In Lieu of Form CMS-2552-10

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 05-31-2019 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION Provider CCN: 15-0173 Worksheet S Peri od. From 01/01/2017 Parts I-III AND SETTLEMENT SUMMARY 12/31/2017 Date/Time Prepared: То 5/29/2018 11:59 am PART I - COST REPORT STATUS Provi der 1. [X] Electronically filed cost report Date: 5/29/2018 Time: 11:59 am use only Manually submitted cost report 2 []If this is an amended report enter the number of times the provider resubmitted this cost report]Medicare Utilization. Enter "F" for full or "L" for low. 3 Ο Ē 4

 [1] Cost Report Status
 6. Date Received:

 (1) As Submitted
 7. Contractor No.

 (2) Settled without Audit
 8. [N] Initial Report for this Provider CCN

 (3) Settled with Audit
 9. [N] Final Report for this Provider CCN

 Contractor 5. use only (3) Settled with Audit number of times reopened = 0-9. (4) Reopened (5) Amended PART 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 OF INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT. CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S) I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL (15-0173) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 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.]I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature. (Si aned) Officer or Administrator of Provider(s) CHIEF FINANCIAL OFFICER Title Date

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	380, 204	209, 305	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	380, 204	209, 305	0	0	200.00

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

	AL AND HOSPITAL HEALTH CARE COMPLEX I	UENIIFICATION DAT	A I	rovi dei	- CCN: 1	5-0173	Period: From 01/0	1/2017	Workshe Part I	et S-2	
								1/2017	Date/Ti		
	1.00	2.	00	3	. 00			4.00	5/25/20	18 10:	19 a
	Hospital and Hospital Health Care Cor		··· ·								
0	Street: 6165 MCCARTY LANE	PO Box:									1.
0	City: LAFAYETTE	State: I Component Na		p Code: CCN	47905 CBSA	Coun Provi der	ty: TIPPECA Date		ent Syst	om (D	2.
		component Na			Number	Type	Certifie		, 0, or		
						511		V	XVIII	XIX	1
		1.00	2	. 00	3.00	4.00	5.00	6.00	7.00	8.00	
~	Hospital and Hospital-Based Componen		15	0170	20200	1	11/10/200			D	
C		IU HEALTH ARNETT HOSPITAL	15	0173	29200	1	11/10/200	08 N	P	Р	3
0	Subprovider - IPF										4
0	Subprovider – IRF										5
0	Subprovider - (Other)										6
0 0	Swing Beds - SNF										7
0	Swing Beds – NF Hospital-Based SNF										8
00	Hospi tal -Based NF										10
00	Hospital -Based OLTC										11
00	Hospital-Based HHA										12
00	Separately Certified ASC										13
00	Hospi tal -Based Hospi ce										14
00 00	Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FQHC										15
00	Hospi tal -Based (CMHC) I										17
00	Renal Dialysis										18
00	Other										19
							Fro		To		-
00	Cost Reporting Period (mm/dd/yyyy)						1.0		2. C		20
)0)0	Type of Control (see instructions)						4		12/ 51/	2017	21
	Inpatient PPS Information										1
00	Does this facility qualify and is it								N		22
	share hospital adjustment, in accorda										
	for yes or "N" for no. Is this facili amendment hospital?) In column 2, ent				.106(c)	(2) (Pi ckl	e				
01	Did this hospital receive interim und				cost re	eportina	Y		Υ		22
	period? Enter in column 1, "Y" for ye								-		
	reporting period occurring prior to (October 1. Enter i	in column :	2, "Y" ·	for yes	or "N"					
	for no for the portion of the cost re	eporting period o	ccurring o	n or af	ter Octo	ober 1.					
02	(see instructions) Is this a newly merged hospital that	requires final u	ncompensati	ed care	navmen	ts to he	N		N		22
02	determined at cost report settlement										22
	or "N" for no, for the portion of the										
	in column 2, "Y" for yes or "N" for r	no, for the portio	on of the o	cost re	porting	period c	n				
0.2	or after October 1.	a rockassi fi coti	on from ur	oon to	rural a	s a racul	+ N		N		1 22
03	Did this hospital receive a geographi of the OMB standards for delineating								N		22
	in column 1, "Y" for yes or "N" for r										
	prior to October 1. Enter in column 2	2, "Y" for yes or	"N" for n	, for tl	he porti	ion of th	e				
	cost reporting period occurring on or										
	hospital contain at least 100 but not		•	unted i	n accor	dance wit	h				
00	42 CFR 412.105)? Enter in column 3, ' Which method is used to determine Med			/or 25	hel ow?	In column		3	N		23
00	1, enter 1 if date of admission, 2 if							5			25
	method of identifying the days in thi										
	used in the prior cost reporting peri	od? In column 2									-
			In-State Medicaid	In-Sta Medica		ut-of State	Out-of State	Medica HMO da		ther i cai d	
			paid days	eligib			Medi cai d	TIMO GC	-	ays	
				unpai	d pai		eligible				
				days			unpai d				
20	If this provides is as 1000 local t	optor the	1.00	2.00		3.00	4.00	5.00		. 00	
JU	If this provider is an IPPS hospital,		943		461	12	38	7,	304	30	24
	in-state Medicaid paid days in column Medicaid eligible unpaid days in colu										
	out-of-state Medicaid paid days in co										
	out-of-state Medicaid eligible unpaid										
	4, Medicaid HMO paid and eligible but										
	column 5, and other Medicaid days in		~				_				0.5
00	If this provider is an IRF, enter the		0		0	0	0		0		25
00	Modicaid naid days in column 1 +bo i				1				1		1
00	Medicaid paid days in column 1, the i Medicaid eligible unpaid days in colu										
00	Medicaid paid days in column 1, the i Medicaid eligible unpaid days in colu out-of-state Medicaid days in column	umn 2,									
00	Medicaid eligible unpaid days in colu	umn 2, 3, out-of-state umn 4, Medicaid									

	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DAT		TT HOSPITAL Provider CO		Period:		Workshe		2552-
					rom 01/01/2 o 12/31/2			me Pre	pare
					Urban/Rura	al S	5/25/20 Date of		
					1.00		2.0		
. 00	Enter your standard geographic classification (not wag cost reporting period. Enter "1" for urban or "2" for			ginning of the		1	ĺ		26.
00	Enter your standard geographic classification (not wag reporting period. Enter in column 1, "1" for urban or	qe) sta	atus at the end	d of the cost oplicable,		1			27.
00	enter the effective date of the geographic reclassific If this is a sole community hospital (SCH), enter the	cati on	in column 2.			0			35.
00	effect in the cost reporting period.	nuilibei							35.
					Begi nni n 1. 00	g:	Endi r 2.0		-
00	Enter applicable beginning and ending dates of SCH sta		Subscript line	36 for number				-	36
00	of periods in excess of one and enter subsequent dates If this is a Medicare dependent hospital (MDH), enter		umber of period	ds MDH status		0	ĺ		37
01	is in effect in the cost reporting period. Is this hospital a former MDH that is eligible for the	≏ MDH t	transitional na	avment in	N				37
01	accordance with FY 2016 OPPS final rule? Enter "Y" for instructions)								
00	If line 37 is 1, enter the beginning and ending dates								38
	greater than 1, subscript this line for the number of enter subsequent dates.	peri oc	ds in excess of	f one and			ĺ		
					Y/N		1\Y		
00	Does this facility qualify for the inpatient hospital				1.00 N		2.0 N		39
	hospitals in accordance with 42 CFR §412.101(b)(2)(i) for yes or "N" for no. Does the facility meet the mile						ĺ		
	with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column						ĺ		
00	instructions) Is this hospital subject to the HAC program reduction	adj ust	tment? Enter "۱	(" for yes or	N		N		40
	"N" for no in column 1, for discharges prior to Octobe no in column 2, for discharges on or after October 1.			es or "N" for			ĺ		
		(000 .				V	XVIII	XI X	
	Prospective Payment System (PPS)-Capital					1.00	2.00	3.00	
00	Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions)	t for a	di sproporti onat	te share in ac	cordance	Ν	Y	Ν	45
00	Is this facility eligible for additional payment excep pursuant to 42 CFR §412.348(f)? If yes, complete Wkst.					Ν	N	Ν	46
00	Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS ca	api tal 1	? Enter "Y for	r yes or "N" f	or no.	N	N	N	47
	Is the facility electing full federal capital payment					Ν	N	Ν	48
00	Teaching Hospitals Is this a hospital involved in training residents in a	approve	ed GME programs	s? Enter "Y"	for yes	N			56
00	or "N" for no. If line 56 is yes, is this the first cost reporting pe	eriod d	durina which re	esidents in ap	proved				57
	GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first month for yes or "N" for no in column 2. If column 2 is "Y"	yes or h of th	r "N" for no ir nis cost report	n column 1. lf ting period?	column 1 Enter "Y"				
00	"N", complete Wkst. D, Parts III & IV and D-2, Pt. II, If line 56 is yes, did this facility elect cost reimbu			ans' services	as				58
	defined in CMS Pub. 15-1, chapter 21, §2148? If yes, o	complet	te Wkst. D-5.						
00	Are costs claimed on line 100 of Worksheet A? If yes,	, compl	ete Wkst. D-2,	Pt. I. NAHE 413.85	Worksheet	N t A	Pass-Th	rough	59
				Y/N	Line #		Qualifio Criterio		
00	Are you claiming purcing and allied health advertice		costs for	1.00	2.00		3.0	0	
00	Are you claiming nursing and allied health education any programs that meet the criteria under §413.85? (see ins	structions)	N					60
		Y/N	IME	Direct GME	IME		Di rect	GME	
0.2		1.00	2.00	3.00	4.00	0.5	5.0		
00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in	Ν				0.00	ĺ	0.00	61
01	column 1. (see instructions) Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports								61
	ending and submitted before March 23, 2010. (see instructions) Enter the current year total unweighted primary care								61
02							ĺ		
02	FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)								

