	L	<u>1/26/2015 2:37 p</u>
	Adjustments					
	(col. 4 minus					
	col. 5)*					
	6.00		REQUIRED AS A RESULT OF TRANS	CACTLONE WITH DELATED		
	HOME OFFICE COS		REQUIRED AS A RESULT OF TRANS	SACTIONS WITH RELATED (JRGANIZATIONS OR C	
Ē	-77, 506	0				1
)	41, 332	0				2
	-5, 622, 039	0				3
)	1, 645	0				4
	0	0				4
	-728	0				2
	-65	Ö				
	-129	0				4
	-19	0				4
	-176	0				4
	-901, 346	0				4
	0	0				4
	-10, 828	0				4
	-74, 698 0	0				2
	0	0				2
	-20, 696	Ő				4
	0	0				4
	0	0				4
	0	0				4
	-50, 472 -68, 591	0				2
	-516, 644	0				
	-6, 853	Ö				
	-124, 361	0				4
	-7,486	0				4
	9, 990, 107	0				4
	569, 038	0				4
	91, 340 -14, 049	9 0				2
	93, 427	0				
	7,966	0				4
	-149, 832	0				4
	0	0				4
	0	0				4
	0	0				4
	0	0				2
	0	0				2
	0	0				4
	0 0	0 0				4
	0	0				4
	0	0				4
	0	0				4
	0	0 0				2
	0	0				
	0	0				4
	0	0				4
	0	0				4
	0	0				4
	0	0				2
	0	0 0				2
	0	ő				
	0	0 0				4
	0	0				4
	0	0				4
	0	0				4
	0	0				4
	0	0				2
	0	0 0				2
	0	0				
	0	Ő				4
	0	0				4
	0	0				4
	0	0				4

	Financial Syste		TERRE HAUTE REGION				u of Form CMS	
		SERVICES FROM RELATED	ORGANIZATIONS AND HOME	Provider CCN	: 150046	Peri od:	Worksheet A-	-8-1
OFFICE	COSTS					From 09/01/2013 To 08/31/2014	Date/Time Pr 1/26/2015 2:	repared: 37 pm
	Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.						
1 (0	6.00	7.00						1. (0
4.69 4.70	0	0						4.69
4.70	0	0						4.70
4.71	0	0						4.71
4.72	0	0						4.72
4.74		0						4.73
4.75	0	0						4.75
4.76	0	0						4.76
4.77	0	0						4, 77
4.78	0	0						4.78
4.79	0	O						4.79
4.80	0	0						4.80
4.81	0	0						4.81
4.82	0	0						4.82
4.83	0	0						4.83
4.84	0	0						4.84
4.85	0	0						4.85
4.86	0	0						4.86
4.87	0	0						4.87
4.88	0	0						4.88
4.89	0	0						4.89
4.90								4.90
4.90 4.91	0	U U						1. 70

0 0 0 0 0 0 0 4.98 4.99 0 0 5.00 3.148.337 * The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropri ate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable

should be indicated in column 4 of this part. Related Organization(s) and/or Home Office Type of Business 6.00

4.92

4.93

4.94

4.95

4.96

4.97

4.98

4.99

5.00

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

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

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

6.00	MANAGEMENT	6.00
7.00	PURCHASI NG	7.00
8.00	I NSURANCE	8.00
9.00	MANAGEMENT	9.00
10.00	STAFFING	10.00
10. 01	HOSPITAL MGT.	10.01
10. 02	PROFESSI ONAL BU	10.02
10. 03		10.03
10.04		10.04
10.05		10.05
10.06		10.06
10. 07		10.07
10. 08		10.08
10.09		10.09
10. 10		10. 10
100.00		100.00

4.92

4.93

4.94

4.95

4.96

4.97

000000

Health Financial Systems	TERRE HAUTE I	REGI ONAL	HOSPI TAL			In Lie	u of Form CMS	-2552-10
STATEMENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND I	HOME	Provi der	CCN:	150046	Period: From 09/01/2013	Worksheet A-	8-1
OFFICE COSTS						To 08/31/2014		epared: 37 pm
Related Organization(s) and/or Home Office								
Type of Business								
6. 00								

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.

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

Heal th	Financial Syste	ams	TERRE HALLTE RE	GIONAL HOSPITAL		Inlie	eu of Form CMS-	2552-10
	R BASED PHYSIC		TERRE HAUTE RE		CCN: 150046	Peri od:	Worksheet A-8	
TROVIDE					CON. 130040	From 09/01/2013 To 08/31/2014		pared:
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component		Physician/Prov ider Component Hours	- F
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		ADULTS & PEDIATRICS	89, 760			0 171, 400	480	1.00
2.00	40.00	SUBPROVIDER - IPF	279, 269				414	2.00
3.00		OPERATING ROOM	1, 295, 945		24, 84		180	3.00
4.00	54.00	RADI OLOGY-DI AGNOSTI C	854, 858			171,400	0	4.00
5.00	76.01	ENDOSCOPY	185, 400	86, 400	99,000	204, 100	300	5.00
6.00		ELECTROCARDI OLOGY	58, 350				240	6.00
7.00		WOUND CARE	36, 000		24,000		160	7.00
8.00		PHYSI CAL THERAPY	81, 288		79, 82		552	8.00
9.00		EMERGENCY	107, 200			171,400	0	9.00
10.00	76.04		89, 760		89, 76		480	10.00
11.00		ADULTS & PEDIATRICS	475, 310			171,400	0	11.00
12.00		OCCUPATIONAL MEDICINE	9, 600			171,400	0	12.00
13.00		RESPI RATORY THERAPY	-2, 280			171,400	-	13.00
200.00	00.00		3, 560, 460					200.00
200.00	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of		Physician Cost	200.00
	WRSt. A EINC #	I denti fi er	Limit	Unadjusted RCE			of Malpractice	
		i denti i i ei	Limit	Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12	i nou unoc	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00		ADULTS & PEDIATRICS	39, 554	1, 978		0 0	0	1.00
2.00		SUBPROVIDER - IPF	28, 363	1, 418		0 0	0	2.00
3.00		OPERATING ROOM	17, 662			0 0	0	3.00
4.00		RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	4.00
5.00		ENDOSCOPY	29, 438			0 0	0	5.00
6.00		ELECTROCARDI OLOGY	19, 777	989			0	6.00
7.00		WOUND CARE	13, 185			0 0	0	7.00
8.00		PHYSI CAL THERAPY	45, 487	2, 274		0 0	0 0	8.00
9.00		EMERGENCY		0		0 0	0	9.00
10.00	76.04		39, 554	-		0 0	0	10.00
11.00		ADULTS & PEDIATRICS	07,001	0		0 0	0	11.00
12.00		OCCUPATIONAL MEDICINE		0			0	12.00
13.00		RESPI RATORY THERAPY		0		0 0	0	13.00
200.00	00.00		233, 020	-			0	200.00
200.00	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		200.00
	intot: A Erno #	I denti fi er	Component	Limit	Di sal I owance	naj as emerre		
			Share of col.					
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	C		50, 20	50, 206		1.00
2.00	40.00	SUBPROVIDER - IPF	0	28, 363	35, 80	7 250, 906		2.00
3.00	50.00	OPERATING ROOM	0	17, 662	7, 17	1, 278, 283		3.00
4.00	54.00	RADI OLOGY-DI AGNOSTI C	0	0	(854,858		4.00
5.00	76.01	ENDOSCOPY	0	29, 438	69, 56	2 155, 962		5.00
6.00		ELECTROCARDI OLOGY	0		16, 22			6.00
7.00	76.03	WOUND CARE	0					7.00
8.00	66.00	PHYSI CAL THERAPY	0	45, 487	34, 33	35, 801		8.00
9.00		EMERGENCY	0	0		107, 200		9.00
10.00	76.04		C	39, 554	50, 20			10.00
11.00	30.00	ADULTS & PEDIATRICS	0	0	(475, 310		11.00
12.00		OCCUPATIONAL MEDICINE	0	0	(9,600		12.00
13.00	65.00	RESPI RATORY THERAPY	0	0	(-2, 280		13.00
200.00			0	233, 020	274, 33			200.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	TERRE HAUTE REGI		F	Period: From 09/01/2013 To 08/31/2014	u of Form CMS-: Worksheet B Part I Date/Time Pre	pared:
				ATED COSTS		1/26/2015 2:3	7 pm
			CAPITAL KEI	LATED COSTS			
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
		col. 7)					
	CENEDAL SEDVICE COST CENTEDS	0	1.00	2.00	4.00	4A	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	3, 167, 935	3, 167, 935				1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	3, 206, 769	3, 107, 733	3, 206, 769	9		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	7, 831, 584	35, 179				4.00
5.00	00500 ADMINISTRATIVE & GENERAL	12, 796, 746	157, 638	159, 571	653, 045	13, 767, 000	5.00
7.00	00700 OPERATION OF PLANT	3, 862, 778	764, 910			5, 582, 152	
8.00	00800 LAUNDRY & LINEN SERVICE	517, 690	33, 218	33, 625		589, 169	
9.00	00900 HOUSEKEEPI NG 01000 DI ETARY	1, 264, 310	11, 951	12, 098		1, 483, 259	
10.00 11.00	01100 CAFETERI A	1, 351, 909 604, 257	54, 260 34, 607	54, 925 35, 031		1, 558, 899 740, 268	
13.00	01300 NURSI NG ADMI NI STRATI ON	850, 762	9, 287	9, 401		1, 017, 339	
	01600 MEDI CAL RECORDS & LI BRARY	1, 121, 614		43, 406		1, 220, 394	
	01850 I NSERVI CE EDUCATI ON	895, 587	25, 920			1, 142, 206	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	6, 653, 478	585, 956			9, 186, 073	
31.00	03100 I NTENSI VE CARE UNI T	2, 168, 991	99, 711	100, 933		2, 795, 246	
40.00 41.00	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	1, 511, 005 847, 417	90, 020 107, 018	91, 124 108, 330		2, 012, 924 1, 247, 718	
41.00	04300 NURSERY	375, 436	9, 794	9, 914		469, 652	
44.00	04400 SKI LLED NURSI NG FACI LI TY	0,0,100	0	(0	
45.00	04500 NURSING FACILITY	0	0	C	0 0	0	
46.00	04600 OTHER LONG TERM CARE	0	0	(0 0	0	46.00
	ANCI LLARY SERVICE COST CENTERS	0 700 575	004 447	000 51			
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	3, 739, 575 615, 773	236, 617 14, 775	239, 517 14, 956		4, 951, 286 774, 581	50.00 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1, 114, 395	67, 374	68, 200		1, 447, 959	
53.00	05300 ANESTHESI OLOGY	0	0	(0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 473, 901	71, 933	72, 815	5 206, 707	1, 825, 356	54.00
54.01	05401 ULTRASOUND	201, 410	3, 809	3, 855		248, 743	
	05402 MAMMOGRAPHY	356, 152	14, 025	14, 197		435, 476	
55.00 56.00	05500 RADI OLOGY-THERAPEUTI C	1, 205, 541	57, 946	58, 657		1, 453, 824 895, 848	
57.00	05600 RADI OI SOTOPE 05700 CT SCAN	825, 760 568, 344	6, 961 15, 028	7, 046 15, 213		679, 093	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	295, 903	9, 756			362, 258	
59.00	05900 CARDI AC CATHETERI ZATI ON	737, 502	21, 511	21, 774		903, 188	
60.00	06000 LABORATORY	2, 396, 917	50, 207	50, 823	3 270, 635	2, 768, 582	
60.01	06001 BLOOD LABORATORY	0	0	C	0 0	0	
	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0 826, 990	3, 002	3, 039	9 15, 317	0 848, 348	
	06300 BLOOD STORING, PROCESSING & TRANS.	020, 990	3,002	3,03	0 0	040, 340	
64.00	06400 I NTRAVENOUS THERAPY	0	0		0 0	0	64.00
65.00	06500 RESPI RATORY THERAPY	1, 182, 563	15, 375	15, 564	231, 598	1, 445, 100	65.00
66.00	06600 PHYSI CAL THERAPY	1, 327, 870	71, 380	72, 255	5 271, 201	1, 742, 706	
67.00	06700 OCCUPATIONAL THERAPY	0	0		0	0	
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	859, 265	20, 563	20, 815	5 110, 275	0 1, 010, 918	
	07000 ELECTROCARDIOLOGI	92, 782	10, 225			128, 095	
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	4, 240, 061	79, 654	80, 630		4, 466, 563	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5, 687, 026	0	0	0 0	5, 687, 026	
	07300 DRUGS CHARGED TO PATIENTS	9, 696, 509	25, 188			10, 110, 449	
	07400 RENAL DIALYSIS	735, 280	4, 428	4, 482	2 203	744, 393	
	07500 ASC (NON-DI STI NCT PART)	0	0			0	
	03020 LI THOTRI PSY 03021 ENDOSCOPY	86, 227 1, 570, 007	18, 058	18, 280	187, 268	86, 227 1, 793, 613	
	03022 PRISION CLINIC	130, 877	70, 357	71, 220		299, 412	
	03023 WOUND CARE	740, 444	16, 210			791, 119	
76.04	03024 OPI C	464, 466	35, 882	36, 322	91, 619	628, 289	76.04
~~ ~~	OUTPATIENT SERVICE COST CENTERS			-			
	08800 RURAL HEALTH CLINIC	0				0	
90.00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC					0	
	09100 EMERGENCY	2, 360, 487	96, 446	97, 628	425, 786	2, 980, 347	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,000,107	,0,140	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.20, ,00	2, 700, 347	
	OTHER REIMBURSABLE COST CENTERS		1	1			
	09400 HOME PROGRAM DI ALYSI S	0	0	C	0 0	0	
	09500 AMBULANCE SERVICES	0	0		0	0	95.00
	09600 DURABLE MEDICAL EQUIP-RENTED 09700 DURABLE MEDICAL EQUIP-SOLD	0				0	
97.00	NIZ O NUTURADI I NUTURAL EVULE-SULU				л – U	0	1 7/ 11

Health Financial Systems	TERRE HAUTE REGI	ONAL HOSPITAL		In Lie	eu of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 09/01/2013 To 08/31/2014		pared: 7 pm
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7) 0	CAPITAL REI BLDG & FIXT	ATED COSTS	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
	U			4.00	4A	00.00
99.00 09900 CMHC	0	0		0 0	,	
99. 10 09910 CORF	0	0		0 0	0	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0 0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0		0 0	0	101.00
SPECIAL PURPOSE COST CENTERS	1					
105.00 10500 KIDNEY ACQUISITION	0	0		0 0		105.00
106. 00 10600 HEART ACQUI SI TI ON	0	0		0 0		106.00
107.00 10700 LIVER ACQUISITION	0	0		0 0		107.00
108.00 10800 LUNG ACQUISITION	0	0		0 0		108.00
109.00 10900 PANCREAS ACQUI SI TI ON	0	0		0 0		109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0		0 0	0	110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 0	0	115.00
116. 00 11600 HOSPI CE	0	0		0 0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	92, 560, 295	3, 099, 060	3, 137, 04	9 7, 801, 771	92, 321, 098	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	77, 155	5, 694	5, 76	4 6, 748	95, 361	190.00
191. 00 19100 RESEARCH	0	0		0 0	0	191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0	0	192.00
193. 00 19300 NONPALD WORKERS	0	0		0 0	0	193.00
194.0007950 OCCUPATIONAL MEDICINE	220, 830	35, 179	35, 61	0 57, 308	348, 927	194.00
194.0107951 OTHER NONREIMBURSABLE COST CENTERS	244, 955	28, 002	28, 34	6 0	301, 303	194.01
194. 02 07952 SI TTERS	165,001	0		0 36, 546		
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0		0 0		201.00
202.00 TOTAL (sum lines 118-201)	93, 268, 236	3, 167, 935	3, 206, 76	7, 902, 373		1

)ST A	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	TERRE HAUTE REGI		F	Period: from 09/01/2013 fo 08/31/2014		pare
	Cost Center Description	ADMI NI STRATI VE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
		5.00	7.00	8.00	9.00	10.00	-
	GENERAL SERVICE COST CENTERS		F	1		F	
00	00100 CAP REL COSTS-BLDG & FIXT						1.
00 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.
00	00500 ADMI NI STRATI VE & GENERAL	13, 767, 000					5.
00	00700 OPERATION OF PLANT	966, 645	6, 548, 797	,			7.
00	00800 LAUNDRY & LINEN SERVICE	102, 025	98, 424	789, 618	3		8.
00	00900 HOUSEKEEPI NG	256, 852	35, 412				9.
). 00	01000 DI ETARY	269, 950	160, 770			2, 034, 117	
1.00 3.00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	128, 190 176, 170			,	0	
5.00	01600 MEDI CAL RECORDS & LI BRARY	211, 332				0	
3. 00	01850 INSERVICE EDUCATION	197, 792	76, 799			0	
	INPATIENT ROUTINE SERVICE COST CENTERS			-			
). 00	03000 ADULTS & PEDIATRICS	1, 590, 725					
1.00).00	03100 I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	484, 044 348, 572	295, 440 266, 727			49, 521 251, 149	
I. 00	04000 SUBPROVIDER - IRF	216, 064	317, 093			90, 143	
3.00	04300 NURSERY	81, 328	29, 019			0	
4.00	04400 SKILLED NURSING FACILITY	0	C) C	0	0	44.
5.00	04500 NURSING FACILITY	0	C			0	
5.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0	C	0 0	0	46.
). 00	05000 OPERATING ROOM	857, 399	701, 090	58, 978	194, 047	0	50.
1.00	05100 RECOVERY ROOM	134, 132	43, 778		-	0	
2.00	05200 DELIVERY ROOM & LABOR ROOM	250, 739	199, 628			0	
3.00	05300 ANESTHESI OLOGY	0	C	C	0	0	53.
1.00	05400 RADI OLOGY-DI AGNOSTI C	316, 091	213, 137			0	
4.01	05401 ULTRASOUND	43,074	11, 285			0	
1.02 5.00	05402 MAMMOGRAPHY 05500 RADI OLOGY-THERAPEUTI C	75, 410 251, 754	41, 555 171, 694			0	
5.00	05600 RADI OLOGI - MERALEUTI C	155, 131	20, 624			0	
7.00	05700 CT SCAN	117, 596	44, 529			0	
3. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	62, 731	28, 907			0	58.
9.00	05900 CARDI AC CATHETERI ZATI ON	156, 402				0	
0.00		479, 427	148, 762			0	
). 01 I. 00	06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	C		0	0	60. 61.
2.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	146, 906	8, 895	i c	2, 462	0	
3.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	C			0	
1.00	06400 I NTRAVENOUS THERAPY	0	C		-	0	
5.00	06500 RESPI RATORY THERAPY	250, 244	45, 557		. = / • • •	0	
5.00 7.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	301, 779	211, 497		58, 538	0	
3.00	06800 SPEECH PATHOLOGY	0				0	
9.00	06900 ELECTROCARDI OLOGY	175, 058	60, 928	10, 405	16, 864	0	
0. 00	07000 ELECTROENCEPHALOGRAPHY	22, 182	30, 297	(C	8, 386	0	70.
I. 00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	773, 461	236, 013			0	
2.00	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	984, 805	0	-		0	
	07400 RENAL DIALYSIS	1, 750, 805 128, 904	74, 631 13, 120		20, 656 3, 631	0	1
5.00	07500 ASC (NON-DI STINCT PART)	0	0, 120		0	0	
6. 00	03020 LI THOTRI PSY	14, 932	0		0	0	1
5. 01	03021 ENDOSCOPY	310, 595	53, 507		14, 809	0	
0. 02	03022 PRISION CLINIC	51,848			011011		
5. 03 5. 04	03023 WOUND CARE 03024 OPI C	136, 996 108, 799				0	
0.04	OUTPATIENT SERVICE COST CENTERS	100,799	100, 310	ı 15,041	27,427	0	70.
. 00	08800 RURAL HEALTH CLINIC	0	C) C) 0	0	88.
. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C	0 0	0	0	89.
. 00	09000 CLI NI C	0	C) C	0 0	0	
. 00	09100 EMERGENCY	516, 098	285, 767	55, 416	79, 094	0	
2. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS		L	l		L	92.
. 00	09400 HOME PROGRAM DI ALYSI S	0	C		0	0	94.
. 00	09500 AMBULANCE SERVICES	0	0		0	0	
. 00	09600 DURABLE MEDI CAL EQUI P-RENTED	0	0) C	0	0	96.
. 00	09700 DURABLE MEDI CAL EQUI P-SOLD	0	0		0	0	
	05950 OTHER REIMBURSABLE COST CENTERS	0			0	0	
. 00	09900 CMHC 09910 CORF	0			0	0	
	109910 CORF 10000 I &R SERVICES-NOT APPRVD PRGM	0					99. 100.
	10100 HOME HEALTH AGENCY	0	0		0		101.

Health Financial Systems	TERRE HAUTE REG	I ONAL HOSPI TAL		In Lie	u of Form CMS-2552-1
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	F	Period: From 09/01/2013 To 08/31/2014	
Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY
	& GENERAL	PLANT	LINEN SERVICE		
	5.00	7.00	8.00	9.00	10.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KI DNEY ACQUI SI TI ON	0	0		0	0 105.00
106.00 10600 HEART ACQUI SI TI ON	0	0		0	0 106.00
107.00 10700 LIVER ACQUISITION	0	0		0	0 107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0		0	0 108.00
109.00 10900 PANCREAS ACQUISITION	0	0		0	0 109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0		0	0 110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0	0 111.00
113.00 11300 I NTEREST EXPENSE					113.00
114.00 11400 UTI LI ZATI ON REVIEW-SNF					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0	0 115.00
116.00 11600 HOSPI CE	0	0		0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13, 602, 987	6, 344, 721	789, 618	1, 719, 039	1, 232, 199 118. 00
NONREI MBURSABLE COST CENTERS	44 540	14.070		4 (70	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16, 513	16, 872		4, 670	0 190. 00
191.00 19100 RESEARCH	0	0		0	0 191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0	0 192.00
193. 00 19300 NONPALD WORKERS	0	104 004			0 193.00
194. 00 07950 OCCUPATIONAL MEDICINE	60, 423			28, 850	0 194.00
194. 01 07951 OTHER NONREI MBURSABLE COST CENTERS	52, 176	82, 970		22, 964	801, 918 194. 01
194. 02 07952 SI TTERS	34, 901	0		0	0 194. 02
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers	12 7/7 000				0 201.00
202.00 TOTAL (sum lines 118-201)	13, 767, 000	6, 548, 797	789, 618	1, 775, 523	2, 034, 117 202. 00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	TERRE HAUTE REG		F	In Lie eriod: rom 09/01/2013 o 08/31/2014	u of Form CMS-: Worksheet B Part I Date/Time Pre	
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	MEDI CAL	OTHER GENERAL SERVI CE I NSERVI CE EDUCATI ON	1/26/2015 2:3	7 pm
		11.00	13.00	16.00	18.00	24.00	
	GENERAL SERVICE COST CENTERS						
13. 00 16. 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 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01600 MEDICAL RECORDS & LIBRARY 01850 INSERVICE EDUCATION	999, 376 14, 632 2, 480 29, 187	1, 243, 275 0	1, 596, 426 0			$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 16.\ 00\\ 18.\ 00\\ \end{array}$
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS			50.507	000.007	15 0/1 /51	
31.00 40.00 41.00 43.00 44.00 45.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY 04500 OTHER LONG TERM CARE	222, 390 56, 193 57, 432 23, 673 10, 075 0 0 0	148, 728 151, 772 62, 558 26, 624 0 0	38, 281 4, 933	142, 864 271, 073 31, 411 32, 811 0 0	15, 364, 654 4, 137, 127 3, 500, 423 2, 097, 586 660, 813 0 0	31.00 40.00
50.00	ANCILLARY SERVICE COST CENTERS	107, 860	0	206, 318	34, 911	7, 111, 889	50.00
$\begin{array}{c} 52.\ 00\\ 53.\ 00\\ 54.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ \end{array}$	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 ULTRASOUND 05402 MAMMOGRAPHY 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05700 CT SCAN 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	14, 271 28, 225 0 40, 733 5, 759 8, 209 16, 871 6, 451 12, 432 6, 585 13, 676	74, 655 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 33, 339 9, 912 7, 666 29, 496 30, 363 81, 946 23, 792	76, 729 0 51, 806 7, 514 7, 841 40, 605 2, 987 2, 007 1, 120	1, 028, 621 2, 186, 702 0 2, 591, 081 329, 410 587, 658 2, 011, 765 1, 117, 112 949, 928 493, 394 1, 223, 155	52.00 53.00 54.00 54.01 54.02 55.00 56.00 57.00 58.00
60. 00 60. 01 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00	06000 LABORATORY 06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	2, 799 0 34, 126 29, 345 0			2, 707 0 0 0 1, 447 97, 219 0	1, 223, 139 3, 642, 529 0 1, 030, 464 0 1, 832, 518 2, 472, 502 0 0	60.00 60.01 61.00 62.00 63.00 64.00 65.00
69.00 70.00 71.00 72.00 73.00 74.00 75.00 76.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART) 03020 LI THOTRI PSY	18, 690 2, 182 15, 826 0 41, 912 94 0 0	5, 767 0 0 0 0 247 0 0	36, 072 3, 807 114, 336 44, 564 292, 702 13, 008 0 1, 514	793 21, 796 0 233 0 0 0 0	1, 335, 495 216, 745 5, 787, 782 6, 716, 395 12, 291, 388 903, 397 0 102, 673	69.00 70.00 71.00 72.00 73.00 74.00 75.00 76.00
	03021 ENDOSCOPY	25,068		82, 130		2, 282, 382	
76.03	03022 PRI SI ON CLI NI C 03023 WOUND CARE 03024 OPI C OUTPATI ENT SERVI CE COST CENTERS	4, 156 2, 305 13, 737	0	836 10, 627 16, 253	0	633, 401 1, 010, 062 957, 152	76.03
89.00 90.00 91.00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0 0 0 58, 035	0 0 0 105, 229	0 0 103, 840	0 0 262, 252	0 0 4, 446, 078	88.00 89.00 90.00 91.00 92.00
04 00	OTHER REIMBURSABLE COST CENTERS			0		0	04 00
95.00 96.00 97.00 98.00 99.00	09400 HOME PROGRAM DI ALYSI S 09500 AMBULANCE SERVI CES 09600 DURABLE MEDI CAL EQUI P-RENTED 09700 DURABLE MEDI CAL EQUI P-SOLD 05950 OTHER REI MBURSABLE COST CENTERS 09900 CMHC 09910 CORF					0 0 0 0 0 0 0 0	94.00 95.00 96.00 97.00 98.00 99.00 99.10

Health Financial Systems	TERRE HAUTE REG	IONAL HOSPITAL		In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 09/01/2013 To 08/31/2014	Worksheet B Part I Date/Time Prepared: 1/26/2015 2:37 pm
Cost Center Description		NURSI NG ADMI NI STRATI ON	MEDI CAL RECORDS & LI BRARY	OTHER GENERAL SERVI CE I NSERVI CE EDUCATI ON	Subtotal
	11.00	13.00	16.00	18.00	24.00
100.00 10000 I &R SERVICES-NOT APPRVD PRGM 101.00 10100 HOME HEALTH AGENCY	0	-		0 0 0 0	0 100. 00 0 101. 00
SPECIAL PURPOSE COST CENTERS	4	•			
105.00 10500 KI DNEY ACQUI SI TI ON	0	0		0 0	0 105.00
106.00 10600 HEART ACQUI SI TI ON	0	0		0 0	0 106.00
107.00 10700 LIVER ACQUISITION	0	0		0 0	0 107.00
108.00 10800 LUNG ACQUISITION	0	0		0 0	0 108.00
109.00 10900 PANCREAS ACQUISITION	0	0		0 0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0	0 110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0 111.00
113.00 11300 INTEREST EXPENSE					113.00
114.00 11400 UTILIZATION REVIEW-SNF					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 0	0 115.00
116. 00 11600 HOSPI CE	0	0		0 0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	977, 913	1, 243, 275	1, 596, 42	6 1, 446, 377	91, 052, 281 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 0	133, 416 190. 00
191. 00 19100 RESEARCH	0	0		0 0	0 191.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0	0 192.00
193.00 19300 NONPALD WORKERS	0	0		0 0	0 193.00
194.00 07950 OCCUPATIONAL MEDICINE	9, 409			0 18, 809	570, 652 194. 00
194.01 07951 OTHER NONREI MBURSABLE COST CENTERS	1, 796			0 0	1, 263, 127 194. 01
194. 02 07952 SI TTERS	10, 258	0		0 2,054	248, 760 194. 02
200.00 Cross Foot Adjustments					0 200. 00
201.00 Negative Cost Centers	0	0	4 50/ 10	0 0	0 201.00
202.00 TOTAL (sum lines 118-201)	999, 376	1, 243, 275	1, 596, 42	1, 467, 240	93, 268, 236 202. 00

Health Financial Systems	Т	ERRE HAUTE REGIO	NAL HOSPITAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SER				CCN: 150046	Period: From 09/01/2013	Worksheet B Part I	
					To 08/31/2014	Date/Time Pre	
Cost Center Descr	iption	Intern &	Total		<u> </u>	1/26/2015 2:3	
		Residents Cost & Post					
		Stepdown					
		Adjustments					
		25.00	26.00				
GENERAL SERVICE COST CE 1.00 00100 CAP REL COSTS-BLD							1.00
2.00 00200 CAP REL COSTS-DED							2.00
4.00 00400 EMPLOYEE BENEFITS	DEPARTMENT						4.00
5.00 00500 ADMI NI STRATI VE &							5.00
7.00 00700 OPERATION OF PLAN 8.00 00800 LAUNDRY & LINEN S							7.00 8.00
9.00 00900 HOUSEKEEPI NG							9.00
10. 00 01000 DI ETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTR 16.00 01600 MEDICAL RECORDS &							13.00 16.00
18. 00 01850 I NSERVI CE EDUCATI							18.00
INPATIENT ROUTINE SERVI							
30.00 03000 ADULTS & PEDIATRI 31.00 03100 INTENSIVE CARE UN		0	15, 364, 654				30.00 31.00
40. 00 04000 SUBPROVIDER - IPF		0	4, 137, 127 3, 500, 423				40.00
41.00 04100 SUBPROVIDER - IRF		0	2,097,586				41.00
43. 00 04300 NURSERY		0	660, 813				43.00
44.00 04400 SKILLED NURSING F 45.00 04500 NURSING FACILITY	ACILITY	0	0				44.00 45.00
46.00 04600 OTHER LONG TERM C	ARE	0	0				46.00
ANCI LLARY SERVICE COST	CENTERS		1				
50. 00 05000 OPERATI NG ROOM		0	7, 111, 889				50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & L	ABOR ROOM	0	1, 028, 621 2, 186, 702				51.00 52.00
53. 00 05300 ANESTHESI OLOGY		0	0				53.00
54. 00 05400 RADI OLOGY-DI AGNOS	TIC	0	2, 591, 081				54.00
54.01 05401 ULTRASOUND 54.02 05402 MAMMOGRAPHY		0	329, 410 587, 658				54.01 54.02
55. 00 05500 RADI OLOGY-THERAPE	UTIC	0	2,011,765				55.00
56. 00 05600 RADI 0I SOTOPE		0	1, 117, 112				56.00
57. 00 05700 CT SCAN		0	949, 928				57.00
58.00 05800 MAGNETIC RESONANC 59.00 05900 CARDIAC CATHETERI	. ,	0	493, 394 1, 223, 155				58.00 59.00
60. 00 06000 LABORATORY		Ő	3, 642, 529				60.00
60. 01 06001 BLOOD LABORATORY		0	0				60.01
61.00 06100 PBP CLINICAL LAB 62.00 06200 WHOLE BLOOD & PAC		0	0 1, 030, 464				61.00 62.00
63. 00 06300 BLOOD STORING, PR		0	1,030,404				63.00
64.00 06400 INTRAVENOUS THERA		0	0				64.00
65. 00 06500 RESPI RATORY THERA	PY	0	1,832,518				65.00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THER	APY	0	2, 472, 502 0				66.00 67.00
68. 00 06800 SPEECH PATHOLOGY		Ő	0				68.00
69.00 06900 ELECTROCARDI OLOGY		0	1, 335, 495				69.00
70.00 07000 ELECTROENCEPHALOG 71.00 07100 MEDICAL SUPPLIES		0	216, 745				70.00
72. 00 07200 I MPL. DEV. CHARGE		o	5, 787, 782 6, 716, 395				72.00
73.00 07300 DRUGS CHARGED TO		0	12, 291, 388				73.00
74.00 07400 RENAL DIALYSIS		0	903, 397				74.00
75. 00 07500 ASC (NON-DI STI NCT 76. 00 03020 LI THOTRI PSY	PART)	0	0 102, 673				75.00 76.00
76. 01 03021 ENDOSCOPY		0	2, 282, 382				76.01
76.02 03022 PRISION CLINIC		0	633, 401				76. 02
76. 03 03023 WOUND CARE 76. 04 03024 OPI C		0	1, 010, 062 957, 152				76.03 76.04
OUTPATIENT SERVICE COST	CENTERS		707, 102				/0.04
88.00 08800 RURAL HEALTH CLIN	II C	0	0				88.00
89.00 08900 FEDERALLY QUALI FI	ED HEALTH CENTER	0	0				89.00
90. 00 09000 CLI NI C 91. 00 09100 EMERGENCY		0	0 4, 446, 078				90.00 91.00
92. 00 09200 OBSERVATION BEDS	(NON-DISTINCT PART)	0	., 113, 070				92.00
OTHER REIMBURSABLE COST	CENTERS						
94.00 09400 HOME PROGRAM DI AL		0	0				94.00 95.00
95.00 09500 AMBULANCE SERVICE 96.00 09600 DURABLE MEDICAL E		0	0				95.00 96.00
97.00 09700 DURABLE MEDICAL E	QUI P-SOLD	Ő	Ō				97.00
98. 00 05950 OTHER REI MBURSABL	E COST CENTERS	0	0				98.00
99.00 09900 CMHC 99.10 09910 CORF		0	0				99.00 99.10
		, Ч	U				1 / / . 10

Health Financial Systems T	ERRE HAUTE REGIONAL	L HOSPI TAL	In Lieu	of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150046		Worksheet B Part I Date/Time Prepared: 1/26/2015 2:37 pm
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	25.00	26.00		100.00
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0		101. 00
SPECIAL PURPOSE COST CENTERS	0	0		105.00
106. 00 10600 HEART ACQUISITION	0	0		105. 00 106. 00
107. 00 10700 LIVER ACQUISITION	0	0		107.00
108. 00 10800 LUNG ACQUISITION	0	0		107.00
109. 00 10900 PANCREAS ACQUISITION	0	0		108.00
110. 00 11000 NTESTI NAL ACQUI SI TI ON	0	0		110.00
111. 0011100 I SLET ACQUISITION	0	0		111.00
113. 00111300 I NTEREST EXPENSE	0	0		113.00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF				114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		115.00
116. 00 11600 HOSPI CE	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	91, 052, 281		118.00
NONREI MBURSABLE COST CENTERS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	133, 416		190.00
191. 00 19100 RESEARCH	0	0		191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		192.00
193. 00 19300 NONPALD WORKERS	0	0		193.00
194. 00 07950 OCCUPATI ONAL MEDI CI NE	0	570, 652		194.00
194.0107951 OTHER NONREI MBURSABLE COST CENTERS	0	1, 263, 127		194.01
194. 02 07952 SI TTERS	0	248, 760		194.02
200.00 Cross Foot Adjustments	0	0		200.00
201.00 Negative Cost Centers	0	o		201.00
202.00 TOTAL (sum lines 118-201)	0	93, 268, 236		202.00

	Financial Systems 7 TION OF CAPITAL RELATED COSTS	<u>FERRE HAUTE REGI</u>		F	In Lie Period: From 09/01/2013 To 08/31/2014	u of Form CMS-: Worksheet B Part II Date/Time Pre	pared:
			CAPI TAL REI	LATED COSTS		1/26/2015 2:3	7 pm
	Cost Center Description	Directly Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
		Related Costs 0	1.00	2.00	2A	4.00	
4 00	GENERAL SERVICE COST CENTERS						1 00
1.00 2.00 4.00 5.00 7.00 8.00 9.00 10.00	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	0 2, 869, 325 0 0 0	35, 179 157, 638 764, 910 33, 218 11, 951 54, 260	159, 571 774, 284 33, 625 12, 098	3, 186, 534 1, 539, 194 66, 843 24, 049	70, 789 5, 850 1, 614 42 1, 746 876	7.00 8.00 9.00
10.00 11.00 13.00 16.00 18.00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01600 MEDI CAL RECORDS & LI BRARY 01850 I NSERVI CE EDUCATI ON I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0 115 18, 730 0	34, 607 9, 287 42, 881 25, 920	35, 031 9, 401 43, 406	69, 638 18, 803 105, 017	595 1, 325 112 1, 742	11.00 13.00 16.00
30.00 31.00 40.00 41.00 43.00 44.00 45.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	475 42 0 0 0 0 0 0 0 0 0	585, 956 99, 711 90, 020 107, 018 9, 794 0 0	100, 933 91, 124	200, 686 181, 144 215, 348	12, 127 3, 812 2, 873 1, 657 667 0 0	31.00 40.00 41.00 43.00
46.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0	C	0	0	46.00
64.00 65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 ULTRASOUND 05402 MAMMOGRAPHY 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06000 LABORATORY 06001 BLOOD LABORATORY 06100 PBP CLI NI CAL LAB SERVI CES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 SPEECH PATHOLOGY 07000 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 IMPL. DEV. CHARGED TO PATI ENTS	84 0 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	236, 617 14, 775 67, 374 0 71, 933 3, 809 14, 025 57, 946 6, 961 15, 028 9, 756 21, 511 50, 207 0 3, 002 0 15, 375 71, 380 0 0 20, 563 10, 225 79, 654 0	68, 200 72, 815 3, 855 14, 197 58, 657 7, 046 15, 213 9, 876 21, 774 50, 823 0 0 3, 039 0 0 15, 564 72, 255 0 0 20, 815 10, 351 80, 630	29, 731 135, 586 0 144, 748 7, 664 28, 222 116, 603 14, 007 30, 241 19, 632 43, 285 101, 030 0 6, 041 0 0 6, 041 0 0 30, 939 143, 635 0 0 41, 378 20, 576 160, 284	0 2, 075 2, 429 0 988 132 593 0	$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 53.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 59.\ 00\\ 60.\ 01\\ 61.\ 00\\ 60.\ 01\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ \end{array}$
73.00 74.00 75.00 76.00 76.01 76.02	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART) 03020 LITHOTRIPSY 03021 ENDOSCOPY 03022 PRISION CLINIC 03023 WOUND CARE 03024 OPIC OUTPATIENT SERVICE COST CENTERS		25, 188 4, 428 0 18, 058 70, 357 16, 210 35, 882	4, 482 C 18, 280 71, 220	8, 910 0 36, 338 141, 577 32, 619	241	73.00 74.00 75.00 76.00 76.01 76.02 76.03
88.00 89.00 90.00 91.00 92.00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0 0 0	0 0 96, 446	0 0 0 97, 628	0 0 0 194, 074 0	0 0 3, 814	89.00 90.00
95.00 96.00 97.00 98.00	09400 HOME PROGRAM DI ALYSI S 09500 AMBULANCE SERVI CES 09600 DURABLE MEDI CAL EQUI P-RENTED 09700 DURABLE MEDI CAL EQUI P-SOLD 05950 OTHER REI MBURSABLE COST CENTERS 09900 CMHC		0 0 0 0 0 0 0	0 0 0 0 0 0 0 0		0 0 0 0 0 0	95.00 96.00 97.00 98.00

Health Financial Systems	FERRE HAUTE REGI	ONAL HOSPITAL		In Lie	u of Form CMS-2552	2-10
ALLOCATION OF CAPITAL RELATED COSTS				Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepare 1/26/2015 2:37 pm	
Cost Center Description	Directly Assigned New	CAPITAL REL BLDG & FIXT	ATED COSTS	Subtotal	EMPLOYEE BENEFI TS	
	Capital Related Costs 0	1.00	2.00	2A	DEPARTMENT 4.00	
99. 10 09910 CORF	0	1.00		0 0		9. 10
	0	0		0 0		
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0 0	0 100	
101.00 10100 HOME HEALTH AGENCY	0	0		0 0	0 101	. 00
SPECIAL PURPOSE COST CENTERS		0			0 105	
105.00 10500 KIDNEY ACQUISITION	0	0		0 0	0 105	
106.00 10600 HEART ACQUI SI TI ON	0	0		0 0	0 106	
107.00 10700 LI VER ACQUI SI TI ON	0	0		0 0	0 107	
108.00 10800 LUNG ACQUI SI TI ON	0	0		0 0	0 108	
109.00 10900 PANCREAS ACQUISITION	0	0		0 0	0 109	
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0	0 110	
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0 111	
113.00 11300 INTEREST EXPENSE						3.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						1.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 0	0 115	
116. 00 11600 HOSPI CE	0	0		0 0	0 116	
118.00 SUBTOTALS (SUM OF LINES 1-117)	2, 888, 783	3, 099, 060	3, 137, 04	9 9, 124, 892	69, 889 118	3. 00
NONREI MBURSABLE COST CENTERS	1			-		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5, 694	5, 76	4 11, 458	60 190	
191. 00 19100 RESEARCH	0	0		0 0	0 191	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0	0 192	
193. 00 19300 NONPAI D WORKERS	0	0		0 0	0 193	
194.00079500CCUPATIONAL MEDICINE	0	35, 179			513 194	
194.0107951OTHER NONREIMBURSABLE COST CENTERS	0	28, 002	28, 34	6 56, 348	0 194	
194. 02 07952 SI TTERS	0	0		0 0	327 194	
200.00 Cross Foot Adjustments				0		0. 00
201.00 Negative Cost Centers		0		0 0	0 201	
202.00 TOTAL (sum lines 118-201)	2, 888, 783	3, 167, 935	3, 206, 76	9 9, 263, 487	70, 789 202	2.00

	Financial Systems TION OF CAPITAL RELATED COSTS	TERRE HAUTE REGI			<u>In Lie</u> Period: From 09/01/2013	u of Form CMS-: Worksheet B Part II	2552-10
					To 08/31/2014	Date/Time Pre 1/26/2015 2:3	pared:
	Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL 5.00	PLANT 7.00	LINEN SERVICE 8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS	5.00	7.00	8.00	9.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	3, 192, 384					4.00
7.00	00700 OPERATION OF PLANT	224, 151	1, 764, 959				7.00
8.00	00800 LAUNDRY & LINEN SERVICE	23, 658			9		8.00
9.00	00900 HOUSEKEEPI NG	59, 560					9.00
10.00	01000 DI ETARY	62, 598				218, 366	
11.00 13.00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	29, 725 40, 851	27, 635 7, 416		0 1, 517 0 407	0	1
16.00	01600 MEDI CAL RECORDS & LI BRARY	49,005				0	
18.00	01850 I NSERVI CE EDUCATI ON	45, 865			1, 136	0	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNI T	368, 867 112, 243				90, 325 5, 316	
40.00	04000 SUBPROVIDER - IPF	80, 829				26, 961	
41.00	04100 SUBPROVIDER - IRF	50, 102				9,677	
43.00	04300 NURSERY	18, 859				0	
44.00	04400 SKI LLED NURSI NG FACI LI TY	0	-		- -	0	
45.00 46.00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0	0			0	
10.00	ANCI LLARY SERVICE COST CENTERS	. 0	. 0		0	0	10.00
50.00	05000 OPERATI NG ROOM	198, 819				0	
51.00	05100 RECOVERY ROOM	31, 103				0	
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	58, 143				0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	73, 297	-		-	0	
54.01	05401 ULTRASOUND	9, 988				0	
54.02	05402 MAMMOGRAPHY	17, 487				0	
55.00	05500 RADI OLOGY-THERAPEUTI C	58, 378				0	
56.00 57.00	05600 RADI 0I SOTOPE 05700 CT SCAN	35,973 27,269) 305) 659	0	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	14, 546			428	0	
59.00	05900 CARDI AC CATHETERI ZATI ON	36, 268				0	
60.00	06000 LABORATORY	111, 172	40, 093		2, 201	0	60.00
60.01	06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0 0	0	
61.00 62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	34,065	2, 397		132	0	61.00 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	01,000	0		0 0	0	
64.00	06400 I NTRAVENOUS THERAPY	0	0		0 0	0	64.00
65.00	06500 RESPI RATORY THERAPY	58, 028				0	
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	69,978	57,000	1, 962	2 3, 129	0	
68.00	06800 SPEECH PATHOLOGY	0	0			0	
69.00	06900 ELECTROCARDI OLOGY	40, 593	16, 421	1, 543	3 901	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5, 144			448	0	
71.00 72.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENTS	179, 355 228, 363			7 3, 491 0 0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	405, 999			1, 104	0	
74.00	07400 RENAL DI ALYSI S	29, 891	3, 536		194	0	74.00
75.00	07500 ASC (NON-DI STI NCT PART)	0	0	(0	0	
76. 00 76. 01	03020 LI THOTRI PSY 03021 ENDOSCOPY	3, 462 72, 023			0 0 0 792	0	76.00
76.01 76.02	03021 ENDOSCOPY 03022 PRISION CLINIC	12,023				0	1
76.03	03022 WOUND CARE	31, 767				0	
76.04	03024 OPI C	25, 229	28, 654	2, 230	1, 573	0	76.04
88.00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
88.00 89.00	08800 FEDERALLY QUALIFIED HEALTH CENTER	0				0	1
90.00	09000 CLI NI C	0	0		o o	0	
91.00	09100 EMERGENCY	119, 676	77, 017	8, 216	6 4, 227	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400 HOME PROGRAM DIALYSIS	0	0	(0 0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0		0 0	0	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0	0	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	
98.00 99.00	05950 OTHER REI MBURSABLE COST CENTERS 09900 CMHC	0				0	
		0				0	
	1099101CORF						
99. 10	09910 CORF 10000 I&R SERVICES-NOT APPRVD PRGM	0	0				100.00

Health Financial Systems	TERRE HAUTE REG	ONAL HOSPITAL		In Lie	u of Form CMS-	2552-10		
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Period:	Worksheet B			
				From 09/01/2013 To 08/31/2014		narodi		
				10 06/31/2014	Date/Time Pre 1/26/2015 2:3	7 nm		
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY			
	& GENERAL	PLANT	LINEN SERVICE					
	5.00	7.00	8.00	9.00	10.00			
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KI DNEY ACQUI SI TI ON	0	0	(0 0	0	105.00		
106.00 10600 HEART ACQUI SI TI ON	0	0		0 0	0	106.00		
107.00 10700 LI VER ACQUI SI TI ON	0	0		0 0		107.00		
108.00 10800 LUNG ACQUI SI TI ON	0	0		0 0		108.00		
109.00 10900 PANCREAS ACQUISITION	0	0		0 0		109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0		110.00		
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0	111.00		
113.0011300 INTEREST EXPENSE						113.00		
114.00 11400 UTI LI ZATI ON REVIEW-SNF						114.00		
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 0		115.00		
116.00 11600 HOSPI CE	0	0		0 0		116.00		
118.00 SUBTOTALS (SUM OF LINES 1-117)	3, 154, 352	1, 709, 959	117, 06	9 91, 880	132, 279	118.00		
NONREI MBURSABLE COST CENTERS	1		1					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3, 829	4, 547		250		190.00		
191. 00 19100 RESEARCH	0	0		0 0		191.00		
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0		192.00		
193. 00 19300 NONPAI D WORKERS	0	0		0 0		193.00		
194. 00 07950 OCCUPATIONAL MEDICINE	14,011	28, 092		0 1, 542		194.00		
194. 01 07951 OTHER NONREI MBURSABLE COST CENTERS	12,099			0 1, 227	86, 087	•		
194. 02 07952 SI TTERS	8, 093	0	(0 0	0	194.02		
200.00 Cross Foot Adjustments						200.00		
201.00 Negative Cost Centers	0		117 0/			201.00		
202.00 TOTAL (sum lines 118-201)	3, 192, 384	1, 764, 959	117, 06	9 94, 899	218, 366	J202. 00		

	Financial Systems TION OF CAPITAL RELATED COSTS	TERRE HAUTE REG		F	In Lie eriod: rom 09/01/2013 o 08/31/2014	u of Form CMS-: Worksheet B Part II Date/Time Pre	pared:
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	MEDI CAL RECORDS & LI BRARY	OTHER GENERAL SERVI CE I NSERVI CE EDUCATI ON	1/26/2015 2:3 Subtotal	7 pm
		11.00	13.00	16.00	18.00	24.00	
	GENERAL SERVICE COST CENTERS				· · · · ·		
	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 01600 MEDICAL RECORDS & LIBRARY	129, 110 1, 890 320	70, 692 0	190, 576			$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 16.\ 00\\ \end{array}$
18.00	01850 I NSERVI CE EDUCATI ON	3, 771	0	0	125, 369		18.00
30.00 31.00 40.00 41.00 43.00 44.00 45.00 46.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	28, 726 7, 260 7, 420 3, 058 1, 302 0 0 0 0 0 0	8, 457 8, 630 3, 557 2 1, 514 0 0 0	6, 027 2, 384 4, 566 588 390 0 0 0 0	12, 207 23, 162 2, 684 2, 804 0 0	2, 288, 568 445, 750 415, 666 379, 227 53, 494 0 0	31.00 40.00 41.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	13, 935	0	24, 606	2, 983	931, 215	50.00
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 ULTRASOUND 05402 MAMMOGRAPHY 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 CASDA CATHETERI ZATI ON 05800 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY 06100 PBP CLI NI CAL LAB SERVI CES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	1, 844 3, 646 0 5, 262 744 1, 061 2, 180 833 1, 606 851 1, 767 6, 783 0 362	4,245 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3, 700 1, 668 0 3, 976 1, 182 914 3, 518 3, 621 9, 773 2, 838 7, 136 17, 815 0 2, 511 0	6, 556 0 4, 427 642 670 3, 470 255 171 96 742 231 0 0 0 0	81, 580 274, 233 0 301, 811 23, 783 60, 626 234, 142 61, 054 82, 441 46, 601 108, 414 281, 749 0 45, 645 0	$\begin{array}{c} 52.\ 00\\ 53.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 01\\ 61.\ 00\\ 63.\ 00\\ \end{array}$
$\begin{array}{c} 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 74.\ 00\\ 75.\ 00\\ 76.\ 00\\ 76.\ 01\\ \end{array}$	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART) 03020 LI THOTRI PSY 03021 ENDOSCOPY 03022 PRI SI ON CLI NI C 03023 WOUND CARE	C 4, 409 3, 791 C 2, 415 282 2, 045 C 5, 415 12 C 5, 415 12 C 0 3, 239 537 298	0 0 0 0 0 0 328 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 5, 180 2, 169 0 4, 302 454 13, 636 5, 315 35, 091 1, 551 0 181 9, 795 100 1, 267	8, 307 0 68 1, 862 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 0\\ 113, 707\\ 292, 400\\ 0\\ 0\\ 108, 937\\ 37, 063\\ 440, 249\\ 233, 678\\ 521, 682\\ 44, 110\\ 0\\ 3, 643\\ 138, 512\\ 214, 370\\ 80, 909\\ \end{array}$	65.00 66.00 67.00 68.00 70.00 71.00 72.00 73.00 74.00 75.00 76.01 76.02
76.03	03024 OPI C	1, 775		1, 207		136, 743	•
88. 00 89. 00 90. 00 91. 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	C C C C C C C 7, 498		0 0 0 12, 384	0 0 0	0 0 0 455, 297	88.00 89.00 90.00 91.00 92.00
95.00 96.00 97.00 98.00 99.00	OTHER REI MBURSABLE COST CENTERS 09400 HOME PROGRAM DI ALYSI S 09500 AMBULANCE SERVI CES 09600 DURABLE MEDI CAL EQUI P-RENTED 09700 DURABLE MEDI CAL EQUI P-SOLD 05950 OTHER REI MBURSABLE COST CENTERS 09900 CMHC 09910 CORF			0 0 0 0 0 0 0 0		0 0 0 0 0 0 0	94.00 95.00 96.00 97.00 98.00 99.00 99.10

Health Financial Systems 7	ERRE HAUTE REG	IONAL HOSPITAL		In Lie	u of Form CMS-2552-1	10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared 1/26/2015 2:37 pm	:
Cost Center Description		NURSI NG ADMI NI STRATI ON	LI BRARY	OTHER GENERAL SERVI CE I NSERVI CE EDUCATI ON	Subtotal	
	11.00	13.00	16.00	18.00	24.00	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM 101.00 10100 HOME HEALTH AGENCY	0	0		0 0	0 100. C 0 101. C	
SPECIAL PURPOSE COST CENTERS		, v				/0
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0		0 0	0 105.0	00
106. 00 10600 HEART ACQUI SI TI ON	0	0		0 0	0 106. 0	
107.00 10700 LIVER ACQUISITION	0	0		0 0	0 107.0	00
108.00 10800 LUNG ACQUISITION	0	0		0 0	0 108. C	00
109.00 10900 PANCREAS ACQUISITION	0	0		0 0	0 109. C	00
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0	0 110. C	00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0 111.0)0
113.00 11300 INTEREST EXPENSE					113. C	
114.00 11400 UTI LI ZATI ON REVI EW-SNF					114. C	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 0	0 115. C	
116. 00 11600 HOSPI CE	0	0		0 0	0 116. C	
118.00 SUBTOTALS (SUM OF LINES 1-117)	126, 337	70, 692	190, 57	76 123, 587	<u>8, 937, 299</u> 118. C)0
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 0	20, 144 190. 0	
191.00 19100 RESEARCH	0	0		0 0	0 191. 0	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0	0 192. 0	
193. 00 19300 NONPALD WORKERS	0	0		0 0	0 193. 0	
194. 00 07950 OCCUPATIONAL MEDICINE	1, 216			0 1,607	117, 770 194. 0	
194. 01 07951 OTHER NONREI MBURSABLE COST CENTERS	232			0 0	178, 354 194. 0	
194.02 07952 SITTERS 200.00 Cross Foot Adjustments	1, 325	0		0 175	9, 920 194. 0 0 200. 0	
200.00Cross Foot Adjustments201.00Negative Cost Centers					0 200. 0	
202.00 TOTAL (sum lines 118-201)	129, 110	70, 692	190, 57	76 125, 369	9, 263, 487 202. 0	
202.00 10TAL (SUIII TITIES 110-201)	1 127, 110	10,092	170, 31	120, 309	7, 203, 407 202. 0	10

	inancial Systems ON OF CAPITAL RELATED COSTS	TERRE HAUTE REGIO	Provi der C	CN: 150046	Peri od:	u of Form CMS-2 Worksheet B Part II	
					From 09/01/2013 To 08/31/2014	Part II Date/Time Prep 1/26/2015 2:33	
	Cost Center Description	Intern &	Total			172072015 2.3	
		Residents Cost & Post					
		Stepdown					
		Adjustments					
		25.00	26.00				
	ENERAL SERVICE COST CENTERS D100 CAP REL COSTS-BLDG & FIXT						1.00
	D200 CAP REL COSTS-DEDG & TTXT						2.00
	0400 EMPLOYEE BENEFITS DEPARTMENT						4.00
	0500 ADMI NI STRATI VE & GENERAL						5.00
	0700 OPERATION OF PLANT						7.00
	D800 LAUNDRY & LINEN SERVICE D900 HOUSEKEEPING						8.00 9.00
	1000 DI ETARY						10.0
00 01	1100 CAFETERI A						11.0
	1300 NURSI NG ADMI NI STRATI ON						13.0
	1600 MEDICAL RECORDS & LIBRARY 1850 INSERVICE EDUCATION						16. 0 18. 0
	VPATIENT ROUTINE SERVICE COST CENTERS						10.0
	3000 ADULTS & PEDIATRICS	0	2, 288, 568				30.00
00 03	3100 INTENSIVE CARE UNIT	0	445, 750				31.0
	4000 SUBPROVIDER - IPF	0	415, 666				40.0
	4100 SUBPROVI DER – I RF 4300 NURSERY	0	379, 227 53, 494				41.0 43.0
	4400 SKILLED NURSING FACILITY	0	55, 494				43.0
	4500 NURSI NG FACI LI TY	0	0				45.0
00 04	4600 OTHER LONG TERM CARE	0	0				46.0
	NCI LLARY SERVICE COST CENTERS		004.045				
	5000 OPERATING ROOM 5100 RECOVERY ROOM	0	931, 215 81, 580				50.00 51.00
	5200 DELIVERY ROOM & LABOR ROOM	0	274, 233				52.0
	5300 ANESTHESI OLOGY	0	0				53.0
	5400 RADI OLOGY-DI AGNOSTI C	0	301, 811				54.0
	5401 ULTRASOUND	0	23, 783				54.0
	5402 MAMMOGRAPHY 5500 RADI OLOGY-THERAPEUTI C	0	60, 626 234, 142				54.0 55.0
	5600 RADI OLSOTOPE	0	61, 054				56.0
00 05	5700 CT SCAN	0	82, 441				57.0
	5800 MAGNETIC RESONANCE I MAGING (MRI)	0	46, 601				58.0
	5900 CARDI AC CATHETERI ZATI ON 6000 LABORATORY	0	108, 414 281, 749				59.0 60.0
	6001 BLOOD LABORATORY	0	201, 749				60.0
	6100 PBP CLINICAL LAB SERVICES-PRGM ONLY		-				61.0
	6200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	45, 645				62.0
	6300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.0
	6400 I NTRAVENOUS THERAPY 6500 RESPI RATORY THERAPY	0	0 113, 707				64.0 65.0
	6600 PHYSI CAL THERAPY	0	292, 400				66.0
	6700 OCCUPATI ONAL THERAPY	0	0				67.0
	6800 SPEECH PATHOLOGY	0	0				68.0
		0	108, 937				69.0
	7000 ELECTROENCEPHALOGRAPHY 7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37, 063 440, 249				70.0 71.0
1	7200 I MPL. DEV. CHARGED TO PATIENTS	0	233, 678				72.0
	7300 DRUGS CHARGED TO PATIENTS	0	521, 682				73.0
	7400 RENAL DIALYSIS	0	44, 110				74.0
	7500 ASC (NON-DI STINCT PART)	0	0				75.0
	3020 LI THOTRI PSY 3021 ENDOSCOPY	0	3, 643 138, 512				76.0 76.0
	3022 PRISION CLINIC	0	214, 370				76.0
	3023 WOUND CARE	0	80, 909				76.0
	3024 OPI C	0	136, 743				76.0
	JTPATIENT SERVICE COST CENTERS 8800 RURAL HEALTH CLINIC		0				88. 0
	8900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.0
	9000 CLINIC	0	o				90.0
	9100 EMERGENCY	0	455, 297				91.0
	9200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.0
	THER REIMBURSABLE COST CENTERS 9400 HOME PROGRAM DI ALYSI S	0					94.0
	9500 AMBULANCE SERVICES	0	0				94.0
	9600 DURABLE MEDICAL EQUIP-RENTED		0				96.0
	FOOD DURABLE WEDICAL LOUIF-RENTED	01					
00 09 00 09	9700 DURABLE MEDI CAL EQUI P-SOLD	0	o				97.0
00 00 00 00 00 00		0	0				97.0 98.0 99.0