	Financial Systems			TT HOSPITAL			u of Form CMS-	
HUSPII	AL AND HOSPITAL HEALTH CARE COMPLE	K IDENTIFICATION DA	IA	Provider CO		Period: From 01/01/2017 To 12/31/2017		pared:
			Y/N	I ME	Direct GME	I ME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	-
	Enter the number of unweighted pri surgery allopathic and/or osteopat current cost reporting period. (see	hic FTEs in the instructions).						61.04
61.05	Enter the difference between the b and/or general surgery FTEs and th primary care and/or general surger 61.04 minus line 61.03). (see inst	e current year's y FTE counts (line						61.05
61.06	Enter the amount of ACA §5503 awar used for cap relief and/or FTEs th care or general surgery. (see inst	d that is being at are nonprimary						61.06
			Pro	ogram Name		e Unweighted IME FTE Count	Direct GME FTE Count	_
61.10	Of the FTEs in line 61.05, specify	each new program		1.00	2.00	3.00	4.00	61.10
	special ty, if any, and the number for each new program. (see instruct column 1, the program name. Enter program code. Enter in column 3, t unweighted count. Enter in column FTE unweighted count.	of FTE residents tions) Enter in in column 2, the he IME FTE						
61. 20	Of the FTEs in line 61.05, specify program specialty, if any, and the residents for each expanded progra instructions) Enter in column 1, t Enter in column 2, the program coo 3, the IME FTE unweighted count. E the direct GME FTE unweighted court	number of FTE m. (see he program name. e. Enter in column nter in column 4,				0.00	0. 00	61.20
							1.00	-
	ACA Provisions Affecting the Healt							
62.00	Enter the number of FTE residents your hospital received HRSA PCRE f			d in this cost	reporting pei	riod for which	0.00	62.00
62. 01	Enter the number of FTE residents during in this cost reporting peri Teaching Hospitals that Claim Resi	od of HRSA THC prog	gram. (s	see instructio		o your hospital	0.00	62.01
63.00	Has your facility trained resident "Y" for yes or "N" for no in colum	s in nonprovider se	ettings	during this co			N	63.00
	<u> </u>	11 11 11 you, compre			Unwei ghted	Unweighted FTEs in	Ratio (col. 1/	,
					FTEs Nonprovi der Si te	Hospi tal	(col. 1 + col. 2))	
	Section 5504 of the ACA Base Year	ETE Docidonte in Na	opprovi	dor Sottings	1.00		<u>3.00</u>	
	period that begins on or after Jul	y 1, 2009 and befor	e June	30, 2010.	,			
64.00	Enter in column 1, if line 63 is y in the base year period, the number resident FTEs attributable to rota settings. Enter in column 2 then resident FTEs that trained in your of (column 1 divided by (column 1	r of unweighted nor tions occurring in umber of unweightec hospital. Enter ir	all nor non-primar non-pr ncolumr	ry care nprovider rimary care n 3 the ratio	0.0	0. 00	0. 000000	64.00
		Program Name		ogram Code	Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	,
					Site			

		ATA Provider	Fr	eriod: com 01/01/2017	Worksheet S-2 Part I	
			To	12/31/2017	Date/Time Pre 5/25/2018 10:	pared 19 am
	Program Name	Program Code	Unwei ghted	Unwei ghted	Ratio (col. 3/	
			FTEs	FTEs in	$(\operatorname{col} \cdot 3 + \operatorname{col} \cdot$	
			Nonprovider Site	Hospi tal	4))	
	1.00	2.00	3.00	4.00	5.00	1
.00 Enter in column 1, if line 63			0.00	0.00	0. 000000	65.0
is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3						
divided by (column 3 + column 4)). (see instructions)						
		<u> </u>	Unwei ghted	Unwei ghted	Ratio (col. 1/	
			FTES	FTEs in	(col. 1 + col.	
			Nonprovider Site	Hospi tal	2))	
			1.00	2.00	3.00	-
Section 5504 of the ACA Current	/ear FTE Residents i	n Nonprovider Settin				
beginning on or after July 1, 201 00 Enter in column 1 the number of u		•	0.00	•	0. 000000	
FTEs that trained in your hospita (column 1 divided by (column 1 +						
	<u>column 2)). (see in</u> Program Name		Unwei ghted FTEs Nonprovi der	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		structions)	FTĔs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + col. 4)) 5.00	_
.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)	Program Name	structions) Program Code	FTËs Nonprovider Site	FTES in Hospital	(col. 3 + col. 4)) 5.00	_
.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)	Program Name	structions) Program Code	FTĔs Nonprovi der Si te 3.00	FTES in Hospital	(col . 3 + col . 4)) 5.00 0.000000	-
.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 3 divided by (column 3 + column 4)). (see instructions) Inpatient Psychiatric Facility PF.00	Program Name 1.00 25 25 25 25 25 25 25 25 25 25	structions) Program Code 2.00	FTĔs Nonprovi der Si te 3.00 0.00	FTES in Hospi tal 4.00 0.00 1.0	(col . 3 + col . 4)) 5.00 0 0.000000 0 0.000000 0 2.00 3.00	- 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 3 divided by (column 3 + column 4)). (see instructions) Inpatient Psychiatric Facility PF .00 Is this facility an Inpatient Psy Enter "Y" for yes or "N" for no. 00 If line 70 is yes: Column 1: Did recent cost report filed on or be 42 CFR 412.424(d)(1)(iii)(c)) Col program in accordance with 42 CFF Column 3: If column 2 is Y, indic (see instructions) 	Program Name 1.00 2S /chiatric Facility (the facility have a 2fore November 15, 2 umn 2: Did this fac 2 412.424 (d)(1)(iii :ate which program y	structions) Program Code 2.00 2.00 IPF), or does it con n approved GME teach 004? Enter "Y" for ility train resident)(D)? Enter "Y" for	FTĚs Nonprovi der Si te 3.00 0.00 tain an IPF subp ing program in t yes or "N" for m s in a new teach yes or "N" for m	FTES in Hospital 4.00 0.00 1.0 rovider? N he most o. (see ing o.	(col . 3 + col . 4)) 5.00 0 0.000000 0 0.000000 0 2.00 3.00	70. (
 .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 3, the ratio of (column 3, the ratio of (column 4,)). (see instructions) Inpatient Psychiatric Facility PF for yes or "N" for no. 00 If line 70 is yes: Column 1: Did recent cost report filed on or be 42 CFR 412.424(d) (1) (iii) (c)) Col program in accordance with 42 CFC column 3: If column 2 is Y, indic 	Program Name 1.00 1.00 2S /chiatric Facility (the facility have a efore November 15, 2 umn 2: Did this fac 2 412.424 (d)(1)(iii ate which program y / PPS habilitation Facilit	structions) Program Code 2.00 IPF), or does it con n approved GME teach 004? Enter "Y" for ility train resident)(D)? Enter "Y" for ear began during thi	FTĚs Nonprovi der Si te 3.00 0.00 tain an IPF subp ing program in t yes or "N" for m s in a new teach yes or "N" for m	FTES in Hospital 4.00 0.00 1.0 rovider? N he most o. (see ing o.	(col . 3 + col . 4)) 5.00 0.000000 0 2.00 3.00 0 2.00 3.00	_

Health Financial Systems IU HEALTH ARNE HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	TT HOSPITAL Provider C	F	In Lie Period: From 01/01/2017 Fo 12/31/2017	u of Form CMS Worksheet S Part I Date/Time Pi	-2
		1		5/25/2018 10	
				1.00	
Long Term Care Hospital PPS 80.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes 81.00 Is this a LTCH co-located within another hospital for part of "Y" for yes and "N" for no.			period? Enter	N N	80.00 81.00
TEFRA Providers85.00Is this a new hospital under 42 CFR Section §413.40(f)(1)(i)86.00Did this facility establish a new Other subprovider (exclude §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				N	85. 00 86. 00
87.00 Is this hospital an extended neoplastic disease care hospita 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	al classified	under section		N	87.00
			V 1.00	XI X	_
Title V and XIX Services			1.00	2.00	
90.00 Does this facility have title V and/or XIX inpatient hospita yes or "N" for no in the applicable column.	al services? E	nter "Y" for	N	Y	90.00
91.00 Is this hospital reimbursed for title V and/or XIX through t full or in part? Enter "Y" for yes or "N" for no in the appl			N	Ν	91.00
92.00 Are title XIX NF patients occupying title XVIII SNF beds (du	ual certificat			N	92.00
93.00 Does this facility operate an ICF/IID facility for purposes		d XIX? Enter	N	N	93.00
"Y" for yes or "N" for no in the applicable column. 94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes,	and "N" for n	o in the	N	N	94.00
applicable column. 95.00 If line 94 is "Y", enter the reduction percentage in the app			0.00	0.00	95.00
96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes applicable column.	s or "N" for n	o in the	N	N	96.00
97.00 If line 96 is "Y", enter the reduction percentage in the app 98.00 Does title V or XIX follow Medicare (title XVIII) for the in stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" 1	nterns and res	idents post	0. 00 N	0. 00 Y	97.00 98.00
 column 1 for title V, and in column 2 for title XIX. 98.01 Does title V or XIX follow Medicare (title XVIII) for the reconstruction of the construction of the construct	eporting of ch tle V, and in	arges on Wkst. column 2 for	Ν	Y	98. 01
 title XIX. 98.02 Does title V or XIX follow Medicare (title XVIII) for the cabed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes of for title V, and in column 2 for title XIX. 			Ν	Y	98. 02
98.03 Does title V or XIX follow Medicare (title XVIII) for a crit reimbursed 101% of inpatient services cost? Enter "Y" for ye for title V, and in column 2 for title XIX.			Ν	N	98. 03
98. 04 Does title V or XIX follow Medicare (title XVIII) for a CAH outpatient services cost? Enter "Y" for yes or "N" for no in in column 2 for title XIX.			Ν	N	98.04
98.05 Does title V or XIX follow Medicare (title XVIII) and add ba Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in c			Ν	Y	98. 05
<pre>column 2 for title XIX. 98.06 Does title V or XIX follow Medicare (title XVIII) when cost Pts. I through IV? Enter "Y" for yes or "N" for no in column column 2 for title XIX.</pre>			N	Y	98.06
Rural Providers 105.00Does this hospital qualify as a CAH?			N		105.00
106.00 If this facility qualifies as a CAH, has it elected the all	-inclusive met	hod of payment			106.00
for outpatient services? (see instructions) 107.00 If this facility qualifies as a CAH, is it eligible for cost training programs? Enter "Y" for yes or "N" for no in column yes, the GME elimination is not made on Wkst. B, Pt. I, col.	n 1. (see inst	ructions) lf			107.00
reimbursed. If yes complete Wkst. D-2, Pt. II. 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.	CRNA fee sche	dul e? See 42	Ν		108. 00
	Physi cal	Occupati onal	Speech	Respi ratory	/
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.	1.00	2.00	3.00	4.00	109.00
				1 00	
110.00 Did this hospital participate in the Rural Community Hospita Demonstration) for the current cost reporting period? Enter ' complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.	'Y" for yes or	"N" for no. I	f yes,	1.00 N	110.00