Health Financial Systems	TERRE HAUTE REGION	VAL HOSPITAL	In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	25.00	26.00		
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KI DNEY ACQUI SI TI ON	0	0		105.00
106. 00 10600 HEART ACQUI SI TI ON	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0		107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0		108.00
109.00 10900 PANCREAS ACQUI SI TI ON	0	0		109.00
110.00 11000 I NTESTI NAL ACQUI SI TI ON	0	0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		111.00
113.00 11300 INTEREST EXPENSE				113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF				114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		115.00
116.00 11600 HOSPI CE	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	8, 937, 299		118.00
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20, 144		190.00
191. 00 19100 RESEARCH	0	0		191.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		192.00
193.00 19300 NONPALD WORKERS	0	O		193.00
194.00 07950 OCCUPATI ONAL MEDI CI NE	0	117, 770		194.00
194.01 07951 OTHER NONREI MBURSABLE COST CENTERS	0	178, 354		194.01
194. 02 07952 SI TTERS	0	9, 920		194.02
200.00 Cross Foot Adjustments	0	0		200.00
201.00 Negative Cost Centers	0			201.00
202.00 TOTAL (sum lines 118-201)	0	9, 263, 487		202.00

	Financial Systems T LLOCATION - STATISTICAL BASIS	ERRE HAUTE REG			eri od:	eu of Form CMS-: Worksheet B-1	
					rom 09/01/2013 o 08/31/2014	Date/Time Pre	
		CAPI TAL REI	LATED COSTS			1/26/2015 2:3	7 pm
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS	Reconciliation	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
		1.00	2.00	SALARIES) 4.00	5A	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT	337, 697					1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	3, 750	337, 697 3, 750		,		2.00 4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	16, 804				79, 501, 236	
7.00	00700 OPERATION OF PLANT	81, 538					
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	3, 541 1, 274	3, 541 1, 274	19, 234 808, 634			1
10.00	01000 DI ETARY	5, 784					
11.00	01100 CAFETERI A	3, 689	3, 689	275, 378		740, 268	1
13.00	01300 NURSI NG ADMI NI STRATI ON	990					
16.00 18.00	01600 MEDICAL RECORDS & LIBRARY 01850 INSERVICE EDUCATION	4, 571 2, 763	4, 571 2, 763				
10.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	2,700	2,700	000,011		1,112,200	10.00
30.00	03000 ADULTS & PEDI ATRI CS	62, 462					
31.00 40.00	03100 I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	10, 629 9, 596					
40.00	04000 SUBPROVIDER - TPP	11, 408					
43.00	04300 NURSERY	1, 044					
44.00	04400 SKILLED NURSING FACILITY	0	0		-		
45.00 46.00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0	0		-		
10.00	ANCI LLARY SERVICE COST CENTERS			<u> </u>		1 0	10.00
50.00	05000 OPERATING ROOM	25, 223					1
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	1, 575 7, 182					
53.00	05300 ANESTHESI OLOGY	0	0				
54.00	05400 RADI OLOGY-DI AGNOSTI C	7,668	7, 668	857, 619	C	1, 825, 356	54.00
54.01	05401 ULTRASOUND	406					
54.02 55.00	05402 MAMMOGRAPHY 05500 RADI OLOGY-THERAPEUTI C	1, 495 6, 177	1, 495 6, 177				
56.00	05600 RADI OI SOTOPE	742				895, 848	
57.00	05700 CT SCAN	1,602				679, 093	
58.00 59.00	05800 MAGNETIC RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	1, 040 2, 293					
60.00	06000 LABORATORY	5, 352					
60. 01	06001 BLOOD LABORATORY	0	0	0	-		60. 01
	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	320	320	63, 549			61.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	320	320	03, 549		040, 340	
64.00	06400 I NTRAVENOUS THERAPY	0	0	0	C	0	64.00
65.00		1,639				1, 445, 100	
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	7,609	7,609	1, 125, 204		1, 742, 706 0	1
68.00	06800 SPEECH PATHOLOGY	0	0	0	C	0	
69.00	06900 ELECTROCARDI OLOGY	2, 192				1, 010, 918	
70.00 71.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 090 8, 491	1, 090 8, 491	61, 143 274, 735		128, 095 4, 466, 563	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0,471	0,471	0	C C	5, 687, 026	
73.00	07300 DRUGS CHARGED TO PATIENTS	2, 685	2, 685				
74.00 75.00	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	472	472	842		744, 393 0	
76.00	03020 LI THOTRI PSY					86, 227	
76.01	03021 ENDOSCOPY	1, 925	1, 925	776, 968	C	1, 793, 613	
76.02	03022 PRI SI ON CLI NI C	7,500				299, 412	
76. 03 76. 04	03023 WOUND CARE 03024 OPI C	1, 728 3, 825					
70.04	OUTPATIENT SERVICE COST CENTERS	5,025	5,025	500, 122	C	020,207	70.04
88.00	08800 RURAL HEALTH CLINIC	0	0	0	C		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	C	0	89.00
90.00 91.00	09000 CLINIC 09100 EMERGENCY	10, 281	10, 281	1, 766, 573		0 2, 980, 347	90.00 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					_, , , , , , , , , , , , , , , , , , ,	92.00
<u></u>	OTHER REIMBURSABLE COST CENTERS						0
94.00 95.00	09400 HOME PROGRAM DI ALYSI S 09500 AMBULANCE SERVI CES	0	0	0		0	94.00 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	C C	0	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	C	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	C	0	98.00

Health Financial Systems T	ERRE HAUTE REGI	ONAL HOSPITAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		Period:	Worksheet B-1	
				From 09/01/2013 To 08/31/2014	Date/Time Pre 1/26/2015 2:3	
	CAPI TAL REL	ATED COSTS				
Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUI P (SQUARE FEET)	EMPLOYEE BENEFI TS DEPARTMENT (GROSS SALARI ES)	Reconci I i ati on	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
	1.00	2.00	4.00	5A	5.00	
99.00 09900 CMHC	0	0		0 0	0	
99. 10 09910 CORF	0	0		0 0	0	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0 0		100.00
101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0		0 0	0	101.00
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0		0 0	0	105.00
106. 00 10600 HEART ACQUI SI TI ON	0	0		0 0		106.00
107. 00 10700 LI VER ACQUI SI TI ON	0	0		0 0		107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0		0 0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0		0 0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0 0		115.00
116.00 11600 HOSPI CE 118.00 SUBTOTALS (SUM OF LINES 1-117)	330, 355	330, 355	32, 369, 31	3 -13, 767, 000		116.00
NONREI MBURSABLE COST CENTERS	330, 355	330, 300	32, 309, 31	<u> </u>	76, 554, 096	1118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	607	27, 99	07	95, 361	190 00
191. 00 19100 RESEARCH	0	0		0 0		191.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0	0	192.00
193.00 19300 NONPALD WORKERS	0	0		0 0	0	193.00
194.00 07950 OCCUPATIONAL MEDICINE	3, 750	3, 750	237, 76	9 0	348, 927	
194.0107951 OTHER NONREIMBURSABLE COST CENTERS	2, 985	2, 985		0 0	301, 303	
194. 02 07952 SI TTERS	0	0	151, 62	.8 0	201, 547	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0.4/7.005	0 00/ 7/0	7 000 07		40 7/7 000	201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3, 167, 935				13, 767, 000	
203.00 Unit cost multiplier (Wkst. B, Part I)	9. 380998	9. 495995			0. 173167	
204.00 Cost to be allocated (per Wkst. B, Part II)			70, 78	39	3, 192, 384	204.00
205.00 Unit cost multiplier (Wkst. B, Part			0. 00215	9	0. 040155	205.00

	Financial Systems LLOCATION - STATISTICAL BASIS	TERRE HAUTE REG		CCN: 150046 F	In Lie Period:	u of Form CMS-: Worksheet B-1	
COST A	LLUCATION - STATISTICAL DASIS		Provider	F	From 09/01/2013 0 08/31/2014	Date/Time Pre 1/26/2015 2:3	pared:
	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
1 00	GENERAL SERVICE COST CENTERS	1	1				1 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 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01600 MEDICAL RECORDS & LIBRARY 01850 INSERVICE EDUCATION	235, 605 3, 541 1, 274 5, 784 3, 689 990 4, 571 2, 763	13, 964 0 0 0 0 0 0 0	230, 790 5, 784 3, 689 990 4, 571	154, 979 0 0 0 0	993, 352 14, 544 2, 465 29, 011	13.00
	INPATIENT ROUTINE SERVICE COST CENTERS				1 1		
30.00 31.00 40.00 41.00 43.00 44.00 45.00 46.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY 04500 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	62, 462 10, 629 9, 596 11, 408 1, 044 0 0 0	1, 120 507 287 0 0 0	10, 629 9, 596 11, 408 1, 044 0	3,773 19,135 6,868 0 0 0 0 0	221, 052 55, 854 57, 086 23, 530 10, 014 0 0 0	31.00 40.00 41.00 43.00 44.00 45.00
50.00	05000 OPERATING ROOM	25, 223	1, 043	25, 223	3 0	107, 210	50.00
50.00 51.00 52.00 53.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	1, 575 7, 182	0 699	1, 575 7, 182	5 O 2 O	107, 210 14, 185 28, 055 0	51.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	7,668	913	7, 668	3 0	40, 487	
54. 01 54. 02 55. 00 56. 00 57. 00 58. 00 59. 00 60. 00 60. 01	05401 ULTRASOUND 05402 MAMMOGRAPHY 05500 RADI 0LOGY-THERAPEUTI C 05600 RADI 0I SOTOPE 05700 CT SCAN 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY	406 1, 495 6, 177 742 1, 602 1, 040 2, 293 5, 352	0 0 0 0 0 0 0 0 0 0	1, 495 6, 177 742 1, 602 1, 040 2, 293 5, 352	5 0 2 0 2 0 3 0 2 0 3 0 2 0	5, 724 8, 160 16, 769 6, 412 12, 357 6, 545 13, 594 52, 182 0	54.02 55.00 56.00 57.00 58.00 59.00
61.00 62.00 63.00 64.00 65.00	06100 PBP CLI NI CAL LAB SERVI CES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	320 0 0 1, 639	0	320 0 0 1, 639	0 0	2, 782 0 33 920	63.00
66.00 67.00 68.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	7,609 0 0	234 0 0	7,609 (0 0 0 0	29, 168 0 0	66. 00 67. 00 68. 00
		2, 192				18, 577	•
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,090 8,491		.,		2, 169 15, 731	
72.00 73.00 74.00 75.00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	2, 685 472 0	0 0 0	2, 685 472	0 0 5 0 2 0	41, 659 93 0	72.00 73.00 74.00
		0	-	1 005	0	0	
	03021 ENDOSCOPY 03022 PRISION CLINIC	1, 925 7, 500		1, 925 7, 500		24, 917 4, 131	
	03023 WOUND CARE	1, 728				2, 291	•
76.04	03024 OPI C	3, 825	266	3, 825	5 0	13, 654	76.04
88.00	OUTPATIENT SERVICE COST CENTERS	0	0	r	ol	0	88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER		0			0	
90.00	09000 CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0 10, 281	0 980	0 10, 281	0 0	0 57, 685	90.00
	09400 HOME PROGRAM DI ALYSI S	0	0	C) 0	0	•
	09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0	0	95.00 96.00
	09700 DURABLE MEDICAL EQUIP-RENTED		0			0	
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0		o o	0	98.00
	09900 CMHC		0		0	0	
	09910 CORF 10000 I & SERVI CES-NOT APPRVD PRGM		0			0 0	99. 10 100. 00
	1 I						·

Health Financial Systems	FERRE HAUTE REG	IONAL HOSPITAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		Period:	Worksheet B-1	
				From 09/01/2013 To 08/31/2014		narod
				10 00/31/2014	1/26/2015 2:3	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERIA	
	PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	(MANHOURS)	
	(SQUARE FEET)	(POUNDS OF				
		LAUNDRY)				
	7.00	8.00	9.00	10.00	11.00	
101.00 10100 HOME HEALTH AGENCY	0	0		0 0	0	101.00
SPECIAL PURPOSE COST CENTERS	1					1.05 00
105. 00 10500 KI DNEY ACQUI SI TI ON	0	, o		0 0		105.00
106.00 10600 HEART ACQUI SI TI ON	0	0		0 0		106.00
107. 00 10700 LI VER ACQUI SI TI ON	0	0		0 0		107.00
108. 00 10800 LUNG ACQUI SI TI ON	0	0		0 0		108.00
109. 00 10900 PANCREAS ACQUI SI TI ON	0	0		0 0		109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0		0 0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0	111.00
113.00 11300 I NTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0 0		115.00
	0	12 0(4	222.44	0 0 001		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	228, 263	13, 964	223, 44	8 93, 881	972, 019	118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	0	60	7 0	0	190.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	007	0	00	/ 0		190.00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0		191.00
193. 00 19300 NONPALD WORKERS	0	0		0 0		192.00
194. 00 07950 OCCUPATI ONAL MEDI CI NE	3, 750	0	3, 75	0 0		193.00
194. 01 07951 OTHER NONREI MBURSABLE COST CENTERS	2, 985		2, 98			194.00
194. 02/07952 SI TTERS	2,700		2,70			194.02
200.00 Cross Foot Adjustments				0	10,170	200.00
201.00 Negative Cost Centers						200.00
202.00 Cost to be allocated (per Wkst. B,	6, 548, 797	789, 618	1, 775, 52	3 2, 034, 117	999, 376	
Part I)	0, 540, 777	, , , , , , , , , , , , , , , , , , , ,	1, 7, 5, 52	2,007,117	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	27. 795662	56. 546691	7.69324	1 13. 125114	1.006064	203.00
204.00 Cost to be allocated (per Wkst. B,	1, 764, 959					
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	7. 491178	8. 383629	0. 41119	2 1. 409004	0. 129974	205.00
						1

COST ALDCALION - STATISTICAL BRSTS Provider COLI 10006 Period 7000 Period 70000 Period 700000 Period 700000 Period 7000000 Period 7000000000000000000000000000000000000		Financial Systems LLOCATION - STATISTICAL BASIS	TERRE HAUTE REGI		CCN: 150046 P	In Lieu of For	
Cost Center Description NUESTING ADM ISTRATION (DECT NUES, ISS DECT NUE	CUST A	LEUCATION - STATISTICAL DASIS		FIOVICEI	F	rom 09/01/2013 o 08/31/2014 Date/Ti	me Prepared:
Cost Genter Description BEROME (UN PET NUE) (CH PET NUE)					OTHER GENERAL	1/26/20	15 2:37 pm
ADM IN STRATI DN FORMATION FORMATION FORMATION UNCEL TABLE SCIENCE (UNCEL TABLE SCIENCE) 18, 00 18, 00 1 00 DIDIOL (24 DEL COST MERICE) 1.00 1.00 2.00 DODOC (24 DEL COST MERICE) 1.00 1.00 1.00 DODOC (24 DEL COST MERICE) 1.00 1.00 1.00 DODOC (24 DEL COST MERICE) 1.00 1.00 1.00 DODOC (24 DEL COST MERICE) 0.00 1.00 1.00 DODOC (24 DEL COST MERICE) 0.00 1.00 1.00 DODOC (24 DEL COST MERICE) 0.00 0.00 1.00 1.00 DIDOC (24 DEL COST MERICE) 0.00 0.00 0.00 0.00 1.00 DIDOC (24 DEL COST MERICE) DEL COST MERICE 0.00 1.00 1.00 1.00 DIDOC (24 DEL COST MERICE) DEL COST MERICE D		Cost Contor Description			SERVI CE	-	
UNRECT NUES CRMADES Image 13. ND 16. 00 18. 00 18. 00 18. 00 1.0 00000 CAP FEL COSTS-AVELE EQUIP 2.00 2.00 2.00 2.00 1.0 00000 CAP FEL COSTS-AVELE EQUIP 2.00 2		cost center bescription		RECORDS &	EDUCATI ON		
HIGS CHARPES 13.00 1.00 DOTOR (AP ERL COST - GENTERS 1.00 9.00 0.00 DOTOR (AP ERL COST - MIRE F FUILP 2.00 2.00 0.00 DOTOR (AP ERL COST - MIRE F FUILP 2.00 2.00 0.00 DOTOR (AP ERL COST - MIRE F FUILP 2.00 2.00 0.00 DOTOR (AP ERL COST - MIRE F FUILP 2.00 2.00 0.00 DOTOR (AP ERL COST - MIRE F FUILP 2.00 2.00 0.00 DOTOR (AP ERL COST - MIRE F FUILP 2.00 2.00 0.00 DOTOR (AP ERL COST - MIRE F FUILP 2.00 2.00 0.00 DOTOR (AP ERL COST - MIRE F FUILP 2.00 2.00 0.00 DOTOR (AP ERL COST - MIRE F FUILP 2.00 1.00 1.00 1.00 DITOR (MIRE F AP APRIA FS) 4.00 4.00 1.00 1.00 1.00 DOTOR (MIRE F AP APRIA FS) 2.00 1.00 1.00 1.00 1.00 1.00 1.00 DOTOR (MIRE F AP APRIA FS) DOTOR APA APRIA FS 1.00 1.00 1.00 <td< td=""><td></td><td></td><td>(DIRECT NURS.</td><td></td><td>(TIME SPENT)</td><td></td><td></td></td<>			(DIRECT NURS.		(TIME SPENT)		
DENERAL SHAPCE OST CARLES 100 1.00 00000 (DP BT. COST S MULE TEAL PATE 100 1.00 00000 (DP BT. COST S MULE TEAL PATE 100 1.00 00000 (DP BT. COST S MULE TEAL PATE 5.00 1.00 00000 (DP BT. COST S MULE TEAL PATE 5.00 1.00 00000 (DP BT. COST S MULE TEAL PATE 5.00 0.00 00000 (DP BT. COST S MULE TEAL PATE 8.00 0.00 00000 (DP BT. COST S MULE TEAL PATE 8.00 0.00 00000 (DP BT. COST S MULE TEAL PATE 100 0.00 00000 (DP BT. CARLESS TEAL PATE 100 0.00 00000 (DP BT. CARLESS TEAL PATE 1100 0.00 00000 (DP BT. TEAL PATE 1100 0.00 00000 (DP BT. TEAL PATE 1100 0.00 00000 (DP BT. TEAL PATE 1100			HRS.)	CHARGES)	10.00	-	
2 C00 D2000 CAP REL COSTS-AWARLE EQUIP 2.00 3 C00 D2000 AWAYNES TRAIT TO BUPANNEMENT 5.00 5 C00 D2000 AWAYNES TRAIT TO BUPANNEMENT 7.00 6 C00 D2000 AWAYNES TRAIT TO BUPANNEMENT 7.00 7 C00 D2000 AWAYNES TRAIT TO BUPANNE 7.00 7 C00 D2000 AWAYNES TRAIT TO BUPANNE 7.00 7 C00 D2000 AWAYNES TRAIT TO BUPANNE 7.00 7 C00 D2000 AWERT REAL AWARD REAL REAL AWARD REAL REAL REAL REAL REAL REAL REAL REAL			13.00	16.00	18.00		
1.00 00100 DAPLOYCE BENEFITS DEPARTMENT 4.00 0.00 00700 OPERATION OF PLANT 9.00 1.00 01000 DEPENTY 9.00 1.00 01000 DEPENTY 9.00 1.00 01000 DEPENTY 10.00 1.00 01000 DEPENTY 10.00 1.00 01000 DEPENTY 10.00 1.00 01000 DEPENTY 10.01 1.00 01000 DEPENTY 10.01 1.00 01000 DEPENTY 10.01 1.00 DEPENTY 10.01 11.057.053 1.00 DEPENTY 0 0 0 1.00 DEPENTY 0 0 0 1.00 DE							
7.00 00700 OPERATION OF PLANT 7.00 8.00 00800 AUDINAY & LINEN SERVICE 9.00 9.00 00700 AUDINAY & LINEN SERVICE 9.00 9.00 00700 AUDINAY & LINEN SERVICE 9.00 9.00 00700 AUDINAY & LINEN SERVICE 9.00 9.00 00800 HISEN KARAN AND AND AND AND AND AND AND AND AND A	4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					
B. 00 00000 LANDRY & LINER SERVICE 8.00 00 00000 DUILLAR 6.00 10 00 0000 DUILLAR 6.00 DUILLAR 10 00 0000 DUILLAR 6.00 DUILLAR 10 00 0000 DUILLAR 6.00 DUILLAR 10 00 00000 DUILLAR 6.00 DUILLAR 10 00 00000 DUILLAR 6.00 DUILLAR 10 00 0000 DUILLAR 1000 DUILLAR 1000 DUILLAR 10 00000 DUIL							
10.00 01000 DETARY 10.00 1000 DETARY 10.00 13.00 01300 NURSING ADDITA STAD ADDITA 10.00 13.00 14.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00	8.00	00800 LAUNDRY & LINEN SERVICE					8.00
11.00 0100 CAFTERIA 11.00 <							
16:00 01:000 HEDI CAL, RECORDS & LIBRARY 00 515, 948, 138 16:00 HMATLERE ROUTING SERVICE COST CENTERS 10:00 10:00 173, 122 30:00 30:00 30:00 30:00 30:00 173, 122 30:00 30:00 30:00 30:00 30:00 173, 122 30:00 30:00 30:00 30:00 30:00 30:00 30:00 30:00 30:00 30:00 30:00 30:00 30:00 40:00 <	11.00	01100 CAFETERI A					11.00
18.00 0 175, 725 18.00 0.00 03000 AUULIS & PEDIATRICS 233, 356 16, 333, 951 173, 125 30.00 0.00 03000 AUULIS & PEDIATRICS 233, 356 16, 333, 951 173, 125 31.00 30.00 0.00 04000 SUBPROVIDER - IPE 57, 048 12, 372, 791 145, 200 40.00 0.4000 SUBPROVIDER - IPE 57, 048 12, 372, 791 145, 200 40.00 0.4000 SUBPROVIDER - IPE 10, 011, 057, 991 17, 573 44.00 44.00 0.4000 SUBPROVIDER - IPE 0 0 0 45.00 0 66, 633, 311 18, 700 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 52.00				515 948 136			
00.000 03000 ADULTS & PEDLATRICS 233, 356 17.7.125 30.00 01.00 03000 SUBPROVIDER - IPF 57, 906 12.372, 791 145, 200 40.00 01.00 04000 SUBPROVIDER - IPF 57, 906 12.372, 791 145, 200 40.00 01.00 04100 SUBPROVIDER - IPF 57, 906 1.594, 404 16.825 41.00 43.00 04300 NURSERFW INF 10.014 1.057, 593 17.757 43.00 45.00 4560 04500 MISING FACILITY 10.014 1.057, 593 17.750 45.00 50.00 05000 DECOVERY ROM 0 66, 683, 311 18.700 51.00 52.00 53.00 53.00 53.00 53.00 53.00 53.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 55.00 55.00 55.00 55.00 55.00 55.00		01850 I NSERVI CE EDUCATI ON					
13 100 03100 INTENSIVE CARE UNIT 55, 941 6, 400, 290 76, 525 31, 00 14 00 04100 SUBPROVIDER - IPF 57, 056 145, 200 44, 00 14 00 04100 SUBPROVIDER - IPF 23, 530 1, 594, 404 16, 825 41, 00 14 00 04400 SUBPROVIDER - IPF 23, 530 1, 594, 404 16, 825 41, 00 14 00 04400 SKILEED NURSING FACILITY 0 0 0 44, 00 15 00 04500 MESING FACILITY 0 0 0 44, 00 16 00 0 0 0 0 0 44, 00 16 00 0 0 0 0 0 44, 00 16 00 00 0 0 0 0 0 44, 00 16 00 00 00 00 00 00 00 00 00 00 00 00 00 00	30 00		233 356	16 333 951	173 125		30.00
14.100 04100 SUBPROVIDER - I NF 23,530 1.594,404 16,825 41.00 43.00 04400 SKILLED NURSING FACILITY 0 0 0 44.00 45.00 04500 MIRSING FACILITY 0 0 0 0 46.00 04600 OTHER LONG TENN CARE 0 0 0 0 45.00 45.00 04500 OTHER LONG TENN CARE 0 0 0 0 45.00 45.00 05000 OTHER LONG TENN CARE 0 0 0 0 55.00 50.00 05200 OTHER LONG TENN CARE 0 0 0 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 55.00	31.00	03100 INTENSIVE CARE UNIT	55, 941	6, 460, 290	76, 525		31.00
43 00 Q4300 NURSERY 10,014 1,057,593 17,575 43.00 44 00 Q4400 NURSING FACILITY 0 0 0 44.00 45 00 Q4500 NURSING FACILITY 0 0 0 0 44.00 46 00 Q4600 NURSING FACILITY 0 0 0 0 44.00 MACILLARY SERVICE COST CENTRES 0							
45.00 QHASOD NURES ING FACILITY 0 0 0 45.00 A0.00 QHAGO UTHE LOARY ETRU CADE 0 0 0 0 A0.00 QHAGO UTHE LOARY ETRU CADE 0 0 0 0 A0.00 DESTOD OFFRATING STOM 0 66.683.311 18.700 51.00 55.00							
46.00 Detaclo of TERM LONG TERM LONG TERM CARE 0 0 0 60.00 50.00 05000 (DPERATING ROOM 0 66, 683, 311 18, 700 50.00 552.00 55.00 550.00 560.00 580.00 580.00 580.00 580.0			-	0	-		
50.00 050000 0F50000 0F50000 0 0 6.6, 683, 311 18, 700 50.00 552.00 552.00 0F5000 FEOVERY ROOM 28, 080 4, 521, 085 41, 100 52.20 53.00 53.00 53.00 0 0 0 0 0 0 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 55.00 56.00 56.00		04600 OTHER LONG TERM CARE					
51:00 05100 PECOVERY ROM 0 10,027,672 10,025 51.00 52.00 52:00 D5300 DELIVERY ROM& LABOR ROOM 28,080 4,521,085 41.100 53.00 54:00 D5400 RADOR RADI CLOCY - DI AGNOSTI C 0 10,775,432 27,750 54.00 54:00 D5400 RADOR RADI CLOCY - HARAPEUTI C 0 3,203,702 4,205 54.01 54:00 D5500 RADI CLOCY - HERAPEUTI C 0 9,533,250 21,750 55.00 55:00 D5500 RADI CLOCY - HERAPEUTI C 0 9,533,250 1.600 56.00 56:00 D5700 CT SCAN CRESON MACH TI CRESONANCE I MAGI NG (MRI) 0 7,689,805 600 58.00 59:00 D5900 CLABDIAL C ATHETERI ZATI ON 0 19,338,106 4,650 59.00 60.0	50 00		0	66 683 311	18 700		50.00
53.00 05300 NESTHESI 0LOGY 0 0 0 53.00 54.00 05400 RADI CLOCY DI AGNOSTI C 0 10,775,432 27,750 54.00 54.00 05400 NEAD CLOCY DI AGNOSTI C 0 3,203,702 4,025 54.00 54.00 05500 RADI OLOGY - THERAPUTI C 0 9,533,250 21,750 55.00 55.00 05500 RADI OLOGY - THERAPUTI C 0 9,533,250 21,750 55.00 55.00 05700 CT SCAN 0 26,485,410 1,075 57.00 55.00 05900 CARDI AC CATHETERI ZATI ON 0 19,338,106 4,650 59.00 00.00 LABORATORY 0 48,278,329 1,450 60.00 00.00 LABORATORY 0 0 0 61.100 01.00 CADI LE BLODD & PACKED RED BLODD CELLS 0 6,804,679 0 63.00 05.00 DESOD GESPI RATORY THERAPY 0 0 0 64.00 01.00 OCOD CLABORATORY THERAPY 0 0 64.00 02.00 DESOD STOR NO & TARANS. 0 0 0 67.00 05.00 DESOD RESPI RATORY THERAPY 0 1,433,594 775	51.00	05100 RECOVERY ROOM	0	10, 027, 697	10, 025		51.00
54.00 05400 RADI QLOCY-DI AGNOSTIC 0 10.775,432 27,750 54.01 54.01 05401 ULTRASOND 0 3.203,702 4.025 54.01 55.00 05500 RADI QLOCY-THEARPEUTI C 0 9,533,250 21,750 55.00 55.00 05600 RADI QLOCY-THEARPEUTI C 0 9,533,250 21,750 55.00 50.00 05600 RADI QLOCY-THEARPEUTI C 0 9,813,553 1,600 56.00 50.00 05800 CARDETI C RESONANCE IMAGING (MRI) 0 7,689,805 600 58.00 50.00 05900 CARDON CARDIA C CATHETERI ZATI ON 0 48,278,329 1,450 60.00 60.00 60.01 RODON LABORATORY 0 48,278,329 1,450 60.00			28, 080	4, 521, 085 0			
54.02 054.02 MANNOGRAPHY 0 2, 477, 673 4, 200 54.02 55.00 05500 RADIOLOSTOPE 0, 9, 533, 250 21, 750 55.00 57.00 05700 CT SCAN 0 26, 485, 410 1, 075 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 7, 689, 805 6600 58.00 59.00 05900 CARDIA C CATHETERI ZATION 0 19, 338, 106 4, 650 59.00 60.01 06000 LABORATORY 0 0 0 60.01 61.00 0100 DD LABORATORY 0 0 0 60.01 61.00 000 DPB C LIN ROL LAB SERVI CES-PRGM ONLY 0 0 0 62.00 63.00 05000 CRESPI RATORY 0 0 0 63.00 63.00 05000 RESPI RATORY 0 0 0 64.00 64.00 064.00 INS.PROCESSIN & TRANS. 0 0 0 64.00 65.00 06600 RESPI RATORY THERAPY 0 1, 038, 594 775 65.00 66.00 06600 RESPI RATORY THERAPY 0 1, 280, 332 11, 675 70.00 71.00 0 0 0 0 0 64.00 66.00 06600 SPEC	54.00	05400 RADI OLOGY-DI AGNOSTI C	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC 0 9,533,250 21,750 55.00 56.00 05600 RADIOLOGY-THERAPEUTIC 0 9,813,563 1.600 57.00 56.00 05700 CT SCAN 0 26,485,410 1.075 57.00 56.00 05900 CARDIA C CATHETERIZATION 0 19,338,166 4,650 59.00 60.01 BOGOI LABORATORY 0 48,278,329 1.450 60.01 61.00 D6100 D LABORATORY 0 0 0 60.01 61.00 D6200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 62.00 63.00 D6300 D INTRAVE MERAPY 0 14,038,594 775 65.00 64.00 D6000 INTRAVEMONS THERAPY 0 14,038,594 775 65.00 66.00 D6000 OPHYSI CAL THERAPY 0 0 0 68.00 69.00 67.00 D6700 OCCUPATIONAL THERAPY 0 1,230,332 11,675 67.00 68.00			0				
57.00 05700 CT SCAN 0 26,485,410 1,075 57.00 58.00 05900 CARDIAC CATHETERI ZATION 0 19,338,106 4,650 59.00 60.00 06000 LABORATORY 0 48,278,329 1,450 60.01 61.01 06001 BLOOD LABORATORY 0 0 60.01 60.01 62.00 06000 BLOOD LABORATORY 0 0 60.01 60.01 61.00 DABORATORY 0 6.804,679 0 62.00 63.00 62.00 63.00 DSOUB & PACKED RED BLODD CELLS 0 6.804,679 0 63.00 64.00 OHOLD INTARVENUS THERAPY 0 14.038,594 775 66.00 67.00 06700 CCUPATI ONAL THERAPY 0 0 0 67.00 68.00 OBORO PHYSICAL THERAPY 0 11.058,640 425 69.00 69.00 CERCORADIOLOGY 2,169 11.658,640 425 69.00 71.00 70.00 07000 ELECTROCARDIOLOGY 2,169 11.658,640 425	55.00	05500 RADI OLOGY-THERAPEUTI C	0	9, 533, 250	21, 750		55.00
58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 7,689,805 600 58.00 59.00 05900 CARDIAC CATHETERIZATI ON 0 19,338,106 4,650 59.00 60.01 06000 LABORATORY 0 0 0 60.01 61.00 0100 PBP CLIN CAL LAB SERVICES-PRGM ONLY 0 0 0 61.00 63.00 06300 BLOOD STORING, PROCESSI NG & TRANS. 0 0 0 63.00 63.00 06400 INTRAVENUS THERAPY 0 14,038,554 775 65.00 66.00 06600 CLIPATI ONAL THERAPY 0 0 0 0 64.00 66.00 06600 CSPERT RATIONAL THERAPY 0 14,038,554 775 65.00 66.00 06600 CSPERT ATHOLOGY 2 169 11,658,640 425 69.00 67.00 06700 CELECTROCARDI OLOGY 2 169 11,658,640 425 69.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 14,403,433 0 71.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0			0				
60.00 D6000 LABORATORY 0 48, 278, 329 1, 450 60.00 60.01 D6000 BLODD LABORATORY 0 0 0 0 60.01 61.00 D6100 PEP CLINICAL LAB SERVICES-PROM ONLY 60.01 62.00 63.00 D6300 BLODD STRING, PROCESSING & TRANS. 0 0 0 63.00 0 63.00 0 0 64.00 63.00 0 0 64.00 64.00 64.00 64.00 64.00 64.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 67.00 60.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00	58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7, 689, 805	600		58.00
60.01 06001 BLOOD LABORATORY 0 <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td>			0				
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 6, 804, 679 0 62.00 63.00 06300 BLOOD STORING, PROCESSI NG & TRANS. 0 0 0 63.00 64.00 06400 INTRAVENOUS THERAPY 0 14, 038, 594 775 66.00 65.00 06500 RESPI RATORY THERAPY 0 14, 038, 594 775 66.00 66.00 6600 PHYSI CAL THERAPY 0 5, 877, 707 52, 075 66.00 67.00 0 0 0 0 0 68.00 68.00 69.00 06900 ELECTROCARDI OLOGY 2, 169 11, 658, 640 425 69.00 70.00 00 0 0 0 0 70.00 70.	60. 01	06001 BLOOD LABORATORY	0	0			60. 01
63:00 063:00 BLOOD STORING, PROCESSING & TRANS. 0 0 0 63:00 64:00 0 64:00 0 64:00 0 64:00 0 64:00 0 64:00 0 64:00 0 64:00 0 64:00 64:00 64:00 64:00 64:00 64:00 64:00 64:00 64:00 64:00 64:00 64:00 64:00 64:00 64:00 66:00 70:00 70:00 70:00 70:00 70:00 70:00 70:00 70:00 71:00 71:00 71:00			0	6, 804, 679	0		
65.00 06500 RESPI RATORY THERAPY 0 14,038,594 775 66.00 66.00 06600 PHYSI CAL THERAPY 0 5,877,707 52,075 66.00 67.00 06700 0CUPATI ONAL THERAPY 0 0 0 66.00 68.00 06800 SPEECH PATHOLOGY 0 0 0 68.00 69.00 06000 ELECTROCARDI OLOGY 2,169 11,658,640 425 69.00 70.00 7100 MEDICAL SUPPLIES CHARGED TO PATI ENTS 0 36,953,961 0 71.00 72.00 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 14,403,433 0 72.00 72.00 72.00 72.00 74.00 73.00 73.00 73.00 73.00 73.00 74.00 74.00 74.00 75.00 75.00 75.00 75.00 75.00 75.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.02 76.00 76.00 76.00	63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
66.00 06000 PHYSI CAL THERAPY 0 5, 877, 707 52, 075 66.00 67.00 0CCUPATIONAL THERAPY 0 0 0 0 68.00 06800 SPEECH PATHOLOGY 0 0 0 68.00 69.00 06900 ELECTROCARDIOLOGY 2, 169 11, 658, 640 425 69.00 70.00 0700 ELECTROCARDIOLOGAPHY 0 1, 230, 332 11, 675 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 36, 953, 961 0 71.00 72.00 07300 DRUGS CHARGED TO PATIENTS 0 94, 576, 431 125 73.00 74.00 07400 RENAL DIALYSIS 93 4, 204, 402 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 76.00 76.01 3023 WDIND CARE 0 489, 191 0 76.00 76.02 3023 WDIND CARE 0 0 0 76.02 3023 WDIND CARE 0 0 0 0 <td></td> <td></td> <td>0</td> <td>0 14. 038. 594</td> <td>0 775</td> <td></td> <td></td>			0	0 14. 038. 594	0 775		
68.00 06800 SPEECH PATHOLOGY 0 0 0 68.00 69.00 06900 ELECTROCARDI OLOGY 2,169 11,658,640 425 69.00 70.00 OTOOD ELECTROCARCPHALOGRAPHY 0 1,230,332 11,675 70.00 71.00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 36,953,961 0 71.00 72.00 07300 RUEGS CHARGED TO PATI ENTS 0 14,403,433 0 72.00 73.00 07300 RUEGS CHARGED TO PATI ENTS 0 94,576,431 125 73.00 74.00 07400 RENAL DI ALYSI S 93 4,204,402 0 74.00 75.00 07500 RUEGNEY 0 489,191 0 76.00 76.01 030221 ENDOSCOPY 0 26,544,832 1,425 76.01 76.02 030223 WOIND CARE 0 3,434,609 0 76.02 76.04 03024 UPI C 13,654 5,253,159 1,600 90.00 90.00 76.04 03024 UPI C 0 0 0 <td>66.00</td> <td>06600 PHYSI CAL THERAPY</td> <td>0</td> <td></td> <td></td> <td></td> <td>66.00</td>	66.00	06600 PHYSI CAL THERAPY	0				66.00
69:00 06900 ELECTROCARDIOLOGY 2,169 11,658,640 425 69:00 70:00 07000 ELECTROCARDIPLALOGRAPHY 0 1,230,332 11,675 70:00 71:00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 36,953,961 0 71:00 72:00 72:00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 14,403,433 0 72:00 73:00 07300 DRUGS CHARGED TO PATIENTS 93 4,204,402 0 73:00 75:00 07500 ASC (NON-DISTINCT PART) 0 0 0 76:00 76:01 03021 ENDOSCOPY 0 26,544,832 1,425 76:01 76:02 03022 PRISION CLINIC 4,131 270,056 0 76:02 76:03 76:03 030234 OPLO 13,654 5,253,159 1,600 76:03 70:00 09000 CLINIC 4,131 270,056 0 76:03 76:03 030234 OPLC 13,654 5,253,159 1,600 76:03 70:00 0			0	0			
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 36, 953, 961 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 14, 403, 433 0 72.00 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 94, 576, 431 125 73.00 74.00 07400 RENAL DI ALYSI S 93 4, 204, 402 0 74.00 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 0 75.00 76.01 03021 INDTRINCT PART) 0 0 0 76.00 76.02 03022 PI SI ON CLI NI C 4, 131 270,056 0 76.02 76.03 030232 WUND CARE 0 3, 434, 609 0 76.03 76.04 03024 012 C 13, 654 5, 253, 159 1, 600 76.04 70.00 08900 REDALLY QUALI FI ED HEALTH CENTER 0 0 0 90.00 70.00 09000 09000 FEDERALLY QUALI FI ED HEALTH CENTER 0 0 0 90.00 70.00	69.00	06900 ELECTROCARDI OLOGY	2, 169				69.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 14,403,433 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 94,576,431 125 73.00 74.00 07400 RENAL DI ALYSI S 93 4,204,402 0 74.00 75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 76.00 76.01 03020 LI THOTRI PSY 0 489,191 0 76.00 76.02 03022 PRI SI ON CLINIC 4,131 270,056 0 76.02 76.03 03023 WOUND CARE 0 3,434,609 0 76.02 76.04 03024 OPI C 13,654 5,253,159 1,600 76.03 76.04 08800 RURAL HEALTH CLINIC 0 0 0 90.00 90.			0				
74.00 07400 RENAL DI ALYSI S 93 4, 204, 402 0 74.00 75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 75.00 76.00 03020 LI THOTRI PSY 0 489, 191 0 76.01 76.01 03021 ENDOSCOPY 0 26, 544, 832 1, 425 76.01 76.02 03022 PRI SI ON CLI NI C 4, 131 270, 056 0 76.02 76.03 03023 WOUND CARE 0 3, 434, 609 0 76.03 76.04 03024 (PI C 13, 654 5, 253, 159 1, 600 76.03 76.04 0800 RURAL HEALTH CLINIC 0 0 0 88.00 89.00 08000 FEDERALLY QUALI FIED HEALTH CENTER 0 0 0 90.00 90.00 09000 CLI NI C 39, 580 33, 561, 718 140, 475 91.00 92.00 92.00 09200 (DBSERVATI ON BEDS (NON-DI STINCT PART) 39, 580 33, 561, 718 140, 475 92.00 92.00 92.00 092000 OBSERVATI ON BEDS (NON-DI STINCT PART) 94.00 <td>72.00</td> <td>07200 IMPL. DEV. CHARGED TO PATIENTS</td> <td>0</td> <td></td> <td></td> <td></td> <td>72.00</td>	72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0				72.00
75.00 07500 ASC (NON-DI STINCT PART) 0 0 75.00 76.00 03020 LI THOTRI PSY 0 489, 191 0 76.00 76.01 03021 ENDOSCOPY 0 26, 544, 832 1, 425 76.01 76.02 03022 PRI SI ON CLINI C 4, 131 270, 056 0 76.02 76.03 03023 WOUND CARE 0 3, 434, 609 0 76.03 76.04 03024 OPI C 13, 654 5, 253, 159 1, 600 76.04 0400 PARL HEALTH CLINI C 0 0 0 88.00 89.00 89.00 90.00<			93				
76. 01 03021 ENDOSCOPY 0 26, 544, 832 1, 425 76. 01 76. 02 03022 PRI SI ON CLI NI C 4, 131 270, 056 0 76. 02 76. 03 03023 WOUND CARE 0 3, 434, 609 0 76. 03 76. 04 03024 OPI C 13, 654 5, 253, 159 1, 600 76. 03 76. 04 00004 PRISION CLINIC 0 0 0 88. 00 88. 00 88. 00 08800 RURAL HEALTH CLINIC 0 0 0 88. 00 90. 00 09000 CLINIC 0 0 0 89. 00 90. 00 09000 CLINIC 0 0 90. 00 90. 00 91. 00 09100 EMERGENCY 39, 580 33, 561, 718 140, 475 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 94. 00 0 0 94. 00 94. 00 94. 00 09400 HOME PROGRAM DI ALYSI S 0 0 0 95. 00 96. 00 96. 00 96. 00 96. 00			0	0	0		
76. 02 03022 PRISION CLINIC 4, 131 270, 056 0 76. 02 76. 03 03023 WOUND CARE 0 3, 434, 609 0 76. 03 76. 04 03024 OPIC 13, 654 5, 253, 159 1, 600 76. 04 0UTPATI ENT SERVICE COST CENTERS 0 0 0 88. 00 88. 00 88. 00 88. 00 08800 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89. 00 90. 00 09000 CLINIC 0 0 0 89. 00 90. 00 09000 CLINIC 0 0 0 90. 00 91. 00 09100 EMERGENCY 39, 580 33, 561, 718 140, 475 91. 00 92. 00 09200 DBSERVATION BEDS (NON-DI STINCT PART) 94. 00 92. 00 92. 00 01.00 09400 HOME PROGRAM DI ALYSIS 0 0 0 94. 00 94. 00 094000 DURABLE MEDI CAL EQUI P-RENTED 0 0 95. 00 95. 00 96. 00 96. 00 96. 00 96. 00 <			0		1		
76. 04 03024 0PI C 13,654 5,253,159 1,600 76. 04 0UTPATI ENT SERVICE COST CENTERS 0 0 0 88. 00 88. 00 88. 00 88. 00 89. 00 0 0 0 88. 00 89. 00 90. 00 90. 00 0 0 0 89. 00 90. 00	76.02		4, 131	270, 056	0		76.02
OUTPATI ENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 89.00 90.00 09000 CLINIC 0 0 0 90.00 91.00 09100 EMERGENCY 39,580 33,561,718 140,475 91.00 92.00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 39,580 33,561,718 140,475 92.00 0THER REI MBURSABLE COST CENTERS 94.00 0 0 0 95.00 95.00 95.00 95.00 95.00 95.00 95.00 95.00 95.00 95.00 95.00 95.00 96.00 96.00 96.00 96.00 96.00 96.00 96.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00			13, 654				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89.00 90.00 09000 CLINIC 0 0 0 90.00 91.00 09100 EMERGENCY 39,580 33,561,718 140,475 91.00 92.00 0BSERVATION BEDS (NON-DISTINCT PART) 0 0 92.00 92.00 0THER REIMBURSABLE COST CENTERS 0 0 0 94.00 94.00 09400 HOME PROGRAM DI ALYSI S 0 0 95.00 95.00 95.00 09500 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 96.00 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 0 97.00		OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC 0 0 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 91.00 91.00 91.00 91.00 92.00 0200 (DBSERVATION BEDS (NON-DISTINCT PART) 33,561,718 140,475 91.00 92.00 94.00 94.00 94.00 94.00 94.00 94.00 95.00 95.00 94.00 0 0 0 96.00 96.00 96.00 96.00 96.00 96.00 97.00 97.00 97.00 <			0	0	0		
92.00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 92.00 0THER REI MBURSABLE COST CENTERS 94.00 94.00 09400 HOME PROGRAM DI ALYSI S 0 0 0 94.00 95.00 09500 AMBULANCE SERVI CES 0 0 0 95.00 95.00 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 96.00 97.00	90.00	09000 CLI NI C	0	0	0		90.00
OTHER REI MBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSIS 0 0 0 94. 00 95. 00 95. 00 0 0 0 95. 00 95. 00 96. 00 0 0 0 95. 00 96. 00 96. 00 96. 00 96. 00 96. 00 97. 00 97. 00 0 0 0 97. 00 9			39, 580	33, 501, 718	140, 475		
95.00 09500 AMBULANCE SERVICES 0 0 0 95.00 95.00 96.00 0 96.00 96.00 97.00 09700 DURABLE MEDICAL EQUIP-RENTED 0 0 0 96.00 97.00 97.00 0 0 0 97.00 97.	04 00	OTHER REIMBURSABLE COST CENTERS					
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 96. 00 97. 00 97. 00 DURABLE MEDI CAL EQUI P-SOLD 0 0 0 97. 00			0	0	0		
			0	0	0		
			0	0	0		

ealth Financial Systems T COST ALLOCATION - STATISTICAL BASIS	FERRE HAUTE REGI		CCN: 150046	Peri od:	u of Form CMS-2552 Worksheet B-1
UST RELOCATION - STATISTICAE DASIS		FIOVICEI	CCN. 150040	From 09/01/2013	WOLKSHEEL D-1
				To 08/31/2014	Date/Time Prepare 1/26/2015 2:37 pr
			OTHER GENERA	L	
			SERVI CE		
Cost Center Description	NURSI NG	MEDI CAL	I NSERVI CE		
	ADMI NI STRATI ON	RECORDS & LI BRARY	EDUCATION		
	(DI RECT NURS.	(GROSS	(TIME SPENT))	
	HRS.)	CHARGES)			
	13.00	16.00	18.00	_	
9. 00 09900 CMHC	0	0		0	99
9.10 09910 CORF	0	0		0	99
00.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0	100
01.00 10100 HOME HEALTH AGENCY	0	0		0	101
SPECIAL PURPOSE COST CENTERS					
05. 00 10500 KI DNEY ACQUI SI TI ON	0	0		0	105
06. 00 10600 HEART ACQUI SI TI ON	0	0		0	106
07.00 10700 LIVER ACQUISITION 08.00 10800 LUNG ACQUISITION	0	0		0	107 108
09. 00 10900 PANCREAS ACQUISITION	0	0		0	108
10. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0		0	110
11. 00 11100 I SLET ACQUI SI TI ON	0	0		0	111
13. 00 11300 I NTEREST EXPENSE		0		0	113
14. 00 11400 UTI LI ZATI ON REVI EW-SNF					114
15.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	115
16. 00 11600 HOSPI CE	0	0		0	116
18.00 SUBTOTALS (SUM OF LINES 1-117)	467, 634	515, 948, 136	774, 75	50	118
NONREI MBURSABLE COST CENTERS	TT		[
90.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0	190
91. 00 19100 RESEARCH	0	0		0	191
92.00 19200 PHYSICIANS' PRIVATE OFFICES 93.00 19300 NONPAID WORKERS	0	0		0	192 193
94. 00 07950 OCCUPATI ONAL MEDICINE	0	0	10, 07	75	193
94. 01 07951 OTHER NONREI MBURSABLE COST CENTERS	0	0	10, 01	0	194
94. 02 07952 SI TTERS	0	0	1, 10	00	194
00.00 Cross Foot Adjustments		0	.,		200
01.00 Negative Cost Centers					201
02.00 Cost to be allocated (per Wkst. B, Part I)	1, 243, 275	1, 596, 426	1, 467, 24	40	202
03.00 Unit cost multiplier (Wkst. B, Part I)	2.658650	0. 003094	1.86689	96	203
04.00 Cost to be allocated (per Wkst. B, Part II)	70, 692	190, 576	125, 36	59	204
05.00 Unit cost multiplier (Wkst. B, Part	0. 151170	0. 000369	0. 15951	18	205

Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	TERRE HAUTE REG		1	In Lie Period: From 09/01/2013 Fo 08/31/2014	u of Form CMS-: Worksheet C Part I Date/Time Pre 1/26/2015 2:3	pared:
		Titl	e XVIII	Hospi tal	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col.	Therapy Limit Adj.	Total Costs	Costs RCE Di sal I owance	Total Costs	
	<u>26)</u> 1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CE	ITERS					
30. 00 03000 ADULTS & PEDIATRICS	15, 364, 654		15, 364, 654		15, 414, 860	
31. 00 03100 I NTENSI VE CARE UNI T 40. 00 04000 SUBPROVI DER – I PF	4, 137, 127 3, 500, 423		4, 137, 12 3, 500, 42		4, 137, 127 3, 536, 230	31.00 40.00
41. 00 04100 SUBPROVIDER - IRF	2, 097, 586		2, 097, 580		2, 097, 586	
43. 00 04300 NURSERY	660, 813		660, 813		660, 813	
44. 00 04400 SKILLED NURSING FACILITY	(0	0	44.00
45.00 04500 NURSING FACILITY 46.00 04600 OTHER LONG TERM CARE					0	45.00 46.00
ANCI LLARY SERVICE COST CENTERS		<u>и</u>		<u> </u>	0	40.00
50. 00 05000 OPERATI NG ROOM	7, 111, 889	2	7, 111, 889	7, 178	7, 119, 067	50.00
51.00 05100 RECOVERY ROOM	1, 028, 621		1, 028, 62		1, 028, 621	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESIOLOGY	2, 186, 702		2, 186, 702		2, 186, 702 0	52.00 53.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	2, 591, 081		2, 591, 08	-	2, 591, 081	54.00
54.01 05401 ULTRASOUND	329, 410		329, 410		329, 410	54.01
54.02 05402 MAMMOGRAPHY	587, 658		587, 658		587, 658	
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	2,011,765		2,011,76		2,011,765	
57. 00 05700 CT SCAN	1, 117, 112 949, 928		1, 117, 112		1, 117, 112 949, 928	
58.00 05800 MAGNETIC RESONANCE I MAGI NG (493, 394		493, 394	
59.00 05900 CARDI AC CATHETERI ZATI ON	1, 223, 155		1, 223, 15		1, 223, 155	59.00
60. 00 06000 LABORATORY	3, 642, 529		3, 642, 529		3, 642, 529	
60. 01 06001 BLOOD LABORATORY 61. 00 06100 PBP CLINICAL LAB SERVICES-PF					0	60.01 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLO			1, 030, 464		1, 030, 464	62.00
63. 00 06300 BLOOD STORING, PROCESSING &				0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0		(0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	1, 832, 518				1, 832, 518	
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	2, 472, 502		2, 472, 502	2 34, 338 0 0	2, 506, 840 0	66.00 67.00
68. 00 06800 SPEECH PATHOLOGY					0	68.00
69. 00 06900 ELECTROCARDI OLOGY	1, 335, 495	5	1, 335, 49	5 16, 223	1, 351, 718	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	216, 745		216, 74		216, 745	
71.00 07100 MEDICAL SUPPLIES CHARGED TO 72.00 07200 IMPL. DEV. CHARGED TO PATIEN			5, 787, 782		5, 787, 782 6, 716, 395	
73. 00 07300 DRUGS CHARGED TO PATIENTS	12, 291, 388		12, 291, 38		12, 291, 388	
74.00 07400 RENAL DIALYSIS	903, 397		903, 39		903, 397	
75.00 07500 ASC (NON-DISTINCT PART)	((0	
76. 00 03020 LI THOTRI PSY 76. 01 03021 ENDOSCOPY	102, 673 2, 282, 382		102, 673		102, 673 2, 351, 944	
76. 02 03022 PRI SI ON CLI NI C	633, 401		633, 40		633, 401	
76. 03 03023 WOUND CARE	1, 010, 062		1, 010, 062		1, 020, 877	
76. 04 03024 OPI C	957, 152	2	957, 152	2 50, 206	1,007,358	76.04
OUTPATIENT SERVICE COST CENTERS					0	
88.00 08800 RURAL HEALTH CLINIC 89.00 08900 FEDERALLY QUALIFIED HEALTH (CENTER C				0	88.00 89.00
90. 00 09000 CLINIC					0	90.00
91.00 09100 EMERGENCY	4, 446, 078		4, 446, 078		4, 446, 078	
92.00 09200 OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	ICT PART) 402, 448	3	402, 448	3	402, 448	92.00
94.00 09400 HOME PROGRAM DIALYSIS	(b		0	0	94.00
95. 00 09500 AMBULANCE SERVICES	0			0 0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED) ((0 0	0	96.00
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD			(0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENT 99.00 09900 CMHC	ERS				0	98.00 99.00
99. 10 09910 CORF					0	99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	1 0		(0	100.00
101.00 10100 HOME HEALTH AGENCY	(ס	0	101.00
SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION	(0	105.00
106. 00 10600 HEART ACQUISITION						105.00
107. 00 10700 LI VER ACQUI SI TI ON						107.00
108.00 10800 LUNG ACQUISITION	0					108.00
109.00 10900 PANCREAS ACQUISITION						109.00
110.00 11000 INTESTINAL ACQUISITION 111.00 11100 ISLET ACQUISITION						110. 00 111. 00
113.00 11300 INTEREST EXPENSE					0	113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00