ealth Financial Systems IU HEALTH ARNET OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der CCN: 1		Peri od:		Workshe		<u>2552-1</u> 2
			From 01/01/ To 12/31/		Part I Date/Ti 5/25/20		
			1.00		2.0	0	-
11.00 If this facility qualifies as a CAH, did it participate in th Health Integration Project (FCHIP) demonstration for this cos "Y" for yes or "N" for no in column 1. If the response to col integration prong of the FCHIP demo in which this CAH is part Enter all that apply: "A" for Ambulance services; "B" for add for tele-health services.	st reporting peri lumn 1 is Y, ente ticipating in col	od? Enter r the umn 2.	N		2.0		111.0
Ward Language Cost Departing Laformation				1.00	2.00	3.00	1
Miscellaneous Cost Reporting Information 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or is yes, enter the method used (A, B, or E only) in column 2. 3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers Pub. 15-1, chapter 22, §2208.1. 16.00 Is this facility classified as a referral center? Enter "Y" 1	If column 2 is " t for long term c s) based on the d	E", enter are (inclu efinition	in column udes	N		0	115. 0
17.00 Is this facility legally-required to carry malpractice insura no.			"N" for	N			117.0
18.00 is the malpractice insurance a claims-made or occurrence poli claim-made. Enter 2 if the policy is occurrence.	icy? Enter 1 if t	he policy	is	1			118. 0
		Premiums	Losse	s	Insur	ance	
		1.00	2.00		3.0		
18.01 List amounts of malpractice premiums and paid losses:		729, 19	94	0		C) 118. C
18.02 Are malpractice premiums and paid losses reported in a cost (center other than	the	1.00 N		2.0	0	118.0
Administrative and General? If yes, submit supporting schedu and amounts contained therein. 19.00 DO NOT USE THIS LINE 20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qua	Harmless provisi column 1, "Y" fo	on in ACA r yes or	N		Ν		119. 0 120. 0
Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2, "Y" for yes or "N" for no.	ts? (see instruct	i ons)					
21.00Did this facility incur and report costs for high cost implan patients? Enter "Y" for yes or "N" for no.		0	Y				121. (
22.00 Does the cost report contain healthcare related taxes as defi Act?Enter "Y" for yes or "N" for no in column 1. If column 1 the Worksheet A line number where these taxes are included.			Y		5.0	16	122. (
Transplant Center Information 25.00Does this facility operate a transplant center? Enter "Y" for	r was and "N" for	po lf	N	1			125. (
yes, enter certification date(s) (mm/dd/yyyy) below.	5						
26.00 If this is a Medicare certified kidney transplant center, en in column 1 and termination date, if applicable, in column 2.							126. (
27.00 f this is a Medicare certified heart transplant center, enter in column 1 and termination date, if applicable, in column 2.							127.0
28.00 f this is a Medicare certified liver transplant center, enter in column 1 and termination date, if applicable, in column 2.							128. (
29.00 If this is a Medicare certified lung transplant center, enter column 1 and termination date, if applicable, in column 2.			n				129. (
30.00 If this is a Medicare certified pancreas transplant center, e date in column 1 and termination date, if applicable, in colu		cation					130. (
31.00 If this is a Medicare certified intestinal transplant center, date in column 1 and termination date, if applicable, in colu	, enter the certi	fi cati on					131. (
32.00 If this is a Medicare certified islet transplant center, enter in column 1 and termination date, if applicable, in column 2.	er the certificat	ion date					132. (
33.00 f this is a Medicare certified other transplant center, enter in column 1 and termination date, if applicable, in column 2.	er the certificat	ion date					133. (
34.00 If this is an organ procurement organization (OPO), enter the and termination date, if applicable, in column 2.		olumn 1					134. (
All Providers 40.00Are there any related organization or home office costs as de	efined in CMS Pub	. 15-1,	Y		15HC	159	140. C
chapter 10? Enter "Y" for yes or "N" for no in column 1. If y							

alth Financial Systems DSPITAL AND HOSPITAL HEALTH CARE COMPLE		ARNETT HOSPITAL Provider Cu	CN: 15-017:		i od: m 01/01/2017 12/31/2017	u of Form CMS- Worksheet S-2 Part I Date/Time Pre 5/25/2018 10:	2 epared:
1.00		2.00			3.00		
If this facility is part of a cha				he name	and address	of the	
home office and enter the home of 1.00 Name: INDIANA UNIVERSITY HEALTH	Contractor name ar			actor's	Number: 0810	11	141.00
42. 00 Street: 340 WEST 10TH STREET	PO Box:	. WF3	Contr	actors			141.00
43.00 City: INDIANAPOLIS	State:	IN	Zip C	code:	4620)2	143.00
		1.40				1.00	111.00
14.00 Are provider based physicians' co	sts included in workshe	et A?				Y	144.00
				-	1.00	2.00	-
45.00 If costs for renal services are c	laimed on Wkst. A, line	74, are the cost	s for		Y		145.0
inpatient services only? Enter "Y							
no, does the dialysis facility in	clude Medicare utilizat	ion for this cost	reporting	9			
period? Enter "Y" for yes or "N" 46.00 Has the cost allocation methodolo		viously filed cos	t roport?		N		146.0
Enter "Y" for yes or "N" for no i				If	IN		140.0
yes, enter the approval date (mm/							
						1.00	4.47
47.00 Was there a change in the statist						N N	147.0 148.0
48.00Was there a change in the order o 49.00Was there a change to the simplif				for no		N N	148.0
	ice cost finding method	Part A	Part		Title V	Title XIX	147.00
		1.00	2.00		3.00	4.00	1
Does this facility contain a prov							
or charges? Enter "Y" for yes or	"N" for no for each com			B. (Se			455 0
55.00 Hospi tal		N	N		N	N	155.0
56.00 Subprovider - IPF 57.00 Subprovider - IRF		N	N N		N N	N N	156. 0 157. 0
58. 00 SUBPROVI DER		IN			IN	IN IN	158.0
59. 00 SNF		N	N		Ν	N	159.0
50.00 HOME HEALTH AGENCY		N	N		Ν	N	160. 0
51.00 CMHC			N		N	N	161.00
						1.00	4
Multicampus						1.00	
55.00 is this hospital part of a Multic	ampus hospital that has	one or more camp	uses in di	fferent	t CBSAs?	N	165. 0
Enter "Y" for yes or "N" for no.							
	Name	County	State			FTE/Campus	
	0	1.00	2.00	3.00	9 4.00	5.00	
66.00 ffline 165 is yes, for each campus enter the name in column						0.00	0 166. 00
0, county in column 1, state in							
column 2, zip code in column 3,							
CBSA in column 4, FTE/Campus in							
column 5 (see instructions)							-
						1.00	-
Health Information Technology (HI	T) incentive in the Ame	rican Recovery an	d Painvast	tmont A	ct	1.00	-
57.00 Is this provider a meaningful use						Y	167.0
	05 is "Y") and is a mea				nter the		0168.0
58.00 IT THIS PROVIDER IS A CAH (ITHE I							
reasonable cost incurred for the			r qualify		nardshi p		168. 0
reasonable cost incurred for the 58.01 If this provider is a CAH and is	not a meaningful user,						
reasonable cost incurred for the 58.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii)	not a meaningful user, ? Enter "Y" for yes or	"N" for no. (see			optor the	0.0	
reasonable cost incurred for the 58.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii) 59.00 If this provider is a meaningful	not a meaningful user, ? Enter "Y" for yes or user (line 167 is "Y")	"N" for no. (see), enter the	9.9	9169.0
reasonable cost incurred for the 58.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii)	not a meaningful user, ? Enter "Y" for yes or user (line 167 is "Y")	"N" for no. (see), enter the Beginning	9.9 ⁴ Endi ng	9169.0
reasonable cost incurred for the 58.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii) 59.00 If this provider is a meaningful	not a meaningful user, ? Enter "Y" for yes or user (line 167 is "Y")	"N" for no. (see					9169.00
reasonable cost incurred for the 58.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii) 59.00 If this provider is a meaningful transition factor. (see instruction 70.00 Enter in columns 1 and 2 the EHR	not a meaningful user, ? Enter "Y" for yes or user (line 167 is "Y") ons)	"N" for no. (see and is not a CAH	(line 105		Begi nni ng	Endi ng	9169. 00
reasonable cost incurred for the 68.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii) 59.00 If this provider is a meaningful transition factor. (see instruction	not a meaningful user, ? Enter "Y" for yes or user (line 167 is "Y") ons)	"N" for no. (see and is not a CAH	(line 105		Begi nni ng 1. 00	Endi ng 2. 00	
reasonable cost incurred for the 58.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii) 59.00 If this provider is a meaningful transition factor. (see instruction 70.00 Enter in columns 1 and 2 the EHR	not a meaningful user, ? Enter "Y" for yes or user (line 167 is "Y") ons)	"N" for no. (see and is not a CAH	(line 105		Begi nni ng 1. 00 04/01/2017	Endi ng 2.00 06/30/2017	
reasonable cost incurred for the 58.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii) 59.00 If this provider is a meaningful transition factor. (see instruction 70.00 Enter in columns 1 and 2 the EHR period respectively (mm/dd/yyyy)	not a meaningful user, ? Enter "Y" for yes or user (line 167 is "Y") pns) beginning date and endi	"N" for no. (see and is not a CAH ng date for the r	(line 105 eporting		Begi nni ng 1. 00 04/01/2017 1. 00	Endi ng 2.00 06/30/2017 2.00	170.0
reasonable cost incurred for the 58.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii) 59.00 If this provider is a meaningful transition factor. (see instruction 70.00 Enter in columns 1 and 2 the EHR	not a meaningful user, ? Enter "Y" for yes or user (line 167 is "Y") ons) beginning date and endi vider have any days for	"N" for no. (see and is not a CAH ng date for the r individuals enro	(line 105 eporting	is "N")	Begi nni ng 1. 00 04/01/2017	Endi ng 2.00 06/30/2017 2.00	