Health Financial Systems T	ERRE HAUTE REG	IONAL HOSPITAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der		Period: From 09/01/2013 To 08/31/2014		pared: 7 pm
	Title XVIII			Hospi tal	PPS	
				Costs		
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B,	Adj.		Di sal I owance		
	Part I, col.	-				
	26)					
	1.00	2.00	3.00	4.00	5.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0			0	0	115.00
116.00 11600 HOSPI CE	0			0	0	116.00
200.00 Subtotal (see instructions)	91, 454, 729	c c	91, 454, 72	9 274, 335	91, 729, 064	200.00
201.00 Less Observation Beds	402, 448		402, 44	8	402, 448	201.00
202.00 Total (see instructions)	91, 052, 281	C	91, 052, 28	1 274, 335	91, 326, 616	202.00

	Financial Systems T ATION OF RATIO OF COSTS TO CHARGES	ERRE HAUTE REGI		CCN: 150046	In Lie Period: From 09/01/2013 To 08/31/2014	wof Form CMS- Worksheet C Part I Date/Time Pre 1/26/2015 2:3	pared:
			Ti tl	e XVIII	Hospi tal	PPS	7 piii
			Charges		_		
	Cost Center Description	Inpati ent	Outpati ent	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	14, 393, 336		14, 393, 33			30.00
31.00	03100 I NTENSI VE CARE UNI T	6, 460, 290		6, 460, 29			31.00
40.00	04000 SUBPROVIDER - IPF	12, 372, 791		12, 372, 79			40.00
41.00	04100 SUBPROVIDER - IRF	1, 594, 404		1, 594, 40			41.00
43.00 44.00	04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY	1, 057, 593		1, 057, 59	3		43.00 44.00
45.00	04500 NURSI NG FACI LI TY	0			0		45.00
46.00	04600 OTHER LONG TERM CARE	0			0		46.00
10.00	ANCI LLARY SERVICE COST CENTERS				5		10.00
50.00	05000 OPERATI NG ROOM	26, 661, 599	40, 021, 712	66, 683, 31	1 0. 106652	0.00000	50.00
51.00	05100 RECOVERY ROOM	3, 027, 073	7,000,624			0. 000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4, 291, 261	229, 824	4, 521, 08	5 0. 483668	0. 000000	52.00
53.00	05300 ANESTHESI OLOGY	0	C		0. 000000	0. 000000	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 118, 675	7, 656, 757			0. 000000	
54.01	05401 ULTRASOUND	645, 669	2, 558, 033			0.00000	
54.02	05402 MAMMOGRAPHY	20, 480	2, 457, 193			0.00000	
55.00	05500 RADI OLOGY-THERAPEUTI C	522, 613	9, 010, 637			0.00000	
56.00	05600 RADI OI SOTOPE	1,005,336	8, 808, 227			0.00000	
57.00 58.00	05700 CT SCAN	7, 560, 331	18, 925, 079 6, 072, 006			0. 000000 0. 000000	
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	1, 617, 799 10, 383, 215	8, 954, 891			0. 000000	1
60.00	06000 LABORATORY	22, 532, 409	25, 745, 920			0. 000000	
60.00	06001 BLOOD LABORATORY	22, 332, 407	23, 743, 720		0.000000	0. 000000	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	(0. 000000	0.000000	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5, 414, 160	1, 390, 519	6, 804, 67		0. 000000	1
63.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0, 11, 100	()		0. 000000	0. 000000	
64.00	06400 I NTRAVENOUS THERAPY	0	C		0. 000000	0.00000	
65.00	06500 RESPI RATORY THERAPY	12, 328, 257	1, 710, 337	14, 038, 59		0.000000	
66.00	06600 PHYSI CAL THERAPY	4, 400, 325	1, 477, 382	5, 877, 70	0. 420658	0. 000000	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	C		0. 000000	0. 000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	C		0. 000000	0. 000000	68.00
69.00	06900 ELECTROCARDI OLOGY	6, 420, 939	5, 237, 701			0. 000000	
70.00	07000 ELECTROENCEPHALOGRAPHY	370, 484	859, 848			0. 000000	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19, 249, 459	17, 704, 502			0. 000000	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8, 122, 620	6, 280, 813			0.00000	
73.00	07300 DRUGS CHARGED TO PATIENTS	55, 536, 040	39, 040, 391			0.00000	
74.00	07400 RENAL DI ALYSI S	4, 154, 729	49, 673	4, 204, 40		0.00000	1
75.00 76.00	07500 ASC (NON-DI STI NCT PART) 03020 LI THOTRI PSY	8, 890	480, 301	489, 19	0.000000 0.209883	0. 000000 0. 000000	
	03020 ETHOREPST 03021 ENDOSCOPY	1, 450, 398	25, 094, 434			0. 000000	
	03022 PRISION CLINIC	2,809	25, 074, 434			0. 000000	
76.02	03023 WOUND CARE	45,867	3, 388, 742			0. 000000	
76.04	03024 OPI C	58, 096	5, 195, 063			0.000000	
	OUTPATIENT SERVICE COST CENTERS			1			
88.00	08800 RURAL HEALTH CLINIC	0	C		C		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C		C		89.00
90.00	09000 CLI NI C	0	C		0. 000000	0. 000000	1
91.00	09100 EMERGENCY	8, 574, 786	24, 986, 932			0. 000000	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	408, 343	1, 532, 272	1, 940, 61	5 0. 207382	0.00000	92.00
	OTHER REIMBURSABLE COST CENTERS			1			
94.00	09400 HOME PROGRAM DI ALYSI S	0	0)	0. 000000	0.00000	
95.00	09500 AMBULANCE SERVICES	0	0		0. 000000	0.00000	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	(0. 000000	0.00000	
97.00 98.00	09700 DURABLE MEDICAL EQUIP-SOLD 05950 OTHER REIMBURSABLE COST CENTERS	0			0. 000000	0. 000000 0. 000000	
	09900 CMHC	0			0.00000	0.00000	98.00 99.00
	09910 CORF	0			5		99.00
	10000 I &R SERVICES-NOT APPRVD PRGM	0					100.00
	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0)			101.00
105 00	10500 KIDNEY ACQUISITION	0	ſ		0		105.00
	10600 HEART ACQUISITION	0	ſ		0		106.00
	10700 LIVER ACQUISITION	0	ſ		0		107.00
	10800 LUNG ACQUISITION	0	ſ		0		108.00
	10900 PANCREAS ACQUISITION	0	ſ		0		109.00
	11000 I NTESTI NAL ACQUI SI TI ON	0	(0		110.00
	11100 I SLET ACQUI SI TI ON	0	(D		111.00
	11300 I NTEREST EXPENSE						113.00
	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)	0	C		C		115.00

Health Financial Systems T	ERRE HAUTE REGI	IONAL HO)SPI TAL		_	In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Pr	rovi der	CCN: 150046		eriod: com 09/01/2013 0 08/31/2014	Date/Time Pre	epared:
	Title XVIII			0 XV/111		Hospi tal	1/26/2015 2:3 PPS	37 pm
	Charges				nospital	115		
Cost Center Description	I npati ent	Outpa			6	Cost or Other	TEFRA	
				+ col. 7)		Ratio	Inpatient Ratio	
	6.00	7.	00	8.00		9.00	10.00	
116.00 11600 HOSPI CE	0		0		0			116.00
200.00 Subtotal (see instructions)	243, 811, 076	272,	137, 060	515, 948, 1	36			200.00
201.00Less Observation Beds202.00Total (see instructions)	243, 811, 076	272,	137, 060	515, 948, 1	36			201. 00 202. 00

Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	TERRE HAUTE REGIONA	L HOSPITAL Provider CCN: 150046	In Lie Period:	u of Form CMS-2552-10 Worksheet C
			From 09/01/2013 To 08/31/2014	Part I Date/Time Prepared: 1/26/2015 2:37 pm
Cost Center Description	PPS Inpatient Ratio	Title XVIII	Hospi tal	PPS
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	11.00			
30. 00 03000 ADULTS & PEDIATRICS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
40. 00 04000 SUBPROVI DER – I PF				40.00
41.00 04100 SUBPROVIDER - IRF				41.00
43.00 04300 NURSERY 44.00 04400 SKILLED NURSING FACILITY				43.00 44.00
45. 00 04400 SKIELED NORSTNO FACILITY				45.00
46.00 04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS				
50. 00 05000 OPERATING ROOM	0. 106759			50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 102578 0. 483668			51.00 52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000			53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 240462			54.00
54.01 05401 ULTRASOUND	0. 102822			54.01
54. 02 05402 MAMMOGRAPHY	0. 237181			54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	0. 211026 0. 113833			55.00 56.00
57. 00 05700 CT SCAN	0. 035866			57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 064162			58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 063251			59.00
60. 00 06000 LABORATORY	0. 075449			60.00
60. 01 06001 BLOOD LABORATORY 61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			60. 01 61. 00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1			62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000			63.00
64.00 06400 INTRAVENOUS THERAPY	0. 000000			64.00
65. 00 06500 RESPI RATORY THERAPY	0. 130534			65.00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	0. 426500 0. 000000			66. 00 67. 00
68. 00 06800 SPEECH PATHOLOGY	0.000000			68.00
69.00 06900 ELECTROCARDI OLOGY	0. 115941			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 176168			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	0. 466305 0. 129962			72.00 73.00
74. 00 07400 RENAL DIALYSIS	0. 214869			73.00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000			75.00
76. 00 03020 LI THOTRI PSY	0. 209883			76.00
76. 01 03021 ENDOSCOPY	0. 088603			76.01
76. 02 03022 PRISION CLINIC 76. 03 03023 WOUND CARE	2. 345443 0. 297232			76. 02 76. 03
76. 04 03024 OPI C	0. 191762			76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89. 00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 90. 00 09000 CLI NI C	0. 000000			89.00 90.00
91. 00 09100 EMERGENCY	0. 132475			90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
94. 00 09400 HOME PROGRAM DI ALYSI S 95. 00 09500 AMBULANCE SERVI CES	0. 000000			94.00
95. 00 09500 AMBULANCE SERVICES 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			95. 00 96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000			97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0. 000000			98.00
99.00 09900 CMHC				99.00
99.10 09910 CORF				99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM 101.00 10100 HOME HEALTH AGENCY				100. 00 101. 00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KI DNEY ACQUI SI TI ON				105.00
106. 00 10600 HEART ACQUI SI TI ON				106.00
107.00 10700 LIVER ACQUISITION 108.00 10800 LUNG ACQUISITION				107. 00 108. 00
109. 00 10900 PANCREAS ACQUISITION				108.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON				110.00
111.00 11100 I SLET ACQUI SI TI ON				111.00
113.00 11300 INTEREST EXPENSE				113.00
114.00 11400 UTILIZATION REVIEW-SNF 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)				114. 00 115. 00
115.00 11500 AMBOLATORY SURGICAL CENTER (D. P.) 116.00 11600 HOSPICE				115.00
200.00 Subtotal (see instructions)				200. 00
· · · · · · · · · · · · · · · · · · ·	•			·

Health Financial Systems	TERRE HAUTE REGION	AL_HOSPI TAL	In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Peri od:	Worksheet C	
			From 09/01/2013 To 08/31/2014		epared:
				1/26/2015 2:3	
		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
201.00 Less Observation Beds					201.00
202.00 Total (see instructions)					202.00

Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	TERRE HAUTE REG		CCN: 150046	In Lie Period: From 09/01/2013 To 08/31/2014	u of Form CMS-2 Worksheet C Part I Date/Time Pre 1/26/2015 2:3	pared:
		Tit	tle XIX	Hospi tal	Cost	<u>/ piii</u>
Cost Costor Description	Tatal Cast	Thereset		Costs	Tatal Casta	
Cost Center Description	Total Cost (from Wkst. B, Part I, col.	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	26) 1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
30. 00 03000 ADULTS & PEDI ATRI CS	15, 364, 654		15, 364, 65			
31. 00 03100 I NTENSI VE CARE UNI T 40. 00 04000 SUBPROVI DER - I PF	4, 137, 127 3, 500, 423		4, 137, 12 3, 500, 42		4, 137, 127 3, 536, 230	31.00 40.00
41. 00 04100 SUBPROVIDER - IRF	2, 097, 586		2, 097, 58		2, 097, 586	
43. 00 04300 NURSERY	660, 813		660, 81		660, 813	
44. 00 04400 SKI LLED NURSI NG FACI LI TY	0			0 0	0	44.00
45. 00 04500 NURSING FACILITY 46. 00 04600 OTHER LONG TERM CARE				0 0	0	45.00 46.00
ANCI LLARY SERVICE COST CENTERS		1		0 0	0	40.00
50. 00 05000 OPERATI NG ROOM	7, 111, 889		7, 111, 88			50.00
51.00 05100 RECOVERY ROOM	1,028,621		1, 028, 62		1, 028, 621	51.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	2, 186, 702		2, 186, 70	0 0	2, 186, 702	52.00 53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 591, 081		2, 591, 08		2, 591, 081	54.00
54. 01 05401 ULTRASOUND	329, 410		329, 41		329, 410	
54. 02 05402 MAMMOGRAPHY 55. 00 05500 RADI 0LOGY-THERAPEUTI C	587, 658 2, 011, 765		587, 65		587, 658 2, 011, 765	
56. 00 05600 RADIOLOGI - THERAPEUTIC	1, 117, 112		1, 117, 11		1, 117, 112	•
57. 00 05700 CT SCAN	949, 928		949, 92	-	949, 928	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	493, 394		493, 39		493, 394	
59. 00 05900 CARDI AC CATHETERI ZATI ON	1, 223, 155		1, 223, 15		1, 223, 155	
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	3, 642, 529		3, 642, 52	0 0	3, 642, 529 0	60. 00 60. 01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0			0 0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1, 030, 464		1, 030, 46		1, 030, 464	62.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 64. 00 06400 INTRAVENOUS THERAPY	0			0 0	0	63.00 64.00
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	1, 832, 518		1, 832, 51	0	1, 832, 518	
66. 00 06600 PHYSI CAL THERAPY	2, 472, 502		2, 472, 50		2, 506, 840	1
67.00 06700 OCCUPATI ONAL THERAPY	0	(0 0	0	67.00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0 1, 335, 495		1, 335, 49	0 0 5 16, 223	0 1, 351, 718	68.00 69.00
70. 00 07000 ELECTROCARDIOLOGI 70. 00 07000 ELECTROENCEPHALOGRAPHY	216, 745		216, 74		216, 745	1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5, 787, 782		5, 787, 78		5, 787, 782	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6, 716, 395		6, 716, 39		6, 716, 395	
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DIALYSIS	12, 291, 388 903, 397		12, 291, 38		12, 291, 388 903, 397	
75. 00 07500 ASC (NON-DI STI NCT PART)	903, 347		703, 35	0 0	903, 397	1
76. 00 03020 LI THOTRI PSY	102, 673		102, 67		102, 673	
76. 01 03021 ENDOSCOPY	2, 282, 382		2, 282, 38		2, 351, 944	
76. 02 03022 PRISION CLINIC 76. 03 03023 WOUND CARE	633, 401 1, 010, 062		633, 40		633, 401 1, 020, 877	
76. 04 03024 OPI C	957, 152		957, 15			
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0			0 0	0	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90. 00 09000 CLINIC					0	
91. 00 09100 EMERGENCY	4, 446, 078		4, 446, 07	0	4, 446, 078	
92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	402, 448		402, 44	8	402, 448	92.00
94. 00 09400 HOME PROGRAM DI ALYSI S		1	1		0	04.00
95. 00 09500 AMBULANCE SERVICES	0			0 0	0	94.00 95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0			0 0	0	96.00
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0			0 0	0	97.00
98. 00 05950 OTHER REIMBURSABLE COST CENTERS 99. 00 09900 CMHC	0			0 0	0	98.00 99.00
99. 10 09910 CORF	0			0	0	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0			0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0			0	0	101.00
SPECIAL PURPOSE COST CENTERS 105.00 10500 KI DNEY ACQUI SI TI ON	0			0	0	105.00
106. 00 10600 HEART ACQUISTITION	0			ő		105.00
107.00 10700 LIVER ACQUISITION	0			0	0	107.00
108.00 10800 LUNG ACQUISITION	0			0		108.00
109. 00 10900 PANCREAS ACQUI SI TI ON 110. 00 11000 I NTESTI NAL ACQUI SI TI ON				0		109. 00 110. 00
111. 00 11100 I SLET ACQUI SI TI ON	0			ŏ		111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00

Health Financial Systems T	ERRE HAUTE REG	IONAL HO	SPI TAL		In Lie	u of Form CMS-:	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Pro	ovi der		Period: From 09/01/2013		
					To 08/31/2014	Date/Time Pre 1/26/2015 2:3	pared: 7 pm
		_	Ti t l	e XIX	Hospi tal	Cost	
					Costs		
Cost Center Description	Total Cost	Therapy	Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B,	Adj			Di sal I owance		
	Part I, col.	-					
	26)						
	1.00	2.0	00	3.00	4.00	5.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0				0	0	115.00
116. 00 11600 HOSPI CE	0				0	0	116.00
200.00 Subtotal (see instructions)	91, 454, 729		0	91, 454, 72	9 274, 335	91, 729, 064	200.00
201.00 Less Observation Beds	402, 448			402, 44	8	402, 448	201.00
202.00 Total (see instructions)	91, 052, 281		0	91, 052, 28	1 274, 335	91, 326, 616	202.00

Cost Center Description Interferent Durpatient Food 1:01 Propertiest Propertiest 1000000000000000000000000000000000000		Financial Systems T ATION OF RATIO OF COSTS TO CHARGES	ERRE HAUTE REGI		CCN: 150046	<u>In Lie</u> Period: From 09/01/2013 To 08/31/2014	Date/Time Pre	pared:
Output Output Instant out Output out Instant out TETRO TETRO 0.00 <t< th=""><th></th><th></th><th></th><th>Tit</th><th>tle XIX</th><th>Hospi tal</th><th></th><th>/ piii</th></t<>				Tit	tle XIX	Hospi tal		/ piii
Interference Interference<								
INAMILIAN EXEMUL: COST CLAMERS 4.00 7.00 8.00 9.00 10.00 0.10 Distrog ADDES & FLANIENCE 4.203 280 1.2072 320 4.203 280 1.2072 320 4.203 280 1.2072 320 4.203 280 1.2072 320 4.203 280 1.2072 320 4.203 280 1.2072 320 4.203 280 1.2072 320 4.203 280 4.204 20 4.200 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280 4.203 280		Cost Center Description	Inpatient	Outpatient			Inpati ent	
30.00 20000 ADULTS & PEDIATRICS 14, 593, 336 14, 593, 336 14, 593, 336 51, 00 510, 00			6.00	7.00	8.00	9.00		
11.00 0.01/01						-1		
40.00 04000 SUBFROVIDER - IFF 12.372,791 12.372,791 12.372,791 40.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00 41.00								
11 00 [04100] SUBJEND/110F - 187 1, 594, 40a 1, 597, 403 41, 00 41 00 [04100] SUBJEND/110F - 187 1, 197, 593 1, 197, 593 41, 00 44 00 [04100] SULLED MURSTING TACL LTY 0 0 0 0 44 00 [04100] SULLED MURSTING TACL LTY 0								1
42.00 04300 NURSERY 1, 057, 593 42.00 43.00 44.00 44.00 44.00 04400 NURSERY 1, 057, 593 1, 057, 593 44.00 44.00 MARCINERY 0 0 0 0 44.00 45.00 MARCINERY 0 0 0 0 0 0 44.00 46.00 MARCINERY 0								
44. 00 0 Lakon SKILLED NIGEN KARLITTY 0 0 44. 00 64. 00 04000 OFREE LANGE NE FAULTITY 0								1
45. 00 Description 0 0 45. 00 00 METLL ARE SLEWICE CONTENT ADDRESS 0 0.00000000000000000000000000000000000			1,007,079		1,037,37	0		
ABCILLARY SERVICE COST CENTERS			0			5		
D0. 00 D0000 D00000 D00000 D00000 D00000 D000000 D0000000 D0000000 D00000000 D000000000000000000000000000000000000	46.00		0			D		
51.00 05100 RECOVERY ROOM & LABOR ROOM 3,027,073 7,000,624 10,027,677 0,102538 0,000000 51.00 52.00 05200 MESTHESI (JOLOF 3,118,074 7,259,824 6,251,085 0,400000 51.00 0,000000 51.00 0,000000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
52. 00 05200 DELUTÉRY RODI & LABOR RODI 4. 291, 201 229, 824 4. 521, 00 0 0.000000 0.000000 55. 00 54. 00 DS400 (AUDLOGOY) ARAUSCITC 3, 116, 675 7. 666, 787 10. 775, 423 0. 240442 0.000000 58. 00 55. 00 DS500 (BADD (AUDLOGOY) ARAUSCITC 522, 613 9. 010, 437 9. 533, 203, 702 0. 107827 0.000000 55. 00 55. 00 DS500 (BADD (ADCY - THERAPEUTT C 522, 613 9. 010, 437 9. 533, 563 0. 0118333 0.000000 55. 00 50. 00 DS500 (BADD (ADCY - THERAPEUTC C) 522, 51, 51, 523 9. 614, 627, 639 0.0118333 0.000000 55. 00 50. 00 DS900 (CARDI AC CHIF LERI ZATION 10. 333, 215 8. 904, 971 9. 338 0.01000000 50. 00 0.000000 50. 00 0.000000 50. 00 0.000000 60. 000000 60. 000000 60. 000000 60. 000000 60. 000000 60. 000000 60. 000000 60. 000000 60. 000000 60. 000000 60. 000000 60. 000000 60. 0000000 60. 000000								
53. 00 000000 0000000 0000000 00000000 00000000 00000000 00000000 000000000000000000000000000000000000								
94.00 09400 RAUDLOCY-DIAGNOSTIC 3, 178, 675 7, 656, 757 10, 775, 422 0, 240462 0, 000000 94.00 94.00 D9402 MAMNORARHY 20, 480 2, 457, 173 2, 477, 675, 772 0, 237181 0, 000000 94.00 95.00 D9500 MANNORARHY 20, 480 2, 457, 173 2, 477, 676, 773 0, 237181 0, 000000 95.00 95.00 D9500 CADD CSAM 8, 888, 227 9, 813, 520 0, 211026 0, 000000 95.00 95.00 D9500 CADD CATHETRIZATION 10, 103, 32116 9, 954, 991 19, 338 0, 000262 0, 000000				229, 824	4, 521, 08			
54.01 054.01 ULTRASONNE 645.640 2,556.00 3,203.702 0.102822 0.000000 54.01 55.00 05500 AAUD (SOCY THERAPEUTI C 522,613 9,010.637 9,533.503 0.211026 0.000000 55.00 50.00 05000 AAUD (SOCY THERAPEUTI C 522,613 9,010.637 9,533.503 0.211026 0.000000 55.00 50.00 05000 AAUDETI C 522,613 9,010.637 680.227 0.033866 0.000000 55.00 50.00 DSOTO (LT SCAL MARCHETI RESIDUCIES 1.017.993 6.022,648,170 0.033866 0.000000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000 6.000000 6.000 6.000000 6.000 6.000000 6.000000 6.000 6.000000 6.0000000 6.0000000 6.0000000 6.0000000 6.0000000 6.0000000 6.0000000 6.0000000 6.0000000 6.0000000 6.0000000 6.0000000 6.00000000 6.0000000 <			0	7 656 753				
94. 02 034.02 UMAMMORPHY 20. 480 2. 477, 173 0. 271181 D. 000000 54. 02 56. 00 056.00 RAD IL DCY-THERAPEUTIC 522, 613 9, 103, 537 55. 00 0. 231181 D. 000000 56. 00 56. 00 056.00 RAD IL DCY-THERAPEUTIC 522, 613 9, 103, 563 0. 113333 D. 000000 57. 00 58. 00 DESED (MARKETIC RESONANCE IMAGING (MRI) 1. 617, 779 6. 072, 006 7, 689, 810 0. 04162 D. 000000 68.00 00. 00 DESED (MARKETIC RESONANCE IMAGING (MRI) 1. 617, 779 6. 072, 006 7, 689, 920 0. 075244 0. 0000000								
55. 00 05500 [RADI CLOPT-THERAFEUTIC 522.2 (13 9,010.637 9,813.563 0.113883 0.000000 55.00 57. 00 05700 [CT SCAM 7,560,331 18.925.079 26,484,100 0.044162 0.000000 55.00 58. 00 05800 [CARDI AC CHITERRI ZATION 10.1383,215 6.944,891 19,336,106 0.63516 0.000000 56.00 60. 01 05600 [CARDI AC CHITERRI ZATION 10.383,215 6.944,891 19,336,106 0.63516 0.000000 66.00 00. 01 05600 [RADI CLOPERPEY 25,745,92 0.0 0.000000 62.00 00. 010 0500 [RADI CLOPERPEY 0 0 0.000000 62.00 00.300 [LOOD STORI NG, PROCESING & TRANS. 0 0 0 0.000000 64.00 00.500 [RESPI RATIONT THERAPY 12.328,257 1.710,337 14,033,549 0.13034 0.000000 64.00 00.700 (CCUPATIONAL THERAPY 12.328,277 1.707 6.804,679 0.130354 0.000000 66.00 00.700 (CCUPATIONAL THERAPY 12.032,787,777								
56.00 6500 [RAD (1) STOPE] 1,05,336 0,080,227 9,413,563 0.133333 0.000000 56.00 58.00 05800 [MARETIC RESONANCE MACING (MR) 1,617,799 6,072,006 7,649,805 0.04162 0.000000 56.00 60.00 05800 [MARETIC RESONANCE MACING (MR) 1,617,799 6,072,006 7,649,805 0.04162 0.000000 60.00 60.00 06000 [LAB0ATORY 22,52,409 22,745,920 48,273,329 0.075449 0.000000 60.00 0.0000000 60.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>								1
58. 00 05000 (MAGNETI C RESONANCE I MAGING (MRI) 1, 617, 799 6, 072, 006 70, 008, 005 00. 00000 59. 00 00 05000 (ARDIA C CATHERER ZATION 22, 532, 409 25, 745, 920 48, 278, 329 0. 075449 0. 000000 69. 00 00 00000 (LABURATORY 22, 532, 409 25, 745, 920 48, 278, 329 0. 075449 0. 000000 60. 00 0. 000000 60. 00 0. 000000 60. 00 0. 000000 60. 00 0. 000000 62. 00	56.00							
59.00 05900 CARDIAC CATHETERIZATION 10.383.215 8.954.891 19.381.106 0.063251 0.000000 60.000 60.01 BLOOD LABORATORY 22.532.409 25.745.90 0 0.0000000	57.00		7, 560, 331	18, 925, 079	26, 485, 410		0. 000000	57.00
60.00 6600 (LABORATORY 22,532,409 25,745,920 48,278,329 0.075449 0.000000 60.00 61.00 6000 (MUCE BLOOD LABORATORY 0 0 0.000000 60.00 0.000000 60.00 61.00 6200 (MUCE BLOOD APACKEP REB BLOOD CELLS 5,414,160 1,309,59 0.000000 62.00 0.000000 62.00 0.000000 62.00 0.000000 62.00 0.000000 62.00 0.000000 62.00 0.000000 62.00 0.000000 62.00 0.000000 64.00 0.000000 64.00 0.000000 64.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 0.000000 0.00000								
60.01 06001 BLODD LABORATORY 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
61.00 66100 94PCCL IN ICAL LAB SERVICES-PREM ONLY 0 0 0 0.000000 0.000000 0.000000 6.0000000 6.0000000 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>								
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 5,414,160 1,390,519 6,804,679 0.151435 0.000000			0	(
63. 00 00.000 0.000000 0.000000 64.00 64.00 64.00 06400 INTRAVENOUS THERAPY 0 0 0.000000 64.00 65. 00 06500 PHSICAL THERAPY 14.038, 594 0.130534 0.000000 66.00 66.00 06600 PHSICAL THERAPY 4,400, 325 1,477, 382 5,877,707 0.420658 0.000000 6.0000 66.00 06600 DELCENTRATIONAL THERAPY 4,400, 325 1,477, 382 5,877,707 0.420658 0.000000 6.000 66.00 66.00 66.00 0.000000 0.000000 6.000 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 0.000000 70.00			5 414 160	1 300 510	6 804 67			
64.00 06400 INTRAVENUS THERAPY 0 0 0 0.000000 64.00 0.000000 65.00 65.00 06600 PESPIRATORY THERAPY 12.328.257 1, 171, 337 14.038.594 0.000000 66.00 0.000000 66.00 0.000000 66.00 0.000000 67.00 0.000000 0.000000 67.00 0.000000 0.000000 67.00 0.000000 0.000000 67.00 0.000000 0.000000 67.00 0.000000 0.000000 67.00 0.000000 0.000000 67.00 0.000000 0.000000 67.00 0.000000 11.458.440 0.0114550 0.00000 77.00 17.04.502 36.978.941 0.156621 0.000000 77.00 77.00 77.04.502 36.978.941 0.156621 0.000000 77.00 77.04 502.35.640 39.040.311 94.676.431 0.129962 0.000000 77.00 77.00 77.00 0.000000 77.00 77.00 0.000000 78.00 76.03 37.292.272 74.70.64.832 0.0059820 0.0000000			3,414,100	1, 390, 313	0,004,07			
65.00 06500 RESPI RATORY THERAPY 12,328,257 1,710,337 14,038,594 0.130534 0.000000 66.00 66.00 06000 PHYSICAL THERAPY 4,400,325 1,477,382 5,877,707 0.420658 0.000000 66.00 69.00 06000 05700 0.000000 0.000000 66.00 69.00 06000 ELECTROCARDIOLOGY 0 0 0.000000 67.00 0.00 07000 RELECTROCARDIOLOGY 0 0.000000 70.00 0.00 07000 RELECTROCARDIOLOGY 0.000000 70.00 70.00 0.00 07000 RELECTROCARDIOLOGY 3.032 0.176468 0.000000 70.00 71.00 07300 DRUGS CHARGED TO PATI ENTS 55,556.040 39,940.391 94.576.431 0.129462 0.000000 75.00 75.00 07500 ASC (NN-DI STI NCT PART) 8.990 440.301 489.191 0.299883 0.000000 76.00 76.01 3022 PRISION CLINIC 2.809			0	(
66.00 D6600 PHYSICAL THERAPY 4.400,325 1,477,382 5.877,707 0.420658 0.000000 67.00 67.00 G6700 CCUPATIONAL THERAPY 0 0 0.000000 0.000000 67.00 68.00 D6800 SPEECH PATHOLOGY 6.420,939 5.237,701 11.658,640 0.000000 69.00 6900 0.000000 67.00 7.00 7.00 7.00 7.00 17.607,502 36,953,961 0.156621 0.000000 71.00 7.00 7.00 11.658,640 0.000000 71.00 7.00 7.00 17.00 15.6621 0.000000 71.00 7.01 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 <t< td=""><td></td><td></td><td>12, 328, 257</td><td>1, 710, 337</td><td>14,038,59</td><td></td><td></td><td></td></t<>			12, 328, 257	1, 710, 337	14,038,59			
68. 00 00 0 0 0.000000 0.000000 68. 00 09. 00 6900 66000 ELCTROCARCEPHALORGAPHY 52.37, 701 11.658, 640 0.000000 70.00 71.00 <t< td=""><td>66.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	66.00							
69:00 06900 ELECTROCARDIOLOGY 6,420,939 5,237,01 11.658,640 0.114550 0.000000 76,000 70:00 07000 ELECTROCARDIPLAL SCHARGED TO PATIENTS 19,249,459 17,704,502 36,953,961 0.156621 0.000000 70,000 71:00 07200 INCLASUPPLIES CHARGED TO PATIENTS 19,249,459 17,704,502 36,953,961 0.156621 0.000000 72,000 73:00 07300 DRUES CHARGED TO PATIENTS 55,536,040 39,040,391 44,574,431 0.129942 0.000000 76,000 76:00 03202 LITHOTRIPSY 8,800 480,191 0.20883 0.000000 76,00 76:01 03221 ENDSCOPY 1,450,398 25,094,434 26,544,832 0.065992 0.000000 76,00 76:04 03224 PRITENT SENVICE COST CENTERS 45,867 3.388,742 3.434,600 0.000000 6.00000 76,04 01:00 9100 0 0 0.000000 0.0000000 0.000000 0.000000 0.000000	67.00	06700 OCCUPATI ONAL THERAPY	0	(0. 000000	0. 000000	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY 370,484 859,484 1,230,332 0.176168 0.000000 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 8,122,620 6,280,813 14,403,433 0.466305 0.000000 71.00 71.00 07100 DRIAS CHARGED TO PATIENTS 55,554,040 39,040,391 94,576,431 0.126692 0.000000 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0.000000 76.00 76.01 03022 PRISION CLINIC PART) 8,990 480,301 489,191 0.209883 0.000000 76.01 76.02 03022 PRISION CLINIC CRES 2,809 25,094,434 26,544,832 0.085982 0.000000 76.01 76.03 03022 (PRISION CLINIC CRES 5,195,003 1,443,609 0.294084 0.000000 76.03 76.03 03023 (WUND CARE 45,867 3,388,742 3,434,609 0.294084 0.0000000 76.03 76.04 030202 (PRISION RUNA LHARILHI CLINIC			0	(
11.00 07100 MEDICAL_SUPPLIES CHARGED TO PATIENTS 19, 249, 459 17, 704, 502 36, 953, 961 0.156621 0.000000 71.00 72.00 72.00 73.00 DRUGS CHARGED TO PATIENTS 55, 536, 040 39, 040, 391 94, 576, 431 0.129962 0.000000 73.00 73.00 07300 DRUGS CHARGED TO PATIENTS 55, 536, 040 39, 040, 391 94, 576, 431 0.129962 0.000000 73.00 74.00 07400 RENAL DI ALYSIS 4, 154, 729 49, 673 4, 204, 402 0.214869 0.000000 75.00 75.00 0500 ASC (NON-DI STINCT PART) 0 0 0.000000 76.00 0.000000 76.00 0.000000 76.00 0.000000 76.00 0.000000 76.00 0.000000 76.00 70.05 2.345443 0.000000 76.00 76.03 0.323 WOUND CARE 58.096 5.195.063 5.253,159 0.182205 0.000000 76.00 70.00 0.000000 0.000000 70.000 70.00 70.00 0.000000 0.000000 70.000 70.00 0.000000 0.000000 0.000000 70.00								
72.00 072.00 IMPL DEV. CHARGED TO PATIENTS 8, 122, 620 6, 280, 813 14, 403, 433 0.466305 0.000000 73.00 73.00 07300 DY300 DRUGS CHARCED TO PATIENTS 55, 536, 640 39, 040, 391 94, 576, 431 0.129962 0.000000 73.00 74.00 DY400 RENAL DI ALYSI S 4, 154, 729 49, 673 4, 204, 402 0.214869 0.000000 76.00 76.00 03021 LINDOSCOPY 1, 450, 398 25, 694, 432 26, 544, 832 0.085982 0.000000 76.00 76.01 03021 PINDOSCOPY 1, 450, 398 25, 694, 434 26, 544, 832 0.085982 0.000000 76.00 76.03 03023 WUND CARE 45, 867 3, 388, 742 3, 434, 609 0.294084 0.000000 76.00 88.00 088000 REDERALHY OUALIFIED HEALTH CENTER 0 0 0.000000 0.000000 0.000000 88.00 99.00 090000 CHINC REST4, 786 24, 986, 933 35, 51, 718 0.132475 0.000000 90.000000 90.000000 90.000000 90.000000 90.000000								
73.00 073.00 DRUGS CHARGED TO PATLENTS 55, 536, 640 39, 400, 391 94, 576, 431 0. 129962 0. 000000 74, 00 74.00 OTAOD RENAL DIALYSIS 4, 154, 729 34, 940, 73 4, 204, 402 0. 214869 0. 000000 0. 000000 76, 00 75.00 03020 LITHOTRIPSY 8, 890 480, 301 489, 191 0. 209883 0. 000000 76, 00 76.01 03021 ENDOSCOPY 1, 450, 398 25, 094, 434 26, 544, 822 0. 088982 0. 000000 76, 00 76.02 03022 PRI SION CLINIC 2, 809 257, 247 270, 056 2, 345443 0. 000000 76, 00 001741TENT SERVICE COST CENTERS 90 0 0 0. 000000 0. 000000 76, 00 88.00 08000 RURAL HEALTH CLINIC 0 0 0 0. 000000 0. 000000 0. 000000 89, 00 90.0 09000 CLINIC 0 0 0 0. 000000 0. 000000 0. 000000 90, 00 91.00 09100 EMERGENCY 8, 574, 786 24, 986, 932 33, 561, 718 0. 132475 0. 000000 92, 00								
74 00 0 07400 RENAL DIALYSIS 4, 154, 729 4, 673 4, 204, 402 0. 214869 0. 000000 75.00 75 00 07500 ASC (NON-DISTINCT PART) 0 0 0.000000 0.000000 75.00 76 00 03020 LITHOTRIPSY 8, 890 480, 301 489, 191 0.209883 0.000000 76.00 76 01 03021 ENDSCOPY 1, 450, 398 25, 094, 434 26, 544, 832 0.088982 0.000000 76.00 76 03 03023 WUND CARE 45, 867 3, 388, 742 3, 434, 609 0.294684 0.000000 76.00 0 0 0 0 0 0.000000 76.00 76.00 0 0 0 0 0 0.000000 0.000000 76.00 0 0 0 0 0 0 0.000000 76.00 76.00 0 0 0 0 0 0 0.000000 0.000000 76.00 0 0 0 0 0 0 0.000000 0.000000 0.000000 0.000000 0.0								
75:00 07500 ASC (NON-DISTINCT PART) 0 0 0 0.000000 0.000000 75:00 76:00 030201 LINDRIPSY 8,890 480,301 489,191 0.299883 0.000000 76:01 76:01 03021 ENDOSCOPY 1,450,398 25,094,434 26,544,832 0.085982 0.000000 76:01 76:02 03021 ENDOSCOPY 2,809 267,247 270,056 2.345443 0.000000 76:02 76:04 03024 OPIC 58,096 5,195,063 5,253,159 0.294084 0.000000 76:04 001747 ERVICE COST CENTERS 0 0 0.000000 0.000000 88:00 88:00 08900 RURAL HEALTH CLINIC 0 0 0 0.000000 0.000000 99:00 90:00 099000 CLINIC 8:574,786 24,986,932 33,561,718 0.132475 0.000000 90:00 91:00 094000 HMBRGENCY 8:574,786 24,986,932 33,561,718 0.132475 0.000000 90:00 90:00 92								
76.00 03020 LITHOTRI PSY 8.890 480.301 489.191 0.209883 0.000000 76.00 76.01 03021 ENDOSCOPY 1,450.398 25,094,434 26,544,832 0.085982 0.000000 76.01 76.02 03021 PRISION CLINIC 2,809 267,247 270.056 2.345443 0.000000 76.03 76.04 03024 OPIC 58,096 5,195.063 5,253.159 0.020000 76.03 0017PATIENT SERVICE COST CENTERS 0 0 0.000000 0.000000 89.00 88.00 08900 FEDERALLY OUALIFIED HEALTH CENTER 0 0 0.000000 89.00 90.00 09000 CLINIC 8.574,786 24,986,992 33.561,718 0.122475 0.000000 90.00 92.00 0582FWATI ON BEDS (NON-DISTINCT PART) 408,343 1,532,272 1,940,615 0.207382 0.000000 92.00 95.00 09500 MBULANCE SERVI CES 0 0 0.000000 0.0000000 92.00			0	(
76.02 03022 PIR SLON CLI NI C 2,809 267,247 270,056 2.345443 0.000000 76.02 76.03 03024 OPI C 58,096 5,195,063 5,253,159 0.182205 0.000000 76.03 0017PATIENT SERVICE COST CENTERS 0 0 0.000000 0.000000 0.000000 88.00 88.00 08000 REALAT H CLI NI C 0 0 0.000000 0.000000 89.00 90.00 09000 CLI NI C 0 0 0 0.000000 0.000000 90.00 90.00 91.00 0.000000 0.000000 90.000 91.00 90.00 91.00 0.000000 0.000000 90.000 91.00 92.00 0.9550 (NON-DI STI NCT PART) 408,343 1,532,272 1,940,615 0.207382 0.000000 94.00 95.00 0.000000 0.000000 96.00 97.00 0.000000 0.000000 96.00 97.00 0.000000 0.000000 96.00 99.00 99.00 99.00 99.00 99.00 0.000000 0.000000 96.00 99.00 99.00 99.00 99.00 <td< td=""><td>76.00</td><td></td><td>8, 890</td><td></td><td></td><td></td><td></td><td></td></td<>	76.00		8, 890					
76.03 03023 WOUND CARE 45,867 3,388,742 3,434,609 0.294084 0.000000 76.03 76.04 03024 OP1 C 55,096 5,253,159 0.182205 0.000000 76.04 0UTPATT ENT SERVICE COST CENTERS 5,195,063 5,253,159 0.182205 0.000000 88.00 88.00 08800 RURAL HEALTH CLINIC 0 0 0.000000 0.000000 89.00 90.00 09000 CLINIC 0 0 0.000000 0.000000 90.00 91.00 DERRELEVY 8,574,786 24,986,932 33,561,718 0.132475 0.000000 92.00 92.00 09200 OBSERVATION BEDS (NON-DI STINCT PART) 408,343 1,532,272 1,940,615 0.207382 0.000000 92.00 95.00 09500 AWBULACE SERVICES 0 0 0.000000 0.000000 92.00 96.00 09500 AWBULACE SERVICES 0 0 0 0.000000 0.000000 92.00 97.00 09700 CMHCE REMEDICAL EQUI P-SOLD 0 0 0 0.000000 0.000000 96.00 97.00 98.00 05950 OTHER R								
76.04 03024 (OPLC 58,096 5,195,063 5,253,159 0.182205 0.000000 76.04 0UTPATIENT SERVICE COST CENTERS 0 0 0 0.000000 0.000000 0.88.00 89.00 08900 FLDERALLY QUALIFIED HEALTH CENTER 0 0 0.000000 0.000000 99.00 90.00 09000 CLINIC 0 0 0.000000 0.000000 99.00 91.00 09100 EMERGENCY 8,574,786 24,986,932 33,561,718 0.132475 0.000000 91.00 92.00 09500 HUME PROGRAM DIALYSIS 0 0 0 0.000000 94.00 94.00 09400 HOME PROGRAM DIALYSIS 0 0 0 0.000000 95.00 95.00 09500 DURABLE MEDICAL EQUIP-RENTED 0 0 0.000000 0.000000 95.00 97.00 09500 DURABLE MEDICAL EQUIP-SOLD 0 0 0.000000 0.000000 95.00 97.00 09500 CMHC 0 0 0 0 0 0.000000 <								
OUTPATI ENT SERVICE COST CENTERS 88.00 00800 RURAL HEALTH CLINIC 0 0 0.000000 90.00 91.00 0.9200 0.000000 0.000000 92.00 0.9200 0.000000 0.000000 91.00 0.9200 0.000000 0.000000 92.00 0.9200 0.000000 0.000000 91.00 0.9200 0.000000 0.000000 91.00 0.9200 0.000000 0.000000 91.00 0.9200 0.000000 0.000000 91.00 0.9200 0.000000 0.000000 92.00 0.000000 0.000000 92.00 0.000000 0.000000 92.00 92.00 0.000000 0.000000 92.00 92.00 92.00 0.000000 92.00 92.00 92.00								
88.00 08800 RURAL HEALTH CLINIC 0 0 0.000000 0.000000 0.000000 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0.000000 91.00 91.00 92.00 09200 (DSERVATI ON BEDS (NON-DI STINCT PART) 408.343 1.532.272 1.940.615 0.207382 0.000000 92.00 92.00 09200 (DSERVATI ON BEDS (NON-DI STINCT PART) 408.343 1.532.272 1.940.615 0.207382 0.000000 92.00 94.00 09400 HOME PROGRAM DI ALYSI S 0 0 0.000000 0.000000 92.00 0.000000 0.000000 94.00 95.00 09400 HOME RENEDICAL EQUI P-RENTED 0 0 0 0.000000 0.000000 99.00 99.	76.04		58,096	5, 195, 063	5, 253, 15	0. 182205	0.00000	/6.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0.000000 0.000000 0.000000 0.000000 90.00 0.000000 0.000000 90.00 0.000000 0.000000 0.000000 90.00 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 91.00 92.00 992.00 09400 HORE REI MBURSABLE COST CENTERS 0 0 0 0.000000 0.000000 94.00 95.00 09500 AMBULANCE SERVI CES 0 0 0 0.000000 0.000000 95.00 95.00 09500 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0.000000 0.000000 0.000000 94.00 95.00 0 0 0.000000 0.000000 0.000000 94.00 95.00 0 0 0.000000 0.000000 95.00 0 0 0.000000 0.0	88 00		0	(0,00000	88 00
90.00 09000 CLI NI C 0 0 0 0 0.000000 0.000000 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 91.00 91.00 91.00 91.00 91.00 91.00 92.00<			0	(1
92.00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 408,343 1,532,272 1,940,615 0.207382 0.000000 92.00 0THER REIMBURSABLE COST CENTERS 0 0 0 0.000000 0.000000 94.00 94.00 0.000000 0.000000 94.00 95.00 0.000000 0.000000 0.000000 94.00 95.00 0.000000 0.000000 95.00 0.000000 0.000000 94.00 95.00 0.000000 0.000000 94.00 95.00 0.000000 0.000000 94.00 95.00 0.000000 0.000000 94.00 95.00 0.000000 0.000000 95.00 95.00 0.000000 0.000000 95.00 96.00 96.00 96.00 96.00 96.00 96.00 99.00 100.00 100.00 100.00			0	C			0.000000	
OTHER REI MBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSI S 0 0 0.000000 0.000000 95.00 95. 00 09500 AMBULANCE SERVI CES 0 0 0 0.000000 0.000000 96.00 0.000000 0.000000 96.00 0.000000 0.000000 96.00 0.000000 0.000000 96.00 0.000000 0.000000 96.00 0.000000 0.000000 96.00 0.000000 0.000000 96.00 0.000000 0.000000 96.00 0.000000 0.000000 96.00 0.000000 0.000000 97.00 09700 DURABLE MEDI CAL EQUI P-SEL 0 0 0 0.000000 97.00 09900 CMF 0 0 0 0.000000 0.000000 98.00 99.00 09900 CMF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 </td <td>91.00</td> <td>09100 EMERGENCY</td> <td>8, 574, 786</td> <td>24, 986, 932</td> <td>33, 561, 71</td> <td>B 0. 132475</td> <td>0. 000000</td> <td>91.00</td>	91.00	09100 EMERGENCY	8, 574, 786	24, 986, 932	33, 561, 71	B 0. 132475	0. 000000	91.00
94.00 09400 HOME PROGRAM DI ALYSI S 0 0 0.000000 0.000000 94.00 95.00 09500 AMBULANCE SERVICES 0 0 0 0.000000 0.000000 95.00 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0.000000 0.000000 96.00 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 0 0.000000 0.000000 96.00 96.00 0.000000 0.000000 96.00 96.00 0.000000 0.000000 96.00 0.000000 96.00 0.000000 96.00 0.000000 96.00 0.000000 96.00 0.000000 96.00 0.000000 96.00 0.000000 96.00 0.000000 0.000000 96.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.10 09910 CRF 0 0 0 100.00 100.00 18.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.	92.00		408, 343	1, 532, 272	2 1, 940, 61	5 0. 207382	0.00000	92.00
95.00 09500 AMBULANCE SERVICES 0 0 0.000000 0.000000 95.00 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0.000000 0.000000 96.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0.000000 0.000000 97.00 98.00 09550 OTHER REI MBURSABLE COST CENTERS 0 0 0 0.000000 98.00 99.00 09900 CMHC 0 0 0 0 0.000000 98.00 99.10 09910 CORF 0 0 0 0 99.10 10100 HOME HEALTH AGENCY 0 0 0 0 99.10 10100 HOME HEALTH AGENCY 0 0 0 100.00 105.00 10500 KIDNEY ACQUISITION 0 0 0 105.00 105.00 10600 HEART ACQUISITION 0 0 0 106.00 107.00 10700 LIVER ACQUISITION 0 0 0 108.00 108.00 <								
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0.000000 0.000000 96.00 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 0.000000 0.000000 97.00 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 0.000000 0.000000 97.00 97.00 09000 CMHC 0 0 0.000000 0.000000 97.00 98.00 99.00 09900 CMHC 0 0 0 0 0.000000 98.00 99.00 99.00 09900 CMHC 0 0 0 0 99.00 99.00 99.00 99.00 0 0 0 99.00 99.00 99.00 0 0 0 0 0 99.00 99.00 99.00 99.00 0			0	() (
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0.000000 0.000000 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0.000000 98.00 99.00 09900 CMHC 0 0 0 0.000000 98.00 99.10 09910 CORF 0 0 0 99.00 100.00 10000 I&R SERVI CES-NOT APPRVD PRGM 0 0 0 100.00 101.00 10100 HOME HEALTH AGENCY 0 0 0 101.00 10100 10000 100.00			0	(
98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 0.000000 98.00 99.00 0.000000 0.000000 98.00 99.00 99.00 0 0 0 0 99.00 99.10 00.00 00 00 00 100.00			0	(
99.00 09900 CMHC 0 0 0 99.00 99.10 09910 CORF 0 0 0 99.10 100.00 1000 I&R SERVICES-NOT APPRVD PRGM 0 0 0 100.00 101.00 10100 HOME HEALTH AGENCY 0 0 0 100.00 SPECIAL PURPOSE COST CENTERS SPECIAL PURPOSE COST CENTERS 105.00 10500 KI DNEY ACQUI SI TI ON 0 0 0 105.00 106.00 10600 HEART ACQUI SI TI ON 0 0 0 106.00 107.00 10700 LI VER ACQUI SI TI ON 0 0 0 106.00 107.00 10700 LI VER ACQUI SI TI ON 0 0 0 108.00 108.00 10800 LUNG ACQUI SI TI ON 0 0 0 108.00 109.00 10900 PANCREAS ACQUI SI TI ON 0 0 0 109.00 100.01 INTESTI NAL ACQUI SI TI ON 0 0 0 0 110.00			0	(
99.10 09910 CORF 0 0 0 99.10 100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 0 0 100.00 101.00 10100 HOME HEALTH AGENCY 0 0 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KI DNEY ACQUI SI TI ON 0 0 105.00 106.00 HEART ACQUI SI TI ON 0 0 0 106.00 106.00 107.00 10700 LI VER ACQUI SI TI ON 0 0 0 106.00 108.00 10800 LUNG ACQUI SI TI ON 0 0 0 107.00 108.00 10800 LUNG ACQUI SI TI ON 0 0 0 108.00 109.00 10900 PANCREAS ACQUI SI TI ON 0 0 0 109.00 109.01 1000 INTESTI NAL ACQUI SI TI ON 0 0 0 110.00 111.00 INCEST ACQUI SI TI ON 0 0 0 111.00 110.00 111.00 INTESTI NAL ACQUI SI TI ON			0	(0.000000	0.000000	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 0 0 100.00 100.00 100.00 100.00 101.00 100.00 101.00 105.00 0 0 0 0 0 105.00 105.00 105.00 105.00 105.00 105.00 105.00 105.00 105.00 105.00 106.00 106.00 106.00 106.00 106.00 107.00 107.00 107.00 108.00 109.00 108.00 109.00 108.00 109.00 109.00 109.00 109.00 109.00 100.00 110.00 110.00 110.00 111.00 111.00 111.00 111.00 11			0 0	(0		
SPECIAL PURPOSE COST CENTERS 105.00 10500 KI DNEY ACQUI SI TI ON 0 0 105.00 106.00 1600 HEART ACQUI SI TI ON 0 0 106.00 107.00 10700 LI VER ACQUI SI TI ON 0 0 0 106.00 107.00 10700 LI VER ACQUI SI TI ON 0 0 0 107.00 108.00 10800 LUNG ACQUI SI TI ON 0 0 0 108.00 109.00 PANCREAS ACQUI SI TI ON 0 0 0 109.00 100.01 INTESTI NAL ACQUI SI TI ON 0 0 0 109.00 110.00 INTESTI NAL ACQUI SI TI ON 0 0 0 110.00 111.00 ISLET ACQUI SI TI ON 0 0 0 111.00 113.00 INTEREST EXPENSE 113.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00			0	C		D		
105.00 10500 KI DNEY ACQUI SI TI ON 0 0 0 105.00 106.00 10600 HEART ACQUI SI TI ON 0 0 0 106.00 107.00 LI VER ACQUI SI TI ON 0 0 0 107.00 108.00 LURE ACQUI SI TI ON 0 0 0 107.00 108.00 LUNG ACQUI SI TI ON 0 0 0 108.00 109.00 PANCREAS ACQUI SI TI ON 0 0 0 109.00 100.01 INTESTI NAL ACQUI SI TI ON 0 0 0 110.00 110.00 INTESTI NAL ACQUI SI TI ON 0 0 0 110.00 111.00 I SLET ACQUI SI TI ON 0 0 0 111.00 113.00 I NTEREST EXPENSE 113.00 114.00 1			0	(C		101.00
106.00 10600 HEART ACQUI SI TI ON 0 0 106.00 107.00 10700 LI VER ACQUI SI TI ON 0 0 107.00 108.00 10800 LUNG ACQUI SI TI ON 0 0 0 108.00 109.00 10900 PANCREAS ACQUI SI TI ON 0 0 0 109.00 101.00 INTESTI NAL ACQUI SI TI ON 0 0 0 110.00 109.00 111.00 ISLET ACQUI SI TI ON 0 0 0 111.00 <			· · · ·		1			
107.00 LI VER ACQUI SI TI ON 0 0 107.00 108.00 10800 LUNG ACQUI SI TI ON 0 0 108.00 109.00 PANCREAS ACQUI SI TI ON 0 0 0 109.00 100.00 INTESTI NAL ACQUI SI TI ON 0 0 0 109.00 110.00 INTESTI NAL ACQUI SI TI ON 0 0 0 110.00 111.00 ISLET ACQUI SI TI ON 0 0 0 111.00 113.00 INTEREST EXPENSE 113.00 114			0	() (C		
108.00 10800 LUNG ACQUI SI TI ON 0 0 0 108.00 109.00 10900 PANCREAS ACQUI SI TI ON 0 0 0 109.00 110.00 11000 INTESTI NAL ACQUI SI TI ON 0 0 0 110.00 111.00 11100 ISLET ACQUI SI TI ON 0 0 0 111.00 113.00 11300 INTEREST EXPENSE 113.00 114.00			0	(
109.00 10900 PANCREAS ACQUISITION 0 0 109.00 110.00 11000 INTESTINAL ACQUISITION 0 0 0 110.00 111.00 11100 ISLET ACQUISITION 0 0 0 111.00 113.00 11300 INTEREST EXPENSE 113.00 114.00			0	(
110.00 11000 INTESTINAL ACQUISITION 0 0 110.00 111.00 1SLET ACQUISITION 0 0 0 111.00 113.00 1NTEREST EXPENSE 113.00 114.00 114.00 114.00 114.00 114.00				(
111.00 1SLET ACQUISITION 0 0 111.00 113.00 1NTEREST EXPENSE 113.00 113.00 114.00 114.00 11400 UTILIZATION REVIEW-SNF 114.00 114.00				ſ		5		
113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTI LI ZATI ON REVI EW-SNF 114.00			0	(0		
114.00 11400 UTI LI ZATI ON REVI EW-SNF 114.00								
115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 0 0 115.00	114.00	11400 UTILIZATION REVIEW-SNF						114.00
	115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)	0				<u> </u>	115.00

Health Financial Systems	TERRE HAUTE REGIONAL HOSPITAL			In Lieu of Form CMS-2552-10		
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der		Period:	Worksheet C	
				From 09/01/2013 To 08/31/2014		narod
				10 08/31/2014	1/26/2015 2:3	37 pm
			Hospi tal	Cost		
	Charges					
Cost Center Description	Inpati ent	Outpati ent	Total (col. d	Cost or Other	TEFRA	
			+ col. 7)	Rati o	I npati ent	
					Rati o	
	6.00	7.00	8.00	9.00	10.00	
116. 00 11600 HOSPI CE	0	0		0		116.00
200.00 Subtotal (see instructions)	243, 811, 076	272, 137, 060	515, 948, 13	6		200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	243, 811, 076	272, 137, 060	515, 948, 13	6		202.00

	Financial Systems ATION OF RATIO OF COSTS TO CHARGES	TERRE HAUTE REGIONA	AL HOSPITAL Provider CCN: 150046	In Lie Period: From 09/01/2013 To 08/31/2014	u of Form CMS-2552-10 Worksheet C Part I Date/Time Prepared: 1/26/2015 2:37 pm
			Title XIX	Hospi tal	Cost
	Cost Center Description	PPS Inpatient Ratio			
		11.00			
	INPATIENT ROUTINE SERVICE COST CENTERS				
	03000 ADULTS & PEDIATRICS				30.00 31.00
	03100 I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF				40.00
	04100 SUBPROVI DER – I RF				40.00
	04300 NURSERY				43.00
	04400 SKILLED NURSING FACILITY				44.00
	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
50.00	ANCI LLARY SERVI CE COST CENTERS	0.000000			50.00
	05100 RECOVERY ROOM	0.000000			51.00
	05200 DELIVERY ROOM & LABOR ROOM	0. 000000			52.00
	05300 ANESTHESI OLOGY	0. 000000			53.00
	05400 RADI OLOGY-DI AGNOSTI C	0. 000000			54.00
	05401 ULTRASOUND	0.000000			54.01
54.02 55.00	05402 MAMMOGRAPHY 05500 RADI OLOGY-THERAPEUTI C	0. 000000 0. 000000			54. 02 55. 00
55.00 56.00	05600 RADI OLOGI - THERAPEOTIC	0.000000			56.00
57.00	05700 CT SCAN	0. 000000			57.00
	05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000			58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 000000			59.00
	06000 LABORATORY	0.000000			60.00
	06001 BLOOD LABORATORY	0.000000			60.01
	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000 0. 000000			61.00 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000			63.00
	06400 I NTRAVENOUS THERAPY	0. 000000			64.00
65.00	06500 RESPI RATORY THERAPY	0. 000000			65.00
	06600 PHYSI CAL THERAPY	0. 000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
		0.000000			68.00 69.00
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0. 000000 0. 000000			70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000			70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 000000			73.00
	07400 RENAL DIALYSIS	0.000000			74.00
	07500 ASC (NON-DISTINCT PART) 03020 LITHOTRIPSY	0. 000000 0. 000000			75.00
	03020 ETHORREST 03021 ENDOSCOPY	0.000000			76. 00 76. 01
	03022 PRISION CLINIC	0. 000000			76.02
	03023 WOUND CARE	0. 000000			76.03
76.04	03024 OPI C	0. 000000			76.04
~~ ~~	OUTPATIENT SERVICE COST CENTERS				
	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000 0. 000000			88.00 89.00
	09000 CLINIC	0.000000			90.00
	09100 EMERGENCY	0. 000000			91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000			92.00
	OTHER REIMBURSABLE COST CENTERS				
	09400 HOME PROGRAM DI ALYSI S	0.000000			94.00
	09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000 0. 000000			95.00 96.00
	09700 DURABLE MEDICAL EQUIP-RENTED	0.000000			98.00
	05950 OTHER REIMBURSABLE COST CENTERS	0. 000000			98.00
	09900 CMHC				99.00
99. 10	09910 CORF				99. 10
	10000 I &R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
105 00	SPECIAL PURPOSE COST CENTERS 10500 KI DNEY ACQUI SI TI ON				105.00
	10600 HEART ACQUISITION				105.00
	10700 LIVER ACQUISITION				107.00
	10800 LUNG ACQUISITION				108.00
	10900 PANCREAS ACQUISITION				109.00
	11000 I NTESTI NAL ACQUI SI TI ON				110.00
	11100 I SLET ACQUI SI TI ON				111.00
	11300 INTEREST EXPENSE 11400 UTILIZATION REVIEW-SNF				113.00 114.00
	11500 AMBULATORY SURGICAL CENTER (D. P.)				115.00
	11600 HOSPI CE				116.00
200.00	Subtotal (see instructions)				200.00

Health Financial Systems	TERRE HAUTE REGIONA	L_HOSPITAL	In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Peri od:	Worksheet C	
			From 09/01/2013 To 08/31/2014	Date/Time Pre	narod
			10 00/31/2014	1/26/2015 2:3	
		Title XIX	Hospi tal	Cost	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
201.00 Less Observation Beds					201.00
202.00 Total (see instructions)					202.00

Health Financial Systems	TERRE HAUTE REG	IONAL HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der	CCN: 150046	Period: From 09/01/2013 To 08/31/2014		pared: 7 pm
			e XVIII	VIII Hospital		
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	F	1	-			
30. 00 ADULTS & PEDIATRICS	2, 288, 568		2, 288, 56			
31.00 INTENSIVE CARE UNIT	445, 750		445, 75			
40. 00 SUBPROVIDER – IPF	415, 666		415, 66	6 4, 778	87.00	
41. 00 SUBPROVIDER – IRF	379, 227	0	379, 22			
43.00 NURSERY	53, 494		53, 49	94 938		
44.00 SKILLED NURSING FACILITY	0			0 0	0.00	44.00
45.00 NURSING FACILITY	0			0 0	0.00	45.00
200.00 Total (lines 30-199)	3, 582, 705		3, 582, 70	27, 441		200.00
Cost Center Description	Inpati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)	-			
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS			1			
30. 00 ADULTS & PEDIATRICS	9, 492					30.00
31.00 INTENSIVE CARE UNIT	1, 746					31.00
40. 00 SUBPROVI DER – I PF	1, 429					40.00
41.00 SUBPROVIDER – IRF	1, 065		1			41.00
43.00 NURSERY	0	0				43.00
44.00 SKILLED NURSING FACILITY	0	0				44.00
45.00 NURSING FACILITY	0	0				45.00
200.00 Total (lines 30-199)	13, 732	1, 904, 531				200. 00

ΔΡΡΛΡΤ	Financial Systems		Provider	CCN: 150046	Peri od:	Worksheet D	2552-10
AFF OK I	IONMENT OF THEATTENT ANGLEART SERVICE CAFTA	12 00313	FIOVIDEI	CCN. 150040	From 09/01/2013 To 08/31/2014		pared: 7 pm
			Ti tl	e XVIII	Hospi tal	PPS	
	Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
		Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
		1.00	2.00	3.00	4.00	5.00	
	ANCI LLARY SERVICE COST CENTERS	004.045		0.0400		474 547	
	05000 OPERATING ROOM	931, 215					
51.00	05100 RECOVERY ROOM	81, 580					
52.00	05200 DELIVERY ROOM & LABOR ROOM	274, 233					
53.00	05300 ANESTHESI OLOGY	0		0.00000		-	
54.00	05400 RADI OLOGY-DI AGNOSTI C	301, 811				45, 974	
54.01	05401 ULTRASOUND	23, 783					
54.02	05402 MAMMOGRAPHY	60, 626					
55.00	05500 RADI OLOGY-THERAPEUTI C	234, 142					
56.00	05600 RADI OI SOTOPE	61, 054	9, 813, 563	0. 00622	21 602, 267	3, 747	56.00
57.00	05700 CT SCAN	82, 441	26, 485, 410	0.00311	13 3, 882, 020	12, 085	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	46, 601	7, 689, 805	0.00606	50 798, 025	4, 836	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	108, 414	19, 338, 106	0.00560	06 4, 201, 611	23, 554	59.00
60.00	06000 LABORATORY	281, 749	48, 278, 329	0.00583	36 11, 602, 783	67, 714	60.00
60. 01	06001 BLOOD LABORATORY	0	C	0.0000	0 00	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		-				61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	45,645	6, 804, 679	0.00670	3, 434, 791	23, 041	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0.0000			
55.00 54.00	06400 I NTRAVENOUS THERAPY	0		0.0000		0	
65.00	06500 RESPIRATORY THERAPY	113, 707	-			-	
56. 00	06600 PHYSI CAL THERAPY	292, 400				48, 192	
50.00 57.00	06700 OCCUPATI ONAL THERAPY	272,400					
68.00	06800 SPEECH PATHOLOGY	0		0.0000		0	
		-	-				
69.00		108, 937				34, 349	
	07000 ELECTROENCEPHALOGRAPHY	37,063				5, 844	
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	440, 249					
	07200 I MPL. DEV. CHARGED TO PATIENTS	233, 678					
	07300 DRUGS CHARGED TO PATIENTS	521, 682					
	07400 RENAL DI ALYSI S	44, 110					
	07500 ASC (NON-DI STINCT PART)	0		0.00000		-	
76.00	03020 LI THOTRI PSY	3, 643				62	
	03021 ENDOSCOPY	138, 512					
76.02	03022 PRISION CLINIC	214, 370				0	
	03023 WOUND CARE	80, 909					
76.04	03024 OPI C	136, 743	5, 253, 159	0. 02603	42, 254	1, 100	76.04
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC	0					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C	0.0000	0 0	0	89.00
90.00	09000 CLINIC	0	C	0.0000	0 0	0	90.00
	09100 EMERGENCY	455, 297	33, 561, 718	0. 01356	66 4, 169, 108	56, 558	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	59, 749	1, 940, 615	0. 03078	39 194, 241	5, 980	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DI ALYSI S	0	C	0.0000	0 00	0	94.00
	09500 AMBULANCE SERVICES	1					95.00
	09600 DURABLE MEDICAL EQUIP-RENTED	0		0.0000	n oc	0	
				1		0	
	09700 DURABLE MEDICAL FOULP-SOLD	()	L L	1 U. U. M. M.		U	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD 05950 OTHER REIMBURSABLE COST CENTERS	0		1		0	

Health Financial Systems	TERRE HAUTE REG	IONAL HOSPITAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS	TS Provi der		Period: From 09/01/2013 To 08/31/2014		
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School	Allied Health	All Other	Swing-Bed	Total Costs	
	-	Cost	Medi cal	Adj ustment	(sum of cols.	
			Education Cos	t Amount (see	1 through 3,	
				instructions)	minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0	C)	0 0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	C		0	0	31.00
40.00 04000 SUBPROVIDER - IPF	0	C		0 0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0		0 0	0	41.00
43.00 04300 NURSERY	0	0		0	0	43.00
44. 00 04400 SKI LLED NURSING FACILITY	0	0		0	0	44.00
45. 00 04500 NURSING FACILITY	0			0	0	45.00
200.00 Total (lines 30-199)	0			0	•	200.00
Cost Center Description	Total Patient	Per Diem (col.	Inpatient	Inpatient	0	200.00
Cost Center Description	Days	$5 \div col.$ (col.	Program Days			
	Days			Pass-Through		
				Cost (col. 7 x		
				col . 8)		
	6,00	7.00	8,00	9,00		
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7.00		
30, 00 03000 ADULTS & PEDI ATRI CS	17,083	0.00	9,49	2 0		30,00
31. 00 03100 I NTENSI VE CARE UNI T	3,046					31.00
40. 00 04000 SUBPROVI DER – I PF	4, 778					40.00
40. 00 04000 SUBPROVIDER - TFT 41. 00 04100 SUBPROVIDER - TRF	1, 596					40.00
	938			0 0		41.00
	938			0 0		
44. 00 04400 SKI LLED NURSI NG FACI LI TY	0	0.00		0 0		44.00
45. 00 04500 NURSI NG FACI LI TY	0	0.00		0		45.00
200.00 Total (lines 30-199)	27, 441	I	13, 73	2 0		200.00

APPORT I GWINTI OF LINART ENT/CUTPATIENT ANCIELLARY SERVICE OTHER PASS Provider CCN: 150046 Period: From 09/12/03 To 09/12/03 Parcel Composition From 09/12/03	Health Financial Systems 1	ERRE HAUTE REGI	ONAL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
Cost Center Description Non Physician Vising School Alied Heal th Isolation Cost Cost Heid Heal th Isolation Cost Isolation Cost Isolation Cost Isolation Cost Isolation Cost Isolation Cost Isolation Cost Isolation Cost Isolation		RVICE OTHER PASS	Provi der		From 09/01/2013	Part IV Date/Time Pre	
Cost Center Description Non Physician Nursing School Action Cost All Lied Heal th Build all more coll advantation Cost Total Cost (support advantation Cost (support advantatintecost (support advantation Cost (support advantation C			T: +1	o XV/111	lloonitol		7 pm
Anesthetist Cost Anesthetist Cost Anesthetist Education Cost Build I and Education Cost Sum of col 1 (a) 50.00 5500 (9FForth & ROM ECOVERY BODM 50.00) (95200 (9FForth & ROM ECOVERY BODM 50.00) (95200 (9FForth & ROM ECOVERY BODM 50.00) (95200 (9FForth & ROM 50.00) (95200 (9FForth & ROM 50.00) (95200 (9FForth & ROM 50.00) (95200 (9FForth & ROM 51.00) (95200 (9FF) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Cost Center Description	Non Physician					
Cost Education Cost through col. ANCILLARY SFRVICE COST CENTERS 1.00 2.00 3.00 4.00 5.00 50.00 00000 (PERATING ROAM 0	Cost Center Description		an string school				
Image: constraint of the second sec							
ANCILLARY SERVICE COST CENTERS 0.00 0						U U	
50. 00 05000 OFEART ING ROOM 0 </td <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> <td></td>		1.00	2.00	3.00	4.00	5.00	
51.00 05100 RECOVERY EXOM 0 0 0 0 0 0 51.00 52.00 05300 ANESTHESI OLOGY 0 0 0 0 53.00 53.00 53.00 53.00 54.01 53.00 54.01 54.01 54.01 54.01 54.01 54.01 54.01 54.01 54.01 54.01 54.01 54.01 54.01 54.01 54.01 54.01 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 56.00 56.00 56.00 56.00 56.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00					-1		
52.00 0 GS200 DELLYREY ROM LABOR ROM 0 </td <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			-				
53.00 05300 ANESTHESI OLOGY 0 0 0 0 0 0 0 53.00 0 54.00 55.00 0 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 55.00 65.00 65.00 65.00 55.00 65.00 65.00 65.00 55.00 65.00 65.00 57.00 0.57.00 0.57.00 0.57.00 0.57.00 0.57.00 0.57.00 0.59.00 <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			-				
54.00 0 65400 ABD LOGY-DI AGNOSTIC 0 <th< td=""><td></td><td>-</td><td>0</td><td></td><td></td><td></td><td></td></th<>		-	0				
54 00 05401 ULTRASOUND 0 0 0 0 0 0 0 54.02 55 00 05500 NADI OLGOY-THERAPUTI C 0 0 0 0 55.00 56 00 05500 NADI OLGOY-THERAPUTI C 0 0 0 0 55.00 56 00 05700 CT SCAN 0 0 0 0 57.00 58 00 05900 CARDI AL CATHETER JATI ON 0 <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			-				
54 02 05402 MANAGERAPHY 0 0 0 0 0 55 00 55 00 05500 NADI OLGOY-HERAPEUTI C 0 0 0 55 00 56 00 05500 NADI OLGOY-HERAPEUTI C 0 0 0 55 00 57 00 05700 CTSCAN 0 0 0 0 56 00 58 00 05800 MAGNETI C RESONANCE IMAGING (MRI) 0 0 0 0 0 58 00 59 00 05000 LABORATORY 0			-				1
55.00 05500 RADIO LOGY-THERAPUTIC 0 <t< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></t<>			-				
66.00 O O O O O D< D D D D D <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>		-	-				
57.00 05700 (CT SCAN 0 0 0 0 57.00 58.00 05900 (ABOPTI C RESONANCE I MAGING (MRI) 0			0				
B8.00 OSB00 (ARDIA C ATHETER LAGINA (MRI) 0 0 0 0 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 60.00 61.00 63.00 63.00 63.00 63.00 63.00 63.00 63.00 64.00 64.00 64.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>1</td>			-				1
59:00 OSPOQ CARDIAC CATHETERI ZATION O			-				1
60:00 00			-				
60:01 BLOOD LABORATORY 0 0 0 60.01 61.00 61.00 61.00 61.00 61.00 61.00 62.00 63.00 60.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 67.00 0 0 0 0 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 <th< td=""><td></td><td>-</td><td>-</td><td></td><td></td><td></td><td></td></th<>		-	-				
61:00 06100 PBP CLI NI CAL LAB SERVI CES-PRCM ONLY 61:00 62:00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 0 0 62:00 63:00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 0 0 0 0 63:00 0 0 0 64:00 0 64:00 0 0 0 0 0 64:00 0 0 0 0 0 0 0 0 64:00 0 <td< td=""><td></td><td>0</td><td>-</td><td></td><td></td><td></td><td></td></td<>		0	-				
62:00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 <td></td> <td>_</td> <td>-</td> <td></td> <td>-</td> <td></td> <td></td>		_	-		-		
63:00 06:300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 0 64:00 64:00 06:00 INTRAVENOUS THERAPY 0 0 0 0 64:00 65:00 06:500 RESPI RATORY THERAPY 0 0 0 0 0 66:00 66:00 06:500 RESPI RATORY THERAPY 0 0 0 0 66:00 67:00 06:00 0 0 0 0 0 0 66:00 68:00 DEECH PATHOLOGY 0 0 0 0 0 0 68:00 00 06:00 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 71:00 0 71:00 0 0 0 0 0 71:00 0 71:00 71:00 0 72:00 0 0 0 0 72:00 0 0 0 0 72:00 0 0 0 0 0 72:00 0 0 0 0 0 0 0 </td <td></td> <td>0</td> <td>0</td> <td></td> <td>o o</td> <td>0</td> <td></td>		0	0		o o	0	
64.00 06400 1NTRAVENOUS THERAPY 0 0 0 0 64.00 65.00 06500 RESPIRATORY THERAPY 0 0 0 0 65.00 66.00 06600 PHYSICAL THERAPY 0 0 0 0 0 66.00 67.00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 66.00 68.00 66600 PECENPATHOLOGY 0 0 0 0 66.00 69.00 66000 PECENPALOGRAPHY 0 0 0 0 0 69.00 70.00 07000 ELECTROCARDI OLOGY 0 0 0 0 70.00 70		0	0		0 0	0	63.00
66.00 06600 PHYSI CAL THERAPY 0 0 0 0 66.00 67.00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 66.00 68.00 06800 SPEECH PATHOLOGY 0 0 0 0 68.00 69.00 06900 ELECTROCARIO LOGY 0		0	0		0 0	0	64.00
67.00 06700 0CCUPATIONAL THERAPY 0 0 0 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 0 0 0 68.00 69.00 60600 SPEECH PATHOLOGY 0 0 0 0 0 68.00 67.00 070.00 ELECTROENCEPHALOGRAPHY 0 0 0 0 70.00 71.00 0710.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 72.00 73.00 07300 DRUSS CHARGED TO PATIENTS 0 0 0 73.00 74.00 07500 ASC (NON-DISTINCT PART) 0 0 0 74.00 76.01 03020 LITHOTRI PSY 0 0 0 0 76.01 76.02 30232 PRI SI ON CLINIC 0 0 0 0 76.02 76.03 032324 OPIC 0 0 0 0 0 0 0 99.00	65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
68:00 06800 SPEECH PATHOLOGY 0 <td>66. 00 06600 PHYSI CAL THERAPY</td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>0</td> <td>66.00</td>	66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
69.00 06900 ELECTROCARDIOLOGY 0<	67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 70.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 71.00 72.00 7200 INPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 72.00 73.00 07400 RENAL DI ALYSI S 0 0 0 0 73.00 74.00 07400 RENAL DI ALYSI S 0 0 0 0 74.00 75.00 0500 ASC (NON-DI STI NCT PART) 0 0 0 0 76.00 76.01 03021 ENDISCOPY 0 0 0 0 76.00 76.02 3022 PRI SI ON CLINIC 0 0 0 0 76.02 76.03 30221 OPI SI ON CLINIC 0 0 0 0 76.02 76.04 03024 OPI C 0 0 0 0 0 76.02 76.04 03024 OPI C 0 0 0 0 0 0 0	68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 72.00 73.00 OR300 DRUGS CHARGED TO PATIENTS 0 0 0 0 72.00 74.00 O7400 RENAL DI ALYSIS 0 0 0 0 74.00 75.00 O7500 ASC (NON-DI STINCT PART) 0 0 0 0 75.00 76.00 03021 LITHOTRI PSY 0 0 0 0 76.01 76.01 03021 ENDOSCOPY 0 0 0 0 76.02 76.03 03023 WOUND CARE 0 0 0 0 0 76.03 03024 OPI C 0 0 0 0 0 0 76.04 00000 EEDRALLY QUALIFIED HEALTH CENTER 0 0 0 0 99.00 01PATIENT SERVICE COST CENTERS 0 0 0 0 0 90.00 02000		0	0				69.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 73.00 74.00 O7400 RENAL DI ALYSI S 0 0 0 0 74.00 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 0 75.00 76.00 03020 LI THOTRI PSY 0 0 0 0 76.00 76.01 03021 ENDOSCOPY 0 0 0 0 76.01 76.02 03022 PIR SI ON CLINIC 0 0 0 76.02 76.03 03023 WOUND CARE 0 0 0 0 76.02 76.04 03024 (PI C OST CENTERS 0 0 0 0 76.02 88.00 08900 RURAL HEALTH CLINIC 0 0 0 0 90.00 90.00 G8800 RURAL HEALTH CENTER 0 0 0 0 90.00 90.00 90.00 9		0	-				
73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 73.00 74.00 RENAL DI ALYSI S 0 0 0 0 74.00 75.00 O7500 ASC (NON-DI STINCT PART) 0 0 0 0 75.00 76.00 03020 LI THOTRI PSY 0 0 0 0 76.00 76.01 03021 ENDOSCOPY 0 0 0 0 76.01 76.02 03022 PRI SI ON CLI NI C 0 0 0 0 76.01 76.03 03023 WOUND CARE 0 0 0 0 0 76.02 76.04 03024 OPI C 0 0 0 0 0 0 76.04 00 08800 REALLY QUALIFIED HEALTH CENTER 0 0 0 0 99.00		-	-				
74.00 07400 RENAL DI ALYSI S 0 0 0 0 74.00 75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 75.00 76.01 03020 LI THOTRI PSY 0 0 0 0 0 76.00 76.01 03021 ENDOSCOPY 0 0 0 0 76.01 76.02 03022 PRI SI ON CLI NI C 0 0 0 0 76.02 76.03 03023 WOUND CARE 0 0 0 0 76.03 0 03024 (PI C 0 0 0 0 0 76.03 0 0175.02 0 0 0 0 0 76.04 00175.04 03024 (PI C 0 0 0 0 0 76.04 00175.04 03024 (PI C 0 0 0 0 0 88.00 88.00 08900 FEDERALLY OUALI FIED HEALTH CLINIC 0 0 0 0 90.00 90.00 90.00 90.			•				
75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 75.00 76.00 03020 LITHOTRIPSY 0 0 0 0 76.00 76.01 03021 ENDOSCOPY 0 0 0 0 76.00 76.02 03022 PRI SION CLINIC 0 0 0 76.02 76.03 03023 WOUND CARE 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 76.04 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 88.00 88.00 88.00 88.00 88.00 88.00 88.00 88.00 88.00 99.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00			-				
76.00 03020 LI THOTRI PSY 0 0 0 0 76.00 76.01 03021 ENDOSCOPY 0 0 0 0 76.01 76.02 03022 PRI SI ON CLINI C 0 0 0 0 0 76.01 76.02 03023 WOUND CARE 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 76.04 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 0 88.00 88.00 88.00 88.00 89.00 89.00 90.00 0 0 0 0 90.00 <		-	-				
76.01 03021 ENDOSCOPY 0 0 0 0 0 76.01 76.02 03022 PRISION CLINIC 0 0 0 0 0 76.02 76.03 03023 WOUND CARE 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 76.04 00TPATIENT SERVICE COST CENTERS 0 0 0 0 0 88.00 88.00 08800 RURAL HEALTH CLINIC 0 0 0 89.00 90.00 09000 CLINIC 0 0 0 0 89.00 91.00 09100 EMERGENCY 0 0 0 0 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 0 0 0 92.00			-				
76.02 03022 PRI SI ON CLI NI C 0 0 0 0 76.02 76.03 03023 WOUND CARE 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 76.04 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 0 0 76.04 08800 RURAL HEALTH CLINIC 0 0 0 0 88.00 88.00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0 0 0 99.00 09000 CLINIC 0 0 0 0 90.00 90.00 09000 CLINIC 0 0 0 90.00 91.00 09100 EMERGENCY 0 0 0 90.00 91.00 92.00 DSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 92.00 01.00 09400 MOMERALE MEDI CAL EQUI P-RENT			•				
76.03 03023 WOUND CARE 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 0 76.03 76.04 03024 OPI C 0 0 0 0 0 0 76.03 76.04 02024 OPI C 0 0 0 0 0 76.04 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 0 88.00 89.00 08900 FUBERALLY QUALIFIED HEALTH CENTER 0 0 0 0 90.00 09000 CLINIC 0 0 0 0 0 90.00 92.00			•				1
76.04 03024 OPIC 0 0 0 0 0 0 76.04 OUTPATIENT SERVICE COST CENTERS 0<			-				
OUTPATI ENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 89.00 90.00 09000 CLINIC 0 0 0 0 89.00 90.00 09000 CLINIC 0 0 0 0 90.00 91.00 09100 EMERGENCY 0 0 0 0 91.00 92.00 0BSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0 92.00 92.00 OPSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 92.00 0 09400 HOME PROGRAM DI ALYSI S 0 0 0 95.00 95.00 96.00 09400 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 96.00 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 0 97.00 98.00 </td <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			-				
88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 89.00 90.00 09000 CLINIC 0 0 0 0 0 90.00 91.00 09100 EMERGENCY 0 0 0 0 91.00 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0 92.00 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0 92.00 94.00 09400 HOME PROGRAM DI ALYSI S 0 0 0 95.00 95.00 95.00 95.00 95.00 96.00 0 0 0 96.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 98.00 0 0 0 0 0 98.00					<u> </u>		/ 01 01
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 89.00 90.00 09000 CLINIC 0 0 0 0 90.00 91.00 09100 EMERGENCY 0 0 0 0 91.00 92.00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0 92.00 0THER REI MBURSABLE COST CENTERS 0 0 0 0 94.00 94.00 95.00 95.00 95.00 95.00 95.00 95.00 96.00 0 0 0 96.00 96.00 96.00 96.00 96.00 96.00 96.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 98.00 0 0 0 0 98.00		0	0		0 0	0	88.00
91.00 09100 EMERGENCY 0 0 0 0 0 91.00 91.00 92.00 92.00 0 0 0 0 0 92.00		0	0		0 0	0	89.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART) 0 0 0 0 92.00 OTHER REIMBURSABLE COST CENTERS O O O 0 94.00 94.00 94.00 94.00 94.00 94.00 95.00 95.00 95.00 96.00 0 0 0 0 95.00 95.00 96.00 0 0 0 95.00 95.00 96.00 0 0 0 0 95.00 95.00 96.00 0 0 0 95.00 95.00 96.00 0 0 0 95.00 95.00 95.00 97.00 0 0 0 95.00 95.00 95.00 96.00 0 0 0 95.00 95.00 97.00 0 0 0 97.00 97.00 98.00 95.00 0 0 0 0 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00<	90. 00 09000 CLINIC	0	0		0 0	0	90.00
OTHER REI MBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DI ALYSI S 0 0 0 0 94.00 95.00 09500 AMBULANCE SERVI CES 95.00 95.00 95.00 96.00 0 0 0 0 95.00 95.00 96.00 96.00 0 0 0 96.00 96.00 97.00 97.00 0 0 0 0 97.00 97.00 97.00 97.00 98.00 0 0 0 0 98.00 0 0 0 0 98.00	91.00 09100 EMERGENCY	0	0		0 0	0	91.00
94. 00 09400 HOME PROGRAM DI ALYSI S 0 0 0 0 94. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 96. 00 0 0 0 0 96. 00 96. 00 96. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 98. 00 0 0 0 0 0 98. 00 98. 00 00 0 0 0 98. 00	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 0	0	92.00
95.00 09500 AMBULANCE SERVICES 95.00 95.00 96.00 09600 DURABLE MEDI CAL EQUIP-RENTED 0 0 0 96.00 96.00 96.00 96.00 96.00 96.00 97.00 97.00 97.00 97.00 0 0 0 97.00 97.00 98.00 0 0 0 0 98.00 98.00 98.00 98.00 0 0 0 0 98.00							
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0 96. 00 96. 00 97. 00 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 0 0 0 97. 00 97. 00 98. 00 05950 OTHER REI MBURSABLE COST CENTERS 0 0 0 0 0 98. 00		0	0		0 0	0	
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 0 0 97. 00 98. 00 05950 OTHER REI MBURSABLE COST CENTERS 0 0 0 0 98. 00							
98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 98.00							
		-	-				
200.00 10tal (11nes 50-199) 0 0 0 0 0 200.00							
	200.00 10tal (11nes 50-199)	I O	0	I	U U	0	1200.00

Health Financial Systems	TERRE HAUTE REG	I ONAL HOSPI TAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PAS	S Provi der		Period: From 09/01/2013	Worksheet D Part IV	
THROUGH COSTS				To 08/31/2014		
			e XVIII	Hospi tal	PPS	7 piii
Cost Center Description	Total	Total Charges			Inpati ent	
	Outpati ent	(from Wkst. C,	to Charges	Ratio of Cost	Program	
	Cost (sum of	Part I, col.	(col. 5 ÷ col	. to Charges	Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.		
	4)			7)		
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0	(((02 211	0.00000	0.00000	10 500 017	
50. 00 05000 0PERATING ROOM 51. 00 05100 RECOVERY ROOM						
52. 00 05200 DELIVERY ROOM & LABOR ROOM					6, 887	51.00
53. 00 05300 ANESTHESI OLOGY			0.00000		0,007	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C					1, 641, 401	54.00
54. 01 05401 ULTRASOUND					318, 171	54.00
54. 02 05402 MAMMOGRAPHY	0					•
55. 00 05500 RADI OLOGY-THERAPEUTI C	0					•
56. 00 05600 RADI 0I SOTOPE	0				602, 267	56.00
57. 00 05700 CT SCAN	0				3, 882, 020	•
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0				798, 025	•
59. 00 05900 CARDI AC CATHETERI ZATI ON	0				4, 201, 611	
60. 00 06000 LABORATORY	0	48, 278, 329	0. 00000	0.000000	11, 602, 783	60.00
60. 01 06001 BLOOD LABORATORY	0	0	0. 00000	0.000000	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6, 804, 679	0.00000	0.000000	3, 434, 791	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.00000	0.000000	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0	0	0.00000	0.000000	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0				8, 911, 364	65.00
66. 00 06600 PHYSI CAL THERAPY	0				968, 744	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	-			0	67.00
68.00 06800 SPEECH PATHOLOGY	0	-	0.00000		0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0				3, 676, 001	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0					
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0				9, 701, 685	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0				4, 471, 329	•
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DIALYSIS	0					73.00
74. 00 07400 RENAL DI ALYSI S 75. 00 07500 ASC (NON-DI STINCT PART)		.,,			2, 694, 775 0	74.00
76. 00 03020 LI THOTRI PSY		-			8, 317	76.00
76. 01 03021 ENDOSCOPY			1		945, 754	
76. 02 03022 PRISION CLINIC						76.02
76. 03 03023 WOUND CARE						•
76. 04 03024 OPI C	0					76.04
OUTPATIENT SERVICE COST CENTERS		0,200,10,	0100000	0.00000	12,201	
88.00 08800 RURAL HEALTH CLINIC	0	C	0.00000	0.00000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0				0	89.00
90. 00 09000 CLINIC	0	C			0	90.00
91.00 09100 EMERGENCY	0	33, 561, 718	0.00000	0.000000	4, 169, 108	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0.000000		
94.00 09400 HOME PROGRAM DI ALYSI S	0		0.00000	0.00000	0	94.00
95. 00 09500 AMBULANCE SERVICES			0.00000	0.00000	0	94.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0. 00000	0. 000000	0	
97. 00 09700 DURABLE MEDICAL EQUIP-KENTED	0	-				97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0		1			98.00
200.00 Total (lines 50-199)				0.00000	104, 723, 650	
	1 0	1 +00,007,722	1	1	104, 123, 030	1200.00

		TERRE HAUTE REGI				u of Form CMS-	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF H COSTS	RVICE OTHER PASS	Provi der	CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Pre 1/26/2015 2:3	
			Ti tl	e XVIII	Hospi tal	PPS	
	Cost Center Description	I npati ent	Outpati ent	Outpati ent			
		Program	Program	Program			
		Pass-Through	Charges	Pass-Throug			
		Costs (col. 8		Costs (col.	9		
		x col. 10)		x col. 12)			
		11.00	12.00	13.00			
	ANCI LLARY SERVICE COST CENTERS	-		1	-1		
	05000 OPERATI NG ROOM	0	11, 456, 489		0		50.00
51.00	05100 RECOVERY ROOM	0	1, 857, 844		0		51.00
	05200 DELIVERY ROOM & LABOR ROOM	0	614		0		52.00
53.00	05300 ANESTHESI OLOGY	0	0		0		53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	1, 902, 877		0		54.00
54.01	05401 ULTRASOUND	0	489, 653		0		54.01
54.02	05402 MAMMOGRAPHY	0	736, 050		0		54.02
55.00	05500 RADI OLOGY-THERAPEUTI C	0	4, 756, 777		0		55.00
56.00	05600 RADI OI SOTOPE	0	3, 775, 975		0		56.00
57.00	05700 CT SCAN	0	5, 819, 769		0		57.00
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	1, 739, 817		0		58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	3, 339, 904		0		59.00
60.00	06000 LABORATORY	0	8, 026, 241		0		60.00
60. 01	06001 BLOOD LABORATORY	0	0		0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	628, 402		0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		0		64.00
65.00	06500 RESPI RATORY THERAPY	0	1, 623, 897		0		65.00
66.00	06600 PHYSI CAL THERAPY	0	501, 972		0		66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		0		68.00
69.00	06900 ELECTROCARDI OLOGY	0	1, 952, 617		0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	165, 468		0		70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6, 166, 449		0		71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2, 818, 442		0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13, 464, 787		0		73.00
	07400 RENAL DIALYSIS	0	28, 938		0		74. OC
	07500 ASC (NON-DISTINCT PART)	0	0		0		75. OC
	03020 LI THOTRI PSY	0	173, 697		0		76. OC
76. 01	03021 ENDOSCOPY	0	9,807,635		0		76.01
76.02	03022 PRI SI ON CLI NI C	0	0		0		76.02
	03023 WOUND CARE	0	1, 785, 292		0		76.03
	03024 OPI C	0	1, 777, 142		0		76.04
	OUTPATIENT SERVICE COST CENTERS	0	.,,,,,,,,		0		/ 01 01
88. 00	08800 RURAL HEALTH CLINIC	0	0		0		88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0		89.00
	09000 CLINIC	0	0		0		90.00
	09100 EMERGENCY	0	4, 442, 346		0		91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4, 442, 340 364, 001		0		91.00
72.00	OTHER REIMBURSABLE COST CENTERS	U U	304, 001	1	<u> </u>		72.00
04 00	09400 HOME PROGRAM DI ALYSI S		<u> </u>		0		94.00
	09500 AMBULANCE SERVICES	0	0		0		94.00
			^		0		
	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0		96.00
	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0		97.00
98.00 200.00	05950 OTHER REIMBURSABLE COST CENTERS Total (lines 50-199)	0	0 89, 603, 095		0		98.00 200.00
		1 ()]	89 603 (195	1	UII.		1200 ()()

Cost Center Description Cost to Charges Cost Services (See inst.) Cost Services (See inst.) Cost Services (See inst.) Cost (See inst.) <thcost (see="" inst.)<="" th=""> Cost (See inst.)<th>PPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN</th><th>D VACCINE COST</th><th></th><th>CCN: 150046</th><th>Period: From 09/01/2013 To 08/31/2014</th><th>Date/Time Pre 1/26/2015 2:3</th><th></th></thcost>	PPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST		CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Date/Time Pre 1/26/2015 2:3	
Cost Center Description Cost to ChargePPS Reinbursed Worksheet C, Sirvi Cess Part I, col. 9 Cost Servi Cess Not Decl. entrols Subject To Decl. entrols Subject To De			Titl		Hospi tal	PPS	
Ret to From Services (see inst.) Part I. col. 9 Ret mbursed inst.) Ret mbursed subject To bed. & Colms. Ret mbursed Subject To bed. & Colms. 1.00 2.00 3.00 4.00 50.00 00000 0 0.00 4.00 50.00 00000 0 0.00 0 0.00 50.00 00000 0 0.00 0 0 0.00 50.00 000000 0 0.00000 0 0 0.00000 0 0 50.00 05200 0.0114/KR ROW 0.000000 0 0 0 0 0.00000 0 0 0.00000 0 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0.000000 0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Micrical C. Part I. col. 9 Inst.) Services bulget To bed. & Coins. Services Not bed. & Coins. 50.00 05000 (PERATING FOM 05100) RECVICE VROM 005100) RECVICE VROM 05100) RECVICE WROM 005100 RECVICE WROM 005300 ANESTIESI OLGY 005300 ANESTIESI OLGY 005500 RADIOLGY-THERAPEUTIC 005400 EXALD CONCYTERAPEUTIC 005500 RADIOLGY-THERAPEUTIC 005500 RADIOLGY-THERAPEUTIC 0057449 8.025, 241 005744 RESULTS 005744 RESULTS 00574	Cost Center Description						
Part I. col. 9 Subject To (see inst.) Subject To (see inst.) 90.00 0.000 3.00 4.00 5.00 90.00 0.0000 0.001 3.00 4.00 5.00 90.00 0.0000 0.001 0.0000 1.406.489 0 1.00 5.00 90.00 0.0000 0.002776 1.857, 844 0 0 10.01 90.00 0.00000 0						(see inst.)	
Ded: & Colons. Ded: & Colons. 1.00 2.00 3.00 4.00 5.00 50.00 55000 DPERATING ROM 0.102652 11.456.489 0 1.221.857 5 50.00 55000 DPERATING ROM 0.12278 1.857.844 0 0 2.271 52.00 DSC00 CHLIVERY ROOM & LABOR ROM 0.432668 614 0 0 2.271 5 51.00 55000 MESTESILOCY 0.000000 0 0 457.05 5 5 5 5 5 0 5 0 1.002.877 0 0 1.003.804 5 5 0 5 0 1.003.804 5 5 0 5 0 1.003.804 5 5 0 1.003.804 5 5 0 0 1.003.804 5 5 0 0 1.003.804 5 5 0 0.500.01000 0 0 1.003.804 5 5 0 0.5							
Image: contract of the second of th		Part I, COL. 9			-		
Instruction 1.00 2.00 3.00 4.00 5.00 ANCLLARY SERVICE COST CENTERS							
AUCILLARY SERVICE COST CENTERS 0.0 05000 (PERATING ROM 0.100652 11,456,489 0 0 12,21,875 5 51.00 05100 (RECOVERY ROM 0.122578 1,857,844 0 0 12,21,875 5 51.00 05300 (ARESTHES) OLGCY 0.000000 0 0 0 0 77 5 53.00 05300 (ARESTHES) OLGCY 0.200000 0 0 457,570 5 0 0.500 0 0 174,577 5 0 0.500 174,7577 0 0 174,577 0 0 174,577 0 0 174,577 0 0 174,577 0 0 174,577 0 0 174,657 5 0 0500 (RAD) (ACOTHERAPULTIC 0.2318,33 3,775,975 0 0 120,2874 5 0 0500 (ARD) (ACOTHERAPULTIC 0.23561 3.339,974 0 0 111,630 5 0 0500 (ARD) (ACOTHERAPULTIC 0.053561 3.339,974 0 0		1 00	2 00			5.00	
50. 00 05000 0PERATING ROOM 0.102652 11, 456, 489 0 0 11, 221, 857 51. 00 05100 RECOVERY ROOM 0.102578 18, 857, 844 0 0 190, 574 5 52. 00 05200 DELIVERY ROOM 0.433668 614 0 0 277 53. 00 05300 ANSTHESI DICOY 0.000000 0 0 0 54. 00 05400 ANSTHESI DICOY 0 457, 570 0 0 55. 00 0500 RADI DICOY-THERAPEUTIC 0.2174, 577 0 0 10.033, 804 5 55. 00 05000 RADI DISOTPE 0.113333 37, 75, 757 0 0 228, 732 5 0 05000 RADI DISOTPE 0.035866 5, 819, 769 0 211, 525 5 0 05000 RADI DISOTPE 0.03590 ANSTHESI DICO LABORATORY 0.001426 1, 739, 817 0 0 211, 525 5 0 05000 RADI CATHERRENIXATION 0.06452 1, 339, 904 0 211, 524 6 0 0.00 0 <	ANCILLARY SERVICE COST CENTERS		2.00	0.00		0.00	
51.00 05100 RECOVERY ROOM 0.102578 1, 857, 844 0 0 190, 574 52.00 05200 ARDOLOKY - DAROSTIC 0.000000 0		0, 106652	11, 456, 489		0 0	1, 221, 857	50.00
52. 00 05200 DELLUFERY FROM & LABOR ROOM 0.483668 614 0 0271 53. 00 05300 MESTHESI LOGY 0.00000 0 0 0 0 5 54. 00 05400 RADI LOCY 0.00000 0 0 0 457, 570 0 457, 570 0 0 50, 377 0 0 174, 577 0 0 1,03, 804 5 50 0 550, 00 0 0 2429, 831 57, 575 0 0 120, 810, 800 124, 9831 57, 575 0 0 260, 00 260, 777 0 0 111, 630 58, 00 05600 RADI LOS CHETERE IZ ATION 0 0.6366, 5, 819, 769 0 2111, 630 50 0 50, 00 60, 00 2111, 630 50 0 50, 00 60, 00 2111, 630 50 0 60, 00 2111, 630 50 0 60, 00 60, 00 60, 00 60, 00 60, 00 60, 00 60, 00 60, 00 60, 00 60, 00 60, 00	1. 00 05100 RECOVERY ROOM				0 0		51.00
53: 00 05300 AMESTHESI 0LOGY 0.000000 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>52.00</td></t<>							52.00
54.00 05400 RADI LOCGY-DI AGNOSTI C 0.240462 1, 902, 877 0 457, 570 0 54.01 05401 URTRASSUMP 0.237181 736, 050 0 0 174, 577 0 1.038, 804 55 50.00 05600 RADI OLOCY-THERAPEUTI C 0.217026 4, 756, 777 0 1.038, 804 55 0 05600 CRADI OLOCY-THERAPEUTI C 0.21726 4, 756, 777 0 1.038, 804 55 0 05600 CRADI CARTHERER LATION 0.03566 5, 819, 756, 975 0 200 200 CRADI CARTHERER LATION 0.045162 1, 379, 817 0 0 211, 453 56 00 00000 CRADI CARTHERER LATION 0.075449 8, 026, 241 0					0 0	0	53.00
54.01 05401 ULTASQUND 0.102822 499, 653 0 0 50.347 5 55.00 05500 RADI LOCY-THERAPEUTIC 0.211026 4, 756, 777 0 0 1,003, 804 5 57.00 05700 CTSCAN 0.035866 5, 819, 759 0 0 208, 725 5 59.00 05900 CARDI AC CATHETERI ZATI ON 0.042162 1, 739, 817 0 0 111, 630 5 60.01 06000 LABORATCRY 0.075449 8, 026, 241 0 5, 010 600 6000 6 6 5 6 0 0 0 0 0 6 6 6 0 6 0 6 0 6 0 6 0 6 0 6 0 0 0 0 0 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 0 0 0 0 0 0 0 6		0. 240462	1, 902, 877		0 0	457, 570	54.00
54. 02 054.02 MAMBOGRAPHY 0.237181 736.050 0 0 174.577 5 55. 00 056.00 056.00 056.00 056.00 429.831 5 56. 00 056.00 CTSCAN 0.035866 5.819.769 0 0 120.8375 57. 00 057.00 CSCAO CARDIAL CAST. LIMAGING (MRI) 0.044162 1.739.817 0 0 111.630 5 58. 00 05600 (ARDIC CAR) LA CATHETERI ZATI ON 0.063251 3.39.904 0 <					0 0		54.01
55.00 05500 RAD10LOGY-THERAPUTIC 0.211026 4,756,777 0 0 1,003,804 5 57.00 05700 CT SCAN 0.035866 5,819,759 0 0 220,8732 5 59.00 05900 CARDIAC CATHETERIZATION 0.064162 1,739,817 0 0 0 0 0 111,630 5 60.01 06000 LABORATORY 0.075449 0.075449 0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>54.02</td></td<>							54.02
56. 00 06600 RADIO ISOTOPE 0.113833 3, 775, 975 0 0 429, 831 5 57. 00 05700 CT SCAN 0.035866 5, 819, 769 0 0 11, 630 5 58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.064152, 1, 739, 817 0 0 0 0 11, 630 5 60. 00 06000 LABORATORY 0.0075449 8, 339, 904 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>55.00</td>							55.00
57.00 05700 CT SCAN 0.035866 5.819, 769 0 0 2208, 732 2 59.00 05900 CARDIAC CATHETERIZATION 0.064162 1.739, 817 0 0 0 0 111, 630 5 60.00 06000 LABORATORY 0.075449 8, 026, 241 0 5 0							56.00
58:00 058:00 MAGNETIC RESONANCE IMAGING (MRI) 0.04142 1.739,817 0 0 111,630 5 60:00 CARDIA CCATHETERIZATION 0.053251 3.339,904 0							57.00
59:00 05900 CARDI AC CATHETERIZATION 0.043251 3.339,094 0 0 211,252 60:00 06000 LABORATORY 0.075449 8.026,241 0 5.010 6055,572 6 60:01 06001 PADCOLABORATORY 0.000000 0 0 6 6 6 6 6 6 6 6 6 6 6 6 6 0 6 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></td<>							1
60.00 06000 LABORATORY 0.075449 8.026,241 0 5.010 605,572 6 60.01 06010 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.000000 0 0 0 6 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.151435 628,402 0							59.00
60.01 BLOOD LABORATORY 0.000000 0 0 0 0 0 0 6 61.00 D6100 PPD CLIN RAL LAB SERVI CES-PREGN NLY 0.000000 0 0 0 6 6 6 0							60.00
61.00 06100 PED CLI NI CAL LAB SERVICES-PREM ONLY 0.000000 0 0 6 6 6 6 0 0.00000 95, 162 6 6 6 0 0.00000 95, 162 6 6 0 0 0 0 0 0 0 0 6 0 6 0							60.01
62:00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.151435 628,402 0 0 95,162 6 63:00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 0 0 0 6 6 64:00 06400 INTRAVENUS THERAPY 0.130534 1,623,897 0 0 211,974 6 65:00 06500 PHYSICAL THERAPY 0.420658 501,972 0 0 211,159 6 67:00 06700 OCEPATI DNAL THERAPY 0.000000 0 0 0 0 0 223,672 6 69:00 06600 ELECTROCARDIOLOGY 0.114550 1,952,617 0 0 223,672 6 70:00 07000 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.156621 6,166,449 0 0 965,757 7 71:00 07100 NEGLENCEPHALDIGARPHY 0.176469 28,938 0 0 6,218 7 72:00 07200 INFL,EVERCEDT							61.00
63:00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 0.000000 <					0 0	95, 162	62.00
64.00 06400 INTRAVENOUS THERAPY 0.000000 0							63.00
65:00 0c500 RESPIRATORY THERAPY 0.130534 1, 623, 897 0 0 211, 974 6 66:00 0c600 PHYSI CAL THERAPY 0.420658 501, 972 0 0 211, 974 6 67:00 0c700 0CUPATIONAL THERAPY 0.000000 0						0	64.00
66.00 06600 PHYSICAL THERAPY 0.420658 501,972 0 0 211,159 6 67.00 06700 OCCUPATI ONAL THERAPY 0.000000 0 0 0 6 68.00 06800 SPECH PATHOLOGY 0.000000 0 0 0 6 69.00 06800 SPECH PATHOLOGY 0.114550 1,952,617 0 0 223,672 6 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.156621 6,166,449 0 9,955,757 7 00 07200 IMPL DEV. CHARGED TO PATIENTS 0.129962 13,464,787 0 115,487 1,749,911 7 7.00 07300 ASC (NON-DISTINCT PART) 0.204892 28,938 0 0 6 218 7 7.00 07300 ASC (NON-DISTINCT PART) 0.209883 173,697 0 0 36,456 7 7.01 03020 LITHERSY 0.2346843 0 0 0						211, 974	65.00
67.00 0CCUPATI ONAL THERAPY 0.000000 0 0 0 6 6 68.00 06800 SPEECH PATHOLOGY 0.000000 0 0 0 6 6 69.00 06900 ELECTROCARDI OLOGY 0.114550 1,952,617 0 0 223,672 6 70.00 07100 ELECTROCARDI OLOGY 0.116168 166,449 0 223,672 6 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0.156621 6,166,449 0 9 965,795 7 72.00 07300 DRUS CHARGED TO PATI ENTS 0.129962 13,464,787 0 115,487 1,749,911 7 7 7 0 0 0 6 6.218 7 75.00 07500 RSC (NON-DI STI NCT PART) 0.000000 0 0 0 0 6 6.456 7 6 0 30321 ENDSCOPY 0.85982 9,807,635 0 0 843,280 7 6					0 0		66.00
68.00 06800 SPECH PATHOLOGY 0.000000 223,672 6 0 0 0 LECTROCARDIOLOGY 0 176168 166,449 0 0 295,795 7 72.00 07300 DRUS CHARGED TO PATIENTS 0.12962 13,464,787 0 115,487 1,749,11 7 7,74.00 0 0 0 0 0 0 7 0	7. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	C		0 0	0	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY 0.176168 165,468 0 0 29,150 7 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.156621 6,166,449 0 0 965,79 7 73.00 07200 IMPL OEV. CHARGED TO PATIENTS 0.466305 2,818,442 0 0 1,34,254 7 74.00 07400 RENAL DIALYSIS 0.214869 28,938 0 0 6,218 7 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 0 6,218 7 76.00 03020 LITHOTRIPSY 0.29883 173,697 0 0 843,280 7 76.01 03021 ENDSCOPY 0.294084 1,785,292 0 0 252,026 7 76.03 03023 WOUND CARE 0.000000 0 0 0 323,804 7 001741 ENT SERVICE COST CENTERS 0.0000000 0 0 0 <td>8.00 06800 SPEECH PATHOLOGY</td> <td></td> <td></td> <td></td> <td>0 0</td> <td>0</td> <td>68.00</td>	8.00 06800 SPEECH PATHOLOGY				0 0	0	68.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0.156621 6,166,449 0 0 965,795 7 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0.466305 2,818,442 0 0 1,314,254 7 74.00 07400 RENAL DI ALYSI S 0.214869 28,938 0 0 6,218 7 74.00 07500 ASC (NON-DI STI NCT PART) 0.000000 0 0 0 0 0 6,218 7 76.00 03021 ENDOSCOPY 0.299883 173,697 0 0 3,464,56 0 0 0 3,45,657 7 76.01 03021 ENDOSCOPY 0.085982 9,807,635 0 0 843,280 7 76.02 03022 WOIND CARE 0.34543 0 0 0 252,026 7 76.04 03024 OPI C 0.182205 1,777,142 0 0 323,804 7 71.00 ENTREL 0.000000 0 0 0 0 9 9 0 9 9	9. 00 06900 ELECTROCARDI OLOGY	0. 114550	1, 952, 617		0 0	223, 672	69.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.466305 2,818,442 0 0 1,314,254 7 73.00 DRUGS CHARGED TO PATIENTS 0.129962 13,464,787 0 115,487 1,749,911 7 74.00 7400 RFAND 0.121869 28,938 0 0 6,218 7 75.00 07500 ASC (NON-DISTINCT PART) 0.00000 0 0 0 7 7 0 0 0 0 0 7 7 0 0 36,456 7 7 0 0 0 0 0 0 0 0 0 0 0 0 7 7 0 0 36,456 7 7 0 <td< td=""><td>0.00 07000 ELECTROENCEPHALOGRAPHY</td><td>0. 176168</td><td>165, 468</td><td></td><td>0 0</td><td>29, 150</td><td>70.00</td></td<>	0.00 07000 ELECTROENCEPHALOGRAPHY	0. 176168	165, 468		0 0	29, 150	70.00
73.00 07300 DRUGS CHARGED TO PATIENTS 0.129962 13,464,787 0 115,487 1,749,911 7 74.00 07400 RENAL DIALYSIS 0.214869 28,938 0 0 6,218 7 75.00 75.00 7500 0500 ASC (NON-DI STI NCT PART) 0.000000 0 0 0 36,456 7 76.01 03021 LITHOTRI PSY 0.209883 173,697 0 0 36,456 7 76.02 03022 PRISION CLINIC 2.345443 0 0 0 7 7 0 0 252,026 7 76.04 03023 WOUND CARE 0.294084 1,785,292 0 0 323,804 7 0 04800 RENGEN RUL HEALTH CLINIC 0.000000 0 0 0 323,804 7 89.00 08800 FEDERALLY QUALI FIED HEALTH CENTER 0.000000 0 0 0 9 9 0 9400 90 0 9200 055820 9 9 0 9200 09582RVATI ON BEDS (NON-D	1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 156621	6, 166, 449		0 0	965, 795	71.00
74.00 07400 RENAL DI ALYSI S 0.214869 28,938 0 0 6,218 7 75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 7 76.00 03020 LI THOTRI PSY 0.209883 173,697 0 0 36,456 7 76.01 03021 ENDOSCOPY 0.085982 9,807,635 0 0 843,280 7 76.02 03023 WOUND CARE 0.294084 1,785,292 0 0 525,026 7 76.04 03024 OPI C 0.182205 1,777,142 0 0 323,804 7 00.00 0 0 0.000000 0 0 0 0 323,804 7 0100 08800 RURAL HEALTH CLINIC 0.000000 0 0 0 0 8 8 0 0 0 0 9 0.00 09000 CLINIC 0.000000 0 0 0 0 9 9 0 0 0 588,500 9<	2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 466305	2, 818, 442		0 0	1, 314, 254	72.00
75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 7 76.00 03020 LITHOTRIPSY 0.209883 173,697 0 0 36,456 7 76.01 03021 ENDOSCOPY 0.085982 9,807,635 0 843,280 7 76.02 03022 PI SI ON CLINIC 2.345443 0 0 0 525,026 7 76.04 03024 OPI C 0.182205 1,777,142 0 0 323,804 7 000 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0.000000 0 0 0 9 9 80 08900 0800 REALH HALTH CLINIC 0 000000 0 0 0 9 9 0 09000 0 0 0 9 9 0 09000 CLINIC 0.000000 0 0 0 9 9 0 09200 DESERVATION BEDS (NON-DI STINCT PART) 0.207382 364,001 0 0 75,487 9 92.00 092000 DESERVATI ON BEDS (NON-DI ST	3.00 07300 DRUGS CHARGED TO PATIENTS	0. 129962	13, 464, 787		0 115, 487	1, 749, 911	73.00
76.00 03020 LITHOTRIPSY 0.209883 173,697 0 0 36,456 7 76.01 03021 ENDOSCOPY 0.085982 9,807,635 0 0 843,280 7 76.02 03022 PRI SI ON CLINI C 2.345443 0 0 0 0 75.02 0 0 25.02 7 76.03 03024 00 0 0 0 0 0 0 0 0 0 76.03 03024 00 0 25.02 7 7 0 0 323,804 7 7 0 0 323,804 7 7 0 0 323,804 7 7 0 0 323,804 7 7 0 0 323,804 7 7 0 0 323,804 7 7 0 <td>4.00 07400 RENAL DIALYSIS</td> <td>0. 214869</td> <td>28, 938</td> <td></td> <td>0 0</td> <td>6, 218</td> <td>74.00</td>	4.00 07400 RENAL DIALYSIS	0. 214869	28, 938		0 0	6, 218	74.00
76. 01 03021 ENDOSCOPY 0.085982 9, 807, 635 0 0 843, 280 7 76. 02 03022 PRI SI ON CLINIC 2.345443 0 0 0 525, 026 7 76. 03 03023 WUND CARE 0.294084 1, 785, 292 0 0 525, 026 7 76. 04 03024 OPIC 0.182205 1, 777, 142 0 0 323, 80 001PATIENT SERVICE COST CENTERS 0.000000 0 0 0 0 323, 80 80 89. 00 0800 RURAL HEALTH CLINIC 0.000000 0 0 0 8 90. 00 09000 CLINIC 0.000000 0 0 0 9 91.00 09100 EMEGENCY 0.132475 4, 442, 346 0 0 588, 500 9 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 364, 001 0 75, 487 9 94.00 09400 HME PROGRAM DI ALYSI S 0.000000 0 0 9 9 9 9		0. 000000			0 0	0	75.00
76.02 03022 PRISION CLINIC 2.345443 0 0 0 7 76.03 03023 WOUND CARE 0.294084 1,785,292 0 0 323,804 7 76.04 03024 OPIC 0.182205 1,777,142 0 0 323,804 7 0UTPATI ENT SERVICE COST CENTERS 0.000000 0 0 0 323,804 7 88.00 0800 RURAL HEALTH CLINIC 0.000000 0 0 0 8 99.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 9 91.00 09100 EMERGENCY 0.132475 4,442,346 0 0 588,500 9 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 364,001 0 75,487 9 0THER REIMBURSABLE COST CENTERS 0.000000 0 0 9 9 0 9 9 0 0 9 9 9 9 9 9 0 0 0 9 9 9					0 0	36, 456	76.00
76.03 03023 WOUND CARE 0.294084 1,785,292 0 0 525,026 7 76.04 03024 OPL C 0.182205 1,777,142 0 0 323,804 7 0UTPATI ENT SERVICE COST CENTERS 0 0.000000 0 0 323,804 7 88.00 0800 RURAL HEALTH CLINIC 0.000000 0 0 0 8 90.00 09000 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 9 91.00 09100 EMERGENCY 0.132475 4,442,346 0 0 588,500 9 92.00 09200 DSSERVATI ON BEDS (NON-DISTINCT PART) 0.207382 364,001 0 0 75,487 9 04.00 OH400 HOME PROGRAM DI ALYSI S 0.000000 0 0 9 9 9 9 9 0 0 0 9 9 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 0 0 9 9 9 9 9 0 0 9		0. 085982	9, 807, 635		0 0	843, 280	76.01
76. 04 03024 OPI C 0.182205 1,777,142 0 0 323,804 7 88. 00 08800 RURAL HEALTH CLINIC 0.000000 0 0 8 8 8 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 8 9 0 09000 CLINIC 0 0 0 8 9 9 0 09000 CLINIC 0.000000 0 0 0 9 9 0 99100 EMERGENCY 0.132475 4,442,346 0 0 588,500 9 9 0 92.00 0BSERVATION BEDS (NON-DI STINCT PART) 0.207382 364,001 0 0 75,487 9 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 0 0 75,487 9 95.00 09500 AMBULANCE SERVI CES 0.000000 0 0 0 9 9 9 9 9 9 9 9 9		2. 345443	0		0 0	0	76.02
OUTPATI ENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 8 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 8 90.00 09000 CLINIC 0.000000 0 0 0 9 91.00 09100 EMERGENCY 0.132475 4,442,346 0 0 588,500 9 92.00 09200 [0BSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 364,001 0 0 75,487 9 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 0 75,487 9 95.00 09500 AMBULANCE SERVICES 0.000000 0 9 9 9 0 9500 000000 9 9 9 9 0 9 9 9 0 9500 000000 0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9							76.03
88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 88 0 99.00 9900 FEDERALLY OUALIFIED HEALTH CENTER 0.000000 0 0 0 88 0 99.00 9900 FEDERALLY OUALIFIED HEALTH CENTER 0.000000 0 0 0 88 90.00 9900 CLINIC 0.000000 0 0 0 90.00 9900 CLINIC 0.000000 0 0 90.00 9900 CLINIC 0.000000 0 0 0 90.00 9900 CLINIC 0.00000 0 0 90.00 9900 State 0.00000 0 0 0.00000 0 0 0 75.487 9 9 9 0.000000 0 0 0 75.487 9 9 9 0.000000 0 0 0 9 9 0.000000 0 0 0 0 0 9		0. 182205	1, 777, 142		0 0	323, 804	76.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 0 9 90.00 09000 CLINIC 0.000000 0 0 0 0 9 9 91.00 09100 EMERGENCY 0.132475 4,442,346 0 0 588,500 9 92.00 09200 DBSERVATION BEDS (NON-DISTINCT PART) 0.207382 364,001 0 0 75,487 9 94.00 09400 HOME PROGRAM DIALYSIS 0.000000 0 0 75,487 9 95.00 09500 AMBULANCE SERVICES 0.000000 0 0 9			1	1			
90.00 09000 CLINIC 0.000000 0						-	88.00
91.00 09100 EMERGENCY 0.132475 4,442,346 0 0 588,500 9 92.00 OBSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 364,001 0 0 75,487 9 0THER REI MBURSABLE COST CENTERS 0.000000 0 0 75,487 9 95.00 09500 AMBULANCE SERVICES 0.000000 0 9							
92.00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 364,001 0 0 75,487 9 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 9 9 9 9 9 9 0 9 9 9 9 9 0 9 9 9 9 9 9 0 0 9 9 9 9 0 0 9 9 9 9 9 0 0 0 9 9 9 0 0 0 0 9 9 9 0 0 0 0 9 9 9 0 0 0 0 0 0 9 9 9 0 0 0 0 0 9 9 9 0 0 0 0 9 9 9 0 0 0 0 9 9 0 0 0 0 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>90.00</td>							90.00
OTHER REI MBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 9 95.00 09500 AMBULANCE SERVI CES 0.000000 0 0 9 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 9 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 0 0 9 98.00 05950 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 0 9 200.00 Subtotal (see instructions) 89, 603, 095 0 120, 497 11, 865, 891 20 201.00 Less PBP Clinic Lab. Services-Program 0 0 0 20							
94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 9 95.00 09500 AMBULANCE SERVI CES 0.000000 0 0 9 9 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 9 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 0 0 9 98.00 05950 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 0 9 200.00 Subtotal (see instructions) 89, 603, 095 120, 497 11, 865, 891 20 201.00 Less PBP Clinic Lab. Services-Program 0 0 20 20 0 20		0. 207382	364, 001		0 0	75, 487	92.00
95.00 09500 AMBULANCE SERVICES 0.000000 0 9 9 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 9 9 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 0 0 9 9 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 0 9 9 200.00 Subtotal (see instructions) 89,603,095 0 120,497 11,865,891 20 201.00 Less PBP Clinic Lab. Services-Program Only Charges 0 0 0 0 20			1	1	a.		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 9 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 0 0 0 9 98.00 05950 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 0 0 9 200.00 Subtotal (see instructions) 89,603,095 0 120,497 11,865,891 20 201.00 Less PBP Clinic Lab. Services-Program Only Charges 0 0 0 0 0 20							94.00
97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 0 0 9 9 98.00 05950 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 0 0 9 9 200.00 Subtotal (see instructions) 89,603,095 0 120,497 11,865,891 20 201.00 Less PBP Clinic Lab. Services-Program Only Charges 0 0 0 0 20					-	_	95.00
98.00 05950 OTHER RELIMBURSABLE COST CENTERS 0.000000 0 0 0 9 200.00 Subtotal (see instructions) 89,603,095 0 120,497 11,865,891 20 201.00 Less PBP Clinic Lab. Services-Program Only Charges 0 0 0 0 20					0 0		96.00
200.00 Subtotal (see instructions) 89,603,095 0 120,497 11,865,891 20 201.00 Less PBP Clinic Lab. Services-Program Only Charges 0 0 0 20					0 0		97.00
201.00 Less PBP Clinic Lab. Services-Program 0 0 20 Only Charges 0 0 0 0		0.00000				-	98.00
Only Charges			07,003,095				
					0		201.00
202.00 Net Charges (line 200 +/- line 201) 89,603,095 0 120,497 11,865,891 20			89 603 005		0 120 /07	11 865 801	202 00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE (Cost Center Description Cost Reimbur Servic Subject Ded. & Co (see in: 6.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM 53.00 05300 ANESTHESIOLOGY 54.00 05400 RADIOLOGY-DIAGNOSTIC 54.01 05400 RADIOLOGY-THERAPEUTIC 54.01 05400 RADIOLOGY-THERAPEUTIC 56.00 05500 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 50.00	Cost: t sed ces S t To Coins. D nst.)	Title ts Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CCN: 150046	Peri od: From 09/01/2013 To 08/31/2014 Hospi tal	Worksheet D Part V Date/Time Pre 1/26/2015 2:3 PPS	
ANCI LLARY SERVI CE COST CENTERS 50.00 05000 OPERATI NG ROOM 6.00 51.00 05100 RECOVERY ROOM 6.00 52.00 05200 DELI VERY ROOM & LABOR ROOM 53.00 05300 53.00 05300 ANESTHESI OLOGY 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.01 05401 ULTRASOUND 55.00 05500 RADI OLOGY-THERAPEUTI C 55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY THERAPEUTI C 56.00 05600 RADI OLOGY THERAPEUTI C 56.00 05600 RADI OLOGY THERAPEUTI C 57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	t rsed ces S t To Coins. D o 0 0 0	ts Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e XVIII	Hospi tal		50.00 51.00 52.00 53.00 54.00
ANCI LLARY SERVI CE COST CENTERS 50.00 05000 OPERATI NG ROOM 6.00 51.00 05000 OPERATI NG ROOM 52.00 05200 52.00 05200 DELI VERY ROOM 8 LABOR ROOM 53.00 05300 ANESTHESI OLOGY 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.01 05401 ULTRASOUND 54.02 05402 MAMMOGRAPHY 55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY-THERAPEUTI C 57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	t rsed ces S t To Coins. D o 0 0 0	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				51.00 52.00 53.00 54.00
ANCI LLARY SERVI CE COST CENTERS 50.00 05000 OPERATI NG ROOM 6.00 51.00 05000 OPERATI NG ROOM 52.00 05200 52.00 05200 DELI VERY ROOM 8 LABOR ROOM 53.00 05300 ANESTHESI OLOGY 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.01 05401 ULTRASOUND 54.02 05402 MAMMOGRAPHY 55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY-THERAPEUTI C 57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	rsed ces S t To Coins. D nst.) 0 0 0 0	Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				51.00 52.00 53.00 54.00
6.00 ANCI LLARY SERVI CE COST CENTERS 50.00 05000 OPERATI NG ROOM 51.00 05100 RECOVERY ROOM 52.00 05200 DELI VERY ROOM & LABOR ROOM 53.00 05300 ANESTHESI OLOGY 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.01 05401 ULTRASOUND 54.02 05402 MAMMOGRAPHY 55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY-THERAPEUTI C 56.00 05600 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	0	7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				51.00 52.00 53.00 54.00
50. 00 05000 OPERATING ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELIVERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESIOLOGY 54. 00 05400 RADIOLOGY-DIAGNOSTIC 54. 01 05401 ULTRASOUND 54. 02 05402 MAMMOGRAPHY 55. 00 05500 RADIOLOGY-THERAPEUTIC 56. 00 05600 RADIOLSOTOPE 57. 00 05700 CT SCAN 58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0					51.00 52.00 53.00 54.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM 53.00 05300 ANESTHESI OLOGY 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.01 05401 ULTRASOUND 54.02 05402 MAMMOGRAPHY 55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY 57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	0					51.00 52.00 53.00 54.00
52.00 05200 DELIVERY ROOM & LABOR ROOM 53.00 05300 ANESTHESI OLOGY 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.01 05401 ULTRASOUND 54.02 05402 MAMMOGRAPHY 55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OL SOTOPE 57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)						52.00 53.00 54.00
53.00 05300 ANESTHESI OLOGY 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.01 05401 ULTRASOUND 54.02 05402 MAMMOGRAPHY 55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY 57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)		0 0 0 0 0 0 0				53.00 54.00
54.00 05400 RADI OLOGY-DI AGNOSTI C 54.01 05401 ULTRASOUND 54.02 05402 MAMMOGRAPHY 55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OLOGY-THERAPEUTI C 57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	0 0 0 0 0 0 0 0	0 0 0 0				54.00
54. 01 05401 ULTRASOUND 54. 02 05402 MAMMOGRAPHY 55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE 57. 00 05700 CT SCAN 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	0 0 0 0 0 0 0	0 0 0 0				
54. 02 05402 MAMMOGRAPHY 55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE 57. 00 05700 CT SCAN 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	0 0 0 0 0 0	0 0 0				1 5 4 01
55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OI SOTOPE 57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	0 0 0 0 0	0 0 0				
56.00 05600 RADI 0I SOTOPE 57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)	0 0 0 0	0 0				54.02
57.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0 0 0	о				55.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0 0					56.00
	0					57.00
	U	0				58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0				59.00
60. 00 06000 LABORATORY	0	378 0				60.00
60. 01 06001 BLOOD LABORATORY 61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	U				60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				61.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64. 00 06400 I NTRAVENOUS THERAPY	0	0				64.00
65. 00 06500 RESPIRATORY THERAPY	0	0				65.00
66. 00 06600 PHYSI CAL THERAPY	0	0				66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	o				67.00
68. 00 06800 SPEECH PATHOLOGY	0	0				68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0				69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	o				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71. OC
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,009				73.00
74. 00 07400 RENAL DIALYSIS	0	0				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0				75.00
76. 00 03020 LI THOTRI PSY	0	0				76.00
76. 01 03021 ENDOSCOPY	0	0				76.01
76. 02 03022 PRISION CLINIC	0	0				76.02
76. 03 03023 WOUND CARE	0	0				76.03
76. 04 03024 OPI C	0	0				76. 04
OUTPATIENT SERVICE COST CENTERS	-1					4
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90. 00 09000 CLINIC	0	0				90.00
91.00 09100 EMERGENCY	0	0				91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS	0	0				92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0				94.00
95. 00 09500 AMBULANCE SERVICES	o	0				95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97. 00 09700 DURABLE MEDICAL EQUIP-KENTED	0					97.00
98. 00 05950 OTHER REIMBURSABLE COST CENTERS	0	0				98.00
200.00 Subtotal (see instructions)	ő	15, 387				200.00
201.00 Less PBP Clinic Lab. Services-Program	ő	10,007				200.00
Only Charges	Ĩ					
202.00 Net Charges (line 200 +/- line 201)	0	15, 387				202.00