JSPI I	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0173	Peri od:	Worksheet S-	-2552- 2
				From 01/01/2017 To 12/31/2017	Part II Date/Time Pr	
	· · · · · · · · · · · · · · · · · · ·			Y/N	5/25/2018 10 Date): 19 an
				1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	for all NO re	esponses. Ente	er all dates in 1	he	_
	Provider Organization and Operation					-
00	Has the provider changed ownership immediately prior to the			N		1.
	reporting period? If yes, enter the date of the change in co	olumn 2. (see	Y/N) Date	V/I	
			1.00	2.00	3.00	
. 00	Has the provider terminated participation in the Medicare Pryes, enter in column 2 the date of termination and in column voluntary or "I" for involuntary.		N			2.
. 00	Is the provider involved in business transactions, including contracts, with individuals or entities (e.g., chain home of or medical supply companies) that are related to the provide officers, medical staff, management personnel, or members of of directors through ownership, control, or family and other relationships? (see instructions)	ffices, drug er or its f the board	Y			3.
			Y/N	Туре	Date	
			1.00	2.00	3.00	
. 00	Financial Data and Reports Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" fo or "R" for Reviewed. Submit complete copy or enter date avai column 3. (see instructions) If no, see instructions.	or Compiled,	Y	A		4.
00	Are the cost report total expenses and total revenues different those on the filed financial statements? If yes, submit reco		N			5.
				Y/N 1.00	Legal Oper. 2.00	
00	Approved Educational Activities Column 1: Are costs claimed for nursing school? Column 2:	lf ves. is th	ne provider is	s N		6.
00	the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see in:	5		N		7.
00	Were nursing school and/or allied health programs approved a cost reporting period? If yes, see instructions.		during the	N		8.
00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction		cal education	Ν		9.
0.00	Was an approved Intern and Resident GME program initiated of cost reporting period? If yes, see instructions.			N		10.
1.00	Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	N	V/ /NI	11.
	Bad Debts				Y/N 1.00	
	Is the provider seeking reimbursement for bad debts? If yes, If line 12 is yes, did the provider's bad debt collection period? If yes, submit copy.			ost reporting	Y N	12. 13.
4.00	If line 12 is yes, were patient deductibles and/or co-payment	nts waived? If	°yes, see ins	structions.	N	14.
5.00	Bed Complement Did total beds available change from the prior cost reportin	ng period?lf	yes, see inst	tructions.	N	15.
			-t A		t B	
		Y/N 1.00	Date 2.00	Y/N 3.00	Date 4.00	
	PS&R Data			1		
. 00	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 instructions)	Ν		N		16.
. 00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2018	Y	04/04/2018	17.
. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Ν		Ν		18.
9.00	Report data for corrections of other PS&R Report	Ν		Ν		19.

Health Financial Systems

IU HEALTH ARNETT HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems IU HEALTH AR	NETT_HOSPITAL		In Lie	u of Form (MS-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	F	Period: From 01/01/2017 Fo 12/31/2017	Date/Time	Prepared:
	Descr	iption	Y/N	5/25/2018 Y/N	10: 19 am
		0	1.00	3.00	
20.00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			Ν	N	20.00
	Y/N	Date	Y/N	Date	
	1.00	2.00	3.00	4.00	
21.00 Was the cost report prepared only using the provider's records? If yes, see instructions.	N		Ν		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC	CEPT CHILDRENS H	IOSPI TALS)			
Capital Related Cost					
22.00 Have assets been relifed for Medicare purposes? If yes, se	ee instructions			N	22.00
23.00 Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.	e due to apprais	als made durir	ng the cost	Ν	23.00
24.00 Were new leases and/or amendments to existing leases enter If yes, see instructions	red into during	this cost repo	orting period?	Ν	24.00
25.00 Have there been new capitalized leases entered into during instructions.	g the cost repor	ting period? I	f yes, see	Y	25.00
26.00 Were assets subject to Sec. 2314 of DEFRA acquired during instructions.	the cost reporti	ng period? If	yes, see	Ν	26.00
27.00 Has the provider's capitalization policy changed during the copy.	ne cost reportir	ng period?lf	/es, submit	Ν	27.00
Interest Expense					
28.00 Were new loans, mortgage agreements or letters of credit e period? If yes, see instructions.	entered into dur	ing the cost r	reporting	Ν	28.00
29.00 Did the provider have a funded depreciation account and/or treated as a funded depreciation account? If yes, see ins	r bond funds (De tructions	ebt Service Res	serve Fund)	Ν	29.00
30.00 Has existing debt been replaced prior to its scheduled ma- instructions.		debt? If yes,	see	Ν	30.00
31.00 Has debt been recalled before scheduled maturity without i instructions.	issuance of new	debt? If yes,	see	Ν	31.00
Purchased Services					
32.00 Have changes or new agreements occurred in patient care so arrangements with suppliers of services? If yes, see instr	ructions.	-		N	32.00
33.00 If line 32 is yes, were the requirements of Sec. 2135.2 ap no, see instructions.	oplied pertainir	ng to competiti	ve bidding? If	N	33.00
Provi der-Based Physi ci ans					
34.00 Are services furnished at the provider facility under an a	arrangement with	n provider-base	ed physi ci ans?	Y	34.00
If yes, see instructions.35.00If line 34 is yes, were there new agreements or amended ex		nts with the pr	rovi der-based	Ν	35.00
physicians during the cost reporting period? If yes, see i	instructions.			D .	
			Y/N 1.00	Date 2.00	
Home Office Costs			1.00	2.00	
36.00 Were home office costs claimed on the cost report?			Y		36.00
37.00 If line 36 is yes, has a home office cost statement been p If yes, see instructions.	prepared by the	home office?	Ŷ		37.00
38.00 If line 36 is yes, was the fiscal year end of the home of the provider? If yes, enter in column 2 the fiscal year end			Ν		38.00
39.00 If line 36 is yes, did the provider render services to oth see instructions.			Y		39.00
40.00 If line 36 is yes, did the provider render services to the linstructions.	e home office?	lf yes, see	Ν		40.00
	1	00	2	00	
Cost Report Preparer Contact Information		00	2.	00	
41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	RHONDA		UTTER		41.00
respectively. 42.00 Enter the employer/company name of the cost report	IU HEALTH				42.00
43.00 Enter the telephone number and email address of the cost	317-962-1093		RUTTER@I UHEALT	H. ORG	43.00
report preparer in columns 1 and 2, respectively.					I

Heal th	Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lie	u of Form CMS-	2552-10
H0SPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QU	UESTI ONNAI RE	Provi der	CCN: 15-0173	Peri od:	Worksheet S-2	
					From 01/01/2017 To 12/31/2017		pared: 19 am
		_					
				3.00			
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the tit		DI RECTOR, GO	VT PROGRAMS			41.00
	held by the cost report preparer in columns	s 1, 2, and 3,					
	respecti vel y.						
42.00	Enter the employer/company name of the cost	t report					42.00
	preparer.						
43.00	Enter the telephone number and email addres	ss of the cost					43.00
	report preparer in columns 1 and 2, respect	ti vel y.					

	Financial Systems	IU HEALTH ARNE		N. 1E 0170		eu of Form CMS-2	
HUSPI	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider CC	N: 15-01/3	Period: From 01/01/2017	Worksheet S-3 Part I	
					To 12/31/2017		
						I/P Days / O/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
		Line Number 1.00	2.00	Available 3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00	2.00	56, 2			1.00
1.00	8 exclude Swing Bed, Observation Bed and	00.00	101	00,2	0.00		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		0	6.00
7.00	Total Adults and Peds. (exclude observation		154	56, 2	10 0.00	0	7.00
8.00	beds) (see instructions) INTENSIVE CARE UNIT	31.00	14	5, 1	10 0.00	0	8.00
9.00	CORONARY CARE UNIT	31.00	14	5, 1	0.00	0	9,00
10.00	BURN INTENSIVE CARE UNIT	33.00	0		0 0.00	0	10.00
10.00	BURN INTENSIVE CARE UNIT	33.01	0		0 0.00		10.00
11.00	SURGI CAL I NTENSI VE CARE UNI T	00101	Ū		0,00		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	12	4, 3	80 0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		180	65, 7	0. 00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER – IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00 22.00	OTHER LONG TERM CARE HOME HEALTH AGENCY						21.00
22.00	AMBULATORY SURGICAL CENTER (D. P.)						22.00
24.00	HOSPICE						23.00
24.10	HOSPICE (non-distinct part)	30. 00					24.10
25.00	CMHC - CMHC	00100					25.00
26.00	RURAL HEALTH CLINIC						26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		180				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambul ance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		7	2, 5	55		32.00
32.01	Total ancillary labor & delivery room						32.01
22.00	outpatient days (see instructions)						22.00
33.00	LTCH non-covered days						33.00 33.01
55.01	LTCH site neutral days and discharges		I		I	I	33.01

IOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider CC		Period: From 01/01/2017 To 12/31/2017		pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time	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	
. 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)	15, 507 4, 999	315 6, 571	32, 51	7		2.00
. 00 . 00	HMO IPF Subprovider HMO IRF Subprovider	0	0				3.00
. 00	Hospital Adults & Peds. Swing Bed SNF	Ő	0		0		5.00
00 00 . 00	Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation	15, 507	0 315	32, 51	0 7		6.00 7.00
8. 00	beds) (see instructions) INTENSIVE CARE UNIT	1, 300	253	2, 75	8		8.00
. 00	CORONARY CARE UNI T	,			-		9.00
0. 00 0. 01	BURN INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	0 0	0 0		0 0		10. 0 10. 0
1.00	SURGI CAL I NTENSI VE CARE UNI T NEONATAL I NTENSI VE CARE UNI T	0	299	3, 30			11.0
3.00	NURSERY	0	1, 320	2, 92			13.00
4.00	Total (see instructions)	16, 807	2, 187	41, 50		1, 796. 99	
5.00	CAH visits	0	0		0		15.0
6.00	SUBPROVIDER - IPF						16.0
7.00	SUBPROVIDER - IRF						17. C
8.00	SUBPROVI DER						18.0
9.00	SKILLED NURSING FACILITY						19.0
0.00	NURSING FACILITY						20.0
1.00	OTHER LONG TERM CARE						21.0
2.00	HOME HEALTH AGENCY						22.0
3.00 4.00	AMBULATORY SURGICAL CENTER (D. P.) HOSPICE						23.0
4.00	HOSPICE HOSPICE (non-distinct part)	0	0	18	2		24.0
5.00	CMHC - CMHC	0	0	10	5		24.
6.00	RURAL HEALTH CLINIC						26.0
6.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00	0.00	
7.00	Total (sum of lines 14-26)	U.S.	Ŭ		0.00		
8.00	Observation Bed Days		111	6, 10			28.0
9.00	Ambulance Trips	0		0,10			29.0
0.00	Employee discount days (see instruction)				0		30.0
1.00	Employee discount days - IRF				0		31.0
2.00	Labor & delivery days (see instructions)	О	30	51	-		32.0
2.01	Total ancillary labor & delivery room				0		32.0
	outpatient days (see instructions)						
3. 00	LTCH non-covered days	0					33.0
3.01	LTCH site neutral days and discharges	0					33.0

1105111	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC						
				CN: 15-0173	Period: From 01/01/2017	Worksheet S-3 Part I	
					To 12/31/2017	Date/Time Prep 5/25/2018 10:1	
		Full Time		Di s	charges		
	0t	Equi val ents	T: +1 - \/				
	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	11.00	0			10, 640	1.00
	8 exclude Swing Bed, Observation Bed and		0	0, 1	102	107010	
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			1, 0	21 1, 351		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNI T						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	BURN INTENSIVE CARE UNIT						10.01
11.00	SURGI CAL I NTENSI VE CARE UNI T						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3, 7	33 132	10, 640	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20. 00 21. 00	NURSING FACILITY OTHER LONG TERM CARE						20. 00 21. 00
21.00	HOME HEALTH AGENCY						21.00
22.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room						32.01
	outpatient days (see instructions)						
33.00	LTCH non-covered days				0	1	33.00

SPI T	Financial Systems AL WAGE INDEX INFORMATION		<u>IU HEALTH ARN</u>	Provider CC	1	Period: From 01/01/2017 Fo 12/31/2017		pared:
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Related to	Average Hourly Wage (col. 4 ÷ col. 5)	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
	SALARI ES							
00	Total salaries (see instructions)	200.00	170, 701, 190	-624, 773	170, 076, 41	7 3, 737, 745. 78	45. 50	1.00
00	Non-physician anesthetist Part		(0 0	(0.00	0.00	2.00
00	A Non-physician anesthetist Part		2, 444, 740	0	2, 444, 740	29, 416. 17	83. 11	3.00
00	B Physician-Part A -		1, 498, 577	7 0	1, 498, 57	6, 240. 00	240. 16	4.00
01	Administrative Physicians - Part A - Teaching					0.00		4.0 [.]
00	Physician and Non		13, 502, 753	3 0	13, 502, 753			
00	Physician-Part B Non-physician-Part B for		ſ		(0.00	0.00	6.00
00	hospi tal -based RHC and FQHC services					0.00	0.00	0.0
00	Interns & residents (in an	21.00	(o o	(0.00	0.00	7.00
01	approved program) Contracted interns and		(0	(0.00	0.00	7.0
	residents (in an approved programs)			_				
00	Home office and/or related		(0 0	(0.00	0.00	8.00
00	organization personnel SNF	44.00	(0	(0.00	0.00	9.0
. 00	Excluded area salaries (see		82, 916, 767	586, 725	83, 503, 492			
	instructions) OTHER WAGES & RELATED COSTS							
. 00	Contract Labor: Direct Patient		1, 866, 278	3 0	1, 866, 278	3 23, 748. 53	78. 58	11.0
. 00	Care Contract Labor: Top Level		(0 0	(0.00	0.00	12.0
	management and other management and administrative services							
. 00	Contract Labor: Physician-Part		2, 347, 611	0	2, 347, 61	1 35, 779. 82	65. 61	13.0
. 00	A - Administrative Home office and/or related orgainzation salaries and		(0	(0.00	0.00	14.0
. 01	wage-related costs Home office salaries		35, 232, 926		35, 232, 920	6 850, 643. 81	41 42	14.0
. 02	Related organization salaries		33, 232, 720		55, 252, 72	0.00		14.0
. 00	Home office: Physician Part A - Administrative		(0 0	(0.00	0.00	15.0
. 00	Home office and Contract		(0 0	(0.00	0.00	16. C
	Physicians Part A - Teaching WAGE-RELATED COSTS							
. 00	Wage-related costs (core) (see		19, 630, 299	9 0	19, 630, 299	9		17. C
. 00	instructions) Wage-related costs (other)		(0 0	(b		18. C
. 00	(see instructions) Excluded areas		15, 628, 573	3 0	15, 628, 573	2		19.0
. 00	Non-physician anesthetist Part		13, 020, 373		13, 020, 37	2		20.0
. 00	A Non-physician anesthetist Part		408, 044	1 O	408, 044	4		21.0
. 00	B Physician Part A -		157, 589	9 0	157, 589	9		22.0
. 01	Administrative Physician Part A - Teaching		(22. C
. 00	Physician Part B		1, 604, 868	3 0	1, 604, 868	3		22. C
. 00	Wage-related costs (RHC/FQHC)		(0	(D		24.0
. 00	Interns & residents (in an approved program)		(0	(25. C
. 50	Home office wage-related (core)		(0 0	(25.5
. 51	Related organization		(0 0	(D		25.5
. 52	wage-related (core) Home office: Physician Part A - Administrative -		(0 0	(D		25. 5
. 53	wage-related (core) Home office & Contract		ſ			2		25.5
	Physicians Part A - Teaching - wage-related (core)							20.0
00	OVERHEAD COSTS - DIRECT SALARIE		1 004 054		1 00/ 05/		1 034 350 00	
. 00	Employee Benefits Department Administrative & General	4.00 5.00	1, 036, 350 11, 938, 009		1, 036, 350 11, 419, 369			

Health Financial Systems		IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provider C		eriod:	Worksheet S-3	
				F T	rom 01/01/2017 o 12/31/2017		narod:
				'	0 12/31/2017	5/25/2018 10:	19 am
	Wkst. A Line		Recl assi fi cati			Average Hourly	
	Number	Reported	on of Salaries			Wage (col. 4 ÷	
			(from Wkst.	$(col.2 \pm col.$	Salaries in	col. 5)	
			A-6)	3)	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00 Administrative & General under		80, 742	0	80, 742	449.70	179. 55	28.00
contract (see inst.)							
29.00 Maintenance & Repairs	6.00	0	0	0	0.00		29.00
30.00 Operation of Plant	7.00	1, 909, 491	-83, 823	1, 825, 668			30.00
31.00 Laundry & Linen Service	8.00	0	0	0	0.00		31.00
32.00 Housekeepi ng	9.00	2, 484, 093	-18, 524	2, 465, 569			32.00
33.00 Housekeeping under contract		0	0	0	0.00	0.00	33.00
(see instructions)							
34.00 Dietary	10.00	864, 985					34.00
35.00 Dietary under contract (see		91, 920	0	91, 920	3, 392. 00	27. 10	35.00
instructions)							
36.00 Cafeteri a	11.00	0	314, 847	314, 847			36.00
37.00 Maintenance of Personnel	12.00	0	0	0	0.00		
38.00 Nursing Administration	13.00	3, 680, 408	-31, 971	3, 648, 437	96, 200. 05	37.93	38.00
39.00 Central Services and Supply	14.00	299, 211	-19, 008	280, 203	14, 122. 59	19.84	39.00
40.00 Pharmacy	15.00	3, 000, 018	-157, 832	2, 842, 186	73, 154. 18	38.85	40.00
41.00 Medical Records & Medical	16.00	0	0	0	0.00	0.00	41.00
Records Library							
42.00 Social Service	17.00	401, 962	-3, 149	398, 813	14, 355. 80	27. 78	42.00
43.00 Other General Service	18.00	458, 545	-2, 343	456, 202	33, 569. 30	13.59	43.00

Health Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lieu of Form CMS-2552-10			
HOSPITAL WAGE INDEX INFORMATION			Provider CC		Period: From 01/01/2017 To 12/31/2017		pared:
	Worksheet A		Recl assi fi cati	5		Average Hourly	
	Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
			(from	(col.2 ± col.		col. 5)	
			Worksheet A-6)	/	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00 Net salaries (see		154, 926, 359	-624, 773	154, 301, 58	6 3, 632, 381. 21	42.48	1.00
instructions)							
2.00 Excluded area salaries (see		82, 916, 767	586, 725	83, 503, 49	2 1, 220, 266. 92	68.43	2.00
instructions)							
3.00 Subtotal salaries (line 1		72, 009, 592	-1, 211, 498	70, 798, 09	4 2, 412, 114. 29	29.35	3.00
minus line 2)		00 444 045		00 444 04		10.01	4 00
4.00 Subtotal other wages & related costs (see inst.)		39, 446, 815	0	39, 446, 81	5 910, 172. 16	43.34	4.00
5.00 Subtotal wage-related costs		19, 787, 888	0	19, 787, 88	8 0.00	27.95	5.00
(see inst.)							
6.00 Total (sum of lines 3 thru 5)		131, 244, 295	-1, 211, 498	130, 032, 79	7 3, 322, 286. 45	39.14	6.00
7.00 Total overhead cost (see		26, 245, 734	-843, 508	25, 402, 22	6 864, 453. 12	29.39	7.00
i nstructi ons)							

Heal th	Financial Systems	IU HEALTH ARNETT	HOSPI TAL		In Lie	u of Form CMS-:	2552-10
HOSPI T	AL WAGE RELATED COSTS		Provider CCN:	15-0173	Period: From 01/01/2017 To 12/31/2017		pared:
						Amount	
						Reported 1.00	
	PART IV - WAGE RELATED COSTS					1.00	
	Part A - Core List						1
	RETIREMENT COST						1
1.00	401K Employer Contributions					10, 164, 027	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contri	bution				0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see	e instructions)				0	3.00
4.00	Qualified Defined Benefit Plan Cost (see in	nstructions)				0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External	Organi zati on)					
5.00	401K/TSA Plan Administration fees					0	5.00
6.00	Legal /Accounting/Management Fees-Pension PI					0	6.00
7.00	Employee Managed Care Program Administration	on Fees				0	7.00
	HEALTH AND INSURANCE COST						
8.00	Health Insurance (Purchased or Self Funded)					0	
8.01	Health Insurance (Self Funded without a Thi					0	
8.02	Health Insurance (Self Funded with a Third	Party Administrato	~)			14, 634, 910	
8.03	Health Insurance (Purchased)					0	
9.00	Prescription Drug Plan					0	
10.00	Dental, Hearing and Vision Plan					483, 168	
11.00	Life Insurance (If employee is owner or ben					96, 550	
12.00	Accident Insurance (If employee is owner or					0	
13.00	Disability Insurance (If employee is owner					878, 676	
14.00	Long-Term Care Insurance (If employee is ow	ner or beneficiary)				14.00
15.00	'Workers' Compensation Insurance			- 1		649, 832	
16.00	Retirement Health Care Cost (Only current y Non cumulative portion)	ear, not the extrac	ordinary accru	ai require	ed by FASB 106.	0	16.00
	TAXES						
17 00	FICA-Employers Portion Only					10, 366, 876	17 00
18.00	Medicare Taxes - Employers Portion Only						18.00
19.00	Unemployment Insurance						19.00
20.00	State or Federal Unemployment Taxes					155, 334	
20.00	OTHER					100,004	20.00
21.00	Executive Deferred Compensation (Other Than	n Retirement Cost Re	eported on lin	es 1 throu	ugh 4 above. (see	0	21.00
22.02	instructions))					_	
22.00	Day Care Cost and Allowances					0	
23.00	Tuition Reimbursement					0	
24.00	Total Wage Related cost (Sum of Lines 1 -23	5)				37, 429, 373	24.00
25 00	Part B - Other than Core Related Cost OTHER WAGE RELATED COSTS (SPECIFY)					0	25.00
25.00	UTTER WAGE RELATED CUSIS (SPECIFY)					0	25. UU

Heal th	Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0173	Peri od:	Worksheet S-3	
				From 01/01/2017		
				To 12/31/2017	Date/Time Pre 5/25/2018 10:	
	Cost Center Description			Contract Labor		
	bost benter bescription			1.00	2.00	
	PART V - Contract Labor and Benefit Cost			1.00	2.00	
	Hospital and Hospital-Based Component Identi	fication:				
1.00	Total facility's contract labor and benefit	cost		1, 866, 278	37, 429, 373	1.00
2.00	Hospi tal			1, 866, 278		2.00
3.00	Subprovider - IPF					3.00
4.00	Subprovider - IRF					4.00
5.00	Subprovider - (Other)			0	0	5.00
6.00	Swing Beds - SNF			0	0	6.00
7.00	Swing Beds - NF			0	0	7.00
8.00	Hospital-Based SNF					8.00
9.00	Hospital-Based NF					9.00
10.00	Hospital-Based OLTC					10.00
11.00	Hospital-Based HHA					11.00
12.00	Separately Certified ASC					12.00
13.00	Hospital-Based Hospice					13.00
14.00	Hospital-Based Health Clinic RHC					14.00
15.00	Hospital-Based Health Clinic FQHC					15.00
16.00	Hospital-Based-CMHC					16.00
17.00	Renal Dialysis			0	0	17.00
18.00	Other			0	17, 799, 074	18.00