PPORT	IONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	F	Provi der	CCN: 150046	Peri od:	Worksheet D	2552-1
					CCN: 15S046	From 09/01/2013	Part II	
				Ti tl	e XVIII	Subprovider - IPF	PPS	
	Cost Center Description	Capi tal	Total	Charges	Ratio of Cos		Capital Costs	
		Related Cost	(from	Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,	Part	I, col.	(col. 1 ÷ co	I. Charges	column 4)	
		Part II, col.		8)	2)			
		26)						
		1.00	2	. 00	3.00	4.00	5.00	
D. 00	ANCILLARY SERVICE COST CENTERS	931, 215	66	, 683, 311	0.0139	65 38, 724	541	50.0
1.00	05100 RECOVERY ROOM	81, 580	1	, 083, 311), 027, 697				51.0
				, 027, 097 , 521, 085				
2.00	05200 DELIVERY ROOM & LABOR ROOM	274, 233		, 521, 085			0	
3.00	05300 ANESTHESI OLOGY	0		U	0.0000		0	53.0
4.00	05400 RADI OLOGY-DI AGNOSTI C	301, 811	1	, 775, 432				
4.01	05401 ULTRASOUND	23, 783		, 203, 702				
4.02	05402 MAMMOGRAPHY	60, 626		, 477, 673				
5.00	05500 RADI OLOGY-THERAPEUTI C	234, 142		, 533, 250			0	
5.00	05600 RADI OI SOTOPE	61,054		, 813, 563				
7.00	05700 CT SCAN	82, 441	1	, 485, 410			63	1
3. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	46, 601	1	, 689, 805				1
9.00	05900 CARDI AC CATHETERI ZATI ON	108, 414		, 338, 106			0	
0. 00	06000 LABORATORY	281, 749		, 278, 329				
D. 01	06001 BLOOD LABORATORY	0		0	0.0000	00 0	0	
1.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY							61.0
2.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	45, 645	6	, 804, 679				
3.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0				
4.00	06400 I NTRAVENOUS THERAPY	0		0	010000		0	64.0
5.00	06500 RESPI RATORY THERAPY	113, 707	14	, 038, 594	0.0081	00 83, 504	676	65.0
5.00	06600 PHYSI CAL THERAPY	292, 400	5	, 877, 707	0. 0497	47 1, 811, 204	90, 102	66. C
7.00	06700 OCCUPATI ONAL THERAPY	0		0	0.0000	00 0	0	67.0
3.00	06800 SPEECH PATHOLOGY	0		0	0.0000	00 0	0	68.0
9.00	06900 ELECTROCARDI OLOGY	108, 937	11	, 658, 640	0.0093	44 29, 449	275	69. C
D. 00	07000 ELECTROENCEPHALOGRAPHY	37,063	1	, 230, 332	0. 0301	24 5, 871	177	70.0
1.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	440, 249	36	, 953, 961	0.0119	13 240, 303	2, 863	71. C
	07200 IMPL. DEV. CHARGED TO PATIENTS	233, 678	14	, 403, 433	0. 0162	24 0	0	72.0
3.00	07300 DRUGS CHARGED TO PATIENTS	521, 682	94	, 576, 431	0.0055	16 1, 103, 049	6, 084	73.0
	07400 RENAL DIALYSIS	44, 110	4	, 204, 402	0. 0104	91 209, 620	2, 199	74.0
5.00	07500 ASC (NON-DISTINCT PART)	0		0	0.0000	00 0	0	75.0
	03020 LI THOTRI PSY	3, 643		489, 191	0.0074	47 0	0	76.0
5. 01	03021 ENDOSCOPY	138, 512	26	, 544, 832	0.0052	18 4, 953	26	76. C
5. 02	03022 PRISION CLINIC	214, 370		270, 056	0. 7937	98 0	0	76. C
5. 03	03023 WOUND CARE	80, 909	3	, 434, 609	0. 0235	57 0	0	76.0
5.04	03024 OPI C	136, 743	5	, 253, 159	0. 0260	31 0	0	76. C
	OUTPATIENT SERVICE COST CENTERS				•			1
3. 00	08800 RURAL HEALTH CLINIC	0		0	0.0000	00 0	0	88.0
9.00	08900 FEDERALLY QUALI FIED HEALTH CENTER	0		0			0	89.0
	09000 CLI NI C	0		0				90.0
	09100 EMERGENCY	455, 297	33	, 561, 718	0.0135	66 0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		, 940, 615				
	OTHER REIMBURSABLE COST CENTERS							1
1.00	09400 HOME PROGRAM DI ALYSI S	0		0	0.0000	00 0	0	94.0
	09500 AMBULANCE SERVI CES			-				95. C
	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0.0000	00 0	0	
	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0.0000			
	05950 OTHER REIMBURSABLE COST CENTERS	0		0	0.0000		0	
3.00								

	TERRE HAUTE REGION	AL_HOSPITAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF THROUGH COSTS	RVICE OTHER PASS		CCN: 150046 CCN: 15S046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Pre 1/26/2015 2:3	
		Ti tl	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	Non Physician Nur Anesthetist Cost	rsing School	Allied Healt		Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS						50.00
50.00 05000 0PERATING ROOM 51.00 05100 RECOVERY ROOM	0	0		0 0 0 0	0	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
54. 01 05401 ULTRASOUND	0	0		0 0	0	54.01
54. 02 05402 MAMMOGRAPHY	0	0		0 0	0	54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56. 00 05600 RADI OI SOTOPE	0	0		0 0	0	
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 60. 00 06000 LABORATORY	0	0		0 0	0	
60. 01 06000 LABORATORY	0	0		0 0	0	
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0 0	0	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	
70. 00 07000 ELECTROEARDI OLOGT	0	0		0 0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	73.00
74. 00 07400 RENAL DIALYSIS	0	0		0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		0 0	0	
76. 00 03020 LI THOTRI PSY	0	0		0 0	0	
76. 01 03021 ENDOSCOPY	0	0		0 0	0	
76. 02 03022 PRISION CLINIC 76. 03 03023 WOUND CARE	0	0		0 0	0	
76. 04 03024 0PI C	0	0		0 0	0	
OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	70.04
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLINIC	0	0		0 0	0	90.00
91.00 09100 EMERGENCY	0	0		0 0	0	•
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0		0 0	0	92.00
OTHER REI MBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DI ALYSI S	0	0		0 0	0	94.00
95. 00 09500 AMBULANCE SERVICES	0	0		0	0	94.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0	0	
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0 0	0	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	
200.00 Total (lines 50-199)	0	0		0 0	0	200. 00

Out Cost					Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Pre	
Out Cost	Total	(Component	t CCN: 15SO46	$T_0 = 08/31/2014$		
Out Cost	Total				10 00/31/2014	1/26/2015 2:3	
Out Cost	Total			e XVIII	Subprovider - IPF	PPS	
Cost	patient		Charges Wkst. C,	Ratio of Cos to Charges	t Outpatient Ratio of Cost	Inpatient Program	
	(sum of			(col. 5 ÷ col		Charges	
COI .	2, 3 and		8)	7)	$(col. 6 \div col.$	ondrigeo	
	4)				7)		
	6.00	7	7.00	8.00	9.00	10.00	
ANCI LLARY SERVICE COST CENTERS	0		(02.211	0.0000		20.724	50.00
50. 00 05000 0PERATING ROOM 51. 00 05100 RECOVERY ROOM	0		5, 683, 311			38, 724	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0), 027, 697 I, 521, 085			11, 910 0	51.00 52.00
53. 00 05300 ANESTHESI OLOGY	0		r, 521, 005 A	0.00000		0	53.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0), 775, 432			41, 338	54.00
54. 01 05401 ULTRASOUND	0		3, 203, 702			11, 734	54.00
54. 02 05402 MAMMOGRAPHY	0		2, 477, 673			8, 960	
55. 00 05500 RADI OLOGY-THERAPEUTI C	ō		, 533, 250			0	55.00
56. 00 05600 RADI OI SOTOPE	ō		, 813, 563			7, 336	56.00
57.00 05700 CT SCAN	0		, 485, 410			20, 391	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0		, 689, 805			29, 056	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	19	, 338, 106	0. 00000	0 0.000000	0	59.00
60. 00 06000 LABORATORY	0	48	3, 278, 329	0.00000	0 0. 000000	428, 299	60.00
60. 01 06001 BLOOD LABORATORY	0		0	0.00000	0 0. 000000	0	60. 01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		6, 804, 679			67, 563	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0		0			0	63.00
64.00 06400 I NTRAVENOUS THERAPY	0		0			0	64.00
65. 00 06500 RESPIRATORY THERAPY	0		1, 038, 594			83, 504	65.00
66. 00 06600 PHYSI CAL THERAPY	0		5, 877, 707	0.00000		1, 811, 204	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0		0			0	67.00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0		0	0.00000		0	68.00 69.00
70. 00 07000 ELECTROEARDTOLOGT	0		, 658, 640 , 230, 332			29, 449 5, 871	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		, 230, 332 , 953, 961	0.00000		240, 303	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS	0		i, 403, 433			240, 303	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0		I, 100, 100 I, 576, 431			1, 103, 049	73.00
74. 00 07400 RENAL DI ALYSI S	o		I, 204, 402			209, 620	74.00
75.00 07500 ASC (NON-DISTINCT PART)	ō		0	0.00000		0	75.00
76. 00 03020 LI THOTRI PSY	0		489, 191			0	76.00
76. 01 03021 ENDOSCOPY	0	26	, 544, 832	0. 00000	0 0.000000	4, 953	76.01
76. 02 03022 PRI SI ON CLI NI C	0		270, 056	0. 00000	0 0. 000000	0	76.02
76. 03 03023 WOUND CARE	0	3	8, 434, 609	0.00000	0 0. 000000	0	76.03
76. 04 03024 OPI C	0	5	5, 253, 159	0.00000	0 0.000000	0	76.04
OUTPATIENT SERVICE COST CENTERS	-	r					
88.00 08800 RURAL HEALTH CLINIC	0		0			0	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0			0	89.00
90. 00 09000 CLINIC	0		0			-	
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		8, 561, 718 1, 940, 615			0	91.00 92.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) OTHER REI MBURSABLE COST CENTERS	0		, 740, 015	0.0000	0.00000	0	72.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0		0	0.00000	0 0. 000000	0	94.00
95. 00 09500 AMBULANCE SERVICES	0		0	0.00000	0.000000	0	95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0. 00000	0. 000000	0	96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0.00000		0	97.00
98. 00 05950 OTHER REIMBURSABLE COST CENTERS	0		0	0. 00000		0	98.00
200.00 Total (lines 50-199)	0		, 069, 722			4, 153, 264	

Health Financial Systems	ERRE HAUTE REGI	ONAL_HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF THROUGH COSTS	RVICE OTHER PASS		CCN: 150046 CCN: 15S046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prep 1/26/2015 2:3	pared:
		Ti tl	e XVIII	Subprovider - IPF	PPS	7 pili
Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Throug Costs (col. x col. 12)	h		
ANCI LLARY SERVI CE COST CENTERS	11.00	12.00	13.00			
50. 00 05000 OPERATI NG ROOM	0	0		0		50.00
51.00 05100 RECOVERY ROOM	0	0		0		51.00
52.00 O5200 DELIVERY ROOM & LABOR ROOM	0	0		0		52.00
53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0		53.00 54.00
54. 01 05400 KADI OLOGI - DI AGNOSTI C 54. 01 05401 ULTRASOUND	0	0		0		54.00
54. 02 05402 MAMMOGRAPHY	0	0		0		54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0		55.00
56. 00 05600 RADI OI SOTOPE	0	0		0		56.00
57.00 05700 CT SCAN	0	0		0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0		58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0		59.00
60. 00 06000 LABORATORY	0	1, 235		0		60.00
60. 01 06001 BLOOD LABORATORY	0	0		0		60. 01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0		62.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0		63.00
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	0	0		0		64.00 65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0		66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0		67.00
68. 00 06800 SPEECH PATHOLOGY	0	0		0		68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0		69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4, 053		0		73.00
74.00 07400 RENAL DIALYSIS	0	0		0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		0		75.00
76. 00 03020 LI THOTRI PSY	0	0		0		76.00
76. 01 03021 ENDOSCOPY	0	0		0		76.01
76. 02 03022 PRI SI ON CLI NI C	0	0		0		76.02
76. 03 03023 WOUND CARE 76. 04 03024 OPI C	0	0		0		76.03 76.04
OUTPATI ENT SERVICE COST CENTERS	0	0		0		70.04
88. 00 08800 RURAL HEALTH CLINIC	0	0		0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0		89.00
90. 00 09000 CLINIC	0	0		0		90.00
91.00 09100 EMERGENCY	0	2, 182		0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0	0		0		92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0		0		94.00
95. 00 09500 AMBULANCE SERVICES		-				95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		0		98.00
200.00 Total (lines 50-199)	0	7, 470		0		200. 00

PORTI	ONMENT OF MEDICAL, OTHER HEALTH SERVICES AND) VACCINE COST		CCN: 150046 CCN: 15S046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Pre 1/26/2015 2:3	
			Ti tl	e XVIII	Subprovider - IPF	PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Reimbursed Services Subject To	Cost Reimbursed Services Not Subject To	Costs PPS Services (see inst.)	
				Ded. & Coins (see inst.)	(see inst.)		
٨	NCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	15000 OPERATING ROOM	0. 106652	0		0 0	0	50.0
	15100 RECOVERY ROOM	0. 102578			0 0	0	
	5200 DELIVERY ROOM & LABOR ROOM	0. 483668			0 0	0	52.0
00 0	5300 ANESTHESI OLOGY	0. 000000	0		0 0	0	53. C
	5400 RADI OLOGY-DI AGNOSTI C	0. 240462	0		0 0	0	54. C
	5401 ULTRASOUND	0. 102822			0 0	0	
	5402 MAMMOGRAPHY	0. 237181	0		0 0	0	54.0
	5500 RADI OLOGY-THERAPEUTI C	0. 211026			0 0	0	55.0
	5600 RADI OI SOTOPE	0. 113833			0 0	0	
	15700 CT SCAN 15800 MAGNETIC RESONANCE IMAGING (MRI)	0. 035866			0 0	0	
	5900 CARDI AC CATHETERI ZATI ON	0. 063251	0		0 0	0	
	6000 LABORATORY	0. 075449			0 0	93	
	6001 BLOOD LABORATORY	0. 000000			0 0	0	
	6100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000			0 0	-	61. (
	6200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 151435			0 0	0	
00 0	6300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	0		0 0	0	63. (
00 0	6400 INTRAVENOUS THERAPY	0. 000000	0		0 0	0	64.0
00 0	6500 RESPI RATORY THERAPY	0. 130534	0		0 0	0	65.0
1	6600 PHYSI CAL THERAPY	0. 420658			0 0	0	
1	6700 OCCUPATI ONAL THERAPY	0. 000000			0 0	0	
1	6800 SPEECH PATHOLOGY	0. 000000			0 0	0	
1		0. 114550			0 0	0	
	7000 ELECTROENCEPHALOGRAPHY 7100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 176168	0		0 0	0	
	17200 IMPL. DEV. CHARGED TO PATTENTS	0. 466305	-		0 0	0	
	7300 DRUGS CHARGED TO PATIENTS	0. 129962			0 5,739	527	
	7400 RENAL DI ALYSI S	0. 214869			0 0	0	
	17500 ASC (NON-DI STINCT PART)	0. 000000			0 0	0	
	3020 LI THOTRI PSY	0. 209883			0 0	0	76.
01 0	3021 ENDOSCOPY	0. 085982	0		0 0	0	76.
	3022 PRISION CLINIC	2. 345443	0		0 0	0	76.
	3023 WOUND CARE	0. 294084			0 0	0	
		0. 182205	0		0 0	0	76. (
	UTPATIENT SERVICE COST CENTERS	0.000000		1		0	00.
	18800 RURAL HEALTH CLINIC 18900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	
	19000 CLINIC	0. 000000			0 0	0	
	9100 EMERGENCY	0. 132475			0 0	289	
	9200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 207382			0 0	0	
	THER REIMBURSABLE COST CENTERS		-	1			
	9400 HOME PROGRAM DI ALYSI S	0. 000000			0		94.0
00 0	9500 AMBULANCE SERVI CES	0. 000000			0		95.0
	9600 DURABLE MEDI CAL EQUI P-RENTED	0. 000000			0 0	0	96. (
	9700 DURABLE MEDICAL EQUIP-SOLD	0. 000000			0 0	0	
	5950 OTHER REI MBURSABLE COST CENTERS	0. 000000			0 0	0	
0. 00	Subtotal (see instructions)		7, 470		0 5, 739	909	200. (
1.00	Less PBP Clinic Lab. Services-Program				0 0		201. (
	Only Charges	1	1	1			1

Health Financial Systems		ERRE HAUTE REG	ONAL HOSPITAL	-	In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HE	ALTH SERVICES AND	VACCINE COST		CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Pre 1/26/2015 2:3	
			Ti t	le XVIII	Subprovider -	PPS	57 pii
		Cos	sts		I PF		
Cost Center Descriptio	n	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00	_			
ANCILLARY SERVICE COST CENT	ERS	0.00	7.00		· · · · · · · · · · · · · · · · · · ·		
50.00 05000 0PERATI NG ROOM 51.00 05100 RECOVERY ROOM 52.00 05200 DELI VERY ROOM & LABOR 53.00 05300 ANESTHESI OLOGY 54.00 05401 ULTRASOUND 54.02 05402 MAMMOGRAPHY	ROOM			0 0 0 0 0 0			50. 00 51. 00 52. 00 53. 00 54. 00 54. 01 54. 02
55.00 05500 RADI OLOGY-THERAPEUTI C 56.00 05600 RADI OL SOTOPE 57.00 05700 CT SCAN 58.00 05800 MAGNETI C 59.00 05900 CARDI AC CATHETERIZATI C 60.00 06000 LABORATORY							55. 00 56. 00 57. 00 58. 00 59. 00 60. 00
60. 01 06001 BLOOD LABORATORY 61. 00 06100 PBP CLINICAL LAB SERVI 62. 00 06200 WHOLE BLOOD & PACKED F 63. 00 06300 BLOOD STORING, PROCESS 64. 00 06400 INTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	RED BLOOD CELLS						60. 01 61. 00 62. 00 63. 00 64. 00 65. 00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY	(66. 00 67. 00 68. 00 69. 00 70. 00
71.00 07100 MEDICAL SUPPLIES CHAR(72.00 07200 I MPL. DEV. CHARGED TO 73.00 07300 DRUGS CHARGED TO PATIE 74.00 07400 RENAL DI ALYSIS S 75.00 07500 ASC (NON-DI STINCT PAR	PATI ENTS ENTS	0 0 0 0	74	0 0 6 0 0			71.00 72.00 73.00 74.00 75.00
76. 00 03020 LI THOTRI PSY 76. 01 03021 ENDOSCOPY 76. 02 03022 PRI SI ON CLI NI C 76. 03 03023 WOUND CARE 76. 04 03024 OPI C		0 0 0 0					76.00 76.02 76.02 76.03 76.04
OUTPATI ENT SERVICE COST CEN 88.00 08800 RURAL HEALTH CLINIC 89.00 08900 FEDERALLY QUALIFIED HE		0		0			88. 00 89. 00
90.00 09000 CLINIC 91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON- 09200 OBSERVATION		0 0 0					90.00 91.00 92.00
OTHER REI MBURSABLE COST CEN 94. 00 09400 HOME PROGRAM DI ALYSI S 95. 00 09500 AMBULANCE SERVI CES 96. 00 09600 DURABLE MEDI CAL EQUI P- 97. 00 09700 DURABLE MEDI CAL EQUI P-	RENTED						94.00 95.00 96.00 97.00
98.00 05950 OTHER REIMBURSABLE COS 200.00 Subtotal (see instruct 201.00 Less PBP Clinic Lab. S Only Charges	tions)	0 0 0	74	0			98.00 200.00 201.00
202.00 Net Charges (line 200	+/- line 201)	0	74	6			202.00

Health Financial Systems	ERRE HAUTE REGI	ONAL HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der	CCN: 150046	Period: From 09/01/2013	Worksheet D Part II	
		Component	CCN: 15T046	To 08/31/2014	Date/Time Pre 1/26/2015 2:3	
		Ti tl	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,	U U	Program	(column 3 x	
	(from Wkst. B, Part II, col.	Part I, col. 8)	(col. 1 ÷ col 2)	. Charges	column 4)	
	26)	0)	2)			
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	931, 215				420	
51.00 05100 RECOVERY ROOM	81, 580	10, 027, 697			75	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	274, 233	4, 521, 085			0	52.00
53. 00 05300 ANESTHESI OLOGY	0	0	0.0000		0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	301, 811	10, 775, 432			899	54.00
54. 01 05401 ULTRASOUND	23, 783	3, 203, 702			68	54.01
54. 02 05402 MAMMOGRAPHY 55. 00 05500 RADI OLOGY-THERAPEUTI C	60, 626 234, 142	2, 477, 673 9, 533, 250			170	54.02 55.00
56. 00 05500 RADI 0L0GT-THERAPEUTIC	61,054	9, 533, 250			35	56.00
57. 00 05700 CT SCAN	82, 441	26, 485, 410				57.00
58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)	46, 601	7, 689, 805			137	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	108, 414	19, 338, 106			0	59.00
60. 00 06000 LABORATORY	281, 749	48, 278, 329			1, 940	60.00
60. 01 06001 BLOOD LABORATORY	0	0			0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	45, 645	6, 804, 679	0.00670	08 52, 448	352	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.0000	0 00	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.0000		0	64.00
65. 00 06500 RESPI RATORY THERAPY	113, 707	14, 038, 594			525	65.00
66. 00 06600 PHYSI CAL THERAPY	292, 400	5, 877, 707	0. 04974		69, 945	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0			0	67.00
68. 00 06800 SPEECH PATHOLOGY	0	0	0.0000		0	68.00
	108, 937	11, 658, 640			214	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,063	1, 230, 332 36, 953, 961	0. 03012		137 2, 222	70.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	440, 249 233, 678	14, 403, 433			2, 222	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	521, 682	94, 576, 431				73.00
74. 00 07400 RENAL DI ALYSI S	44, 110	4, 204, 402				74.00
75. 00 07500 ASC (NON-DI STINCT PART)	0	1, 201, 102	0.0000		0	75.00
76. 00 03020 LI THOTRI PSY	3, 643	489, 191			0	76.00
76. 01 03021 ENDOSCOPY	138, 512	26, 544, 832			20	76.01
76. 02 03022 PRI SI ON CLI NI C	214, 370				0	76.02
76. 03 03023 WOUND CARE	80, 909	3, 434, 609	0. 02355	57 0	0	76.03
76. 04 03024 OPI C	136, 743	5, 253, 159	0. 02603	31 0	0	76.04
OUTPATIENT SERVICE COST CENTERS	1			-		
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90. 00 09000 CLINIC	0	-				
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	455, 297 0	33, 561, 718 1, 940, 615				91.00 92.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) OTHER REI MBURSABLE COST CENTERS	0	1, 940, 815	0.0000		0	92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0	0.0000	0 00	0	
95. 00 09500 AMBULANCE SERVICES						95.00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	0	0.0000		0	96.00
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	0	0.0000		0	97.00
		0	0.0000	0 0	0	98.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS 200.00 Total (lines 50-199)	0 5, 354, 594	480, 069, 722		3, 224, 145		

Health Financial Systems 7	ERRE HAUTE REGIONA	AL HOSPITAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE THROUGH COSTS	VICE OTHER PASS		CCN: 150046 t CCN: 15T046	Period: From 09/01/2013 To 08/31/2014		pared: 7 pm
		Ti tl	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	Non Physician Nur Anesthetist Cost	sing School	Allied Healt		Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS 50.00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
51. 00 05100 RECOVERY ROOM	0	0		0 0	0	•
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
54. 01 05401 ULTRASOUND	0	0		0 0	0	
54. 02 05402 MAMMOGRAPHY	0	0		0 0	0	
55. 00 05500 RADI OLOGY-THERAPEUTI C 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	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	
60. 01 06001 BLOOD LABORATORY	0	0		0 0	0	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0 0	0	
65. 00 06500 RESPIRATORY THERAPY	0	0	1	0 0	0	•
66.00 06600 PHYSI CAL THERAPY	0	0		0 0	0	•
67.00 06700 OCCUPATI ONAL THERAPY	0	0)	0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	•
69.00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
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	
74. 00 07400 RENAL DI ALYSI S	0	0		0 0	0	
75.00 07500 ASC (NON-DI STINCT PART)	0	0)	0 0	0	•
76. 00 03020 LI THOTRI PSY	0	0		0 0	0	76.00
76. 01 03021 ENDOSCOPY	0	0		0 0	0	
76. 02 03022 PRI SI ON CLI NI C	0	0		0 0	0	
76. 03 03023 WOUND CARE	0	0		0 0	0	
76. 04 03024 OPI C OUTPATI ENT SERVICE COST CENTERS	0	0	1	0 0	0	76.04
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	•
90. 00 09000 CLINIC	0	0)	0 0	0	90.00
91.00 09100 EMERGENCY	0	0		0 0	0	•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 0	0	92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0		0 0	0	94.00
95. 00 09500 AMBULANCE SERVICES	0	0		0	0	94.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0	0	•
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0 0	0	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	1	0 0	0	
200.00 Total (lines 50-199)	0	0	4	0 0	0	200. 00

	TERRE HAUTE REG		HOSPI TAL			u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PAS				Period: From 09/01/2013	Worksheet D Part IV	
		1	Component	t CCN: 15T046	To 08/31/2014	Date/Time Pre 1/26/2015 2:3	
			Ti tl	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Outpatient		Charges Wkst. C,	Ratio of Cos to Charges	t Outpatient Ratio of Cost	Inpatient Program	
	Cost (sum of			(col. 5 ÷ col		Charges	
	col . 2, 3 and	liart	8)	7)	$(col. 6 \div col.$	ondi geo	
	4)				7)		
	6.00	7	7.00	8.00	9.00	10.00	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM			(00.011	0.0000	0 000000	20.0/1	50.00
50. 00 05000 OPERATING ROOM 51. 00 05100 RECOVERY ROOM	0		5, 683, 311 027 (07				50.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM), 027, 697 I, 521, 085			9, 246 0	51.00 52.00
53. 00 05300 ANESTHESI OLOGY	0		r, 521, 005 0	0.00000		0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0), 775, 432				54.00
54. 01 05401 ULTRASOUND	0		3, 203, 702			9, 109	54.01
54. 02 05402 MAMMOGRAPHY	0	1	2, 477, 673				
55. 00 05500 RADI OLOGY-THERAPEUTI C	0		, 533, 250	0.00000	0.000000	0	55.00
56. 00 05600 RADI 0I SOTOPE	0		9, 813, 563	0.00000	0 0.000000	5, 695	56.00
57.00 05700 CT SCAN	0	26	6, 485, 410	0.00000	0 0.000000	15, 830	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0		7, 689, 805			22, 556	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0		9, 338, 106			0	59.00
60. 00 06000 LABORATORY	0		3, 278, 329			332, 485	60.00
60. 01 06001 BLOOD LABORATORY	0)	C	0.00000	0 0. 000000	0	60.01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY			004 (70	0.00000	0 0 000000	F0 440	61.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0		6, 804, 679				
63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 64. 00 06400 I NTRAVENOUS THERAPY			0				63.00 64.00
65. 00 06500 RESPIRATORY THERAPY			l, 038, 594			64, 823	65.00
66. 00 06600 PHYSI CAL THERAPY	0		5, 877, 707			1, 406, 023	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0		0 () () () () () () () () () (1		0	67.00
68.00 06800 SPEECH PATHOLOGY	0		0	1		0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	11	, 658, 640			22, 861	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0) 1	, 230, 332	0. 00000	0.000000	4, 558	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36	6, 953, 961	0.00000	0 0.000000	186, 545	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0		1, 403, 433			0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		l, 576, 431			856, 288	73.00
74.00 07400 RENAL DI ALYSI S	0		1, 204, 402			162, 726	74.00
75. 00 07500 ASC (NON-DI STINCT PART)	0		0	0.00000		0	75.00
76. 00 03020 LI THOTRI PSY 76. 01 03021 ENDOSCOPY	0		489, 191	1		0	76.00
76. 02 03022 PRI SI ON CLI NI C			5, 544, 832 270, 056			3, 845 0	76.01
76. 03 03022 WOUND CARE			270,030 3,434,609				76.02
76. 04 03024 OPI C	0		5, 454, 007 5, 253, 159				76.04
OUTPATIENT SERVICE COST CENTERS		-1	,1200,107	0.00000	0,00000		/ 0.01
88.00 08800 RURAL HEALTH CLINIC	0	D	0	0.00000	0 0.00000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	•	0			0	89.00
90. 00 09000 CLINIC	0	D	0				
91.00 09100 EMERGENCY	0		8, 561, 718				
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0) 1	, 940, 615	0.00000	0 0. 000000	0	92.00
OTHER REIMBURSABLE COST CENTERS		1		0.00000	0 0 000000	2	04.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	ו	0	0.00000	0 0. 000000	0	
95. 00 09500 AMBULANCE SERVICES 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0.0000	0 0. 000000	0	95.00 96.00
97. 00 09700 DURABLE MEDICAL EQUIP-RENTED 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD			0	0.00000		0	96.00
98. 00 05950 OTHER REIMBURSABLE COST CENTERS			0	0.00000		0	97.00
200.00 Total (lines 50-199)	0), 069, 722		0.000000	3, 224, 145	
	1 0	1 -00	.,,	1	I	0,227,140	

Health Financial Systems	TERRE HAUTE REGI	ONAL HOSPITAL			u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	5 Provider (CCN: 150046	Period: From 09/01/2013	Worksheet D Part IV	
THROUGH COSTS		Component	CCN: 15T046	To 08/31/2014	Date/Time Pre 1/26/2015 2:3	
		Title	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	I npati ent	Outpati ent	Outpati ent			
	Program	Program	Program			
	Pass-Through Costs (col. 8	Charges	Pass-Through Costs (col.			
	x col. 10)		x col. 12)	9		
	11.00	12.00	13.00			
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0		0		50.00
51.00 05100 RECOVERY ROOM	0	0		0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0		52.00
53. 00 05300 ANESTHESI OLOGY	0	0		0		53.00
54.00 05400 RADI OLOGY - DI AGNOSTI C	0	0		0		54.00
54. 01 05401 ULTRASOUND	0	0		0		54.01
54. 02 05402 MAMMOGRAPHY 55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0		54.02 55.00
56. 00 05600 RADIOLOGI - THERAPEUTIC	0	0		0		56.00
57. 00 05700 CT SCAN	0	0		0		57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0		58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	Ő		0		59.00
60. 00 06000 LABORATORY	0	0		0		60.00
60.01 06001 BLOOD LABORATORY	0	0		0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0		63.00
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0		64.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0		65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0		66.00
67. 00 06700 0CCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	0		0		67.00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	0		0		68.00 69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0		70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1, 263		0		73.00
74.00 07400 RENAL DIALYSIS	0	0		0		74.00
75.00 07500 ASC (NON-DI STI NCT PART)	0	0		0		75.00
76. 00 03020 LI THOTRI PSY	0	0		0		76.00
76.01 03021 ENDOSCOPY	0	0		0		76.01
76. 02 03022 PRI SI ON CLI NI C	0	0		0		76.02
76. 03 03023 WOUND CARE 76. 04 03024 OPI C	0	0		0		76.03 76.04
OUTPATIENT SERVICE COST CENTERS	<u> </u>	U		0		70.04
88.00 08800 RURAL HEALTH CLINIC	0	0		0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0		89.00
90. 00 09000 CLINIC	0	0		0		90.00
91.00 09100 EMERGENCY	0	0		0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0		92.00
OTHER REIMBURSABLE COST CENTERS						
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0		0		94.00
95. 00 09500 AMBULANCE SERVI CES 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED		0		0		95.00 96.00
97. 00 09700 DURABLE MEDICAL EQUIP-RENTED	0	0		0		96.00
98. 00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		0		98.00
200.00 Total (lines 50-199)	0	1, 263		0		200.00
	-1			1		