Heal th	Financial Systems IU HEALTH ARNETT I	HOSPI TAL		In Lie	eu of Form CMS	-2552-10	
		Provider CCN:		Peri od:	Worksheet S-		
				From 01/01/2017 To 12/31/2017			
					1.00		
	Uncompensated and indigent care cost computation				1.00		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 div	vided by line	202 column	8)	0. 19584	6 1.00	
1.00	Medicaid (see instructions for each line)	rucu by rine	202 001 01111	0)	0.17001	1.00	
2.00	Net revenue from Medicaid				16, 761, 66	5 2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplement		from Medica	d?		4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments fr	rom Medicaid				0 5.00	
6.00	Medicaid charges				173, 851, 17		
7.00 8.00	Medicaid cost (line 1 times line 6) Difference between net revenue and costs for Medicaid program ((line 7 minus	cum of lin	ac 2 and E. if	34, 048, 05 17, 286, 39		
0.00	<pre>cero then enter zero)</pre>		Sull Of The	es z anu b, TT	17, 200, 39	0.00	
	Children's Health Insurance Program (CHIP) (see instructions for	or each line)					
9.00	Net revenue from stand-alone CHIP	· · · · · · · · · · · · · · · · · · ·				0 9.00	
10.00	Stand-al one CHIP charges					0 10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)					0 11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP ((line 11 minus	sline 9; i	f < zero then		0 12.00	
	enter zero)					_	
12 00	Other state or local government indigent care program (see inst			<u>\</u>	1	0 13.00	
13.00 14.00	Net revenue from state or local indigent care program (Not incl Charges for patients covered under state or local indigent care					0 13.00	
14.00	10)			IT THES U UI		0 14.00	
15.00	State or local indigent care program cost (line 1 times line 14	4)				0 15.00	
16.00	Difference between net revenue and costs for state or local inc		rogram (lin	e 15 minus line		0 16.00	
	13; if < zero then enter zero)						
	Grants, donations and total unreimbursed cost for Medicaid, CHI	P and state/I	ocal indig	ent care program	ms (see		
17 00	instructions for each line)	un all un au a la avait du			1	0 17.00	
17.00 18.00	Private grants, donations, or endowment income restricted to fu Government grants, appropriations or transfers for support of h					0 17.00	
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local			(sum of lines	17, 286, 39		
	8, 12 and 16)	-					
			Uni nsured	Insured	Total (col.	1	
			patients 1.00	2.00	+ col . 2) 3.00		
	Uncompensated Care (see instructions for each line)	I	1.00	2.00	3.00		
20.00	Charity care charges and uninsured discounts for the entire fac	cility	22, 169, 18	1 2, 052, 776	24, 221, 95	7 20.00	
	(see instructions)	-					
21.00	Cost of patients approved for charity care and uninsured discou	unts (see	4, 341, 74	5 2, 052, 776	6, 394, 52	1 21.00	
~~~~~	instructions)	66	000 40		000 40		
22.00	Payments received from patients for amounts previously written	off as	390, 40	в О	390, 40	8 22.00	
23.00	charity care Cost of charity care (line 21 minus line 22)		3, 951, 33	7 2, 052, 776	6, 004, 11	3 23.00	
20.00			0, 701, 00	2,002,110	0,001,11	20.00	
	1				1.00		
24.00	Does the amount on line 20 column 2, include charges for patier		d a length	of stay limit		24.00	
25.00	imposed on patients covered by Medicaid or other indigent care If line 24 is yes, enter the charges for patient days beyond th		aro program	s longth of		0 25.00	
25.00	stay limit	le murgent ca	are program	s rength of		25.00	
26.00	Total bad debt expense for the entire hospital complex (see ins	structions)			22, 019, 21	9 26.00	
27.00							
27.01	Medicare allowable bad debts for the entire hospital complex (s				1, 760, 00		
28.00	Non-Medicare bad debt expense (see instructions)				20, 259, 21		
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt exp	pense (see ins	structions)		4, 583, 68		
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	20)			10, 587, 80		
31.00	Total unreimbursed and uncompensated care cost (line 19 plus li	ne 30)			27, 874, 19	2 31.00	

RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	EXPENSES	Provider CC		eriod: rom 01/01/2017	Worksheet A	2552-10
				Te		Date/Time Prep 5/25/2018 10:	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +-	
		1.00	2.00	3.00	4.00	col. 4) 5.00	
1 00	GENERAL SERVICE COST CENTERS		o	0	F 0(2 (12	E 0(2 (12	1 00
1.00 1.01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	5, 062, 612 2, 273, 992	5, 062, 612 2, 273, 992	1.00 1.01
1.02	00102 CAP REL COSTS INTEREST EXPENSE		ō	0	11, 882, 119	11, 882, 119	1.02
2.00	00200 CAP REL COSTS-MVBLE EQUIP		0	0	3, 685, 796	3, 685, 796	2.00
2.01 3.00	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 00300 OTHER CAP REL COSTS		0	0	2, 730, 618	2, 730, 618 0	2.01 3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1, 036, 350	822, 396	1, 858, 746	25, 584, 284	27, 443, 030	4.00
5.01	00570 ADMI TTI NG	3, 084, 649	1, 790, 692	4, 875, 341	-964, 056	3, 911, 285	5.01
5.06 7.00	00590 OTHER ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	8, 853, 360 1, 608, 470	34, 038, 352 13, 397, 744	42, 891, 712 15, 006, 214	39, 578, 715 -6, 081, 518	82, 470, 427 8, 924, 696	5.06 7.00
7.00	00701 OPERATION OF PLANT - NONHOSPITAL	301, 021	7, 750, 155	8, 051, 176	-3, 094, 066	4, 957, 110	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	33, 109	33, 109	8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	2, 484, 093 864, 985	1, 827, 452 1, 604, 452	4, 311, 545 2, 469, 437	-855, 821 -1, 110, 948	3, 455, 724 1, 358, 489	9.00 10.00
	01100 CAFETERI A	0	1, 004, 432	2,407,437	777, 501	777, 501	11.00
13.00	01300 NURSING ADMINISTRATION	3, 680, 408	1, 549, 370	5, 229, 778	-1, 081, 281	4, 148, 497	13.00
14.00 15.00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	299, 211 3, 000, 018	962, 356 5, 743, 599	1, 261, 567 8, 743, 617	10, 527, 895 -1, 936, 143	11, 789, 462 6, 807, 474	14.00 15.00
	01600 MEDICAL RECORDS & LIBRARY	3,000,018	5, 743, 599	0, 743, 017	-1, 930, 143	0, 807, 474	16.00
17.00	01700 SOCIAL SERVICE	401, 962	84, 866	486, 828	-51, 294	435, 534	17.00
18.00	01850 PATIENT TRANSPORT SERVICES	458, 545 0	296, 580 0	755, 125	-80, 067 0	675, 058 0	18.00 22.00
22.00	02200 I & SERVI CES-OTHER PRGM. COSTS APPRVD INPATI ENT ROUTI NE SERVI CE COST CENTERS	U	0	0	0	0	22.00
30.00	03000 ADULTS & PEDIATRICS	23, 350, 521	9, 658, 054	33, 008, 575	-6, 442, 360	26, 566, 215	30.00
31.00	03100 I NTENSI VE CARE UNI T	2, 327, 257	2, 342, 500	4, 669, 757	-985, 509	3, 684, 248	31.00
33.00 33.01	03300 BURN INTENSIVE CARE UNIT 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00 33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	3, 427, 565	1, 256, 512	4, 684, 077	-629, 545	4, 054, 532	35.00
43.00	04300 NURSERY	0	0	0	782, 175	782, 175	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	4,057,509	16, 038, 449	20, 095, 958	-15, 148, 484	4, 947, 474	50.00
51.00	05100 RECOVERY ROOM	563, 795	155, 510	719, 305	-107, 620	611, 685	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 256, 584	1, 117, 469	3, 374, 053	-897, 823	2, 476, 230	
53.00 53.01	05300 ANESTHESI OLOGY 05301 ASC ANESTHESI OLOGY	8, 098, 883	4, 907, 537 150, 259	13, 006, 420 150, 259	-1, 180, 548 -146, 354	11, 825, 872 3, 905	53.00 53.01
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 231, 066	4, 990, 093	8, 221, 159	-4, 300, 225	3, 920, 934	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
56.00 59.00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON	190, 984 1, 362, 122	647, 447 4, 545, 478	838, 431 5, 907, 600	-553, 816 -3, 602, 070	284, 615 2, 305, 530	56.00 59.00
60.00	06000 LABORATORY	0	8, 595, 665	8, 595, 665	0,002,070	8, 595, 665	
	06300 BLOOD STORING, PROCESSING & TRANS.	0	720, 264	720, 264	3, 330	723, 594	
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	1, 548, 121 541, 849	1, 243, 265 132, 452	2, 791, 386 674, 301	-801, 823 -91, 472	1, 989, 563 582, 829	65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY	274, 837	76, 957	351, 794	-52, 672	299, 122	67.00
68.00	06800 SPEECH PATHOLOGY	158, 512	78, 159	236, 671	-29, 115	207, 556	68.00
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	1, 339, 270 84, 688	659, 451 22, 841	1, 998, 721 107, 529	-482, 491 -16, 159	1, 516, 230 91, 370	69.00 70.00
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0,000	22, 041	0, 327	7, 217, 687	7, 217, 687	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	11, 075, 960	11, 075, 960	72.00
73.00 74.00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	0	0 615, 093	0 615, 093	31, 664, 292 -12, 860	31, 664, 292 602, 233	73.00 74.00
75.00	07500 ASC (NON-DI STINCT PART)	0	015,075	0,0,0,0	12,000	002, 233	75.00
	07501 ASC (NON-DI STI NCT PART)	2, 939, 196	4, 902, 734	7, 841, 930	-3, 838, 841	4, 003, 089	75.01
	03950 CARDI AC CATHERI ZATI ON 07697 CARDI AC REHABI LI TATI ON	0 303, 019	0 248, 635	0 551, 654	0 -50, 205	0 501, 449	76.00 76.97
/0. //	OUTPATIENT SERVICE COST CENTERS	303, 017	240,000	331, 034	30, 203	501, 447	10.77
90.00		0	0	0	0	0	90.00
90. 01 90. 03	04950 SLEEP CLINIC 09002 ARNETT CANCER CARE CENTER	412, 170 736, 754	196, 174 20, 861, 423	608, 344 21, 598, 177	-131, 850 -18, 961, 827	476, 494 2, 636, 350	90.01 90.03
90. 03 90. 04	09003 OUTPATIENT INFUSION CENTER	15, 112	8, 162	21, 378, 177 23, 274	-3, 656	19, 618	90.03
91.00	09100 EMERGENCY	4, 491, 537	3, 981, 646	8, 473, 183	-1, 820, 193	6, 652, 990	91.00
92.00 92.01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	o	0	92.00 92.01
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
440 0-	SPECIAL PURPOSE COST CENTERS	07 704 405	450,000,011	0.45 0.00 4 4 1 1		000 610 000	110 00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	87, 784, 423	158, 020, 243	245, 804, 666	77, 337, 373	323, 142, 039	118.00
		33, 934	107, 319	141, 253	-12, 398	128, 855	190 00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	55, 754	107, 517	111/200	12,070	120,000	1.70.00
191.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH 19200 PHYSICIANS' PRIVATE OFFICES	0 82, 228, 310	0 83, 294, 645	0 165, 522, 955	-74, 896, 255		191.00

Health Financial Systems	IU HEALTH ARNET	T_HOSPI TAL		In Lie	u of Form CMS-	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC		eriod: rom 01/01/2017	Worksheet A	
			o 12/31/2017	Date/Time Pre 5/25/2018 10:	pared: 19 am	
Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	Recl assi fi ed	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
193.01 19301 RETALL PHARMACY	654, 523	4, 600, 642	5, 255, 165	-4, 072, 756	1, 182, 409	193.01
193. 02 19302 WHI TE HOSPI TAL	0	0	C	1, 026, 228	1, 026, 228	193. 02