Cost Center Description Cost to Charge Cost to Charge <thcharge< th=""> Cost to Charge Cost to</thcharge<>	PORTI ONME	NT OF MEDICAL, OTHER HEALTH SERVICES AND	D VACCINE COST		CCN: 150046 t CCN: 15T046	Period: From 09/01/2013 To 08/31/2014		
Cost Center Description Cost to Charges Cost so Ratio From Bartio From Worksheet C, Part 1, col. 9 Cost so Cost Subject To, Subject To,				Ti tl	e XVIII			•
ANCLLARY SERVICE COST CENTERS 1.00 2.00 3.00 4.00 5.00 ANCLLARY SERVICE COST CENTERS 0 0 0.00 0.00 0.00 0 0 0.00 0.00 0.00000 0		Cost Center Description	Ratio From Worksheet C,	Services (see inst.)	Cost Reimbursed Services Subject To	Cost Reimbursed Services Not Subject To	PPS Services	
MACILLARY SERVICE COST CENTERS 0.0 000000000000000000000000000000000000			1.00	2.00			E 00	
0.00 05000 (PERATING ROOM 0.102578 0 0 0 0 0 51. 2.00 05200 (PELIVERY ROOM & LABOR ROOM 0.483668 0 0 0 0 0 53. 4.00 05400 RADIOLOCY - DIAGNOSTIC 0.240462 0 0 0 0 53. 4.00 05400 RADIOLOCY - PIAGNOSTIC 0.240462 0 0 0 54. 4.01 05401 RADIOLOCY - PIAGNOSTIC 0.233181 0 0 0 55. 0.00 05505 0.00 0.00 0 0 55. 50. 55. 50.00 55.00 55.00 50.00 60.00	ANCI L	LARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
2.00 BS200 DELLIVERY REOM & LABOR ROOM 0.483668 0			0. 106652	C		0 0	0	50.00
3.00 05300 AMESTHESI DLOGY 0.000000 0								
4.00 05400 RADIOLOCY-DIAGNOSTIC 0.240462 0 0 0 54. 4.01 05401 MAMMORAPHY 0.237181 0 0 0 54. 4.02 05402 MAMMORAPHY 0.237181 0 0 0 55. 6.00 05500 RADIOLOCY-THERAPEUTIC 0.211026 0 0 0 55. 0.00 05900 MAGNETIC RESONANCE I MAGING (MRI) 0.064162 0 0 0 58. 0.00 05900 MAGNETIC RESONANCE I MAGING (MRI) 0.064162 0 0 0 58. 0.00 06000 LABORATORY 0.075449 0 0 0 64. 0.1100 DEBLOOD LABORATORY 0.000000 0 0 64. <t< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>-</td><td></td></t<>						-	-	
4.01 0 0 0 0 0 0 0 0 54. 4.02 05407 MMMORGAP+THERAPEUTIC 0.211026 0 0 0 55. 5.00 05507 ADI OLSOTOPE 0.13333 0 0 0 55. 7.00 05700 CT SCAW 0.035866 0 0 0 55. 0.00 05900 CARDIAC CATHETERIZATION 0.064162 0 0 0 59. 0.00 06001 BLODD LABORATORY 0.075449 0 0 0 6 6. 0.00 06001 BLODD STORING, REPROCESING ATMEY 0.000000 0 0 6 6. 0.00 06000 DO 0 0 0 6 6. <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>-</td> <td>-</td> <td></td>					1	-	-	
4.02 6462 MAMMORRAPHY 0.237181 0 0 0 54. 5.00 05500 RADIOLOGY-THERAPEUTIC 0.217026 0 0 0 55. 0.00 05500 RADIOLOGY-THERAPEUTIC 0.237126 0 0 0 55. 0.00 05000 RADIAL CESSONANCE IMAGING (MRI) 0.064162 0 0 0 58. 0.00 06000 LABORATORY 0.075449 0 0 0 60.					1	-	-	
5.00 05500 RAD1 CLORV-THERAPUTIC 0.211026 0 0 0 56.00 0.00 05500 CT SCAN 0.035806 0 0 0 56.70 0.00 05500 CT SCAN 0.035806 0 0 0 58.70 0.00 05500 CARDIAC CATHETER ZATION 0.042121 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
6.00 65600 RAD1 01 SOTOPE 0.113833 0 0 0 57 7.00 67500 CT SCAN 0.035866 0 0 0 57 8.00 65800 MACNETIC RESONANCE HMAGING (MRI) 0.064162 0 0 0 59 0.00 06000 LABORATORY 0.075449 0 0 0 66 0.01 06001 LABORATORY 0.000000 0 0 0 66 0.01 06001 HEGUD ALARSATORY 0.000000 0 0 0 66 0.00 06400 INTRAVENUS THERAPY 0.130534 0 0 0 0 66 65.00 66400 PHYSICAL THERAPY 0.130534 0 0 0 0 65.00 66400 PHYSICAL THERAPY 0.130534 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				-		-	-	55.0
7.00 65700 CT SCAN 0.035806 0 0 0 5700 0.00 05600 AMANETIC RESONANCE HARGING (MRI) 0.064162 0 0 0 58 9.00 05600 CARDIAC CATHETER ZATION 0.042251 0 <td< td=""><td></td><td></td><td></td><td></td><td>1</td><td>-</td><td>-</td><td></td></td<>					1	-	-	
8.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.04162 0 0 0 590 0.00 06000 CARDIAC CATHETERIZATION 0.063251 0<					1	-	-	
9.00 05900 CARDIAC CATHETERIZATION 0.063251 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						0 0	0	58.0
0.01 06001 BLOOD LABORATORY 0.000000 0 <td< td=""><td></td><td></td><td>0. 063251</td><td>0</td><td>)</td><td>0 0</td><td>0</td><td>59.0</td></td<>			0. 063251	0)	0 0	0	59.0
1.00 06100 PPP CLINICAL LAB SERVICES-PROM ONLY 0.000000 0 61100 6400 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.151435 0 0 0 63. 3.00 06400 INTRAVENOUS THERAPY 0.000000 0 0 643. 4.00 06400 INTRAVENOUS THERAPY 0.130534 0 0 0 645. 5.00 06500 PHYSICAL THERAPY 0.420558 0 0 0 66. 5.00 06600 PESPI RATORY THERAPY 0.420558 0 0 0 67. 6.00 06600 SPEECH PATHOLOGY 0.000000 0 0 0 67. 7.00 07000 ELECTROCARDAL THERAPY 0.114550 0 0 0 0 70. 7.00 07000 ELECTROCARDAPHY 0.114550 0 0 0 72. 7.00 07000 IPL. EVC. CHARGED TO PATI ENTS 0.14669 0 0 0 74. 7.00	. 00 06000	LABORATORY	0. 075449	C		0 0	0	60. C
2:00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.151435 0 0 0 0 0 6300 3:00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 0 0 64. 5:00 06500 RESPI RATORY THERAPY 0.130534 0 0 0 64. 5:00 06500 RESPI RATORY THERAPY 0.130534 0 0 0 66. 6:00 06000 DYPSIS CLA THERAPY 0.420658 0 0 0 66. 7:00 06700 OCCUPATI ONAL THERAPY 0.000000 0 0 0 66. 0:00 05000 BEECH PATHOLOGY 0.000000 0 0 0 0 66. 0:00 07000 ELECTROCARDI OLOGY 0.114550 0 0 0 0 0 0 0 0 0 71. 0:00 07000 DRUGS CHARCED TO PATI ENTS 0.129692 1.263 0 1,743 164 73. 0:00 07500 ASC (NON-DI STI						-	0	
3.00 06300 BLODD STORING, PROCESSING & TRANS. 0.000000 0 0 0 63.0 4.00 06400 INTRAVENOUS THERAPY 0.130534 0 0 0 0 65.0 5.00 06500 PESPI RATORY THERAPY 0.420658 0 0 0 0 65.0 5.00 06600 PHYSI CAL THERAPY 0.000000 0 0 0 0 67.0 6.00 06000 XPEECH PATHOLOGY 0.000000 0 0 0 0 67.0 67.00 06700 0 0 0 0 0 68.0 9.00 06900 0								61.0
4.00 06400 INTRAVENOUS THERAPY 0.00000 0 0 0 66 5.00 06500 RESPI RATORY THERAPY 0.130534 0 0 0 66 7.00 06700 0CUPATI ONAL THERAPY 0.000000 0 0 0 66 7.00 06000 0 0 0 0 66 7.00 06000 0 0 0 0 66 7.00 06900 ELECTROCARDI 0LOGY 0.000000 0						-	-	
5.00 06500 RESPIRATORY THERAPY 0.130534 0 0 0 65.00 5.00 06600 PHYSICAL THERAPY 0.420658 0 0 0 66.00 5.00 06600 PCUSICAL THERAPY 0.000000 0 0 66.00 5.00 06800 SPEECH PATHOLOCY 0.000000 0 0 67.00 5.00 06800 SPEECH PATHOLOCY 0.176168 0 0 0 70.00 0.00 07000 ELECTROCARDIOLOGY 0.176168 0 0 0 71. 0.00 07300 DRL DEV. CHARGED TO PATIENTS 0.129962 1.263 0 1.743 164 73.00 0.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 75. 0.003202 LITHORIPSY 0.299883 0 0 0 76. 0.03221 PIOTERT SERVICE COST CENTERS 0.294084 0 0 0 76.						-		
6.00 0.6600 PHYSICAL THERAPY 0.420658 0 0 0 0 66. 7.00 06700 0CCUPATIONAL THERAPY 0.000000 0 0 0 67. 8.00 06800 SPECH PATHOLOGY 0.114550 0 0 0 66. 9.00 06900 ELECTROCARDIOLOGY 0.114550 0 0 0 67. 0.00 07000 ELECTROCARDIOLOGY 0.114550 0 0 0 0 67. 0.00 07000 ELECTROCARDIOLOGY 0.114650 0 0 0 70. 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.129942 1, 263 0 1,743 164 73. 1.00 07400 RENAL DI ALYSIS 0.214869 0 0 0 75. 0.003020 DI THOTR PSY 0.209883 0 0 0 76. 0.03021 ENDSCOPY 0.085982 0 0 0						-	-	
7.00 06700 0CUPATIONAL THERAPY 0.000000 0 0 67. 8.00 06800 SPEECH PATHOLOGY 0.000000 0 0 67. 8.00 06800 SPEECH PATHOLOGY 0.100000 0 0 667. 9.00 06900 ELECTROCARDIOLOGY 0.114550 0 0 0 669. 0.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.156621 0 0 0 72. 1.00 07100 RENAL DIALYSIS 0.219962 1.263 0 1.743 164 73. 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.219982 0 0 0 74. 3.00 07500 ASC (NON-DI STINCT PART) 0.209883 0 0 0 75. 6.00 03202 LITHORINEY 0.299883 0 0 0 76. 6.01 03221 ENDSCOPY 0.085982 0 0 0 76. 6.02 03222 VRISION CLINIC 2.345443 0 0<						-	-	
8.00 06800 SPEECH PATHOLOGY 0.000000 0 0 0 68.00 06900 ELECTROCARDIOLOGY 0.114550 0 0 0 0 68.00 0<								
9.00 06900 ELECTROCARDIOLOGY 0.114550 0 0 0 69.00 0.00 07000 ELECTROCEVPALLOGRAPHY 0.176168 0 0 0 77.00 0.00 MPL DEV. CHARGED TO PATIENTS 0.156621 0 0 0 72.00 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.129962 1,263 0 1,743 164 73.00 3.00 07500 REXAL DIALYSIS 0.214869 0 0 0 75.00 5.00 03020 LITHOTRIPSY 0.209883 0 0 0 76.00 5.00 03022 PRISION CLINIC 2.345443 0 0 0 76.00 6.03 03023 WOUND CARE 0.294084 0 0 0 76.00 0.012424 PRISION CLINIC 0.182205 0 0 0 76.00 0.03020 FEDERALTH CLINIC 0.000000 0 0 0 97.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td>						-	-	
0.00 07000 ELECTROENCEPHALOGRAPHY 0.176168 0 0 0 70. 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.156621 0 0 0 71. 2.00 7200 IMPL. DEV. CHARGED TO PATIENTS 0.466305 0 0 0 71. 3.00 07400 RENAL DIALYSIS 0.214869 0 0 0 74. 5.00 7500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 75. 6.01 03021 ENDOSCOPY 0.209883 0 0 0 0 76. 6.02 03022 PRISION CLINIC 2.345443 0 0 0 76. 6.04 03024 OPITATIENT SERVICE COST CENTERS 0.294084 0 0 0 76. 0.0233 WOUND CARE 0.294084 0 0 0 0 76. 0.024 OPIC 0.182205 0 0 0 0 <t< td=""><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td></t<>					1			
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.466305 0 0 72. 3.00 07300 DRUGS CHARGED TO PATIENTS 0.129962 1,263 0 1,743 164 73. 4.00 7400 RENAL DIALYSIS 0.214869 0 0 0 74. 5.00 0750 ASC (NON-DISTINCT PART) 0.000000 0 0 0 75. 6.01 03021 LITHOTRIPSY 0.209883 0 0 0 76. 6.02 03022 PRISION CLINIC 2.345443 0 0 0 76. 6.03 03224 OPIC 0.182205 0 0 0 76. 6.04 0324 OPIC 0.182205 0 0 0 76. 7.00 08900 FUBERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 90. 7.00 09700 CLINIC 0.000000 0 0 90. 92. 7.00 0970	. 00 07000	ELECTROENCEPHALOGRAPHY	0. 176168	0)	0 0	0	70.0
3.00 07300 DRUGS CHARGED TO PATIENTS 0.129962 1,263 0 1,743 164 73. 4.00 07400 RENAL DIALYSIS 0.214869 0 0 0 74. 5.00 7500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 75. 6.00 03020 LITHOTRIPSY 0.209883 0 0 0 76. 6.01 03021 ENDOSCOPY 0.085982 0 0 0 76. 6.02 03023 WOUND CARE 0.294084 0 0 0 76. 6.03 03024 (PI C 0.182205 0 0 0 76. 7.00 03000 RURAL HEALTH CLINIC 0.000000 0 0 0 76. 8.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 99. 99. 0.00 09000 CLINIC 0.000000 0 0 99. 92. 0.00 09000 EMERGENCY 0.132475 0 0 0 92.	. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 156621	0		0 0	0	71.0
4.00 07400 RENAL DI ALYSI S 0.214869 0 0 0 74. 5.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 75. 6.00 03020 LI THOTRI PSY 0.209883 0 0 0 0 76. 6.01 03021 ENDOSCOPY 0.085982 0 0 0 76. 6.02 03022 PRI SI ON CLI NI C 2.345443 0 0 0 76. 6.02 03022 WUND CARE 0.294984 0 0 0 76. 0.01 03224 OPI C 0.182205 0 0 0 76. 0 00200 FEDERALLY QUALI FIED HEALTH CENTER 0.000000 0 0 88. 0.00 09000 CLI NI C 0.000000 0 0 99. 99. 0.00 09000 CLI NI C 0.000000 0 0 90. 92. 0.00 09000 CLI NI C 0.000000 0 0 <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>-</td> <td></td> <td></td>					1	-		
5.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 75. 6.00 03020 LITHOTRI PSY 0.209883 0 0 0 76. 6.01 03021 ENDOSCOPY 0.085982 0 0 0 76. 6.02 03022 PRI SI ON CLI NI C 2.345443 0 0 0 76. 6.03 03023 WOUND CARE 0.294084 0 0 0 76. 6.04 03024 OPI C 0.182205 0 0 0 76. 0.000000 RURAL HEALTH CLINIC 0.000000 0 0 0 88. 0.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 90. 0.00 09000 CLINIC 0.000000 0 0 0 92. 0.01000 DEDS (NON-DI STINCT PART) 0.207382 0 0 0 92. 0.0200 OBSERVATI ON BEDS (NON-DI STINCT PAR					1			
5.00 03020 LITHOTRIPSY 0.209883 0 0 0 76. 5.01 03021 ENDOSCOPY 0.085982 0 0 0 76. 5.02 03022 PRISION CLINIC 2.345443 0 0 0 76. 5.03 03024 OPIC 0.294084 0 0 0 76. 5.04 03024 OPIC 0.182205 0 0 0 76. 0UTPATIENT SERVICE COST CENTERS 0.000000 0 0 0 88. 0.0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 89. 0.0 09000 CLINIC 0.000000 0 0 0 99. 0.0 09000 CLINIC 0.000000 0 0 0 99. 0.0 09200 OBSERVATION BEDS (NON-DISTICT PART) 0.207382 0 0 0 99. 0.000000 0 0 0					1	-	-	
5. 01 03021 ENDOSCOPY 0.085982 0 0 0 76. 5. 02 03022 PRISION CLINIC 2.345443 0 0 0 0 76. 5. 03 03023 WOUND CARE 0.294084 0 0 0 0 76. 0.0024 OPI C 0.182205 0 0 0 76. 0UTPATI ENT SERVICE COST CENTERS 0.000000 0 0 0 88. 8.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 88. 9.00 09900 EDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 90. 0.00 09100 EMEGENCY 0.132475 0 0 0 90. 2.00 09200 OBSERVATION BEDS (NON-DI STINCT PART) 0.207382 0 0 0 92. 0THER REI MBURSABLE COST CENTERS 0.000000 0 94. 94. 94. 94. 94. 94. 94. 94. 95.00 00 0 95.00 9600 0 0					1		-	
6. 02 03022 PRI SI ON CLI NI C 2. 345443 0 0 0 76. 6. 03 03023 WOUND CARE 0. 294084 0 0 0 0 76. 6. 04 03024 OPI C 0. 182205 0 0 0 0 0 76. OUTPATI ENT SERVICE COST CENTERS 0 0.000000 0 0 0 0 88. 9. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 88. 9. 00 09900 CLINIC 0.000000 0 0 0 90. 1. 00 09100 EMERGENCY 0.132475 0 0 0 90. 92. 01400 HBURSABLE COST CENTERS 0.000000 0 0 940. 94. 95. 95. 95. 95. 95. 95. 95. 95. 95. 95. 95. 95. 95. 96. 96. 96. 96. 96. <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>-</td><td></td></td<>						-	-	
6.03 03023 WOUND CARE 0.294084 0 0 0 0 76. 6.04 03024 OPIC 0.182205 0 0 0 0 0 76. OUTPATIENT SERVICE COST CENTERS 0.000000 0 0 0 0 88. 8.00 08900 FEBERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 90. 88. 0.00 09000 CLINIC 0.000000 0 0 0 90. 90. 90.0 08900 FEBERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 90. 90.0 90.0 0.132475 0 0 0 91. 92. 0 920.0 085ERVATION BEDS (NON-DISTINCT PART) 0.207382 0 0 0 92. 0 0 0 92. 0 0 92. 0 0 0 94. 5. 0.000000 0 0 95. 0 95. 95. 0.000000 <t< td=""><td></td><td></td><td></td><td></td><td>1</td><td>-</td><td></td><td></td></t<>					1	-		
6. 04 03024 OPI C 0. 182205 0 0 0 0 76. OUTPATIENT SERVICE COST CENTERS 0. 000000 0 0 0 88. 0 0800 RURAL HEALTH CLINIC 0. 000000 0 88. 0 89. 0.00000 0 0 0 89. 0.00000 0 0 0 89. 0.00000 0 0 0 90. 88. 9.00 09000 CLINIC 0.00000 0 0 0 90.<						-	-	
8. 00 08800 RURAL HEALTH CLINIC 0.000000 0 0 88. 9. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 89. 0. 00 09000 CLINIC 0.000000 0 0 0 89. 0. 00 09100 EMERGENCY 0.132475 0 0 0 91. 2. 00 09200 DSERVATION BEDS (NON-DISTINCT PART) 0.207382 0 0 0 92. 0 07HER REI MBURSABLE COST CENTERS 0.000000 0 0 92. 0 09400 HOME PROGRAM DI ALYSI S 0.000000 0 94. 5. 00 09500 AMBULANCE SERVICES 0.000000 0 95. 6. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 0 96. 7. 00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 0 97. 8. 00 05950 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 98. 00. 00 0 0 <								
9.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 89. 0.00 09000 CLINIC 0.000000 0 0 0 90. 0 0 90. 0 0 90. 0 0 0 90. 0 0 0 90. 0 0 0 90. 90. 1.00 90. 0 0 0 0 0 90. 90. 90. 0 0 0 0 0 90. 90. 90. 90. 0 0 0 0 90. 90. 90. 90. 90. 90. 90. 90. 90. 90. 90. 90. 90. 90. 90. 92. 90.<	OUTPA	ATIENT SERVICE COST CENTERS					-	
0.00 09000 CLINIC 0.000000 0 0 0 0 90. 1.00 09100 EMERGENCY 0.132475 0 0 0 0 91. 2.00 09200 DBSERVATION BEDS (NON-DISTINCT PART) 0.207382 0 0 0 0 92. OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 94. 4.00 09600 AMBULANCE SERVICES 0.000000 0 95. 96.00 0 96. 97. 6.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 0 96. 97. 8.00 05550 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 97. 8.00 05550 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 98. 00.00 Subtotal (see instructions) 1, 263 0 1, 743 164 200. 01.00 Less PBP Clinic Lab. Services-Program 0 0 0							-	
1.00 09100 EMERGENCY 0.132475 0 0 0 91. 2.00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 0 0 0 0 92. 0THER REI MBURSABLE COST CENTERS 0.000000 0 0 94. 5.00 09500 AMBULANCE SERVICES 0.000000 0 95. 95. 6.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 0 96. 7.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 0 97. 8.00 05950 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 98. 00.00 Subtotal (see instructions) 1, 263 0 1, 743 164 200. 01.00 Less PBP Clinic Lab. Services-Program 0 0 0 201.								
2. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 0. 207382 0 0 0 92. OTHER REI MBURSABLE COST CENTERS 0.000000 0 94. 94. 95. 95. 95. 95. 95. 96. 95. 96.00 96. 96. 97. 97.00 00 0 0 96. 97. 97.00 97.00 00 0 0 97. 97.00 97.00 00 0 0 97. 97.00 97.00 00 0 0 97. 97.00 97.00 00 0 0 97.00 97.00 00 0 97.00 97.00 97.00 00 0 0 97.00								
OTHER REI MBURSABLE COST CENTERS 4.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 94. 5.00 09500 AMBULANCE SERVI CES 0.000000 0 95. 6.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 96. 7.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 0 0 97. 8.00 05950 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 0 98. 00.00 Subtotal (see instructions) 1, 263 1, 743 164 200. 01.00 Less PBP Clinic Lab. Services-Program 0 0 201. 201.								
4. 00 09400 HOME PROGRAM DI ALYSI S 0. 000000 0 94. 5. 00 09500 AMBULANCE SERVI CES 0. 000000 0 0 95. 6. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 000000 0 0 0 96. 7. 00 09700 DURABLE MEDI CAL EQUI P-SOLD 0. 000000 0 0 0 97. 8. 00 05950 OTHER REI MBURSABLE COST CENTERS 0. 000000 0 0 0 98. 00. 00 Subtotal (see instructions) 1, 263 0 1, 743 164 200. 01. 00 Less PBP Clinic Lab. Services-Program 0 0 0 201. 201.			0. 207382		1	0 0	0	92.0
5.00 09500 AMBULANCE SERVICES 0.000000 0 95. 6.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 96. 7.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 0 0 97. 8.00 05950 OTHER REI MBURSABLE COST CENTERS 0.000000 0 0 0 98. 00.00 Subtotal (see instructions) 1, 263 0 1, 743 164 200. 01.00 Less PBP Clinic Lab. Services-Program Only Charges 0 0 0 201.			0.00000			0		94.0
6.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 96.0 96.0 0 0 97.0 97.0 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 0 0 97.0 97.0 05950 0THER REI MBURSABLE COST CENTERS 0.000000 0 0 0 98. 98. 00.00 V Subtotal (see instructions) 1,263 0 1,743 164 200. 01.00 Less PBP Clinic Lab. Services-Program Only Charges 0 0 0 0 201.								95.0
7.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 0 0 97. 8.00 05950 0THER REI MBURSABLE COST CENTERS 0.000000 0 0 0 98. 00.00 Subtotal (see instructions) 1,263 0 1,743 164 200. 01.00 Less PBP Clinic Lab. Services-Program Only Charges 0 0 0 0 201.							0	
8. 00 05950 OTHER REI MBURSABLE COST CENTERS 0. 000000 0 0 0 98. 00. 00 Subtotal (see instructions) 1, 263 0 1, 743 164 200. 01. 00 Less PBP Clinic Lab. Services-Program Only Charges 0 0 0 201.						-		
00.00Subtotal (see instructions)1,26301,743164200.01.00Less PBP Clinic Lab. Services-Program00201.0nl y Charges00201.						0 0		
Only Charges	0.00	Subtotal (see instructions)				0 1, 743	164	
	1.00							201.0
		Only Charges Net Charges (line 200 +/- line 201)				0 1, 743		

		FERRE HAUTE REG	ONAL HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST		CCN: 150046 t CCN: 15T046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prep	
			Ti ti	e XVIII	Subprovider -	1/26/2015 2:37 PPS	7 pili
		Cos	sts		IRF		
	Cost Center Description	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCLI		6.00	7.00				
	LLARY SERVICE COST CENTERS	0	(D			50.00
	O RECOVERY ROOM	0					51.00
52.00 05200	O DELIVERY ROOM & LABOR ROOM	0	(52.00
	O ANESTHESI OLOGY	0	(53.00
	0 RADI OLOGY-DI AGNOSTI C	0	(54.00
	1 ULTRASOUND	0	(54.01
	2 MAMMOGRAPHY	0	(54.02
	0 RADI OLOGY-THERAPEUTI C 0 RADI OI SOTOPE	0					55.00 56.00
	O CT SCAN	0					57.00
	O MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
	O CARDI AC CATHETERI ZATI ON	0					59.00
	0 LABORATORY	0					60.00
60.01 0600	1 BLOOD LABORATORY	0	(60.01
61.00 06100	O PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	(62.00
	0 BLOOD STORING, PROCESSING & TRANS.	0	(63.00
	O I NTRAVENOUS THERAPY	0	(-			64.00
		0					65.00
	0 PHYSI CAL THERAPY 0 OCCUPATI ONAL THERAPY	0					66.00 67.00
	O SPEECH PATHOLOGY	0					68.00
	0 ELECTROCARDI OLOGY	0					69.00
	0 ELECTROENCEPHALOGRAPHY	0					70.00
	O MEDICAL SUPPLIES CHARGED TO PATIENTS	0	(71.00
72.00 07200	OIMPL. DEV. CHARGED TO PATIENTS	0	(72.00
	O DRUGS CHARGED TO PATIENTS	0	22	7			73.00
	O RENAL DIALYSIS	0	(74.00
	O ASC (NON-DI STI NCT PART)	0	(75.00
		0					76.00
	1 ENDOSCOPY 2 PRI SI ON CLI NI C	0					76. 01 76. 02
	3 WOUND CARE	0					76.02
	4 OPI C	0					76.04
	ATIENT SERVICE COST CENTERS		1	1			
	O RURAL HEALTH CLINIC	0	(88. 00
	0 FEDERALLY QUALIFIED HEALTH CENTER	0		D			89.00
		0					90.00
	O EMERGENCY	0					91.00
	O OBSERVATION BEDS (NON-DISTINCT PART)	0	(92.00
	R REIMBURSABLE COST CENTERS	0	(94.00
	O AMBULANCE SERVICES	0		íl			94.00
	O DURABLE MEDICAL EQUIP-RENTED	0					96.00
	O DURABLE MEDICAL EQUIP-SOLD	0					97.00
	O OTHER REI MBURSABLE COST CENTERS	0					98.00
200.00	Subtotal (see instructions)	0	22				200.00
201.00	Less PBP Clinic Lab. Services-Program	0					201.00
	Only Charges						1
202.00	Net Charges (line 200 +/- line 201)	0	22	_1			202.00

Cost Center Description Cost to Charges Co	Health Financial Systems	TERRE HAUTE REG		0011 450044		u of Form CMS-	2552-10
Cost Center Description Cost to Charges Costs Cost Costs Cost Cost <th< th=""><th>APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN</th><th>ND VACCINE COST</th><th>Provi der</th><th>CCN: 150046</th><th></th><th>Date/Time Pre</th><th></th></th<>	APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	ND VACCINE COST	Provi der	CCN: 150046		Date/Time Pre	
Cost Center Description Cost to Charge PS Relativesed Bervices (c) Part I, col. 9 Cost to Charge PS Relativesed Services (cst pot bd & Coins. Cost Services (cst pot bd & Coins. PS Services (cst pot bd & Coins. 51.00 00100 FRCOVERY ROM LABOR ROM 0.102522 (c23.470 0 0 142.510 53.00 00300 AutSTIESI OLOX 0.204042 (cst pot bd & Coins. 0.23446 (coins. 0 0 0 0 0 54.01 06401 OLIVER MACHARY 0.23446 (coins. 0 0 0 0 0 0 0 55.00			Ti t		Hospi tal		
Ret is From Part I, col. 9 Services (see inst.) Ret is provides Subject To cols Rel is provides Subject To col							
Image: Service solution Services Servic	Cost Center Description						
Part I., col. 9 Subject To (see inst.) Subject To (see inst.) 50.00 3.00 4.00 5.00 50.00 0.0000 (DFRATI KL ROM 0.106657 7,266,202 0 0 774,265 51.00 0.0000 (DFRATI KL ROM 0.106657 7,266,202 0 0 714,265 51.00 0.0000 (DFL HEW ROM & LABOR ROM 0.43268 1.07,150 0 0 142,235 53.00 0.0200 (DFL HEW ROM & LABOR ROM 0.43268 107,150 0 0 142,235 54.00 0.6400 RADI LORAY 0.02028 (DFL HEW ROM & LABOR ROM 0.43268 107,150 0 0 4323 54.00 0.6400 RADI LORAY 0.232181 157,291 0 0 37,306 55.00 05600 RADI CISTOPE 0.11333 673,318 0 0 99,412 55,400 0 35,301 0 0 35,301 0 0 35,301 35,301 0 0 35,301 35,301 35,313 0 0 0						(see inst.)	
Image: Construct Section 1 Dect. & Colins. Cese Inst. / Sections. ANCI LLARY SERVICE COST CENTERS 1.00 2.00 3.00 4.00 5.00 50.00 05000 OPERATING ROOM 0.106652 7.266,202 0 0774,955 51.00 05100 OS200 DELLVERY ROW & LABOR ROW 0.433668 107,150 0 0 0 122,731 52.00 05200 DELLVERY ROW & LABOR ROW 0.433668 107,150 0 0 0 124,733 54.00 05400 RADI LOUGY-IN KANSTIC 0.240462 1,761,235 0 0 627,206 55.00 05500 RADI LOUGY-IN KANSTIC 0.211026 348,800 0 72,069 00 05500 RADI LOUGY-INERAPEUTI C 0.211026 348,800 0 73,069 00 05700 CT SCAM 0.035862 2,981,861 0 006,931,937 59.00 05900 LARDA C ATHEREN LATI NN 0.064221 14,1480 0 0374,227 60.01 06000 PP CLIN CAL LAB SERVICE CS-PREM ONLY 0.000000 0 0 0			· · ·				
Image: state inst.1 Case: Inst.1 Case: Inst.1 Case: Inst.1 MCILLARY SERVICE COST CENTERS 0 0.00 <td></td> <td></td> <td>, </td> <td>1 2</td> <td>2</td> <td></td> <td></td>			, 	1 2	2		
NCLLLARY SERVICE COST CENTERS							
50.00 05000 0FEATING ROOM 0.106452 7.264, 202 0 0 774, 955 51.00 05200 DELUYERY ROOM 0.483668 107, 150 0 0 0 0 0 12, 233 0 <t< td=""><td></td><td>1.00</td><td>2.00</td><td></td><td></td><td>5.00</td><td></td></t<>		1.00	2.00			5.00	
51.00 05100 RECOVERY ROOM & LABOR ROOM 0.102576 1, 391, 946 0 142, 783 52.00 05200 ANESTHESI DLOGY 0.000000 0 0 0 54.01 05400 ANESTHESI DLOGY 0.200000 0 0 0 0 54.01 05401 ULTRASOUND 0.102822 623, 470 0 0 64, 106 54.01 05401 ULTRASOUND 0.102822 623, 470 0 0 67, 306 55.00 05500 RADI OLOCY-THEAPEUTI C 0.211026 348, 600 0 73, 666 57.00 05700 CT SCAN 0.035866 2, 981, 661 0 0 05, 991 59.00 05900 CARDI AC CATHETER JATI ON 0.063251 555, 409 0 37, 336 0.0 06000 DROC LABORATORY 0.07549 4, 959, 999 0 0 37, 337 0.0 06200 WHOLE BLOOD A PACKED RED BLOOD CLLS 0.151435 174, 794 0 0 0 0.0 06200 WHOLE BLOOD A PACKED RED BLOOD CLLS 0.151435 174, 794 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
52.00 65200 DELLVERY FROM & LABOR ROOM 0.483668 107,150 0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td></td<>							•
53. 00 06300 ANESTHESI OLOGY 0.000000 0 0 0 0 54. 00 6400 IULTRASONNO 0.102822 623. 470 0 0 641.166 54. 01 05401 IULTRASONNO 0.102822 623. 470 0 0 73. 366 55. 00 05500 RADI 0LOGY-THERAPEUTIC 0.211026 348. 800 0 73. 366 56. 00 05500 RADI 0LOGY-THERAPEUTIC 0.211026 348. 800 0 0 73. 666 56. 00 05500 RADI 0LOGY-THERAPEUTIC 0.231181 155. 409 0 0 0.5991 0 53. 931 59. 00 05500 CHABOLAC CATHETERI ZATI 0N 0.064162 841.480 0 0 37. 331 0 0 0 37. 321 0 0.00000 0 0 0 0 0 37. 331 0 0 0.37. 321 0 0 0.37. 326 0 <							•
54.00 05400 RADIOLOGY-DIAGNOSTIC 0.240462 1, 761, 235 0 423, 510 54.01 05401 ULTRASOND 0.02822 623, 470 0 0 373, 366 54.02 05402 MAMMORGAPHY 0.237181 157, 297 0 0 373, 366 55.00 05500 RADIOLOGY-THERAPEUTIC 0.217126 348, 800 0 99, 412 57.00 05700 CT SCAN 0.038866 2, 981, 861 0 0 160, 99, 412 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.64122 551, 409 0 351, 350 60.00 06000 LABORATORY 0.075449 4, 959, 99 0 0 374, 227 61.01 06010 INTRAVENDIS PLEXOP 0.000000 0							52.00
54.01 054.01 ULTRASQUIND 0.102822 623.470 0 0 64.106 55.00 05500 RADIOLOGY-THERAPEUTIC 0.211026 348.800 0 73.366 55.00 05500 RADIOLOGY-THERAPEUTIC 0.211026 348.800 0 73.666 57.00 05700 CT SCAN 0.035866 2.981.861 0 0 55.99 58.00 05900 CARDIAC CATHETERIZATION 0.064162 841.480 0 0 35.991 59.00 05900 CARDIA CATHETERIZATION 0.064162 841.480 0 0 37.301 60.01 06000 LABORATORY 0.000000 0							53.00
54.02 054.02 MAMOGRAPHY 0.237181 157.291 0 0 73.366 55.00 05500 RADIOLOCY-THERAPEUTIC 0.211026 348.800 0 0 99.4121 57.00 05700 05700 05700 05700 05700 0 0 349.818 0 0 99.4121 58.00 05800 MARTIC RESONANCE IMAGING (MRI) 0.064122 841.480 0 0 35.130 59.00 05600 CABDIA CATHETERIZATION 0.063251 555.409 0 0 374.227 60.01 06001 LABORATORY 0.075449 4.959.999 0 0 374.227 60.01 06000 DABOLACATORY 0.000000 0 0 0 0 0 61.00 06100 PBC CLINICA, LAB SERVICES-PRGM ONLY 0.000000 0							
55.00 OSSOQ RADIOLGGY-THERAPEUTIC 0.211026 348.800 0 0 97.400 56.00 OSSOQ RADIOLSOTOPE 0.113833 B73.318 0 0 99.412 57.00 OSSOQ CASCAN 0.035866 2.981.861 0 0 95.701 58.00 OSSOQ CARDIAS CATHETERIZATION 0.064162 841.480 0 0 35.791 50.00 OSSOQ LABORATORY 0.066021 LABORATORY 0.062021 0 374.227 60.10 06000 LABORATORY 0.000000 0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>							1
56.00 056.00 RADI DI SOTOPE 0.113833 873.318 0 0 99,412 57.00 05700 CTSCAN 0.035866 2,981,861 0 0 05690 59.00 05900 CARDIA C. CATHETERI ZATI ON 0.064251 555,409 0 357,100 50.00 D6000 LABORATORY 0.075449 4,959,999 0 0 374,227 60.01 LGOOD LABORATORY 0.000000 0 0 0 0 0 60.01 LGOOD LABORATORY 0.000000 0							•
57.00 05700 CT SCAN 0.035866 2.981,861 0 0 106,947 59.00 05900 CARDIAC CATHETERIZATION 0.064122 841,480 0 0 35,130 60.00 06000 LABORATORY 0.075449 4,959,999 0 0 374,227 60.10 06000 LABORATORY 0.000000 0							1
58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0.064162 841, 480 0 0 53, 991 59. 00 05900 CARDI AC CATHETERI ZATI ON 0.063251 555, 409 0 374, 227 60. 01 06000 LABORATORY 0.075449 4, 959, 999 0 0 374, 227 60. 01 06000 LABORATORY 0.000000 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>57.00</td>							57.00
59:00 05900 CARDIA C CATHETERI ZATION 0.063251 555,409 0 0 351,30 1 60:00 06000 LABORATORY 0.075449 4,959,999 0 0 374,227 60:01 06000 LABORATORY 0.00000 0 0 0 0 0 61:00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.00000 0<							
60:00 06000 LABORATORY 0.075449 4,959,999 0 0 374,227 60:01 06010 BLODD LABORATORY 0.000000 0 0 0 0 61:00 0610 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.000000 0							
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.000000 0 0 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.151435 174, 794 0 0 0 0 63.00 06300 BLOOD STORING, PRCCESSING & TRANS. 0.000000 0					0 0		60.00
62.00 0c200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.151435 174,794 0 0 26,470 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 0	60. 01 06001 BLOOD LABORATORY	0.00000	o c		0 0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 0 <td< td=""><td>61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY</td><td>0.00000</td><td></td><td></td><td>0 0</td><td></td><td>61.00</td></td<>	61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.00000			0 0		61.00
64.00 INTRAVENOUS THERAPY 0.000000 0 0 0 0 65.00 06500 RESPIRATORY THERAPY 0.130534 348,332 0 0 45,69 66.00 06600 PHYSICAL THERAPY 0.420658 284,896 0 0 119,844 67.00 06000 PHYSICAL THERAPY 0.400000 0 <t< td=""><td></td><td></td><td></td><td>Ļ</td><td></td><td>26, 470</td><td>62.00</td></t<>				Ļ		26, 470	62.00
65.00 06500 RESPI RATORY THERAPY 0.130534 348,332 0 0 45,469 66.00 06600 PHYSI CAL THERAPY 0.420658 284,896 0 0 119,844 67.00 06700 OCCUPATIONAL THERAPY 0.000000 0						-	63.00
66.00 06600 PHYSICAL THERAPY 0.420658 284,896 0 0 119,844 67.00 <						-	64.00
67.00 06700 0CCUPATIONAL THERAPY 0.000000 0							65.00
68.00 06800 SPECH PATHOLOGY 0.00000 0							66.00
69.00 06900 ELECTROCARDIOLOGY 0.114550 829, 299 0 0 94, 996 70.00 07000 ELECTROENCEPHALOGRAPHY 0.176168 405, 223 0 0 71.387 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.156621 2.440, 835 0 0 382, 286 72.00 07300 DRUGS CHARGED TO PATIENTS 0.129962 5, 275, 341 0 0 685, 594 71.00 07500 ASC (NON-DISTINCT PART) 0.214869 3, 843 0 0 826 0 <							67.00
70.00 07000 ELECTROENCEPHALOGRAPHY 0.176168 405,223 0 0 71,387 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.156621 2,440,835 0 0 322,286 73.00 07300 DRUC SCHARGED TO PATIENTS 0.466305 652,645 0 0 342,322 73.00 07400 RENAL DI ALYSI S 0.129962 5,275,341 0 0 685,594 75.00 07500 ASC (NON-DI STI NCT PART) 0.000000 0							
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0.156621 2,440,835 0 0 382,286 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0.466305 652,645 0 0 304,332 74.00 07400 RENAL DI ALYSI S 0.214869 3,843 0 0 826 74.00 07500 ASC (NON-DI STI NCT PART) 0.000000 0 0 0 0 76.01 03021 ENDOSCOPY 0.229883 41,485 0 0 8707 76.02 03022 PRI SI ON CLI NI C 2.345443 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 16,206 0 16,206 0 16,206 0 0 0 16,206 0 0 0 0 16,206 0 0 0 0 0 0 0 16,206 0 0 0 0 0 0 0 0 0 16,206 0							70.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.466305 652,645 0 0 304,332 73.00 DRUGS CHARGED TO PATIENTS 0.129962 5,275,341 0 0 685,594 74.00 O7500 RENAL DI ALYSI S 0.214869 3,843 0 0 826 75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 0 76.01 03021 ENDOSCOPY 0.209883 41,485 0 0 8,707 76.01 03022 PI SI ON CLINIC 2.345443 0 <							•
73.00 07300 DRUGS CHARGED TO PATIENTS 0.129962 5,275,341 0 0 685,594 74.00 07400 RENAL DI ALYSI S 0.214869 3,843 0 0 826 75.00 0500 ASC (NON-DI STINCT PART) 0.000000 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td></t<>							•
74.00 07400 RENAL DI ALYSI S 0.214869 3,843 0 0 826 75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 0 76.01 03021 LITHOTRI PSY 0.209883 41,485 0 0 8,707 76.01 03021 ENDOSCOPY 0.085982 2,004,615 0 0 0 0 0 76.02 03022 PRI SI ON CLI NI C 2.345443 0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td></td<>							•
76.00 03020 LI THOTRI PSY 0. 209883 41, 485 0 0 8, 707 76.01 03021 ENDOSCOPY 0. 085982 2, 004, 615 0 0 0 0 76.02 03022 PRI SI ON CLI NI C 2. 345443 0 0 0 0 0 0 76.03 03023 WOUND CARE 0. 294084 395, 144 0 0 116, 206 0 76, 168 76.04 03024 OPI C 0. 182205 418, 033 0 0 76, 168 0UTPATIENT SERVICE COST CENTERS 0.000000 0 0 0 0 0 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 0 0 90.00 09000 CLI NI C 0.000000 0							74.00
76.01 03021 ENDOSCOPY 0.085982 2,004,615 0 0 172,361 76.02 03022 PRI SI ON CLINIC 2.345443 0 0 0 0 0 76.03 03023 WOUND CARE 0.294084 395,144 0 0 116,206 0 76.04 03024 OPI C 0.182205 418,033 0 0 76,168 0UTPATIENT SERVICE COST CENTERS 0.000000 0 0 0 0 0 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 0 0 90.00 09900 FEDERALLY QUALI FIED HEALTH CENTER 0.000000 0 0 0 0 91.00 09100 EMERGENCY 0.132475 7,196,100 0 0 953,303 0 92.00 0BSERVATION BEDS (NON-DISTINCT PART) 0.207382 855,647 0 0 177,446 95.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 0 0 0 0 96.00 096000 URABL	75.00 07500 ASC (NON-DISTINCT PART)	0. 000000) C		0 0	0	75.00
76.02 03022 PRI SI ON CLINIC 2.345443 0 0 0 0 76.03 03023 WOUND CARE 0.294084 395,144 0 0 116,206 76.04 03024 OPIC 0.182205 418,033 0 0 76,168 0UTPATI ENT SERVICE COST CENTERS 0.000000 0 0 76,168 0 00.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 0 90.00 09000 CLINIC 0.132475 7,196,100 0 0 953,303 0 91.00 09100 EMERGENCY 0.132475 7,196,100 0 0 177,446 0 09200 OBSERVATION BEDS (NON-DI STINCT PART) 0.207382 855,647 0 0 177,446 0 09400 HME PROGRAM DI ALYSI S 0.000000 0 0 0 0 0 95.00 09500 AMBULANCE SERVICES 0.0000000 0	76. 00 03020 LI THOTRI PSY	0. 209883	41, 485	,	0 0	8, 707	76.00
76.03 03023 WOUND CARE 0.294084 395,144 0 0 116,206 76.04 03024 OPIC 0.182205 418,033 0 0 76,168 OUTPATI ENT SERVICE COST CENTERS UITPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 0 90.00 09000 CLINIC 0.000000 0 0 0 0 0 91.00 O9100 EMERGENCY 0.132475 7,196,100 0 0 953,303 0 92.00 OBSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 855,647 0 0 177,446 0 09400 HOME PROGRAM DI ALYSI S 0.000000 0 0 0 0 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 0 0 0 96.00 09500 AMBULANCE SERVICES 0.000000 0 0 <		0. 085982	2, 004, 615		0 0	172, 361	76.01
76. 04 03024 OPIC 0.182205 418,033 0 0 76,168 OUTPATIENT SERVICE COST CENTERS 0.000000 0.000000 0 0 0 76,168 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 <							76.02
OUTPATI ENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0<							1
88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 0 90.00 09000 CLINIC 0.000000 0 0 0 0 91.00 09100 EMERGENCY 0.132475 7,196,100 0 0 953,303 0 92.00 09200 DBSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 855,647 0 0 177,446 0 04.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 0 0 95.00 09500 AMBULANCE SERVI CES 0.000000 0		0. 182205	6 418, 033		0 0	76, 168	76.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0		0,000000	1	1	-	0	
90.00 09000 CLINIC 0.000000 953, 303 0 0 0 0 953, 303 0 0 0 177, 446 0 0 177, 446 0 0 177, 446 0 0 177, 446 0 0 177, 446 0 0 0 177, 446 0 0 0 177, 446 0							88.00 89.00
91.00 09100 EMERGENCY 0.132475 7,196,100 0 953,303 9 92.00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 855,647 0 0 177,446 0 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 0 177,446 0 9 95.00 09500 AMBULANCE SERVICES 0.000000 0 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td>					0		
92.00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 855,647 0 0 177,446 0 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>							•
OTHER REI MBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSI S 0.000000 0							•
94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 0 0 0 95.00 09500 AMBULANCE SERVICES 0.000000 0		01207002			<u> </u>	1777110	1 /2/ 00
95.00 09500 AMBULANCE SERVICES 0.000000 0 0 0 0 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0		0.00000			0		94.00
97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>95.00</td>					0		95.00
98.00 05950 OTHER RELIMBURSABLE COST CENTERS 0.000000 0		0.000000) C		0 0	0	96.00
200.00 Subtotal (see instructions) 43, 194, 393 0 5, 473, 193 20					0 0	0	•
		0.00000				-	
201 00 Uses DRD Clinic Lab Services Program I I Ol Ol In			43, 194, 393		0	5, 473, 193	
	201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
0nl y Charges			42 104 000			E 470 400	202.00
202. 00 Net Charges (line 200 +/- line 201) 43, 194, 393 0 5, 473, 193 20	zuz. uuj jivet charges (Tine 200 +/ - Tine 201)	I	43, 194, 393	1	U 0	5, 473, 193	1202. UU

Health Financial Systems T	ERRE HAUTE REGI	ONAL HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der	CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Pre 1/26/2015 2:3	
		Ti t	le XIX	Hospi tal	Cost	
	Cos					
Cost Center Description		Cost Reimbursed Services Not Subject To Ded. & Coins.				
	(see inst.)	(see inst.)	-			
	6.00	7.00				
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0	C	ป			50.00
51. 00 05100 RECOVERY ROOM	0					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C				52.00
53. 00 05300 ANESTHESI OLOGY	0					53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0					54.00
54. 01 05401 ULTRASOUND	0					54.00
54. 02 05402 MAMMOGRAPHY	0					54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0					55.00
	0					
	0					56.00
57.00 05700 CT SCAN	0					57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0					58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	C				59.00
	0	C				60.00
60. 01 06001 BLOOD LABORATORY	0	C				60.01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	C				62.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	C				63.00
64.00 06400 INTRAVENOUS THERAPY	0	C				64.00
65. 00 06500 RESPI RATORY THERAPY	0	C				65.00
66. 00 06600 PHYSI CAL THERAPY	0	C				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	C	D			67.00
68.00 06800 SPEECH PATHOLOGY	0	C	D			68.00
69. 00 06900 ELECTROCARDI OLOGY	0	C				69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	C				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C)			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	C				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C				73.00
74.00 07400 RENAL DIALYSIS	0	C				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	C				75.00
76. 00 03020 LI THOTRI PSY	0	C				76.00
76. 01 03021 ENDOSCOPY	0	C				76.01
76.02 03022 PRISION CLINIC	0	C				76.02
76.03 03023 WOUND CARE	0	C				76.03
76. 04 03024 OPI C	0	C				76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	C				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C				89.00
90. 00 09000 CLINIC	0	C				90.00
91.00 09100 EMERGENCY	0	C				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	C				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSI S	0	C)			94.00
95. 00 09500 AMBULANCE SERVI CES	0					95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	C				96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	C				97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	C				98.00
200.00 Subtotal (see instructions)	0					200.00
201.00 Less PBP Clinic Lab. Services-Program	0		1			201.00
Only Charges	Ĭ					
202.00 Net Charges (line 200 +/- line 201)	0	C				202.00
	, vi		1			,

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1 Date/Time Pre 1/26/2015 2:3	pare
		Title XVIII	Hospi tal	PPS	<u>/ piii</u>
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
00	INPATIENT DAYS	avaluding nawharn)		17 002	1 1
	Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-b			17, 083 17, 083	
	Private room days (excluding swing-bed and observation bed day		ivate room days,	0	
	do not complete this line.		-	4	
00 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roo	5 7	or 31 of the cost	16, 637 0	
00	reporting period	in days) thi dagn becembe	a si oi the cost	0	
00	Total swing-bed SNF type inpatient days (including private roo	m days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	days) through Docombor	21 of the cost	0	7
00	reporting period	days) thi ough becember	ST OF THE COST	0	'
00	Total swing-bed NF type inpatient days (including private room	days) after December 3	1 of the cost	0	8
~~	reporting period (if calendar year, enter 0 on this line)			0,400	
00	Total inpatient days including private room days applicable to newborn days)	the Program (excluding	swing-bed and	9, 492	9
. 00	Swing-bed SNF type inpatient days applicable to title XVIII on		room days)	0	10
	through December 31 of the cost reporting period (see instruct				
. 00	Swing-bed SNF type inpatient days applicable to title XVIII on December 31 of the cost reporting period (if calendar year, en		room days) after	0	11
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12
	through December 31 of the cost reporting period	5 (51	5 /		
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13
. 00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra			0	14
	Total nursery days (title V or XIX only)		uujo)	0	
	Nursery days (title V or XIX only)			0	16
	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	c through December 21 c	f the cost	0.00	1 17
. 00	reporting period	s through becember 31 c	on the cost	0.00	
3. 00	Medicare rate for swing-bed SNF services applicable to service	s after December 31 of	the cost	0.00	18
. 00	reporting period	through December 21 of	the east	0.00	10
. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	thi ough becember 31 of	the cost	0.00	19
. 00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0.00	20
00	reporting period	`		15 414 0/0	0.1
	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through Decembe		ing period (line	15, 414, 860 0	
. 00	5 x line 17)		ing period (inic	0	22
. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	ng period (line 6	0	23
. 00	x line 18) Swing-bed cost applicable to NF type services through December	21 of the cost reporti	ng pariod (lina	0	24
. 00	7 x line 19)	ST OF the cost report	ng period (inne	0	24
5. 00	Swing-bed cost applicable to NF type services after December 3	1 of the cost reporting	period (line 8	0	25
. 00	x line 20) Total swing-bed cost (see instructions)			0	26
-	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15, 414, 860	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		1		
	General inpatient routine service charges (excluding swing-bed	and observation bed ch	narges)	0	
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 min Average per diem private room cost differential (line 34 x lin		ctions)	0.00	
	Private room cost differential adjustment (line 3 x line 35)	e 31)		0.00	
	General inpatient routine service cost net of swing-bed cost a	nd private room cost di	fferential (line	15, 414, 860	
	27 minus Line 36)				1
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU:	STMENTS			1
	Adjusted general inpatient routine service cost per diem (see			902.35	38
	Program general inpatient routine service cost (line 9 x line			8, 565, 106	
	Medically necessary private room cost applicable to the Progra	. ,		0	
. 00	Total Program general inpatient routine service cost (line 39	+ line 40)		8, 565, 106	41

OMPUT	ATION OF INPATIENT OPERATING COST		Provi der	CCN: 150046	Period: From 09/01/2013	Worksheet D-1	1
					To 08/31/2014	Date/Time Pre 1/26/2015 2:3	
	Cost Center Description	Total	Ti tl Total	e XVIII Average Per	Hospital Program Days	PPS Program Cost	
		Inpatient Cost				(col. 3 x col. 4)	
00		1.00	2.00	3.00	4.00	5.00) 42.
. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	U	0	0.0	0 0		<u> </u>
. 00	INTENSIVE CARE UNIT	4, 137, 127	3, 046	1, 358. 2	2 1, 746	2, 371, 452	2 43.
. 00	CORONARY CARE UNIT						44
. 00 . 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45.
	OTHER SPECIAL CARE (SPECIFY)						40
	Cost Center Description			I			
00	Program inpatient ancillary service cost (Wks	t D-3 col 3	line 200)			1. 00 14, 438, 722	2 48
. 00	Total Program inpatient costs (sum of lines 4			ns)		25, 375, 280	
	PASS THROUGH COST ADJUSTMENTS	······································					
. 00	Pass through costs applicable to Program inpa	atient routine s	services (from	Wkst. D, sum	of Parts I and	1, 527, 153	3 50
. 00	<pre>III) Pass through costs applicable to Program inpa</pre>	tiont ancillary	, services (fr	om Wkst D s	um of Parts II	975, 594	1 51
. 00	and IV)		, services (II	om mist. D ₁ S		770,094	
. 00	Total Program excludable cost (sum of lines !	,				2, 502, 747	
8. 00	Total Program inpatient operating cost exclud		ated, non-phy	sician anesth	etist, and	22, 872, 533	3 53
	medical education costs (line 49 minus line 5 TARGET AMOUNT AND LIMIT COMPUTATION	DZ)				<u> </u>	
. 00	Program di scharges					C	54
. 00	Target amount per discharge					0.00	
. 00	Target amount (line 54 x line 55)					C	
. 00 . 00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ng cost and tai	rget amount (I	ine 56 minus	line 53)		
. 00							
	market basket		, -			0.00	59
. 00	Lesser of lines 53/54 or 55 from prior year of					0.00	
. 00	If line 53/54 is less than the lower of lines which operating costs (line 53) are less than					C) 61
	amount (line 56), otherwise enter zero (see i		5 (TTHES 54 X	00), 01 1% 01	the target		
2. 00	Relief payment (see instructions)	,				C	
. 00		ent (see instru	ctions)			C) 63
. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	s through Decer	mber 31 of the	cost reporti	na period (See	C	64
. 00	instructions) (title XVIII only)				ng period (bee		
5.00	Medicare swing-bed SNF inpatient routine cost	s after Decembe	er 31 of the c	ost reporting	period (See	C	65
. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routin	o costs (lino)	64 plus lipo 6	5) (+i +l o XV/L)	Lonly) For	l c	66
. 00	CAH (see instructions)	le costs (Trhe d	54 prus rine d	5)(title xvii	i oniy). For		00
. 00	Title V or XIX swing-bed NF inpatient routine	e costs through	December 31 c	f the cost re	porting period	C	67
	(line 12 x line 19)		1 01 6				
3. 00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)	e costs arter De	ecember 31 or	the cost repo	rting period		68
9.00	,	outine costs (I	ine 67 + line	68)		C	69
	PART III - SKILLED NURSING FACILITY, OTHER NU					I	
0.00	Skilled nursing facility/other nursing facili	3					70
. 00	Adjusted general inpatient routine service co Program routine service cost (line 9 x line 7		ne /0 ÷ Inne	2)			71
. 00	Medically necessary private room cost applica		(line 14 x li	ne 35)			73
. 00	Total Program general inpatient routine servi	ce costs (line	72 + line 73)				74
5. 00	Capital-related cost allocated to inpatient i	routine service	costs (from W	orksheet B, P	art II, column		75
. 00	26, line 45) Per diem capital-related costs (line 75 ÷ lin	ne 2)					76
. 00	Program capital -related costs (line 9 x line						77
. 00	Inpatient routine service cost (line 74 minus	s line 77)					78
. 00	Aggregate charges to beneficiaries for excess	· · ·		,	up 1 m - 70)		79
00 00	Total Program routine service costs for compa Inpatient routine service cost per diem limit		ust limitation	(iine 78 min	us line 79)		80
. 00	Inpatient routine service cost per drem finm)				82
. 00	Reasonable inpatient routine service costs (s						83
. 00	Program inpatient ancillary services (see ins						84
6.00							85
. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		ougn 85)			<u> </u>	86
. 00	Total observation bed days (see instructions)					446	5 87
3. 00	Adjusted general inpatient routine cost per o		line 2)			902.35	5 88
	Observation bed cost (line 87 x line 88) (see					402, 448	

Health Financial Systems T	ERRE HAUTE REG	GIONAL HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Period: From 09/01/2013	Worksheet D-1	
				To 08/31/2014	Date/Time Pre 1/26/2015 2:3	
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capital-related cost	2, 288, 568	3 15, 414, 860	0. 14846	5 402, 448	59, 749	90.00
91.00 Nursing School cost	(15, 414, 860	0.00000	402, 448	0	91.00
92.00 Allied health cost	(15, 414, 860	0.00000	402, 448	0	92.00
93.00 All other Medical Education	(15, 414, 860	0.00000	402, 448	0	93.00

COMPUT	ATION OF INPATIENT OPERATING COST Provider CCN: 150046 Component CCN: 15S046 Title XVIII Subprovider - IPF	u of Form CMS-2 Worksheet D-1 Date/Time Prep 1/26/2015 2:3 PPS	pared:
	Cost Center Description	1.00	
	PART I – ALL PROVIDER COMPONENTS I NPATI ENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4, 778	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4, 778	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days,	0	3.00
4.00	do not complete this line. Semi-private room days (excluding swing-bed and observation bed days)	4, 778	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost	4, 778 0	5.00
	reporting period		
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost	0	7.00
	reporting period		
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost	0	8.00
9.00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to the Program (excluding swing-bed and	1, 429	9.00
7.00	newborn days)	1, 12,	1
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days)	0	10.00
11.00	through December 31 of the cost reporting period (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after	0	11.00
11.00	December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)	0	12.00
13.00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)	0	13.00
13.00	after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT	0	16.00
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost	0.00	17.00
10.00	reporting period		10.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost	0.00	19.00
	reporting period		
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3, 536, 230	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line	0	22.00
23.00	5 x line 17) Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6	0	23.00
23.00	x line 18)	0	20.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line	0	24.00
25.00	7 x line 19) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8	0	25.00
201 00	x line 20)	5	
26.00	Total swing-bed cost (see instructions)	0	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	3, 536, 230	27.00
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30. 00 31. 00	Semi-private room charges (excluding swing-bed charges)	0 0. 000000	30.00 31.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28) Average private room per diem charge (line 29 ÷ line 3)	0.000000	
	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	
35.00 36.00	Average per diem private room cost differential (line 34 x line 31) Private room cost differential adjustment (line 3 x line 35)	0.00 0	35.00 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line	3, 536, 230	
	27 minus line 36)		
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
38.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS Adjusted general inpatient routine service cost per diem (see instructions)	740. 11	38.00
	Program general inpatient routine service cost (line 9 x line 38)	1, 057, 617	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	
11 00	Total Program general inpatient routine service cost (line 39 + line 40)	1, 057, 617	41.00

OMPUT	Financial Systems T ATION OF INPATIENT OPERATING COST	ERRE HAUTE REGI		CCN: 150046	Period: From 09/01/2013	eu of Form CMS- Worksheet D-1	
			Component	CCN: 15SO46	To 08/31/2014		
			Ti tl	e XVIII	Subprovider - IPF	PPS	<u>57 pi</u>
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days		Program Days	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)	0					3 42
. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT		0	0.	00 0		2 43
. 00	CORONARY CARE UNIT	0		0.			43
	BURN INTENSIVE CARE UNIT						45
. 00	SURGI CAL INTENSI VE CARE UNI T						46
. 00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47
. 00	Program inpatient ancillary service cost (Wk	st D-3 col 3	Line 200)			1.00 1,078,901	1 48
	Total Program inpatient costs (sum of lines			ns)		2, 136, 518	
	PASS THROUGH COST ADJUSTMENTS					101.000	
. 00	Pass through costs applicable to Program inp	atient routine	services (from	WKST. D, SU	m of Parts I and	124, 323	3 50
. 00	Pass through costs applicable to Program inp	atient ancillar	y services (fr	om Wkst. D,	sum of Parts II	107, 742	2 51
. 00	and IV) Total Program excludable cost (sum of lines	50 and 51				232, 065	5 52
. 00	Total Program inpatient operating cost exclu		lated, non-phy	sician anest	hetist. and	1, 904, 453	
	medical education costs (line 49 minus line		,		,		
. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges						0 54
. 00	Target amount per discharge					0.00	
. 00	Target amount (line 54 x line 55)					0	
. 00 . 00	Difference between adjusted inpatient operat	ing cost and ta	irget amount (I	ine 56 minus	line 53)		
. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	porting period	endi na 1996, u	pdated and c	ompounded by the		
	market basket		0				
0.00	Lesser of lines 53/54 or 55 from prior year				the emount by	0.00	
. 00	If line 53/54 is less than the lower of line which operating costs (line 53) are less that						D 61
	amount (line 56), otherwise enter zero (see				5		
. 00 . 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive paym	ant (and instru	ations)				0 62 0 63
. 00	PROGRAM INPATIENT ROUTINE SWING BED COST						<u> </u>
. 00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of the	cost report	ing period (See	(D 64
. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reportin	a period (See	0	0 65
. 00	instructions)(title XVIII only)						
. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVI	II only). For	0	D 66
. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 c	f the cost r	eporting period	0	0 67
	(line 12 x line 19)	Ū.					
. 00	Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)	e costs after D	ecember 31 of	the cost rep	orting period		2 68
. 00	Total title V or XIX swing-bed NF inpatient						0 69
. 00	PART III - SKILLED NURSING FACILITY, OTHER N Skilled nursing facility/other nursing facil						70
. 00	Adjusted general inpatient routine service c	5					71
. 00	Program routine service cost (line 9 x line	71)					72
. 00 . 00	Medically necessary private room cost applic Total Program general inpatient routine serv	0	•				73
. 00	Capital-related cost allocated to inpatient	•			Part II, column		75
. 00	26, line 45) Per diem capital-related costs (line 75 ÷ li	ne 2)					76
00	Program capital-related costs (line 9 x line	76)					7
. 00	Inpatient routine service cost (line 74 minu		rovidor record	c)			78
00 00	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp	• •			nus line 79)		80
00	Inpatient routine service cost per diem limi			(81
. 00	Inpatient routine service cost limitation (I						82
. 00 . 00	Reasonable inpatient routine service costs (Program inpatient ancillary services (see in		is)				83
. 00	Utilization review - physician compensation		ons)				85
. 00	Total Program inpatient operating costs (sum	of lines 83 th					86
. 00	PART IV - COMPUTATION OF OBSERVATION BED PAS: Total observation bed days (see instructions						0 87
	Adjusted general inpatient routine cost per		line 2)			0.00	
	Observation bed cost (line 87 x line 88) (se						2 89

Health Financial Systems T	ERRE HAUTE	REGI	ONAL HOSP	TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST			Provi	der		Period: From 09/01/2013	Worksheet D-1	
			Compo	nent	t CCN: 15SO46			
				Ti tl	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost		Routine C	ost	column 1 ÷	Total	Observation	
			(from line	27)	column 2	Observati on	Bed Pass	
						Bed Cost (from	Through Cost	
						line 89)	(col. 3 x col.	
							4) (see	
							instructions)	
	1.00		2.00		3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST							
90.00 Capital-related cost	415	5, 666	3, 536	, 230	0. 11754	5 0	0	90.00
91.00 Nursing School cost		0	3, 536	, 230	0. 00000	0 0	0	91.00
92.00 Allied health cost		0	3, 536	, 230	0. 00000	0 0	0	92.00
93.00 All other Medical Education		0	3, 536	, 230	0. 00000	0 0	0	93.00

JMPUT	ATION OF INPATIENT OPERATING COST Provider CCN: 150046 Period: From 09/01 Component CCN: 15T046 To 08/31	1/2013 1/2014	Worksheet D-1 Date/Time Prep 1/26/2015 2:3	
	Title XVIII Subprovio IRF	der -	PPS	/ piii
	Cost Center Description		1.00	
	PART I - ALL PROVIDER COMPONENTS			
. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days, excluding newborn)		1, 596	1.0
. 00	Inpatient days (including private room days, excluding swing-bed days, excluding newborn days)		1, 596	2.0
.00	Private room days (excluding swing-bed and observation bed days). If you have only private room	days,	0	3.0
	do not complete this line.		1 50/	
. 00 . 00	Semi-private room days (excluding swing-bed and observation bed days) Total swing-bed SNF type inpatient days (including private room days) through December 31 of the	cost	1, 596 0	4.0 5.0
. 00	reporting period	cost	0	5.0
. 00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the c	ost	0	6.0
00	reporting period (if calendar year, enter 0 on this line)			
. 00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the reporting period	COST	0	7.0
. 00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the co	st	0	8. (
	reporting period (if calendar year, enter 0 on this line)			
00	Total inpatient days including private room days applicable to the Program (excluding swing-bed newborn days)	and	1, 065	9.
D. 00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days)		0	10.
	through December 31 of the cost reporting period (see instructions)			
1.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) a	fter	0	11.
2.00	December 31 of the cost reporting period (if calendar year, enter 0 on this line) Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days	.)	0	12.
2.00	through December 31 of the cost reporting period	,,	0	12.
3.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days	;)	0	13.
4.00	after December 31 of the cost reporting period (if calendar year, enter 0 on this line) Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.
	Total nursery days (title V or XIX only)		0	
	Nursery days (title V or XIX only)			16.
	SWING BED ADJUSTMENT			
7.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17. (
8.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost		0.00	18.
	reporting period			
9.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.
D. 00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost		0.00	20.
	reporting period			
1.00 2.00	Total general inpatient routine service cost (see instructions)	(1100	2, 097, 586	
2.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period 5×1 (ine 17)	(The	0	22.
3. 00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (I	ine 6	0	23.
	x line 18)			
4.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (7×1 line 19)	line	0	24.
5.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (li	ne 8	0	25.
	x line 20)			
6.00 7.00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		0 2, 097, 586	
/.00	PRIVATE ROOM DI FFERENTI AL ADJUSTMENT	I	2,097,380	27.
3. 00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.
9.00	Private room charges (excluding swing-bed charges)		0	29.
). 00 . 00	Semi-private room charges (excluding swing-bed charges)		0 0. 000000	30. 31.
. 00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28) Average private room per diem charge (line 29 ÷ line 3)		0.00000	32.
3.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	
. 00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	
5.00	Average per diem private room cost differential (line 34 x line 31) Private room cost differential adjustment (line 3 x line 35)		0.00	
5.00 7.00	General inpatient routine service cost net of swing-bed cost and private room cost differential	(line	0 2, 097, 586	36. 37.
	27 minus line 36)	(1110	2, 377, 300	37.
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			
0.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1 014 00	20
	Adjusted general inpatient routine service cost per diem (see instructions) Program general inpatient routine service cost (line 9 x line 38)		1, 314. 28 1, 399, 708	
	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	
J. 00				

OMPUT	Financial Systems T ATION OF INPATIENT OPERATING COST	ERRE HAUTE REGI		CCN: 150046	Period: From 09/01/2013	eu of Form CMS- Worksheet D-1	
			Component	CCN: 15T046	To 08/31/2014		
			Ti tl	e XVIII	Subprovider - IRF	PPS	<u>or p</u> i
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days		Program Days	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)	0	0) 42
00	Intensive Care Type Inpatient Hospital Units	0					
. 00 . 00	INTENSIVE CARE UNIT CORONARY CARE UNIT	0	C	0.	0 00) (0 43 44
	BURN INTENSIVE CARE UNIT						45
. 00	SURGI CAL I NTENSI VE CARE UNI T						46
. 00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description					1.00	
. 00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3	, line 200)			837, 545	5 48
. 00	Total Program inpatient costs (sum of lines 4	1 through 48)(see instructio	ns)		2, 237, 253	3 49
~~	PASS THROUGH COST ADJUSTMENTS					050.055	
. 00	Pass through costs applicable to Program inpa	itient routine	services (trom	WKST. D, SU	n of Parts I and	253, 055	5 50
. 00	Pass through costs applicable to Program inpa	atient ancillar	y services (fr	om Wkst. D,	sum of Parts II	83, 638	3 51
	and IV)		-	·			
2.00	Total Program excludable cost (sum of lines !	· ·	lated act -'		actict and	336, 693	
8. 00	Total Program inpatient operating cost exclude medical education costs (line 49 minus line 5		rateu, non-phy	sician anesti	ietist, and	1, 900, 560	53
	TARGET AMOUNT AND LIMIT COMPUTATION	(2)				1	
	Program di scharges					0	
	Target amount per discharge Target amount (line 54 x line 55)					0.00	
	Difference between adjusted inpatient operati	ng cost and ta	rget amount (l	ine 56 minus	line 53)		5 57
. 00	Bonus payment (see instructions)	ng ooot and ta	got anount (i				
. 00	Lesser of lines 53/54 or 55 from the cost rep	orting period	endi ng 1996, ι	pdated and c	ompounded by the	0.00	5 59
00	market basket Lesser of lines 53/54 or 55 from prior year o	act report up	datad by the m	arkat backat		0.00	0 60
). 00 . 00	If line 53/54 is less than the lower of lines				the amount by	0.00	
	which operating costs (line 53) are less than						-
	amount (line 56), otherwise enter zero (see i	nstructions)					
	Relief payment (see instructions) Allowable Inpatient cost plus incentive payme	nt (see instru	ctions)) 62) 63
. 00	PROGRAM INPATIENT ROUTINE SWING BED COST						10.
. 00	Medicare swing-bed SNF inpatient routine cost	s through Dece	mber 31 of the	cost report	ng period (See	(0 64
. 00	instructions)(title XVIII only)	c ofter Decemb	or 21 of the c	act conartin	a portiod (Soo		0 65
. 00	Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)	s arter Decemb		ost reporting	g period (see		
b. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line 6	5)(title XVI	I only). For	0	66
	CAH (see instructions)			C 11			
. 00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	e costs through	December 31 c	t the cost r	eporting period		67
. 00	Title V or XIX swing-bed NF inpatient routine	e costs after D	ecember 31 of	the cost rep	orting period	0	5 68
	(line 13 x line 20)				0.		
9.00	Total title V or XIX swing-bed NF inpatient i						0 69
0. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facili						70
	Adjusted general inpatient routine service co						71
	Program routine service cost (line 9 x line 7						72
	Medically necessary private room cost applica Total Program general inpatient routine servi						73
. 00	Capital -related cost allocated to inpatient i				Part II column		74
55	26, line 45)						
	Per diem capital-related costs (line 75 ÷ lin						76
	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						7
	Aggregate charges to beneficiaries for excess		rovider record	s)			79
	Total Program routine service costs for compa				nus line 79)		80
00	Inpatient routine service cost per diem limi		、 、				8
	Inpatient routine service cost limitation (li						82
. 00 . 00	Reasonable inpatient routine service costs (s Program inpatient ancillary services (see ins		5)				84
	Utilization review - physician compensation		ns)				85
. 00	Total Program inpatient operating costs (sum	of lines 83 th					86
00	PART IV - COMPUTATION OF OBSERVATION BED PASS					-	
. 00	Total observation bed days (see instructions)		Line 2)			0.00	
00	Adjusted general inpatient routine cost per o						

Health Financial Systems T	ERRE HAUTE	REGI	ONAL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST			Provi der		Period: From 09/01/2013	Worksheet D-1	
			Component		To 08/31/2014		pared: 7 pm
			Ti tl	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost		Routine Cost	column 1 ÷	Total	Observati on	
		((from line 27)	column 2	Observati on	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
	1.00		2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST						
90.00 Capital-related cost	379	, 227	2,097,586	0. 18079	02 0	0	90.00
91.00 Nursing School cost		0	2,097,586	0.00000	0 0	0	91.00
92.00 Allied health cost		0	2,097,586	0. 00000	0 0	0	92.00
93.00 All other Medical Education		0	2,097,586	0. 00000	0 0	0	93.00

Heal th	Financial Systems TERRE HAUTE REGIONAL	HOSPI TAL			In Lie	u of Form CMS-:	2552-10
I NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150046		eri od:	Worksheet D-3	
				TC	om 09/01/2013 08/31/2014	Date/Time Pre	pared:
				_		1/26/2015 2:3	
	Crat Castas Decasiation	Titl	e XVIII		Hospital	PPS	
	Cost Center Description		Ratio of Co To Charge		Inpatient Program	Inpatient Program Costs	
			i i o charge		9	$(col \cdot 1 \times col \cdot$	
						2)	
			1.00		2.00	3.00	
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS		1		10, 613, 268		30.00
	03100 I NTENSI VE CARE UNI T				3, 577, 148		31.00
40.00	04000 SUBPROVI DER – I PF				0		40.00
	04100 SUBPROVI DER – I RF				0		41.00
43.00							43.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM		0.106	759	12, 500, 317	1, 334, 521	50.00
51.00	O5100 RECOVERY ROOM		0. 102		1, 427, 620	146, 442	
52.00	05200 DELIVERY ROOM & LABOR ROOM		0. 483		6, 887	3, 331	
53.00	05300 ANESTHESI OLOGY		0.000		0	0	
54.00	05400 RADI OLOGY-DI AGNOSTI C		0.240		1, 641, 401	394, 695	
54. 01 54. 02	05401 ULTRASOUND		0. 102		318, 171	32, 715	
54.02 55.00	05402 MAMMOGRAPHY 05500 RADI OLOGY-THERAPEUTI C		0. 237		2, 773 177, 010	658 37, 354	
56.00	05600 RADI OI SOTOPE		0. 113		602, 267	68, 558	•
57.00	05700 CT SCAN		0.035		3, 882, 020	139, 233	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)		0.064		798, 025	51, 203	
59.00	05900 CARDI AC CATHETERI ZATI ON		0.063		4, 201, 611	265, 756	
60.00			0.075		11, 602, 783	875, 418	
60. 01 61. 00	06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000		0	0	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 151		3, 434, 791	520, 148	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0.000		0	0	1
64.00	06400 I NTRAVENOUS THERAPY		0.000	000	0	0	64.00
65.00	06500 RESPI RATORY THERAPY		0.130		8, 911, 364	1, 163, 236	
66.00	06600 PHYSI CAL THERAPY		0. 426		968, 744	413, 169	
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY		0.000		0	0	•
	06900 ELECTROCARDI OLOGY		0. 115		3, 676, 001	426, 199	
70.00	07000 ELECTROENCEPHALOGRAPHY		0. 176		194, 011	34, 179	
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS		0. 156	621	9, 701, 685	1, 519, 488	71.00
	07200 I MPL. DEV. CHARGED TO PATI ENTS		0.466		4, 471, 329	2,085,003	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS		0. 129		28, 128, 391	3, 655, 622	
	07500 ASC (NON-DI STI NCT PART)		0.214		2, 694, 775 0	579, 024 0	
	03020 LI THOTRI PSY		0.209		8, 317	1, 746	•
76.01	03021 ENDOSCOPY		0.088		945, 754	83, 797	•
	03022 PRISION CLINIC		2.345		0	0	
	03023 WOUND CARE		0. 297		22,000		76.03
76.04	03024 OPI C OUTPATI ENT SERVI CE COST CENTERS		0. 191	762	42, 254	8, 103	76.04
88.00	08800 RURAL HEALTH CLINIC		0.000	000		0	88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER		0.000			0	
90.00	09000 CLINIC		0.000		0	0	
	09100 EMERGENCY		0. 132		4, 169, 108	552, 303	1
92.00	09200 OBSERVATI ON BEDS (NON-DI STINCT PART) OTHER REIMBURSABLE COST CENTERS		0. 207	382	194, 241	40, 282	92.00
94.00	09400 HOME PROGRAM DI ALYSI S		0.000	000	0	0	94.00
	09500 AMBULANCE SERVICES				0		95.00
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED		0.000	000	0	0	96.00
	09700 DURABLE MEDICAL EQUIP-SOLD		0.000		0	0	
	05950 OTHER REIMBURSABLE COST CENTERS		0.000	000	0	0	
200.00 201.00		ling (41)			104, 723, 650	14, 438, 722	200.00
201.00		1116 01)			104, 723, 650		201.00
			1	1	, .20, 000	I	

Heal th Financ			001 45004	-		u of Form CMS-	
INPATIENT AND	CILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150046		eriod: om 09/01/2013	Worksheet D-3	
		Component	t CCN: 15SO46			Date/Time Pre	pared:
						1/26/2015 2:3	7 pm
		Titl	e XVIII		Subprovider - IPF	PPS	
(Cost Center Description		Ratio of Co	st	Inpatient	Inpati ent	
			To Charges	s	Program	Program Costs	
					Charges	(col. 1 x col.	
			1.00		2.00	2) 3.00	
INPATI	ENT ROUTINE SERVICE COST CENTERS		1.00		2.00	5.00	
	ADULTS & PEDIATRICS				0		30.00
	NTENSI VE CARE UNI T				0		31.00
	SUBPROVIDER - IPF				1, 376, 737		40.00
	SUBPROVIDER - IRF				0		41.00
43.00 04300 M	ARY SERVICE COST CENTERS						43.00
	DPERATI NG ROOM		0. 106	759	38, 724	4, 134	50.00
	RECOVERY ROOM		0. 102		11, 910	1, 222	
	DELIVERY ROOM & LABOR ROOM		0. 483		0	0	52.00
	ANESTHESI OLOGY		0.000		0	0	
	RADI OLOGY-DI AGNOSTI C		0. 240		41, 338	9, 940	
	JLTRASOUND		0. 102		11, 734	1, 207	54.01
	MAMMOGRAPHY		0. 237		8, 960	2, 125	
	RADI OLOGY-THERAPEUTI C		0.2110		0	0	55.00
	RADI OI SOTOPE		0. 113		7, 336	835	
1 1	CT SCAN MAGNETIC RESONANCE IMAGING (MRI)		0. 035		20, 391 29, 056	731 1, 864	57.00 58.00
	CARDI AC CATHETERI ZATI ON		0.063		29,030	1, 804	59.00
	LABORATORY		0.075		428, 299	32, 315	
	BLOOD LABORATORY		0.000		0	0	
	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000		0	0	61.00
	WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 151	435	67, 563	10, 231	62.00
	BLOOD STORING, PROCESSING & TRANS.		0.000		0	0	63.00
	NTRAVENOUS THERAPY		0.000		0	0	64.00
	RESPI RATORY THERAPY		0.130		83, 504	10, 900	
	PHYSI CAL_THERAPY DCCUPATI ONAL_THERAPY		0. 426		1, 811, 204 0	772, 479 0	66.00 67.00
	SPEECH PATHOLOGY		0.0000		0	0	68.00
	ELECTROCARDI OLOGY		0. 115		29, 449	3, 414	
	ELECTROENCEPHALOGRAPHY		0. 176		5, 871	1,034	
	MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 156	621	240, 303	37, 636	71.00
72.00 07200 1	MPL. DEV. CHARGED TO PATIENTS		0. 466	305	0	0	72.00
	DRUGS CHARGED TO PATIENTS		0. 129		1, 103, 049	143, 354	73.00
1 1	RENAL DIALYSIS		0.214		209, 620	45, 041	74.00
	ASC (NON-DI STI NCT PART)		0.000		0	0	
	LI THOTRI PSY ENDOSCOPY		0. 2098		4, 953	0 439	
	PRISION CLINIC		2. 345		4, 953	439	
76.03 03023			0. 297		0	0	
76.04 03024 0			0. 191		0	0	
	IENT SERVICE COST CENTERS						
1 1	RURAL HEALTH CLINIC		0.000			0	
	FEDERALLY QUALIFIED HEALTH CENTER		0.000			0	
90.00 09000 0			0.000		0	0	90.00
	EMERGENCY		0. 132		0	0	91.00
	DBSERVATION BEDS (NON-DISTINCT PART) REIMBURSABLE COST CENTERS		0. 2073	ა82	0	0	92.00
	HOME PROGRAM DIALYSIS		0.000	000	0	0	94.00
	AMBULANCE SERVICES		0.000		0	0	94.00
	DURABLE MEDICAL EQUIP-RENTED		0.000	000	0	0	
	DURABLE MEDI CAL EQUI P-SOLD		0.000		0	0	
	OTHER REIMBURSABLE COST CENTERS		0.000		0	0	
	Total (sum of lines 50-94 and 96-98)				4, 153, 264	1, 078, 901	
201.00	Less PBP Clinic Laboratory Services-Program only charges	(line 61)			0		201.00
	Net Charges (line 200 minus line 201)			1	4, 153, 264		202.00

Health Financial Systems TERRE HAUTE REGIO	NAL HOSPITAL		In Lie	eu of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150046	Peri od:	Worksheet D-3	
	Component	CCN: 15T046	From 09/01/2013 To 08/31/2014	Date/Time Pre	
		e XVIII	Subprovider -	1/26/2015 2:3 PPS	7 pm
		e Aviii	I RF	rr3	
Cost Center Description		Ratio of Cos		I npati ent	
		To Charges	0	Program Costs	
			Charges	(col. 1 x col. 2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS				1	1 20 00
30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T			0		30.00 31.00
40. 00 04000 SUBPROVI DER - I PF			0		40.00
41. 00 04100 SUBPROVI DER – I RF			1, 068, 750		41.00
43. 00 04300 NURSERY					43.00
ANCI LLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM		0. 1067	59 30, 061	3, 209	50.00
51. 00 05100 RECOVERY ROOM		0. 1007			1
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 4836			52.00
53. 00 05300 ANESTHESI OLOGY		0.0000		-	
54. 00 05400 RADI OLOGY-DI AGNOSTI C 54. 01 05401 ULTRASOUND		0. 2404 0. 1028			
54. 02 05402 MAMMOGRAPHY		0. 2371			1
55. 00 05500 RADI OLOGY-THERAPEUTI C		0. 2110			1
56. 00 05600 RADI OI SOTOPE		0. 1138			1
57.00 05700 CT SCAN 58.00 05800 MAGNETI C RESONANCE MAGI NG (MRI)		0. 0358 0. 0641			1
59. 00 05900 CARDI AC CATHETERI ZATI ON		0.0632			1
60. 00 06000 LABORATORY		0.0754			
60. 01 06001 BLOOD LABORATORY		0.0000			1
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 0000 0. 1514		-	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0.1314			1
64. 00 06400 I NTRAVENOUS THERAPY		0.0000			1
65. 00 06500 RESPI RATORY THERAPY		0. 1305			
66. 00 06600 PHYSI CAL_THERAPY 67. 00 06700 OCCUPATI ONAL_THERAPY		0. 4265			1
68. 00 06800 SPEECH PATHOLOGY		0.0000			1
69. 00 06900 ELECTROCARDI OLOGY		0. 1159			
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 1761			
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS		0. 1566 0. 4663			1
73. 00 07300 DRUGS CHARGED TO PATTENTS		0. 4003			1
74. 00 07400 RENAL DI ALYSI S		0. 2148			
75.00 07500 ASC (NON-DISTINCT PART)		0.0000			
76. 00 03020 LI THOTRI PSY 76. 01 03021 ENDOSCOPY		0. 2098 0. 0886		0 341	1
76. 02 03022 PRI SI ON CLI NI C		2. 3454			
76. 03 03023 WOUND CARE		0. 2972			
76. 04 03024 OPI C		0. 1917	62 0	0	76.04
OUTPATI ENT SERVI CE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC		0.0000	00	0	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0.0000		0	1
90. 00 09000 CLINIC		0.0000			1
91. 00 09100 EMERGENCY		0. 1324			1
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) OTHER REI MBURSABLE COST CENTERS		0. 2073	82 0	0	92.00
94. 00 09400 HOME PROGRAM DI ALYSI S		0.0000	00 0	0	94.00
95. 00 09500 AMBULANCE SERVICES					95.00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED		0.0000		0	1
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 98. 00 05950 OTHER REIMBURSABLE COST CENTERS		0. 0000 0. 0000		0	
200.00 Total (sum of lines 50-94 and 96-98)		0.0000	3, 224, 145		
201.00 Less PBP Clinic Laboratory Services-Program only charge	es (line 61)		0		201.00
202.00 Net Charges (line 200 minus line 201)		l	3, 224, 145		202.00

31 00 00100 1700, 995 31.00 700, 995 31.00 31 00 001000 00100 SUBPROVIDER - IPF 3.698, 046 40.00 31 00 00100 01100 SUBPROVIDER - IPF 3.698, 046 40.00 31 00 00100 01100 SUBPROVIDER - IPF 3.698, 046 40.00 31 00 00100 01100 SUBPROVIDER - IPF 3.698, 046 40.00 31 00 00100 01100 SUBPROVIDER - IPF 3.698, 046 40.00 31 00 000000 0100052 2.671, 972 284, 971 50.00 31 00 002000 01000007 0.000000 0.0000000 0.000000 3.529 1, 146, 982 52.00 53.00 <th>Heal th</th> <th>Financial Systems TERRE HAUTE REGIONAL</th> <th>HOSPI TAL</th> <th></th> <th>In Lie</th> <th>eu of Form CMS-:</th> <th>2552-10</th>	Heal th	Financial Systems TERRE HAUTE REGIONAL	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
To To Description Title XIX Hoggital Cost Center Description Title XIX Hoggital ext Drogman Cost Center Description Instruction Instruction <td>I NPATI</td> <td>ENT ANCILLARY SERVICE COST APPORTIONMENT</td> <td>Provi der</td> <td>CCN: 150046</td> <td></td> <td>Worksheet D-3</td> <td></td>	I NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150046		Worksheet D-3	
Cost Center Description Title XIX Hospital (col 1 ave) Proprint (col 1 ave) Proprint (col 1 ave) MMAT ENT REVIEW Cost Centers 1.00 2.00 3.00 3.00 0.00300 AUUUS F HOTATICS 0.00300 AUUUS F HOTATICS 0.003000 AUUS F HOTATICS 0.003000 A						Date/Time Pre	pared.
Cost Center Description Ratio of Cost Program Costs (col. 1 x col. 2) Input int Program Costs (col. 1 x col. 2) 100 200 3.00 200 3.00 00 03000 AUDTS & FED INFR (cS S) 1.073, 952 3.00 3.00 100 03000 AUDTS & FED INFR (cS S) 1.073, 952 3.00 3.00 100 03000 AUDTS & FED INFR (cS S) 1.073, 952 3.00 3.00 100 04000 SUBPRVD IDE - 1 INF 1.073, 952 3.00 4.00 100 04000 SUBPRVD IDE - 1 INF 1.073, 952 3.00 6.					10 00/01/2011		
To Charges Program Cost st Cost 1 Program Cost st Cost 1 30 00 30.00 AUULTS A PEDI ATRUCS 30.00			Ti t			Cost	
NATI ENT. ROUTINE SERVICE COST CENTERS 1.00 2.00 2.00 30.00 03000 AUX15 & PEDIATOR 706, 959 30.00 31.00 03000 INTENS VE CARE. UNI T 706, 959 30.00 31.00 03000 INTENS VE CARE. UNI T 706, 959 31.00 31.00 03000 INTENS VE CARE. UNI T 706, 959 31.00 30.00 03000 INTENS VE CARE. UNI T 603, 753 41.00 40.00 04000 WINSERY 603, 753 60.00 603, 753 50.00 05000 ORST CENTERS 0.000000 0.03306 6.03, 753 50.00 05000 ORST CONTENTINE NOW 0.000000 0.03506 6.30, 753 50.00 05000 ORST CONTENTINE NOW 0.000000 0.03506 6.30, 755 50.00 05000 ORST CONTENTINE NOW 0.032866 751, 651 766, 750 55.00 50.00 05000 ORST CONTENTINE NOW 0.033866 751, 651 766, 751 650 50.00 05000 ORST CONTENCENDAL 0.033866 751, 651 76, 652 751, 561 76, 652 75, 756		Cost Center Description					
IDENT LINE TOUTINE SERVICE COST CENTERS IDENT LINE TOUTINE SERVICE C				To Charges	U U		
INPATIENT FOUTINE SERVICE COST CENTERS 1.00 2.00 3.00 30.00 30000 ADULTS & PEDIATRICS 1,573,952 30.00 10.00 30.000 LINENNE CARE UNIT 7,00,959 31.00 40.00 DATOD DER - LFF 2,092,016 40.00 60.00 DATOD PERTING FORM 6,53,753 41.00 60.00 DESTOP FRAITING FORM 0,10652 2,071,972 224,971 50.00 51.00 DESTOP FRAITING FORM 0,10652 2,171,420 1,146,982 52.00 51.00 DESTOP FRAITING FORM 0,1146,982 55.00 55.00 65.00 1,146,982 52.00 55.00 65.00 55.00 65.00 54.01 0,106020 1,146,982 52.00 55.00 65.00 55.00 65.00 54.01 0,106202 94.23 9,000 54.01 50.00 DESTOP INERSPEUTIC 0,21022 94.23 9,000 54.01 55.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00					Charges		
INPATI ENT ROUT Net SERVICE COST CENTERS 300 00 03000 AURTS & PEDIATRICS 1, 573, 552 30.00 01 00 03000 AURTS & PEDIATRICS 700, 999 31.00 01 00 00000 AURTS & PEDIATRICS 700, 999 31.00 01 00 00000 CONTERNING SCIENCE 100 75, 924 41.00 01 00000 CONTERNING SCIENCE 0.106570 75, 924 41.00 01 005000 DELIVERY ROUL & LABOR ROOM 0.102570 00.30.418 51.124 51.00 52.00 05200 DELIVERY ROUL & LABOR ROOM 0.432662 2.371,422 1.146,982 52.00 53.00 05400 RADIOLOCYD IARONDIC 0.24242 94,423 97,095 54.00 54.00 05400 RADIOLOCYD IARONDIC 0.211026 33,539 7,075 55.00 50.00 05600 RADIOLOCYD IARONDIC 0.211026 33,539 7,075 55.00 50.00 05600 RADIOLOCYD IARONDIC 0.211026 33,590 7,775 55.00 50.00 05600 RADIOLOCYD IARONDIC				1 00	2 00		
30.00 COUDD AULTS & PEDIATRICS 1, 57.3, 952 30.0 30.0 30.00 COUDD ER - LIPF 7.66, 659 31.00 43.00 40.00 D4000 SUBPROVIDER - LIPF 7.67, 924 41.00 40.00 D4000 SUBPROVIDER - LIPF 7.67, 924 41.00 40.00 D4000 SUBPROVIDER - LIPF 7.67, 924 43.00 40.00 D4000 SUBPROVIDER - LIPF 50.00 65.00 7.67, 924 43.00 40.00 D4000 SUBPROVIDER - LIPF 0.102571 28.4, 971 50.00		INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	5.00	-
31.00 03100 INTENSIVE CARE UNIT 766, 969 31.00 31.00 04100 SUBPROVIDER - IPF 3.698, 046 40.00 30.01 04100 SUBPROVIDER - IRF 0.597, 5924 41.00 30.01 04100 SUBPROVIDER - IRF 0.507, 5924 41.00 30.01 04100 SUBPROVIDER - IRF 0.106578 301, 472 11.12 51.00 30.01 0500 S00, 05200 01.1064578 301, 472 11.12 51.00 50.00 050200 DELIVERY RODN & LABORT PODI 0.1004621 357, 368 88, 593 54.00 51.00 050400 RADILLORY-DI ARNOSTIC 0.2110262 44, 423 9, 700 54.00 50.00 050500 RADILLORY-DI ARNOSTIC 0.211026 23, 527 7, 755 55.00 50.00 050500 RADILLORY-THEAPEUTIC 0.211026 24, 423 9, 709 54.01 50.00 050500 RADILLORY-THEAPEUTIC 0.211026 26, 67.70 77.75 75.50 77.75 55.00 77.075 75.90 75.90 75.92 75.92 75.9	30, 00				1, 573, 952		30.00
11:00 OLICO 2007 OLICO 2007 OLICO 2007 Control 2007 Control 2007 <thcontrol 2007 <thcontrol 2007 <t< td=""><td></td><td></td><td></td><td></td><td>706, 959</td><td></td><td>31.00</td></t<></thcontrol </thcontrol 					706, 959		31.00
43.00 04300 NURSERY 653, 753 43.00 MACLLARY SERVICE COST CENTERS - - 65.00 55.00	40.00	04000 SUBPROVIDER - IPF			3, 698, 046		40.00
ANCILLARY SERVICE COST CENTRES 0.106652 2.671,972 284,971 50.00 51.00 05100 PERATINE ROOM 0.102578 303,418 31,124 51.00 52.00 52.00 05200 1.146,972 284,971 52.00 52.00 05200 0.00000 0 0.833,642 1.146,982 52.00 52.00 05200 0.200402 337,348 85.40 0.024042 337,348 85.40 0.024042 337,348 85.40 0.5300 0.024042 337,348 85.40 0.024042 337,348 85.40 0.024042 337,348 85.40 0.024042 337,348 85.40 0.023718 1.10.43 390,54.02 0.23718 1.10.43 390,54.02 0.23718 1.10.43 390,54.02 0.23718 1.10.43 390,54.02 0.2010.0200 0.001.020716 1.11.33.56 0.001.020716 1.11.33.56 0.0000 0.00000 0.0020 0.0000 0.0020 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.0000							41.00
50.00 05000 0PERATING ROOM 0.102573 2.671, 972 2.84, 971 950.00 52.00 05000 RECOVERY ROOM 0.433668 2.371, 425 1.146, 982 52.00 53.00 05300 AuSTHESI LOCAY 0.400000 0 53.00 64.00 05400 RADI LOCAY-ILAGNOSTI C 0.240462 357, 368 85, 933 54.00 63.00 05400 RADI LOCAY-ILAGNOSTI C 0.211026 94.423 9, 709 54.00 63.00 05400 RADI LOCAY-ILERAPCUTI C 0.211026 33, 529 7.075 55.00 005500 05500 RADI OLOCY-THERAPCUTI C 0.211026 13.33 98, 750 11.322 56.00 00500 RADI ALCATHETERI JATI N 0.035666 751.861 26.271 780.00 00500 RADI ALCATHETERI JATI N 0.05464 273.989 206.277 60.00 005000 RADI ALCATHETERI JATI N 0.05200 0.000000 0 61.00 005000 RADI ALCATHETERI JATI NS 0.660.00 <td>43.00</td> <td></td> <td></td> <td></td> <td>653, 753</td> <td></td> <td>43.00</td>	43.00				653, 753		43.00
51.00 05100 RECOVERY ROM 0.102576 303.418 31,124 51.00 52.00 05200 DREVERY ROM 0.04306.42 1,146.92 52.00 52.00 53.00 DRS00 0.8300.AHESTHESI OLCQY 0.00000 0 0.830 54.01 0.5401.010.057-10.00NSTI C 0.240462 35.7.368 58.93 54.01 0.5401.010.057-10.433 35.99 7.075 55.00 0.5500 RADIO.10CY-THERAPEUTI C 0.2171026 33.529 7.075 55.00 0.5500 RADIO.10CY-THERAPEUTI C 0.133866 751.861 22.966 57.00 0.5000 RADIO.10CY-THERAPEUTI C 0.133831 99.710 11.325 56.00 0.5000 MARCHI C RESONANCE I MAGI NG (MRI) 0.06412 9.89.92 62.71 58.00 50.00 05000 CARDIA C CATHETERI ZATI NN 0.063251 613.336 38.74 59.00 0.00000 0 0.60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00	50.00			0.40(4)		004.074	1 50 00
52. 00 05200 DELLUFERY ROUM & LABOR ROUM 0.483668 2. 371, 425 1, 146, 982 52. 00 53.00 05300, MESTHESI LOGY 0.00000 0.0102 357. 368 85, 933 54. 00 54. 00 05400, RADI LOCYI HERAPEUTIC 0.210462 357. 368 85, 933 54. 00 55. 00 05500, RADI I STOPE 0.211026 335. 329 77. 75 55. 00 05500, RADI I STOPE 0.113833 99, 510 11. 328 56. 00 05600, RADI I STOPE 0.03566, 751. 861 26. 966 57. 00 0.5700, RADI ROTOR 0.03560, RADI ROTOR 0.03560, RADI ROTOR 0.03560, RADI ROTOR 0.04162, 96, 952 6. 217 58. 00 0.5600, RADI ROTOR 0.00000, RADI ROTARTERTERIZITION 0.06231, 613. 336 38. 794 59. 00 6500, RADI ROTARTERTERIZITION 0.00000, RADI ROTARTERTERIZITION 0.00000, RADI ROTARTERTERIZITION 0.00000, RADI ROTARTERTERIZITION 0.00000, RADI ROTARTERTERIZITION 0.000000, RADI ROTARTERTERIZITION 0.000000, RADI ROTARTERTERIZITION 0.000000, RADI ROTARTERTERIZITION 0.00000, RADI ROTARTERTERIZITION 0.000000, RADI ROTARTERTERIZITION 0.000000, RADI ROTARTERTERIZITION 0.000000, RADI ROTAROTAROTARY 0.000000, RADI ROTAROTAROTARY							•
53. 00 08300 AMESTHERSIDLOGY 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>							•
54.00 06400 RADI LOCQ"-DI AGNOSTI C 0.240462 357.366 85.933 64.02 54.01 05601 UTRASSUMD 0.237181 1.643 390 54.02 55.00 05500 05500 05500 0.113833 99.510 11.328 56.00 50.00 05600 RADI LOSOT-HERAPEUTI C 0.031833 99.510 11.328 56.00 50.00 05600 GRADI AGNOT-HERAPEUTI C 0.03466 751.861 22.696 57.00 50.00 05600 GRADI CARDI-CARTHERTER ZATION 0.064162 99.992 6.217 58.00 60.00 06000 CARDI AC CARTHERTER ZATION 0.005000 0 60.00 65.00 65.00							1
54.01 05401 ULTRASOUND 0.102822 94,423 97,005 54,00 55.00 05500 RADIOLOCY-THERAPEUTIC 0.211026 33,529 7,075 55,00 57.00 05700 RADIOLOCY-THERAPEUTIC 0.113323 99,510 11,328 56,00 57.00 05700 CRADIOLACY-THERAPEUTIC 0.035866 751,861 26,962 52,00 55,000 05900 CARDIAC CATHETERIZATION 0.064162 96,892 6,217 58,00 0500 60,00 06000 000 000 000 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>•</td>						-	•
54. 02 054.02 WAMMOGRAPHY 0. 237181 1, 643 390 54. 03 55. 00 05500 RAD (0.0CY-THERAPEUT) C 0. 217126 33. 529 7. 075 55. 00 56. 00 05600 RAD (0.10CY-THERAPEUT) C 0. 113833 39. 510 11. 328 56. 00 58. 00 05600 MAGNETI C RESONANCE I MAGING (MRI) 0. 064162 96. 892 6. 217 58. 00 00. 05000 CARDI AC CATHERERIZATION 0. 064251 613. 336 38. 794 99. 00 60. 00 00. 06000 LABORATORY 0. 000000 0 0 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 63. 00 63. 00 64. 00 0.64. 00 0.6000 0.64. 00 64. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00							•
55: 00 05500 RADI LOGY-THERAPEUT C 0.211026 33.529 7,075 55.00 57: 00 05700 CT SCAN 0.33866 751.861 26.966 57.00 58: 00 05600 CARDI AC CATHETERI ZATI ON 0.064162 96.892 6.277 58.00 59: 00 05900 CARDI AC CATHETERI ZATI ON 0.064251 613.336 38.794 59.00 00 06001 BLOOD LABORATORY 0.000000 0 0 60.01 60.00							•
57. 00 05700 CT SCAN 0.035866 751. 661 2.6, 96.6 57. 05 58. 00 05900 MAORETIC RESONANCE LIAGI NG (NR) 0.064162 96.892 6.217 59. 00 05900 CARDIA C CATHETERIZATION 0.075449 2.733, 989 206.277 60.00 60. 00 06000 LABORATORY 0.000000 0 61.00 0.000000 0 61.00 61. 00 06100 PBP CLINI CAL LAB SERVI CES-PRGM ONLY 0.000000 0 61.00 61.00 61.00 63.00 0.000000 0 63.00 63.00 60.00 66.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00	55.00	05500 RADI OLOGY - THERAPEUTI C		0. 2110	26 33, 529	7, 075	55.00
58. 00 0580.00 MAGNETIC RESONANCE IMAGING (MRI) 0.04142 96. 892 6. 217 58. 00 00 0500 CARDIA CCATHETERIZATION 0.05251 613.33 38. 794 59. 00 00 06000 LABORATORY 0.0075449 2,733,989 206,277 60. 01 01.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.000000 0 61.00 61.00 61.00 61.00 61.00 62.00 63.00 64.00	56.00	05600 RADI OI SOTOPE		0. 1138	33 99, 510	11, 328	56.00
59:00 6590.0 6590.0 6590.0 6590.0 6600.1 433.33 38.794 59.00 60:00 6600.1 4800ATRAY 0.075449 2.733.989 206.277 60.01 61:00 66001 HLODO LABORATORY 0.000000 0 61.00 61:00 66100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.000000 0 61.00 62:00 06200 HDLE BLOOD & PACKED RED BLOOD CELLS 0.151435 522.23 79.087 62.00 64:00 06400 INTRAVENDUS THERAPY 0.000000 0 64.0 64.00 06:00 06500 PHYSICAL THERAPY 0.130534 1.855.931 242.262 65.00 6600 6600 OCUPATIONAL THERAPY 0.000000 0 64.00 64.00 66.00 6600 CELCTROCARDI OLOCY 0.141550 606.880 69.918 69.00 680.00 680.00 680.00 680.00 680.00 680.00 680.00 680.00 680.00 680.00 680.00 680.00 680.00 680.00 680.00							•
60.00 66000 LABORATORY 0.075449 2,733,999 206,277 60.00 60.01 60001 BLOOD LABORATORY 0.0000000 0 61.00 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.0000000 0 62.00 63.00 06300 BLOOD X PACKED RED BLOOD CELLS 0.151435 522.253 79.087 62.00 63.00 06300 RESPIRATOR, RED READADOLO CELLS 0.000000 0 63.00 630.00 630.00 630.00 630.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 64.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 67.00 67.00 67.00 67.00 67.00 67.00 66.00 67.18 69.00 6800 57.51 67.90 67.97 67.98 71.93 71.00 73.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 73.00							58.00
60.01 BCOOL BLOOD LABORATORY 0.000000 0							•
61.00 06100 PEP CLINICAL LAB SERVICES-PRGM ONLY 0.000000 0 61.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.151435 522.253 79.087 62.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 0 0 63.00 64.00 ORADO INTRAVENOUS THERAPY 0.0300534 1,855,931 242.262 65.00 65.00 ORGO CELPATONAL THERAPY 0.420658 212.842 89.534 66.00 67.00 OFCO OCCUPATIONAL THERAPY 0.000000 0 67.00 67.00 DELECTROCKARDIOLOGY 0.114550 66.68.80 69.518 69.00 71.00 DFLOCLA SUPPLIES CHARGED TO PATIENTS 0.176168 28.82 5.088 77.00 73.00							•
62.00 06200 WHOLE BLOOD & PACKED 0.151435 522,253 79,087 62.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 0 63.00 64.00 06400 INTRAVENUS THERAPY 0.130534 1.855,931 242,262 65.00 65.00 06500 PHYSIGLAL THERAPY 0.420658 212,842,862 65.00 66.00 06600 SPECE THATORY THERAPY 0.420658 212,842,862 65.00 66.00 06600 SPECE THATOLOGY 0.114550 606,880 69,518 69.00 67.00 0CUPATI ONAL THERAPY 0.176168 28.882 5.088 70.00 70.00 RELECTROCARDI OLOGY 0.114550 606,880 69,518 69.07 72.00 OT200 INPL ESC CHARGED TO PATI ENTS 0.156621 1.732,786 271,391 71.00 72.00 OT200 NEDICAL DIALVSIS 0.214869 123,109 26,452 74.00 70.00 OT200 SECRONDASC (NON-DISTINCT PART) 0.020							
63:00 06300 Decodo 0						-	•
64.00 0 0.0400 INTRAVENOUS THERAPY 0.000000 0 64.00 65.00 06500 RESPI RATORY THERAPY 0.130534 1,855,931 242,262 65.00 66.00 06600 PHYSI CAL THERAPY 0.420658 212,842 89,534 66.00 67.00 06700 0CUPATI ONAL THERAPY 0.000000 0 67.00 68.00 06600 PHYSI CAL THERAPY 0.0114550 666,880 69,518 69.00 06900 ELECTROCARDIOLOGY 0.114550 666,880 69,518 70.00 07000 MED CAL SUPPLI ES CHARGED TO PATI ENTS 0.156621 1,732,786 271,391 71.00 71.00 07100 RENAL DI ALYSI S 0.129962 7,193,694 934,907 73.00 73.00 07300 RESOR (NON-DI STI NCT PART) 0.000000 0 75.00 76.01 03021 ENDSCOPY 0.294884 4,297 1,264 76.01 76.03 03023 WOUND CARE 0.294084 4,297							•
65:00 0c500 RESPIRATORY THERAPY 0.130534 1,855,931 242,26 65.00 00 06600 PHYSI CAL THERAPY 0.420658 212,842 89,534 66.00 67:00 06700 0CUPATIONAL THERAPY 0.000000 0 67.00 68:00 05800 SEECH PATHOLOGY 0.000000 0 68.00 69:00 06900 ELECTROCARDIOLOGY 0.114550 606,880 69,518 69.00 70:00 07200 ELECTROCARDIOLOGY 0.176168 28,882 5.088 70.00 71:00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.16621 1,732,786 271,391 71.00 73:00 07300 RUGS CHARGED TO PATIENTS 0.129462 7,193,694 934,907 73.00 75:00 05500 LSC (NON-DISTINCT PART) 0.000000 0 76.00 76.00 76:01 03021 ENDSCOPY 0.29833 0 76.01 76.01 70:02 SUZ (NON CLINIC 0.30000000 0							64.00
67.00 OCCUPATI ONAL THERAPY 0.00000 0 67.00 67.00 0.00000 0 68.00 0.68.00 0.6900 SPECH PATHOLOGY 0.00000 0 68.00 0.00000 0 68.00 0.00000 0 0.68.00 0.00000 0 68.00 0.00000 0 0.00000 0 68.00 0.00000 0 0.00000 0 68.00 0.00000 0 0.00000 0 0 68.00 0.00000 0 0 68.00 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0.00000 0 0 0.00000 0 0 0 0.00000 0 0 0 0.00000 0 0 0 0 0 0.00000 0 0 0 0.00000 0 0 0 0 0 0.00000 0 0 0 0 0.00000 0 0 0 0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>242, 262</td><td>•</td></td<>						242, 262	•
68.00 06800 SPEECH PATHOLOGY 0.000000 0 06.00 06900 LECTROCANDIAGY 0.114550 606,800 69,518 69.00 07.00 0700 ELECTROCANCEPHALLOGRAPHY 0.176168 28.882 50.88 70.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.156621 1,732,786 271,391 71.00 72.00 07300 DRUGS CHARGED TO PATIENTS 0.466305 659,096 307,340 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.214869 123,109 26,452 74.00 75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 75.00 03021 LITHOTRIPSY 0.085982 98,569 8,475 76.01 03021 DRUSCOPY 0.8800 RESON 0 76.02 76.02 76.02 03023 WOUND CARE 0.000000 0 0 76.02 76.03 03024 DPI C 0.800 RENCHAL 0.132475 1,212,562	66.00	06600 PHYSI CAL THERAPY		0. 4206	58 212, 842	89, 534	66.00
69:00 06:00 ELECTROCARDIOLOGY 0.114550 666,880 69,518 69.00 70:00 07000 ELECTROCREPHALOGRAPHY 0.176168 28,882 5,088 70.00 71:00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.156621 1,732,786 271,30 71.00 72:00 07300 DRUGS CHARGED TO PATIENTS 0.466305 659,096 307,340 72.00 73:00 07400 RENAL DI ALYSIS 0.214869 123,109 26,452 74.00 74:00 07400 RENAL DI ALYSIS 0.000000 0 075.00 003020 LITHOTRIPSY 0.085982 98,569 8,475 76.00 76.00 03021 ENDOSCOPY 0.85982 98,569 8,475 76.00 76.02 03022 RVISI NO CLINIC 0.000000 0 0 76.02 03024 OPIC 0.182205 3,791 691 76.02 03024 OPIC 0.000000 0 0 89.00	67.00			0.0000	0 00	0	67.00
70.00 0700 ELECTROENCEPHALGGRAPHY 0.176168 28,882 5,088 70.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.156621 1,732,786 271,391 71.00 72.00 07200 IMPL CAL SUPPLIES CHARGED TO PATIENTS 0.166305 659,096 307,340 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.129962 7,193,694 934,907 73.00 74.00 07400 RENAL DI ALYSIS 0.214869 122,109 26,452 74.00 75.00 0750 ASC (NON-DI STINCT PART) 0.000000 0 75.00 76.00 76.01 03021 LIHOTRIPSY 0.234543 0 76.00 76.02 76.02 03023 WUND CARE 0.324543 0 76.02 76.02 76.04 03024 OPIC 0.182205 3,791 671 76.02 70.00 0800 RURAL HEALTH CLINIC 0.000000 0 0 89.00 08900 REGENCY 0.132475 1,212,562 160,634 91.00 99.00 91.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>68.00</td></td<>						-	68.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.156621 1,732,786 271,391 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.466305 659,096 307,340 72.00 73.00 07300 RRSC CHARGED TO PATIENTS 0.129962 7,193,694 934,907 73.00 74.00 07400 RENAL DI ALYSI S 0.214869 123,109 26,452 74.00 75.00 03021 ITHORT PSY 0.000000 0 0 75.00 76.01 03021 IENDSCOPY 0.29983 0 76.00 76.02 03022 PRISION CLINIC 2.345443 0 76.00 76.03 03024 OPLC 0.182205 3,791 691 76.04 03024 OPLC 0.000000 0 89.00 70.00 09000 CLINIC 0.000000 0 0 90.00 90.00 09000 CLINIC 0.000000 0 0 90.00 0 90.00 0 90.00 0 90.00 0 90.00 0 90.00							•
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.466305 659,096 307,340 72.00 73.00 DRUGS CHARGED TO PATIENTS 0.129962 7,193,694 934,907 73.00 74.00 7400 RFAND 0.214869 123,109 26,452 74.00 75.00 03020 LITHOTRI PSY 0.000000 0 0 75.00 76.01 03022 PRISION CLINIC 0.000000 0 0 76.00 76.02 03022 PRISION CLINIC 0.0294883 0 0 76.00 76.02 03022 PRISION CLINIC 2.345443 0 0 76.02 76.04 03024 OPIC 0.182205 3,791 691 76.02 76.04 03024 OPIC 0.000000 0 0 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 88.00 980.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00							•
73.00 07300 DRUGS CHARGED TO PATIENTS 0.129962 7, 193, 694 934, 907 73.00 74.00 07400 RENAL DI ALYSIS 0.214869 123, 109 26, 452 74.00 75.00 0500 ASC (NON-DI STINCT PART) 0.000000 0 75.00 76.00 03020 LI THOTRI PSY 0.029883 0 0 76.00 76.00 03021 ENDOSCOPY 0.085982 98, 569 8, 475 76.01 76.01 03023 PIN SION CARE 0 0 76.02 0.3023 WOUND CARE 0 0 76.04 0.03024 OPIC 76.04 76.04 76.04 76.04 0.3024 OPIC 76.04 76.04 76.04 76.04 76.04 76.04 76.04 0.182205 3, 791 691 76.04 03023 WOUND CARE 0.000000 0 0 0 88.00 0 08900 RURAL HEALTH CLINIC 88.00 88.00 90.00 000000 0 0 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>							1
74.00 07400 RENAL DI ALYSI S 0.214869 123, 109 26, 452 74.00 75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 75.00 76.01 03021 ENDOSCOPY 0.299883 0 0 76.00 76.02 03021 ENDOSCOPY 0.085982 98,569 8,475 76.01 76.02 03023 WOUND CARE 2.345443 0 76.02 76.02 76.04 03024 (PFI C 0.182205 3,791 691 76.02 0017PATI ENT SERVICE COST CENTERS 0.000000 0 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 88.00 90.00 09000 CLINIC 0.000000 0 0 99.00 90.00							•
75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 75.00 76.00 03020 LITHOTRIPSY 0.209883 0 76.00 76.01 03021 ENDOSCOPY 0.885982 98,569 8,475 76.02 76.02 03022 PRISION CLINIC 2.345443 0 0 76.02 76.03 03023 WOUND CARE 0.294084 4,297 1,264 76.03 76.04 03024 (DPI C 0.3024 (DPI C 0.182205 3,791 691 76.04 76.04 03024 (DPI C 0.000000 0 0 88.00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 76.04 88.00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0.000000 0 89.00 90.00 09000 CLINIC 0.000000 0 90.00 91.00 09200 DSERVATION BEDS (NON-DI STINCT PART) 0.207382 0 0 92.00 92.00 09200 OSERVATION BEDS (NON-DI STINCT PART) 0.000000 0 95.00 95.00 09200 09200 DIRABLE MEDI							•
76.00 03020 LI THOTRI PSY 0.209883 0 0 76.00 76.01 03021 ENDOSCOPY 0.085982 98.669 8.475 76.01 76.02 03022 PRI SI ON CLINI C 2.345443 0 0 76.02 76.03 03023 WOUND CARE 0.294084 4.297 1.264 76.02 76.04 03024 OPIC 0.182205 3.791 691 76.04 0007PATI ENT SERVICE COST CENTERS 0.000000 0 0 88.00 08000 RURAL HEALTH CLINIC 88.00 88.00 88.00 88.00 89.00 9000 000000 0 0 89.00 9000 9000 0 90.00 90.00 000000 0 90.00							75.00
76. 01 03021 ENDOSCOPY 0.085982 98, 569 8, 475 76. 01 76. 02 03022 PRI SI ON CLI NI C 2.345443 0 0 76. 02 76. 04 03024 OPI C 0.182205 3, 791 691 76. 04 00224 OPI C 0.182205 3, 791 691 76. 04 0UTPATIENT SERVICE COST CENTERS 0.000000 0 0 88.00 0800 RURAL HEALTH CLINIC 0.000000 0 0 89.00 90.00 0900 CLI NI C 0.000000 0 89.00 90.00 0900 CLI NI C 0.000000 0 89.00 90.00 09100 EMERGENCY 0.132475 1,212,562 160,634 91.00 91.00 09100 EMERGENCY 0.207382 0 92.00 950.0 92.00 DSERVATI ON BEDS (NON-DI STI NCT PART) 0.200000 0 94.00 95.00 96.00 09500 MBULANCE SERVI CES 0 0.000000 0 95.00 96.00 09600 DURABLE MEDI						-	76.00
76.03 03023 WOUND CARE 0.294084 4,297 1,264 76.03 76.04 03024 OPIC 0.182205 3,791 691 76.04 0UTPATI ENT SERVICE COST CENTERS 0.000000 0 0 88.00 0.8800 RURAL HEALTH CLINIC 0.000000 0 88.00 89.00 0.000000 0 0 89.00 90.00 0.000000 0 90.00 90.00 0.000000 0 90.00 90.00 90.00 0.000000 0 90.00 90.00 90.00 90.00 90.00 90.00 0 90.00 92.00 92.00				0.0859	98, 569	8, 475	76.01
76. 04 03024 OPI C 0.182205 3,791 691 76. 04 0UTPATIENT SERVICE COST CENTERS 0.000000 0 0 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 89.00 90.00 0 00000 0 0 89.00 90.00 0 90.00 0 0 0 90.00 90.00 0 0 0 90.00 90.00 90.00 0 90.00 0 90.00 92.00 92.00 92.00							76. 02
OUTPATI ENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 89.00 90.00 09000 CLINIC 0.000000 0 0 89.00 90.00 09000 CLINIC 0.000000 0 0 90.00 91.00 EMERGENCY 0.132475 1,212,562 160,634 91.00 92.00 OBSERVATION BEDS (NON-DISTINCT PART) 0.207382 0 0 92.00 01THER REIMBURSABLE COST CENTERS 0.000000 0 94.00 95.00 95.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 95.00 96.00 09600 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 96.00 97.00 09700 DURABLE MEDI CAL EQUIP-SOLD 0.000000 0 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0.000000 0 98.00 90							•
88.00 08800 RURAL HEALTH CLINIC 0.000000 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 89.00 90.00 09000 CLINIC 0.000000 0 0 90.00 91.00 09100 EMERGENCY 0.132475 1,212,562 160,634 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.207382 0 0 92.00 07HER REIMBURSABLE COST CENTERS 0.000000 0 94.00 95.00 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 0 94.00 95.00 09500 AMBULANCE SERVICES 0.000000 0 96.00 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 96.00 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 97.00 98.00 05950 OTHER REI MBURSABLE COST CENTERS 0.000000 0 97.00 90.00 URABLE MEDI CAL EQUI P-SOLD 0.000000 0 98.00 0.00	76.04			0. 1822	3, 791	691	76.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 89.00 90.00 09000 CLINIC 0.000000 0 90.00 91.00 09100 EMERGENCY 0.132475 1,212,562 160,634 91.00 92.00 0BSERVATION BEDS (NON-DISTINCT PART) 0.207382 0 0 92.00 07HER REIMBURSABLE COST CENTERS 0.000000 0 94.00 99.00 99.00 99.00 92.00<	00.00			0.0000			00.00
90.00 09000 CLINIC 0.000000 0 0 90.00 91.00 09100 EMERGENCY 0.132475 1,212,562 160,634 91.00 92.00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 0.207382 0 92.00 0THER REIMBURSABLE COST CENTERS 0.000000 0 94.00 95.00 9500 AMBULANCE SERVICES 95.00 95.00 95.00 95.00 95.00 95.00 95.00 96.00 0.000000 0 95.00 95.00 95.00 95.00 96.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 98.00 0.000000 0 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 24,384,058 4,052,409 200.00 201.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00 201.00 201.00							
91.00 09100 EMERGENCY 0.132475 1,212,562 160,634 91.00 92.00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 0.207382 0 92.00 0THER REIMBURSABLE COST CENTERS 0.000000 0 94.00 94.00 95.00 95.00 96.00 90.00 90.00 90							•
92.00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 0.207382 0 92.00 0THER REIMBURSABLE COST CENTERS 0.00000 0 94.00 94.00 9400 HOME PROGRAM DIALYSIS 0.00000 0 94.00 95.00 9500 AMBULANCE SERVICES 95.00 96.00 0.000000 0 95.00 96.00 96.00 96.00 96.00 0.000000 0 96.00 96.00 96.00 0.000000 0 96.00 96.00 97.00 0.000000 0 96.00 96.00 97.00 0.000000 0 96.00 97.00 0.000000 0 96.00 97.00 98.00 0.000000 0 0 96.00 98.00 0.000000 0 98.00 92.00 98.00 98.00 0.000000 0 98.00 92.00.00 0 98.00 98.00 24, 384, 058 4, 052, 409 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00						-	
OTHER REI MBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DI ALYSI S 94.00 95.00 9500 AMBULANCE SERVI CES 95.00 95.00 9600 DURABLE MEDI CAL EQUI P-RENTED 95.00 96.00 9600 DURABLE MEDI CAL EQUI P-SOLD 0.000000 0 96.00 97.00 97.00 0.000000 0 97.00 98.00 0.000000 0 0 97.00 98.00 0.000000 0 0 98.00 92.00 0 98.00 0.000000 0 0 98.00 92.00 0 98.00 24, 384, 058 4, 052, 409 200.00 201.00 201.00 201.00 24, 384, 058 4, 052, 409 201.00							92.00
94.00 09400 HOME PROGRAM DIALYSIS 0.000000 0 94.00 95.00 09500 AMBULANCE SERVICES 95.00 96.00 0.000000 0 95.00 96.00 09600 DURABLE MEDICAL EQUIPRENTED 0.000000 0 96.00 97.00 97.00 09700 DURABLE MEDICAL EQUIPSOLD 0.000000 0 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0.000000 0 98.00 200.00 Total (sum of lines 50-94 and 96-98) 24, 384, 058 4, 052, 409 201.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 0 201.00	, 00			0.2013	0	0	1
95.00 09500 AMBULANCE SERVICES 95.00 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 96.00 97.00 98.00 0.000000 0 98.00 <td>94.00</td> <td></td> <td></td> <td>0.0000</td> <td>0 00</td> <td>0</td> <td>94.00</td>	94.00			0.0000	0 00	0	94.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0.000000 0 98.00 200.00 Total (sum of lines 50-94 and 96-98) 24, 384, 058 4, 052, 409 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 0 201.00							95.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS 0.000000 0 98.00 98.00 200.00 Total (sum of lines 50-94 and 96-98) 24, 384, 058 4, 052, 409 200.00 201.00 201.00 0 201.00 0 201.00 0 201.00 0 201.00 201.00 0 0 201.00 201.00 0 201.00 201.00 0						0	•
200.00 Total (sum of lines 50-94 and 96-98) 24, 384, 058 4, 052, 409 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00							97.00
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00				0.0000			98.00
			11		24, 384, 058	4, 052, 409	
			iine 61)		21 201 050		201.00
202.00 met ondriges (The 200 minus the 201) 24, 304, 038 202.00	202.00	I Inter ondiges (TTTE 200 millios TTTE 201)		I	24, 304, 038	I	1202. UU

OUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der		Peri od: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time P 1/26/2015 2	repared
		Titl	e XVIII	Hospi tal	PPS	
	_	0	before 1/1 1.00	on/after 1/1	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS	0	1.00	1.01	2.00	
0	DRG Amounts Other than Outlier Payments			0		1. (
1	DRG amounts other than outlier payments for discharges		1, 450, 79	94		1. (
2	occurring prior to October 1, 2013 (see instructions) DRG amounts other than outlier payments for discharges		18, 148, 12	01		1. (
2	occurring on or after October 1, 2013 (see instructions)		10, 140, 12			'. '
3	DRG for Federal specific operating payment for Model 4			0		1. (
~	BPCI (see instructions)		050.0/			
0 1	Outlier payments for discharges. (see instructions) Outlier reconciliation amount		859, 06	0		2. (
2	Outlier payment for discharges for Model 4 BPCI (see			0		2.0
	instructions)					
0	Managed Care Simulated Payments		450 -	0		3. (
0	Bed days available divided by number of days in the cost reporting period (see instructions)		158.7	8		4.0
	Indirect Medical Education Adjustment					
0	FTE count for allopathic and osteopathic programs for the		0.0	00		5. (
	most recent cost reporting period ending on or before					
0	12/31/1996. (see instructions) FTE count for allopathic and osteopathic programs which		0.0	00		6. (
0	meet the criteria for an add-on to the cap for new		0.0			0
	programs in accordance with 42 CFR 413.79(e)					
0	MMA Section 422 reduction amount to the IME cap as		0.0	00		7.0
1	specified under 42 CFR §412.105(f)(1)(iv)(B)(1) ACA Section 5503 reduction amount to the IME cap as		0.0	00		7.0
	specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the		0.0			
	cost report straddles July 1, 2011 then see instructions.					
0	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated		0.0	00		8.
	programs in accordance with 42 CFR 413.75(b),					
	413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12,					
	1998, page 26340 and Vol. 67 Federal Register, page 50069,					
1	August 1, 2002. The amount of increase if the hospital was awarded FTE cap		0.0	0		8.
1	slots under section 5503 of the ACA. If the cost report		0.0	0		0.
	straddles July 1, 2011, see instructions.					
2	The amount of increase if the hospital was awarded FTE cap		0.0	00		8.
	slots from a closed teaching hospital under section 5506 of ACA. (see instructions)					
0	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus		0.0	00		9.
	lines (8, 8,01 and 8,02) (see instructions)					
00	FTE count for allopathic and osteopathic programs in the		0.0	00		10.
00	current year from your records FTE count for residents in dental and podiatric programs.		0.0	0		11.
	Current year allowable FTE (see instructions)		0.0			12.
	Total allowable FTE count for the prior year.		0.0	00		13.
00	Total allowable FTE count for the penultimate year if that		0.0	00		14.
	year ended on or after September 30, 1997, otherwise enter zero.					
00	Sum of lines 12 through 14 divided by 3.		0.0	00		15.
00	Adjustment for residents in initial years of the program		0.0			16.
00	Adjusment for residents displaced by program or hospital		0.0	00		17.
00	closure Adjusted rolling average FTE count		0.0	0		18.
00	Current year resident to bed ratio (line 18 divided by		0.00000			10.
	line 4).					
	Prior year resident to bed ratio (see instructions)		0.0000			20.
	Enter the lesser of lines 19 or 20 (see instructions) IME payment adjustment (see instructions)		0.00000	0		21.
00	Indirect Medical Education Adjustment for the Add-on for Section	ion 422 of t	he MMA	0		22.
00	Number of additional allopathic and osteopathic IME FTE		0.0	00		23.
	resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).					
00	IME FTE Resident Count Over Cap (see instructions)		0.0			24.
00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.0			25.
00	Resident to bed ratio (divide line 25 by line 4)		0.00000	00		26.
00	IME payments adjustment factor. (see instructions)		0.00000			27.
00	IME add-on adjustment amount (see instructions)			0		28.
00	Total IME payment (sum of lines 22 and 28) Disproportionate Share Adjustment			0		29.
00	Percentage of SSI recipient patient days to Medicare Part		6. 3	39		30.
	A patient days (see instructions)					30.
	Percentage of Medicaid patient days (see instructions)		17.4	19		31.

LCULAI	ION OF REIMBURSEMENT SETTLEMENT		Provi der		Period: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time Pre	
				e XVIII	Hospi tal	1/26/2015 2: 3 PPS	/ pm
				before 1/1	on/after 1/1		
			0	1.00	1. 01	2.00	
	llowable disproportionate share percentage (see		8.9	2		33.
	nstructions) isproportionate share adjustment (see instru	uctions)		534, 11	4		34.
. 00 [DI	r spropor tronate snare adjustment (see riistru			Prior to	4	On/After	34.
				October 1		October 1	
		()	1.00	1.01	2.00	
	ncompensated Care Adjustment			1		0.044.000.440	0.5
	otal uncompensated care amount (see nstructions)					9, 046, 380, 143	35.
	actor 3 (see instructions)					0.000123004	35.
	ospital uncompensated care payment (If					1, 229, 949	35.
	ine 34 is zero, enter zero on this line)						
	see instructions)					1 100 057	25
	ro rata share of the hospital uncompensated are payment amount (see instructions)					1, 128, 857	35.
	otal uncompensated care (sum of columns 1			1, 128, 85	7		36.
	nd 2 on line 35.03)			,			
	dditional payment for high percentage of ESR	D beneficiary	di scharges	1			
	otal Medicare discharges on Worksheet S-3,				0		40
	art I excluding discharges for MS-DRGs 652, 82, 683, 684 and 685 (see instructions)						
	otal ESRD Medicare discharges excluding				o o		41
MS	S-DRGs 652, 682, 683, 684 an 685. (see						
	nstructions)						
	otal ESRD Medicare covered and paid ischarges excluding MS-DRGs 652, 682, 683,				0 0		41
	84 an 685. (see instructions)						
	ivide line 41 by line 40 (if less than 10%,			0.0	o		42
	ou do not qualify for adjustment)						
	otal Medicare ESRD inpatient days excluding				0		43
	S-DRGs 652, 682, 683, 684 an 685. (see						
	nstructions) atio of average length of stay to one week			0, 00000	0		44
	line 43 divided by line 41 divided by 7			0.00000	0		
	ays)						
	verage weekly cost for dialysis treatments			0.0	0 0.00		45
	see instructions)				0		
	otal additional payment (line 45 times line 4 times line 41.01)				0		46
	ubtotal (see instructions)			22, 120, 95	0		47
. 00 Ho	ospital specific payments (to be completed				0		48
	y SCH and MDH, small rural hospitals						
	nly. (see instructions)			22 120 05	0		10
	otal payment for inpatient operating costs CH and MDH only (see instructions)			22, 120, 95	0		49
	ayment for inpatient program capital (from			1, 753, 49	2		50
We	orksheet L, Parts I, II, as applicable)						
	xception payment for inpatient program				0		51
	apital (Worksheet L, Part III, see						
	nstructions) irect graduate medical education payment				0		52
	from Worksheet E-4, line 49 see				-		
ii	nstructions).						
	ursing and Allied Health Managed Care				0		53
	ayment pecial add-on payments for new technologies				0		54
	et organ acquisition cost (Worksheet D-4				ŏ		54
	art III, col. 1, line 69)				0		
00 Co	ost of physicians' services in a teaching				o		56
	ospital (see intructions)						
	outine service other pass through costs from Wkst D, Part III, column 9, lines 30						57
	hrough 35).						
	ncillary service other pass through costs				0		58
fi	rom Worksheet D, Part IV, col. 11 line 200)						
	otal (sum of amounts on lines 49 through			23, 874, 44	2		59
1	8) rimary paver payments			11, 93	0		60
	rimary payer payments otal amount payable for program			23, 862, 51			61
	eneficiaries (line 59 minus line 60)				-		
	eductibles billed to program beneficiaries			1, 845, 76	o		62
00 Co	oinsurance billed to program beneficiaries			45, 39			63
	llowable bad debts (see instructions)			100, 22			64
. 00 Ad	djusted reimbursable bad debts (see nstructions)			65, 14	6		65

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT		Provi der	CCN: 150046		i od: m 09/01/2013 08/31/2014	Worksheet E Part A Date/Time Pro 1/26/2015 2:	epared: 37 pm
			Titl	e XVIII		Hospi tal	PPS	
				Prior to October 1			On/After October 1	
		0		1.00		1.01	2.00	
66.00	Allowable bad debts for dual eligible				0			66.00
(7.00	beneficiaries (see instructions)			00 00/ F	~ (1 /7 00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			22, 036, 5	06			67.00
68.00	Credits received from manufacturers for				0			68.00
00.00	replaced devices applicable to MS-DRG (see				Ŭ			
	instructions)							
69.00	Outlier payments reconciliation (sum of				0			69.00
	lines 93, 95 and 96). (For SCH see							
70 00					~			70.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0			70.00
70. 50	RURAL DEMONSTRATION PROJECT				0			70.50
70.92	Bundled Model 1 discount amount				0			70.92
70. 93	HVBP incentive payment (see instructions)			39, 7	30			70.93
70. 94	Hospital readmissions reduction adjustment			-85, 2	94			70.94
	(see instructions)							
70.95	Recovery of accelerated depreciation				0			70.95
70. 96	Low volume adjustment for federal fiscal		0		0			70.96
	year (yyyy) (Enter in column 0 the corresponding federal year for the period							
	prior to 10/1)							
70. 97	Low volume adjustment for federal fiscal		0		0			70.97
	year (yyyy) (Enter in column 0 the							
	corresponding federal year for the period							
70 00	ending on or after 10/1)				~			70.00
70.98	Low Volume Payment-3			21 000 0	0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			21, 990, 9	42			/1.00
71.01	Sequestration adjustment (see instructions)			439, 8	19			71.01
72.00	Interim payments			21, 466, 3				72.00
73.00	Tentative settlement (for contractor use				0			73.00
	only)							
74.00	Balance due provider (Program) line 71 minus			84,8	01			74.00
75.00	lines 71.01, 72 and 73			114 0	4 5			75.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2,			116, 2	05			/5.00
	chapter 1, §115.2							
	TO BE COMPLETED BY CONTRACTOR							
90.00	Operating outlier amount from Worksheet E,				0			90.00
04 00	Part A line 2 (see instructions)				~			01 00
91.00	Capital outlier from Worksheet L, Part I, line 2				0			91.00
92 00	Operating outlier reconciliation adjustment				0			92.00
72.00	amount (see instructions)				0			/2.00
93.00	Capital outlier reconciliation adjustment				0			93.00
	amount (see instructions)							
94.00	The rate used to calculate the time value of			0.	00			94.00
05 00	money (see instructions)							
95.00	Time value of money for operating expenses (see instructions)				U			95.00
96.00	Time value of money for capital related				0			96.00
.0.00	expenses (see instructions)				5			/0.00

	Financial Systems TERRE HAUTE REGIONAL ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014		pared:
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
. 00	Medical and other services (see instructions)			15, 387	1.00
. 00 . 00	Medical and other services reimbursed under OPPS (see instructi PPS payments	ons)		11, 865, 891 11, 915, 402	2.00
. 00	Outlier payment (see instructions)			27, 114	
. 00	Enter the hospital specific payment to cost ratio (see instruct	i ons)		0.000	
. 00	Line 2 times line 5			0	6.00
. 00	Sum of line 3 plus line 4 divided by line 6			0.00	
. 00 . 00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Worksheet D, Pa	art IV column 13 line	200	0	8.0 9.0
0.00	Organ acqui si ti ons		200	0	10.0
1.00	Total cost (sum of lines 1 and 10) (see instructions)			15, 387	11.0
	COMPUTATION OF LESSER OF COST OR CHARGES				-
2.00	Reasonable charges Ancillary service charges			120, 497	12.00
	Organ acquisition charges (from Worksheet D-4, Part III, line 6	59, col. 4)		0	13.00
	Total reasonable charges (sum of lines 12 and 13)	. ,		120, 497	14.00
F 00	Customary charges	······			15 01
	Aggregate amount actually collected from patients liable for pa Amounts that would have been realized from patients liable for			0	15.00 16.00
0.00	had such payment been made in accordance with 42 CFR 413.13(e)	payment for services o	in a chargebasi s	0	10.0
7.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17.0
	Total customary charges (see instructions)			120, 497	18.0
9.00	Excess of customary charges over reasonable cost (complete only instructions)	/ IT line 18 exceeds li	ne 11) (see	105, 110	19.0
D. 00	Excess of reasonable cost over customary charges (complete only	/ifline 11 exceeds li	ne 18) (see	0	20.0
	instructions)				
	Lesser of cost or charges (line 11 minus line 20) (for CAH see	instructions)		15, 387	
	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see instru	(ctions)		0	22. 0 23. 0
	Total prospective payment (sum of lines 3, 4, 8 and 9)			11, 942, 516	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
	Deductibles and coinsurance (for CAH, see instructions)	0.411 · · · · · · · ·		0	
	Deductibles and Coinsurance relating to amount on line 24 (for Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus t			2, 493, 807 9, 464, 096	
7.00	see instructions)		23) (101 CAII,	9,404,090	27.0
8.00	Direct graduate medical education payments (from Worksheet E-4,	line 50)		0	28.0
	ESRD direct medical education costs (from Worksheet E-4, line 3	36)		0	29.0
	Subtotal (sum of lines 27 through 29) Primary payer payments			9, 464, 096 988	
	Subtotal (line 30 minus line 31)			9, 463, 108	
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE	S)			
	Composite rate ESRD (from Worksheet I-5, line 11)				33.0
	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			291, 846 189, 700	
6.00	Allowable bad debts for dual eligible beneficiaries (see instru	uctions)		154, 052	
7.00	Subtotal (see instructions)	,		9, 652, 808	
	MSP-LCC reconciliation amount from PS&R			0	38.0
9.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	d daviana (ana inatrua	ti ana)	0	39.0
9. 98 9. 99	Partial or full credits received from manufacturers for replace RECOVERY OF ACCELERATED DEPRECIATION	ed devices (see instruc	trons)	0	39.9 39.9
	Subtotal (see instructions)			9, 652, 808	
0. 01	Sequestration adjustment (see instructions)			193, 056	40.0
1.00	Interim payments			9, 533, 902	
2.00 3.00	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)			0 -74, 150	42.0 43.0
3.00 4.00	Protested amounts (nonallowable cost report items) in accordance	ce with CMS Pub. 15-2.	chapter 1.	-74, 150	
	§115. 2			Ŭ	
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)			0	90.0 91.0
	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money				91.0
	Time Value of Money (see instructions)			0.00	
	Total (sum of lines 91 and 93)			0	94.0

CALCOL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part B Date/Time Pre 1/26/2015 2:3	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
1.00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			746	1.00
2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instruct	ons)		909	
3.00	PPS payments			1, 508	
4.00	Outlier payment (see instructions)	+:)		0	4.00
5.00 6.00	Enter the hospital specific payment to cost ratio (see instruc Line 2 times line 5	tions)		0.000	
7.00	Sum of line 3 plus line 4 divided by line 6			0.00	
8.00	Transitional corridor payment (see instructions)			0	
9.00	Ancillary service other pass through costs from Worksheet D, Pa	art IV, column 13, line	200	0	
10.00 11.00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0 746	
	COMPUTATION OF LESSER OF COST OR CHARGES			110	1
	Reasonable charges				
12.00	Ancillary service charges	(0 col 4)		5, 739	12.00
13.00 14.00	Organ acquisition charges (from Worksheet D-4, Part III, line Total reasonable charges (sum of lines 12 and 13)	J7, CUL. 4)		5, 739	
	Customary charges				1
15.00	Aggregate amount actually collected from patients liable for patients	5	9	0	
16. 00	Amounts that would have been realized from patients liable for had such payment been made in accordance with 42 CFR 413.13(e)	payment for services o	n a chargebasis	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17.00
	Total customary charges (see instructions)			5, 739	
19.00	Excess of customary charges over reasonable cost (complete only	y if line 18 exceeds li	ne 11) (see	4, 993	19.00
20. 00					20. 0
21.00	instructions) Lesser of cost or charges (line 11 minus line 20) (for CAH see	instructions)		746	21.00
	Interns and residents (see instructions)	riisti ucti olis)		0	
23.00	Cost of physicians' services in a teaching hospital (see instru	uctions)		0	
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			1, 508	24.00
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for	CAH, see instructions)		90	
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus	the sum of lines 22 and	23} (for CAH,	2, 164	27.00
28.00	see instructions) Direct graduate medical education payments (from Worksheet E-4	line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 3	-		0	
30.00	Subtotal (sum of lines 27 through 29)			2, 164	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICI	-5)		2, 164	32.00
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	_3)		0	33.00
34.00	Allowable bad debts (see instructions)			0	
	Adjusted reimbursable bad debts (see instructions)	unti ana)		0	
36.00 37.00	Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (see instructions)	uctions)		0 2, 164	
38.00	MSP-LCC reconciliation amount from PS&R			0	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.98	Partial or full credits received from manufacturers for replace	ed devices (see instruc	tions)	0	39.98
39.99 40.00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0 2, 164	39.9 40.0
40.01	Sequestration adjustment (see instructions)			43	
41.00	Interim payments			2, 515	41.00
42.00	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)			0	
43.00 44.00	Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accordan	ce with CMS Pub 15-2	chapter 1.	-394	
00	§115. 2				
	TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0	
91.00 92.00	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money			0.00	91.0
93.00	Time Value of Money (see instructions)			0.00	
94 00	Total (sum of lines 91 and 93)			0	94.0

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part B Date/Time Pre 1/26/2015 2:3	
		Title XVIII	Subprovider - IRF	PPS	
				1.00	
1.00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			227	1.00
2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instructions)	ons)		164	2.00
3.00	PPS payments	,		307	3.00
4.00	Outlier payment (see instructions)	`		0	4.00
5.00 6.00	Enter the hospital specific payment to cost ratio (see instructi Line 2 times line 5	ons)		0.000	5.00 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00	
8.00	Transitional corridor payment (see instructions)			0	
9.00	Ancillary service other pass through costs from Worksheet D, Par	rt IV, column 13, line	200	0	9.00
10.00 11.00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0 227	10.00 11.00
11.00	COMPUTATION OF LESSER OF COST OR CHARGES			221	11.00
	Reasonabl e charges				1
12.00	Ancillary service charges				12.00
13.00 14.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69 Total reasonable charges (sum of lines 12 and 13)	7, CUL. 4)		0 1, 743	13.00 14.00
11.00	Customary charges			1,710	11.00
15.00	Aggregate amount actually collected from patients liable for pay			0	15.00
16.00	Amounts that would have been realized from patients liable for p	payment for services o	n a chargebasis	0	16.00
17.00	had such payment been made in accordance with 42 CFR 413.13(e) Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17.00
	Total customary charges (see instructions)			1, 743	
19.00	Excess of customary charges over reasonable cost (complete only	if line 18 exceeds li	ne 11) (see	1, 516	19.00
20.00	instructions)	if line 11 exceeds li	no 19) (coo	0	20.00
20.00	Excess of reasonable cost over customary charges (complete only instructions)	IT THE IT exceeds IT	ne 18) (See	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see i	nstructions)		227	21.00
	Interns and residents (see instructions)			0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instruct	ctions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			307	24.00
25.00	Deductibles and coinsurance (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for (0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the see instructions)	ne sum of lines 22 and	23} (for CAH,	534	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4,	line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			534	
31.00 32.00	Primary payer payments			0 534	31.00 32.00
32.00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES	5)		534	32.00
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	,		0	33.00
34.00	Allowable bad debts (see instructions)			0	
	Adjusted reimbursable bad debts (see instructions)	-+:)		0	
36.00	Allowable bad debts for dual eligible beneficiaries (see instruc Subtotal (see instructions)	ctions)		0 534	
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39. 98	Partial or full credits received from manufacturers for replaced	d devices (see instruc	tions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00 40.01	Subtotal (see instructions) Sequestration adjustment (see instructions)			534	
	Interim payments			643	
42.00	Tentative settlement (for contractors use only)			0	42.00
43.00	Balance due provider/program (see instructions)			-120	
44.00	Protested amounts (nonallowable cost report items) in accordance §115.2	e with CMS Pub. 15-2,	unapter 1,	0	44.00
	TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0	
91.00	Outlier reconciliation adjustment amount (see instructions)			0	
92.00 93.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	92.00 93.00
7.0. 00	Total (sum of lines 91 and 93)			0	

IALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CCN: 150046	Period: From 09/01/2013 To 08/31/2014		pared 7 pm
			e XVIII	Hospi tal	PPS	
		Inpatien	it Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00	Total interim payments paid to provider		21, 466, 32	2	9, 533, 902	1. C
00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	0	2. C
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3. C
	Program to Provider					
01	ADJUSTMENTS TO PROVIDER			0	0	3. C
02				0	0	3.0
03 04				0	0	3. (3. (
04				0	0	3.0
00	Provider to Program			<u> </u>		0.1
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	3.
52				0	0	3.
53 54				0	0	3. 3.
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3.
	3. 50-3. 98)					
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)		21, 466, 32	2	9, 533, 902	4.
	TO BE COMPLETED BY CONTRACTOR	1	1		1	
00	List separately each tentative settlement payment after					5.
	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					
01	TENTATI VE TO PROVIDER			0	0	5.
02				0	0	5.
03				0	0	5.
	Provider to Program	L	1	-	-	_
50 E 1	TENTATI VE TO PROGRAM			0	0	5.
51 52				0	0	5. 5.
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5.
	5. 50-5. 98)					2.
00	Determined net settlement amount (balance due) based on the cost report. (1)					6.
01	SETTLEMENT TO PROVIDER		84, 80		0	6.
02	SETTLEMENT TO PROGRAM			0	74, 150	6.
00	Total Medicare program liability (see instructions)		21, 551, 12	Contractor	9,459,752 NPR Date	7.
				Number	(Mo/Day/Yr) 2.00	
00	Name of Contractor)	1.00	2.00	8.

ALYS	IS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CCN: 150046 t CCN: 15S046	Period: From 09/01/2013 To 08/31/2014	Worksheet E-1 Part I Date/Time Prep 1/26/2015 2:37	
		Ti tl	e XVIII	Subprovider -	PPS	- p
		Inpatier	nt Part A		t B	
		mm/dd/yyyy	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 services rendered in the cost reporting period. If none, write "NONE" or enter a zero		909, 7	0	2, 515 0	1.00 2.00
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.00
D1	ADJUSTMENTS TO PROVIDER			0	0	3.0
02				0	0	3.02
03				0	0	3.03
04				0	0	3.04
05				0	0	3. 0
- 0	Provider to Program		1		0	0.5
0	ADJUSTMENTS TO PROGRAM			0	0	3.5
51 52				0	0	3.5 3.5
3				0	0	3.5 3.5
3 4				0	0	3.5
4 9	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3.5
9	3. 50-3. 98)			0	0	3.9
0	Total interim payments (sum of lines 1, 2, and 3.99)		909, 7	59	2, 515	4.0
0	(transfer to Wkst. E or Wkst. E-3, line and column as		,07,13		2, 515	7.0
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR		1			
0	List separately each tentative settlement payment after					5. C
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
	Program to Provider					
1	TENTATI VE TO PROVIDER			0	0	5.C
2				0	0	5. C
3				0	0	5.0
~	Provider to Program		1			
0	TENTATI VE TO PROGRAM			0	0	5.5 5.5
1 2				0	0	5. 5
2 9	Subtotal (sum of lines 5.01–5.49 minus sum of lines			0	0	5.9
1	5. 50-5. 98)			0	0	0.5
C	Determined net settlement amount (balance due) based on the cost report. (1)					6.0
1	SETTLEMENT TO PROVIDER		32, 9	21	0	6.0
2	SETTLEMENT TO PROVIDER		32, 9.		394	6.0
2 0	Total Medicare program liability (see instructions)		942, 6	30	2, 121	7.0
5	Total modification program traditity (see this traditions)		742,00	Contractor	NPR Date	7.0
				Number	(Mo/Day/Yr)	
			0	1.00	2.00	
0	Name of Contractor					8. (

	IS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CCN: 150046 CCN: 15T046	Period: From 09/01/2013 To 08/31/2014	Worksheet E-1 Part I Date/Time Prep 1/26/2015 2:37	oared: 7 om
		Titl	e XVIII	Subprovider - IRF	PPS	pm
		Inpatien	it Part A		t B	
		mm/dd/yyyy	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 services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1, 413, 0	0	643 0	1.00 2.00
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.00
01	ADJUSTMENTS TO PROVIDER		1	0	0	3. 01
02 03 04 05	ADJUSTIMENTS TO PROVIDER			0 0 0	0 0 0	3. 02 3. 03 3. 04 3. 05
05	Provider to Program		1	0	0	5.00
50	ADJUSTMENTS TO PROGRAM			0	0	3.50
51 52 53 54 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0 0 0 0 0 0	0 0 0 0	3. 51 3. 52 3. 53 3. 54 3. 99
00	3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR		1, 413, 0	56	643	4.00
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					5.00
01	TENTATI VE TO PROVI DER			0	0	5.01
02 03				0 0	0 0	5. 02 5. 03
50	Provider to Program		1	0	0	
50 51 52 99	TENTATIVE TO PROGRAM Subtotal (sum of lines 5.01–5.49 minus sum of lines			0 0 0	0 0 0	5.50 5.51 5.52 5.99
99 00	5.50-5.98) Determined net settlement amount (balance due) based on			0	0	6. 00
01 02	the cost report. (1) SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM		28, 4	0	0 120	6. 01 6. 02
02	Total Medicare program liability (see instructions)		1, 384, 5		523 NPR Date	7.00
				Number	(Mo/Day/Yr)	

Heal th	Financial Systems TERRE HAUTE REGIONAL	- HOSPI TAL	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150046	Peri od:	Worksheet E-1	
			From 09/01/2013 To 08/31/2014		oorod.
			To 08/31/2014	Date/Time Pre 1/26/2015 2:3	
		Title XVIII	Hospi tal	PPS	<u>, bui</u>
		·			
				1.00	
-	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-	3, Part I column 15 li	ne 14	4, 693	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8	-12		11, 238	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			1, 134	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1,	8-12		19, 683	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			515, 948, 136	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 li	ne 20		1, 685, 333	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of cer	tified HIT technology	Worksheet S-2,	0	7.00
	Part I line 168				
8.00	Calculation of the HIT incentive payment (see instructions)			854, 085	8.00
9.00	Sequestration adjustment amount (see instructions)			17, 082	9.00
10.00	Calculation of the HIT incentive payment after sequestration (s	ee instructions)		837, 003	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			873, 069	
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and lin	e 31) (see instruction	ns)	-36, 066	32.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT Pr	ovider CCN: 150046	Peri od:	Worksheet E-3	
			From 09/01/2013 To 08/31/2014	Part III Date/Time Pre	norod
			10 06/31/2014	1/26/2015 2:3	
		Title XVIII	Hospi tal	PPS	
			Prior to 10/01		
			1.00	1.01	
	PART III - MEDICARE PART A SERVICES - IRF PPS				
. 00	Net Federal PPS Payment (see instructions)		0	0	1.0
. 00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000		2.0
. 00	Inpatient Rehabilitation LIP Payments (see instructions)		0	0	3.0
. 00	Outlier Payments		0		4.0
. 00	Unweighted intern and resident FTE count in the most recent cost r	eporting period	0.00		5.0
. 01	ending on or prior to November 15, 2004 (see instructions) Cap increases for the unweighted intern and resident FTE count for	racidante that was	e 0.00		5.0
. 01	displaced by program or hospital closure, that would not be counted		e 0.00		5.0
	temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2)				
. 00	New Teaching program adjustment. (see instructions)	see matricetrons)	0.00		6.0
. 00	Current year's unweighted FTE count of I&R excluding FTEs in the n	ew program growth	0.00		7.0
. 00	period of a "new teaching program". (see inst.)		0.00		'··
. 00	Current year's unweighted I&R FTE count for residents within the n	ew program growth	0.00		8.0
. 00	period of a "new teaching program". (see inst.)		0.00		
. 00	Intern and resident count for IRF PPS medical education adjustment	(see instructions)	0.00		9.
0.00	Average Daily Census (see instructions)	()	45.580822		10.
1.00	Teaching Adjustment Factor (see instructions)		0.000000	0.00000	11.
2.00	Teaching Adjustment (see instructions)		0	0	12.
3.00	Total PPS Payment (see instructions)		0		13.
4.00	Nursing and Allied Health Managed Care payments (see instruction)		0		14.
5.00	Organ acqui si ti on (DO NOT USE THIS LINE)				15.
6.00	Cost of physicians' services in a teaching hospital (see instructi	ons)	0		16.
7.00	Subtotal (see instructions)		0		17.
8.00	Primary payer payments		0		18.
9.00	Subtotal (line 17 less line 18).		0		19.
0. 00	Deducti bl es		0		20.
1.00	Subtotal (line 19 minus line 20)		0		21.
2.00	Coinsurance		0		22.
3.00	Subtotal (line 21 minus line 22)		0		23.
4.00	Allowable bad debts (exclude bad debts for professional services)	(see instructions)	0		24.
5.00	Adjusted reimbursable bad debts (see instructions)		0		25.
5.00	Allowable bad debts for dual eligible beneficiaries (see instructi	ons)	0		26.
7.00	Subtotal (sum of lines 23 and 25)		0		27.
3.00	Direct graduate medical education payments (from Worksheet E-4, li	ne 49)	0		28.
9.00	Other pass through costs (see instructions)		0		29.
0. 00	Outlier payments reconciliation		0		30.
1.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		31.
1. 99	Recovery of Accelerated Depreciation		0		31.
2.00	Total amount payable to the provider (see instructions)		0		32.
2. 01	Sequestration adjustment (see instructions)		0		32.
8. 00	Interim payments		21, 466, 322		33.
4.00	Tentative settlement (for contractor use only)		0		34.
5.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-21, 466, 322		35.
5.00	Protested amounts (nonallowable cost report items) in accordance w	ith CMS Pub. 15-2,	0		36.
	chapter 1, §115.2				l
	TO BE COMPLETED BY CONTRACTOR		T		
D. 00	Original outlier amount from Worksheet E-3, Part III, line 4		0		50.
1. 00	Outlier reconciliation adjustment amount (see instructions)		0		51.
2.00	The rate used to calculate the Time Value of Money		0.00		52.

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150046	Peri od:	Worksheet E-3	2552-
		Component CCN: 15SO46	From 09/01/2013 To 08/31/2014	Part II Date/Time Prep	pare
		Title XVIII	Subprovider -	1/26/2015 2:37 PPS	7 pm
			I PF	1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS			1.00	
. 00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medi	ical education payments)		1, 098, 476	1.
. 00	Net IPF PPS Outlier Payments			26, 564	2.
. 00	Net IPF PPS ECT Payments			0	3.
00	Unweighted intern and resident FTE count in the most recent constructions)	ost report filed on or be	efore November	0.00	4.
. 01	Cap increases for the unweighted intern and resident FTE count program or hospital closure, that would not be counted without			0.00	4.
. 00	§412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5.
. 00	New Teaching program adjustment. (see instructions) Current year's unweighted FTE count of I&R excluding FTEs in t	the new program growth p	ariod of a "now	0.00	
00	teaching program". (see inst.)	the new program growth pe		0.00	
. 00	Current year's unweighted L&R FTE count for residents within teaching program". (see inst.)	the new program growth pe	eriod of a "new	0.00	7.
00	Intern and resident count for IPF PPS medical education adjust	tment (see instructions)		0.00	8
00	Average Daily Census (see instructions)			13.090411	9
0. 00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to	the power of .5150 -1}.		0. 000000	10
. 00	Teaching Adjustment (line 1 multiplied by line 10).			0	11
. 00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1, 125, 040	12
3.00	Nursing and Allied Health Managed Care payment (see instruction	on)		0	
1.00	Organ acquisition (DO NOT USE THIS LINE)				14
5.00	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	
b. 00	Subtotal (see instructions)			1, 125, 040	
7.00	Primary payer payments			0	
3.00	Subtotal (line 16 less line 17).			1, 125, 040	
). 00). 00	Deductibles Subtotal (line 18 minus line 19)			180, 864 944, 176	
. 00	Coinsurance			15, 808	
	Subtotal (line 20 minus line 21)			928, 368	
3.00	Allowable bad debts (exclude bad debts for professional servic	ces) (see instructions)		51, 615	
. 00	Adjusted reimbursable bad debts (see instructions)			33, 550	
5.00	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		7, 373	
b. 00	Subtotal (sum of lines 22 and 24)			961, 918	
7.00	Direct graduate medical education payments (from Worksheet E-4	4. line 49)		0	
3. 00	Other pass through costs (see instructions)			0	28
. 00	Outlier payments reconciliation			0	29
0. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	30
). 99	Recovery of Accelerated Depreciation			0	30
. 00	Total amount payable to the provider (see instructions)			961, 918	31
. 01	Sequestration adjustment (see instructions)			19, 238	
. 00	Interim payments			909, 759	
. 00	Tentative settlement (for contractor use only)			0	
. 00	Balance due provider/program line 31 minus lines 31.01, 32 and			32, 921	
5. 00	Protested amounts (nonallowable cost report items) in accordar §115.2	nce with CMS Pub. 15-2, (chapter 1,	0	35
	TO BE COMPLETED BY CONTRACTOR			0/ F/ /	
	Original outlier amount from Worksheet E-3, Part II, line 2 Outlier reconciliation adjustment amount (see instructions)			26, 564	50 51
	The rate used to calculate the Time Value of Money			0.00	
2.00					1 37

- iour en	Financial Systems TERRE HAUTE REGIONA	L HOSPITAL	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150046	Peri od:	Worksheet E-3	
		Component CCN: 15T046	From 09/01/2013 To 08/31/2014	Part III Date/Time Pre	nared
			10 00/31/2014	1/26/2015 2:3	
		Title XVIII	Subprovider -	PPS	
			IRF	$0\pi/4$ ft or 10/01	
			Prior to 10/01 1.00	1.01	
	PART III - MEDICARE PART A SERVICES - IRF PPS		1.00	1.01	
1.00	Net Federal PPS Payment (see instructions)		93, 327	1, 186, 626	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0059	1, 100, 020	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		2, 137	18, 630	3.00
4.00	Outlier Payments		116, 143		4.00
5.00	Unweighted intern and resident FTE count in the most recent co	st reporting period	0.00		5.00
	ending on or prior to November 15, 2004 (see instructions)				
5.01	Cap increases for the unweighted intern and resident FTE count		0.00		5.01
	displaced by program or hospital closure, that would not be co				
(00	temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		/ 00
6.00 7.00	New Teaching program adjustment. (see instructions) Current year's unweighted FTE count of I&R excluding FTEs in t	be now program growth	0. 00 0. 00		6.00 7.00
7.00	period of a "new teaching program". (see inst.)	ne new program growth	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within t	he new program growth	0.00		8.00
	period of a "new teaching program". (see inst.)				
9.00	Intern and resident count for IRF PPS medical education adjust	ment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)		4. 372603		10.00
11.00	Teaching Adjustment Factor (see instructions)		0. 000000	0. 000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		1, 416, 863		13.00
14.00	Nursing and Allied Health Managed Care payments (see instructi	on)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00 17.00	Cost of physicians' services in a teaching hospital (see instructions)	uctions)	1 414 942		16.00
17.00	Subtotal (see instructions) Primary payer payments		1, 416, 863		17.00 18.00
19.00	Subtotal (line 17 less line 18).		1, 416, 863		19.00
20.00	Deducti bl es		4, 768		20.00
21.00	Subtotal (line 19 minus line 20)		1, 412, 095		21.00
22.00	Coinsurance		0		22.00
23.00	Subtotal (line 21 minus line 22)		1, 412, 095		23.00
24.00	Allowable bad debts (exclude bad debts for professional servic	es) (see instructions)	1, 156		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		751		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instr	uctions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)		1, 412, 846		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4	, line 49)	0		28.00
29.00 30.00	Other pass through costs (see instructions) Outlier payments reconciliation		0		29.00 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		30.00
31.99	Recovery of Accel erated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		1, 412, 846		32.00
32.01	Sequestration adjustment (see instructions)		28, 257		32.01
33.00			1, 413, 056		33.00
34.00	Tentative settlement (for contractor use only)		0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and		-28, 467		35.00
36.00	Protested amounts (nonallowable cost report items) in accordan	ce with CMS Pub. 15-2,	0		36.00
	chapter 1, §115.2				
F0.00	TO BE COMPLETED BY CONTRACTOR		11/ 140		E0.00
50.00	Original outlier amount from Worksheet E-3, Part III, line 4 Outlier reconciliation adjustment amount (see instructions)		116, 143		50.00
F1 00			0		51.00
51.00 52.00	The rate used to calculate the Time Value of Money		0.00		52.00

CALCUI	Financial Systems TERRE HAUTE REGIONAL F ATION OF REIMBURSEMENT SETTLEMENT F	Provider CCN: 150046	Peri od:	Worksheet E-3	2552-10
UNEOUL			From 09/01/2013 To 08/31/2014	Part VII Date/Time Pre 1/26/2015 2:3	pared:
		Title XIX	Hospi tal	Cost	
			Inpati ent	Outpati ent	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVIC	ES FOR TITLES V OR X	TX SERVICES		-
1.00	COMPUTATION OF NET COST OF COVERED SERVICES		0		1.00
2.00	Medical and other services		0	0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				-
8.00	Reasonable Charges Routine service charges		0		8.00
9.00	Ancillary service charges		24, 384, 058	43, 194, 393	
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		24, 384, 058	43, 194, 393	12.00
	CUSTOMARY CHARGES				1 4 9 9 9
13.00	Amount actually collected from patients liable for payment for se basis	5	0	0	
14.00	Amounts that would have been realized from patients liable for pa a charge basis had such payment been made in accordance with 42 C		n 0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0. 000000	0.000000	•
16.00	Total customary charges (see instructions)	6 I.I. <i>I</i> .	24, 384, 058	43, 194, 393	
17.00	Excess of customary charges over reasonable cost (complete only i line 4) (see instructions)	f line 16 exceeds	24, 384, 058	43, 194, 393	17.00
18.00	Excess of reasonable cost over customary charges (complete only i	fline 4 exceeds lin	e 0	0	18.00
10.00	16) (see instructions)		0	0	10.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instruct	ions)	0	0	•
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
22.00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be com	pleted for PPS provi			
22.00 23.00	Other than outlier payments Outlier payments		0	0	
23.00	Program capital payments		0	0	23.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
20.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT				1 20 00
30. 00 31. 00	Excess of reasonable cost (from line 18) Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	•
32.00	Deductibles		0	0	
33.00			0	0	•
34.00	Allowable bad debts (see instructions)		0	0	
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	•
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	•
38.00	Subtotal (line 36 ± line 37)		0	0	•
39.00 40.00	Direct graduate medical education payments (from Wkst. E-4) Total amount payable to the provider (sum of lines 38 and 39)		0	0	39.00 40.00
40.00	Interim payments		6, 916, 377	4, 554, 559	•
41.00	Balance due provider/program (line 40 minus line 41)		-6, 916, 377	-4, 554, 559	
43.00	Protested amounts (nonallowable cost report items) in accordance	with CMS Pub 15-2,	0	0	
	chapter 1, §115.2				1

	SHEET (If you are nonproprietary and do not maintain pe accounting records, complete the General Fund column onl		CCN: 150046	Peri od: From 09/01/2013 To 08/31/2014	Worksheet G Date/Time Pre 1/26/2015 2:3	epare
		General Fund	Specific Purpose Fund		Plant Fund	s / pm
C	CURRENT ASSETS	1.00	2.00	3.00	4.00	
	Cash on hand in banks	-18, 635		0 0	0	1.
	Temporary investments	0		0 0	0	
1 00	Notes receivable	0		0 0	0	3.
	Accounts receivable	32, 013, 240		0 0	0	
-	Other receivable	122,009		0 0	0	
	Allowances for uncollectible notes and accounts receivable	-14, 920, 447		0 0	0	
	Inventory Prepaid expenses	5, 092, 324 267, 641			0	
	Other current assets	-59, 745		0 0	0	
00 0	Due from other funds	21, 238		0 0	0	10
	Total current assets (sum of lines 1-10)	22, 517, 625		0 0	0	11
	I XED ASSETS				-	1
		1, 262, 718		0 0	0	
	Land improvements Accumulated depreciation	3, 002, 401 -2, 997, 773		0 0	0	
	Buildings	38, 638, 215		0 0	0	
	Accumulated depreciation	-22, 904, 088		0 0	0	
00 1	Leasehold improvements	5, 743, 281		0 0	0	17
	Accumul ated depreciation	-4, 713, 476		0 0	0	
	Fixed equipment	24, 521, 106		0 0	0	
	Accumulated depreciation	-16, 903, 267		0 0	0	
	Automobiles and trucks Accumulated depreciation			0 0	0	
	Major movable equipment	46, 959, 581		0 0	0	
	Accumulated depreciation	-40, 349, 795		0 0	0	
	Minor equipment depreciable	3, 853, 870		0 0	0	25
	Accumulated depreciation	-1, 759, 139		0 0	0	
	HIT designated Assets	0		0 0	0	
	Accumulated depreciation	0 715, 047		0 0 0 0	0	
	Minor equipment-nondepreciable Total fixed assets (sum of lines 12-29)	35, 068, 681		0 0	0	
	THER ASSETS	00,000,001		<u> </u>		
00 1	Investments	0		0 0	0	31
	Deposits on Leases	0		0 0	0	
	Due from owners/officers	2, 386, 484		0 0	0	
	Other assets Total other assets (sum of lines 31-34)	3, 063, 197 5, 449, 681		0 0 0 0	0	
	Total assets (sum of lines 11, 30, and 35)	63, 035, 987		0 0	0	
-	CURRENT LIABILITIES	00,000,707				
	Accounts payable	3, 853, 281		0 0	0	37
	Salaries, wages, and fees payable	2, 989, 508		0 0	0	
	Payroll taxes payable	1, 611, 728		0 0	0	
	Notes and Loans payable (short term)	677		0 0	0	
	Deferred income Accelerated payments			0 0	0	41
	Due to other funds	0		0 0	0	
	Other current liabilities	0		0 0	0	
00	Total current liabilities (sum of lines 37 thru 44)	8, 455, 194		0 0	0	45
	ONG TERM LIABILITIES	L	1			
	Mortgage payable	0		0 0	0	
	Notes payable Jnsecured Loans	0 -192, 080, 806		0 0	0	
	Other long term liabilities	78, 136		0 0	0	
	Total long term liabilities (sum of lines 46 thru 49	-192,002,670		0 0	0	
00 -	Total liabilites (sum of lines 45 and 50)	-183, 547, 476		0 0	0	51
	CAPI TAL ACCOUNTS			-		
	General fund balance	246, 583, 463				52
	Specific purpose fund			0		53
	Donor created - endowment fund balance - restricted Donor created - endowment fund balance - unrestricted			0		54
	Governing body created - endowment fund balance - unitestricted			0		56
	Plant fund balance - invested in plant				0	
	Plant fund balance - reserve for plant improvement,				0	
i	replacement, and expansion					
	Total fund balances (sum of lines 52 thru 58)	246, 583, 463		0 0	0	
00	Total liabilities and fund balances (sum of lines 51 and	63, 035, 987		0 0	0	60

	Financial Systems T HENT OF CHANGES IN FUND BALANCES	ERRE HAUTE REGIO		CCN: 150046	Perio		u of Form CMS- Worksheet G-1	
	LENT OF CHANGES THE FOND DALANCES		TTOVIGET		From	09/01/2013 08/31/2014		pared:
		General	Fund	Speci al	Purpos	e Fund	Endowment Fund	
		1.00	2.00	3.00		4.00	5.00	
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	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) FEDERAL TAX LIABILITY TRANSFER HOSPITAL MARKUP COID	1.00 0 0 0 0 0 0 0 0 7,051,291 43,635 0 0 0 0	2:00 235, 731, 692 17, 946, 697 253, 678, 389 253, 678, 389 7, 094, 926			4.00 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		246, 583, 463			0		19.00
		Endowment Fund	PI ant	Fund				
		6.00	7.00	8.00				
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0			0			1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) FEDERAL TAX LIABILITY TRANSFER HOSPITAL MARKUP COID Total deductions (sum of lines 12-17) Fund balance at end of period per balance	0 0 0 0			0 0 0			10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

STATEN	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	HOSPI TAL Provi der	CCN: 150046	Peri od:	Worksheet G-2	2552-10
				From 09/01/2013 To 08/31/2014	Parts I & II	
				10 06/31/2014	1/26/2015 2:3	
	Cost Center Description		Inpati ent	Outpati ent	Total	
			1.00	2.00	3.00	
	PART I – PATIENT REVENUES					
	General Inpatient Routine Services			- 1		
1.00	Hospi tal		14, 231, 5		14, 231, 533	
2.00	SUBPROVIDER - IPF		12, 372, 7		12, 372, 791	2.00
3.00	SUBPROVIDER - IRF		1, 594, 4	04	1, 594, 404	3.00
4.00	SUBPROVIDER					4.00
5.00	Swing bed - SNF			0	0	
6.00	Swing bed - NF			0	0	
7.00	SKILLED NURSING FACILITY			0	0	•
8.00	NURSING FACILITY			0	0	
9.00	OTHER LONG TERM CARE			0	0	•
10.00	Total general inpatient care services (sum of lines 1-9)		28, 198, 7	28	28, 198, 728	10.00
	Intensive Care Type Inpatient Hospital Services		1			
11.00	INTENSIVE CARE UNIT		6, 460, 2	90	6, 460, 290	•
12.00	CORONARY CARE UNIT					12.00
13.00	BURN INTENSIVE CARE UNIT					13.00
14.00	SURGI CAL I NTENSI VE CARE UNI T					14.00
15.00	OTHER SPECIAL CARE (SPECIFY)					15.00
16.00	Total intensive care type inpatient hospital services (sum of li	nes	6, 460, 2	90	6, 460, 290	16.00
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and 16)		34, 659, 0		34, 659, 018	
18.00	Ancillary services		208, 344, 3	84 272, 944, 829		
19.00	Outpatient services			0 0		
20.00	RURAL HEALTH CLINIC			0 0		•
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0		
22.00	HOME HEALTH AGENCY			0		
23.00	AMBULANCE SERVICES			0 0		
24.00	СМНС			0		•
24.10	CORF			0 0		
25.00	AMBULATORY SURGICAL CENTER (D. P.)			0 0		
26.00	HOSPICE			0 0		
27.00	OTHER (SPECIFY)			0 0	-	
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to	Wkst.	243, 003, 4	02 272, 944, 829	515, 948, 231	28.00
	G-3, line 1)					1
	PART II - OPERATING EXPENSES		1		I	
29.00	Operating expenses (per Wkst. A, column 3, line 200)			94, 704, 501		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)			0		36.00
37.00	DEDUCT (SPECIFY)			0		37.00
38.00				0		38.00
39.00				0		39.00
40.00				0		40.00
41.00				0		41.00
42.00	Total deductions (sum of lines 37-41)			0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer		94, 704, 501		43.00
	to Wkst. G-3, line 4)		1	1	1	1

Heal th	Financial Systems TERRE HAUTE REGIONAL	L HOSPI TAL	In Lie	u of Form CMS-2	2552-10
STATEM	IENT OF REVENUES AND EXPENSES	Provider CCN: 150046	Peri od:	Worksheet G-3	
			From 09/01/2013		
			To 08/31/2014	Date/Time Prep 1/26/2015 2:37	
				172072015 2.57	/ pili
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line	28)		515, 948, 231	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5		404, 653, 008	2.00
3.00	Net patient revenues (line 1 minus line 2)			111, 295, 223	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43	3)		94, 704, 501	4.00
5.00	Net income from service to patients (line 3 minus line 4)			16, 590, 722	5.00
	OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			0	7.00
8.00	Revenues from telephone and other miscellaneous communication s	servi ces		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			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 that	n patients		0	16.00
17.00	Revenue from sale of drugs to other than patients			0	17.00
18.00	Revenue from sale of medical records and abstracts			0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
21.00	Rental of vending machines			0	21.00
22.00	Rental of hospital space			0	22.00
23.00	Governmental appropriations			0	23.00
24.00	OTHER REVENUE			381, 997	24.00
24.01	MI SC. REVENUE			49, 977	24.01
24.02	HI TECH DI VI DENDS			923, 192	24.02
25.00	Total other income (sum of lines 6-24)			1, 355, 166	
26.00	Total (line 5 plus line 25)			17, 945, 888	26.00
27.00				-809	
28.00				-809	28.00
	Net income (or loss) for the period (line 26 minus line 28)			17, 946, 697	
			'		

ALCULATION OF CAPITAL PAYMENT	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet L Parts I-III Date/Time Prep 1/26/2015 2:33	oare 7 pm
	Title XVIII	Hospi tal	PPS	/ piii
			1.00	
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT			1 5(2 202	1
00 Capital DRG other than outlier 01 Model 4 BPCI Capital DRG other than outlier			1, 562, 302	1. 1.
00 Capital DRG outlier payments			113, 700	2.
01 Model 4 BPCI Capital DRG outlier payments			0	2.
00 Total inpatient days divided by number of days i	n the cost reporting period (see inst	ructions)	53.93	3.
00 Number of interns & residents (see instructions)			0,00	4.
00 Indirect medical education percentage (see insti			0.00	5.
00 Indirect medical education adjustment (multiply	line 5 by the sum of lines 1 and 1.01)		0	6.
00 Percentage of SSI recipient patient days to Medi 30) (see instructions)		part A line	6.39	7.
00 Percentage of Medicaid patient days to total day 00 Sum of Lines 7 and 8	vs (see instructions)		17.49	8.
			23.88	9.
Allowable disproportionate share percentage (see instructions) Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)			4.96	
			77, 490	
.00 Total prospective capital payments (sum of lines	5 1, 1.01, 2, 2.01, 6 and 11)		1, 753, 492	12.
			1.00	
PART II - PAYMENT UNDER REASONABLE COST		1	0	1
00 Program inpatient routine capital cost (see ins 00 Program inpatient ancillary capital cost (see in			0	1
00 Total inpatient program capital cost (line 1 plu			0	3
			0	4.
00 Capital cost payment factor (see instructions) 00 Total inpatient program capital cost (line 3 x l	ine 4)		0	5
PART III - COMPUTATION OF EXCEPTION PAYMENTS			1.00	
00 Program inpatient capital costs (see instruction	ns)		0	1
00 Program inpatient capital costs for extraordinal			0	2
00 Net program inpatient capital costs (line 1 minu			ō	3
00 Applicable exception percentage (see instruction	is)		0.00	4
00 Capital cost for comparison to payments (line 3			0	5
00 Percentage adjustment for extraordinary circums	ances (see instructions)		0.00	6
OO Adjustment to capital minimum payment level for	extraordinary circumstances (line 2 \boldsymbol{x}	line 6)	0	7
00 Capital minimum payment level (line 5 plus line	-		0	8
00 Current year capital payments (from Part I, line			0	9
			0	10.
.00 Current year comparison of capital minimum payme	Level over capital payment (from priv	or year	0	11.
 .00 Current year comparison of capital minimum payment .00 Carryover of accumulated capital minimum payment Worksheet L, Part III, line 14) 		. 11)		10
 Current year comparison of capital minimum payment Carryover of accumulated capital minimum payment Worksheet L, Part III, line 14) Net comparison of capital minimum payment level 	to capital payments (line 10 plus line		0	
 .00 Current year comparison of capital minimum payment .00 Carryover of accumulated capital minimum payment .00 Worksheet L, Part III, line 14) .00 Net comparison of capital minimum payment level .00 Current year exception payment (if line 12 is possible carryover of accumulated capital minimum payment) 	to capital payments (line 10 plus line) sitive, enter the amount on this line) level over capital payment for the fo		0 0 0	12. 13. 14.
 00 Current year comparison of capital minimum payment Carryover of accumulated capital minimum payment Worksheet L, Part III, line 14) 00 Net comparison of capital minimum payment level Current year exception payment (if line 12 is payment) (if line 12 is negative, enter the amount on this capital minimum payment) 	to capital payments (line 10 plus line) sitive, enter the amount on this line; level over capital payment for the for s line)		0	13
 00 Current year comparison of capital minimum payment 00 Carryover of accumulated capital minimum payment 00 Worksheet L, Part III, line 14) 00 Net comparison of capital minimum payment level 00 Current year exception payment (if line 12 is payment) 00 Carryover of accumulated capital minimum payment 01 (if line 12 is negative, enter the amount on this 	to capital payments (line 10 plus line) ositive, enter the amount on this line) : level over capital payment for the for s line) /ment (see instructions)		0	13 14