193. 03 19303 HOSPI CE	0	2, 559	2, 559	0	2, 559	193.03
193. 04 19304 FRANKFORT HOSPI TAL	0	0	C	617, 808	617, 808	193.04
194.0007950 MARKETI NG/PUBLI C RELATI ONS	0	0	C	0	0	194.00
200.00 TOTAL (SUM OF LINES 118 through 199)	170, 701, 190	246, 025, 408	416, 726, 598	0	416, 726, 598	200. 00

CLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	+ EXPENSES	Provider CCN: 15-01	73   Period:   From 01/01/2017	Worksheet A
				To 12/31/2017	Date/Time Prepare 5/25/2018 10:19 a
	Cost Center Description	Adjustments	Net Expenses		
		(See A-8) 6.00	For Allocation 7.00		
	GENERAL SERVICE COST CENTERS	0.00			
0	00100 CAP REL COSTS-BLDG & FIXT	1, 105, 171			1
)1	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 00102 CAP REL COSTS INTEREST EXPENSE	0			1
)2 )0	00200 CAP REL COSTS INTEREST EXPENSE	-66, 394 662, 899			1
00 01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP	002,077			2
00	00300 OTHER CAP REL COSTS	0			3
00	00400 EMPLOYEE BENEFITS DEPARTMENT	-768, 673	26, 674, 357		4
01	00570 ADMI TTI NG	-296			5
06	00590 OTHER ADMINISTRATIVE & GENERAL	-22, 347, 482	1		5
20	00700 OPERATION OF PLANT	-20, 978			7
D1 D0	00701 OPERATION OF PLANT - NONHOSPITAL 00800 LAUNDRY & LINEN SERVICE	-12, 780 0			7
00	00900 HOUSEKEEPING	0			9
	01000 DI ETARY	0	1, 358, 489		10
. 00	01100 CAFETERI A	-649, 147	128, 354		11
	01300 NURSING ADMINISTRATION	-6, 870			13
	01400 CENTRAL SERVICES & SUPPLY	-7, 281			14
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	-80, 700			15
	01700 SOCIAL SERVICE	0	-		17
	01850 PATIENT TRANSPORT SERVICES	0			18
	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0			22
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS				
	03000 ADULTS & PEDIATRICS	-6, 549, 617			30
	03100 I NTENSI VE CARE UNI T 03300 BURN I NTENSI VE CARE UNI T	-201, 705 0			31
	03301 BURN I NTENSI VE CARE UNI T	0			33
	02060 NEONATAL INTENSIVE CARE UNIT	-1, 427, 632	2, 626, 900		35
	04300 NURSERY	0			43
	ANCILLARY SERVICE COST CENTERS		· · · ·		
	05000 OPERATING ROOM	-6, 341			50
	05100 RECOVERY ROOM	0	611, 685		51
	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	9, 080- 7, 916, 425-			52
	05301 ASC ANESTHESI OLOGY	-7, 710, 423	3, 905		53
	05400 RADI OLOGY-DI AGNOSTI C	-1, 504			54
	05500 RADI OLOGY-THERAPEUTI C	0	0		55
	05600 RADI OI SOTOPE	0	284, 615		56
	05900 CARDI AC CATHETERI ZATI ON	-3, 092			59
. 00	06000 LABORATORY	407 0			60
. 00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY	-84			63
	06600 PHYSI CAL THERAPY	0	582, 829		66
	06700 OCCUPATI ONAL THERAPY	0	1		67
	06800 SPEECH PATHOLOGY	48	207, 604		68
	06900 ELECTROCARDI OLOGY	-62,400			69
	07000 ELECTROENCEPHALOGRAPHY	0			70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	0	7, 217, 687		71
	07200 TMPL. DEV. CHARGED TO PATTENTS 07300 DRUGS CHARGED TO PATTENTS	0			72
	07400 RENAL DI ALYSI S	0	602, 233		74
. 00	07500 ASC (NON-DISTINCT PART)	0	0		75
. 01	07501 ASC (NON-DISTINCT PART)	-9, 504	3, 993, 585		75
	03950 CARDIAC CATHERIZATION	0	0		76
. 97	07697 CARDIAC REHABILITATION	0	501, 449		76
00	OUTPATIENT SERVICE COST CENTERS	0	0		90
	04950 SLEEP CLINIC		476, 494		90
	09002 ARNETT CANCER CARE CENTER	-7, 791			90
	09003 OUTPATIENT INFUSION CENTER	0	19, 618		90
	09100 EMERGENCY	-78, 576	6, 574, 414		91
	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92
	09201 OBSERVATION BEDS (DISTINCT PART)	0			92
00	04951 OTHER OUTPATIENT SERVICES SPECIAL PURPOSE COST CENTERS	0	0		93
3. 00		-38, 465, 827	284, 676, 212		118
J. UC	NONREIMBURSABLE COST CENTERS	55, 755, 627	201,070,212		110
0. 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	128, 855		190
1.00	19100 RESEARCH	0	0		191
	19200 PHYSICIANS' PRIVATE OFFICES	-798, 413	89, 828, 287		192
	19300 NONPALD WORKERS	0	0		193 193
	19301 RETAIL PHARMACY	0	1, 182, 409		1103

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL	In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CCN: 15-0		Worksheet A
			From 01/01/2017 To 12/31/2017	Date/Time Prepared:
			10 12, 01, 2017	5/25/2018 10: 19 am
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
193. 03 19303 HOSPI CE	0	2, 559		193.03
193. 04 19304 FRANKFORT HOSPI TAL	0	617, 808		193. 04
194.00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0		194.00
200.00 TOTAL (SUM OF LINES 118 through 199)	-39, 264, 240	377, 462, 358		200. 00

	Financial Systems		IU HEALTH ARNE	TT HOSPITAL Provider CCN:	15 0172	In Lie eriod:	u of Form CMS Worksheet A-	
REULAS	STELCATIONS			Provider CCN:	F	rom 01/01/2017 o 12/31/2017	Date/Time Pr	
		Increases					5/25/2018 10	
	Cost Center	Line #	Salary	Other				
	2.00 A - NONBILLABLE SUPPLIES	3.00	4.00	5.00				
1.00 2.00 3.00	CENTRAL SERVICES & SUPPLY EMPLOYEE BENEFITS DEPARTMENT BLOOD STORING, PROCESSING & TRANS.	14.00 4.00 63.00	0 0 0	10, 769, 975 2 3, 511				1.00 2.00 3.00
$\begin{array}{c} 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 29.\ 00\\ 30.\ 00\\ 31.\ 00\\ 31.\ 00\\ 33.\ 00\\ 34.\ 00\\ \end{array}$	0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00						$\begin{array}{c} 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 25.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 29.\ 00\\ 30.\ 00\\ 31.\ 00\\ 31.\ 00\\ 32.\ 00\\ 33.\ 00\\ 34.\ 00\\ \end{array}$
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\end{array}$	B - BILLABLE SUPPLIES MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		7, 217, 687 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ \end{array}$
1.00	C - IMPLANTS IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11, 075, 960				1.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0						2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00

			01/01/2017 12/31/2017 Date/Time Prep 5/25/2018 10:1
Cost Center	Increases Line # Salary	Other	
2.00	3.00 4.00	5.00	
	0.00 0.00		
		0 11,075,960	
D - DRUGS	72.00		
DRUGS CHARGED TO PATIENTS CENTRAL SERVICES & SUPPLY	73.00 14.00	0 31, 664, 292 0 10, 570	
	0.00	0 0	
	0.00 0.00		
	0.00	0 0	
	0. 00 0. 00		
	0.00		
	0.00	0 0	
	0.00 0.00		
	0.00	0 0	
	0. 00 0. 00		
	0.00	0 0	
	0.00 0.00		
	0.00	0 0	
	0.00	0 0	
	0.00 0.00		
	0.00	0 0	
	0. 00 0. 00		
0		0 31, 674, 862	
E - BENEFITS EMPLOYEE BENEFITS DEPARTMENT	4.00	0 25, 584, 282	
	0.00	0 0	
	0. 00 0. 00		
	0.00	0 0	
	0.00 0.00		
	0.00	0 0	
	0.00 0.00		
	0.00		
	0.00	0 0	
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F – CAFETERIA	I	0 20, 007, 202	

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 IU HEALTH ARNETT HOSPITAL
 In Lieu of Form CMS-2552-10

 Provider CCN: 15-0173
 Period: Erom 01/01/2017
 Worksheet A-6

RECENS	SEFECATIONS				CN: 15-0173	From 01/01/2017 To 12/31/2017	
	Cost Center	I ncreases Li ne #	Salary	Other			
	2.00	3.00	4.00	5.00			
1.00	G - PROPERTY TAX CAP REL COSTS-BLDG & FIXT -	1.01	0	60, 802			1.00
	<u>NONHOSP</u>						
	0 H – PROPERTY INSURANCE		0	60, 802			
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	223, 436			1.00
2.00	CAP REL COSTS-BLDG & FIXT -	1.01	0	34, 901			2.00
3.00	NONHOSP CAP_REL_COSTS-MVBLE_EQUIP	2.00	0	10, 465			3.00
	0		0	268, 802			
1.00	I - LEASE EXPENSE CAP REL COSTS-BLDG & FIXT	1.00	0	262, 143			1.00
2.00	CAP REL COSTS-BLDG & FIXT -	1.00	0	875, 349			2.00
	NONHOSP						
3.00 4.00	CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP -	2.00 2.01	0	195, 319 182, 250			3.00
4.00	NONHOSP	2.01	0	102, 230			4.00
5.00	ASC (NON-DISTINCT PART)	75.01	0	7, 245			5.00
6.00 7.00		0.00 0.00	0	0			6. 00 7. 00
8.00		0.00	0	0			8.00
9.00		0.00	0	0			9.00
10.00	TOTALS	0.00	0	1, 522, 306			10.00
	J - INTEREST EXPENSE RECLASS						
1.00	CAP REL COSTS INTEREST	1.02	0	11, 882, 119			1.00
2.00	EXPENSE CAP REL COSTS-MVBLE EQUIP	2.00	0	32			2.00
3.00	CAP REL COSTS-MVBLE EQUIP -	2.01	0	15, 212			3.00
	NONHOSP			11, 897, 363			
	K - HOUSEKEEPING SUPPLIES	<u> </u>	0	11,077,303			
1.00	HOUSEKEEPI NG	9.00	0	75, 461			1.00
2.00 3.00		0.00 0.00	0 0	0			2.00
4.00		0.00	0	0			4.00
5.00		0.00	0	0			5.00
6.00 7.00		0.00 0.00	0	0			6. 00 7. 00
8.00		0.00	0	0			8.00
9.00		0.00	0	0			9.00
10. 00 11. 00		0.00	0	0			10.00
12.00		0.00 0.00	0	0			12.00
13.00		0.00	0	0			13.00
14. 00 15. 00		0. 00 0. 00	0	0			14.00 15.00
16.00		0.00	0	0			16.00
17.00		0.00	0	0			17.00
18. 00 19. 00		0.00 0.00	0 0	0 0			18.00 19.00
20.00		0.00	0	0			20.00
21.00		0.00	0	0			21.00
22.00		0.00	0	0			22.00 23.00
23. 00 24. 00		0. 00 0. 00	0	0			23.00
25.00		0.00	0	0			25.00
26.00		0.00	0	0			26.00
27.00 28.00		0.00 0.00	0 0	0			27.00 28.00
29.00	L	0.00	0	0			29.00
	0 L - LAUNDRY SUPPLIES		0	75, 461			
1.00	LAUNDRY & LINEN SERVICE	8.00	0	33, 109			1.00
2.00		0.00	0	0			2.00
3.00 4.00		0.00 0.00	0 0	0			3.00
4.00 5.00		0.00	0	0			4.00
6.00		0.00	0	0			6.00
7.00		0.00	0	0			7.00
8.00 9.00		0. 00 0. 00	0 0	0			8.00 9.00
10.00		0.00	0	0			10.00
11.00		0.00	0	0			11.00

551	FICATIONS			Provider CCN: 15-	0173 Period: From 01/01/2	Worksheet A-6
					To 12/31/2	
_	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
0	<u> </u>		0	<u> </u>		12
	) - TELEPHONE RECLASS					
	OTHER ADMINISTRATIVE & GENERAL	5.06	0	6, 714		1
		0.00	0	0		2
		0.00 0.00	0	0		
		0.00	0	0		Ę
		0.00 0.00	0 0	0		
0			ō	<u> </u>		
	P - DEPRECIATION EXPENSE CAP REL COSTS-BLDG & FIXT	1.00	0	4, 577, 033		1
С	CAP REL COSTS-BLDG & FIXT -	1.01	0	1, 302, 940		
	NONHOSP CAP REL COSTS-MVBLE EQUIP	2.00	o	3, 479, 980		
	CAP REL COSTS-MVBLE EQUIP -	2.00	0	2, 533, 156		
N	NONHOSP	0.00	o	0		Ę
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		0.00	0	0		20
		0.00 0.00	0	0 0		21
		0.00	0	0		23
		0.00 0.00	0 0	0 0		24
		0.00	0	0		26
0	) Ω - FMLA RECLASS		0	11, 893, 109		
A	ADMI TTI NG	5.01	0	15, 761		1
	OTHER ADMINISTRATIVE & GENERAL	5.06	0	28, 826		2
0	PERATION OF PLANT	7.00	0	3, 339		3
	IOUSEKEEPI NG DI ETARY	9.00 10.00	0 0	18, 524 8, 218		2
N	URSING ADMINISTRATION	13.00	0	31, 971		
	CENTRAL SERVICES & SUPPLY	14.00 15.00	0	1, 847 3, 642		
s	SOCIAL SERVICE	17.00	0	3, 149		
	PATIENT TRANSPORT SERVICES	18.00 30.00	0 0	2, 343 109, 811		1(
	NTENSIVE CARE UNIT	31.00	0	7, 189		1:
	NEONATAL INTENSIVE CARE UNIT	35. 00 50. 00	0 0	53, 082		13
	DPERATING ROOM RECOVERY ROOM	50.00	0	5, 675 6, 694		14
D	DELIVERY ROOM & LABOR ROOM	52.00	0	12, 097		16
	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	53.00 54.00	0 0	4, 850 31, 246		17
R	RADI OI SOTOPE	56.00	0	2, 821		19
	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY	59.00 65.00	0 0	8, 523 32, 468		20
Ρ	PHYSICAL THERAPY	66.00	0	4, 617		22
	ELECTROCARDI OLOGY	69.00 75.01	0	5, 921		23
	ASC (NON-DISTINCT PART) SLEEP CLINIC	75. 01 90. 01	0 0	11, 376 430		24
E	EMERGENCY	91.00	0	26, 733		26
	PHYSICIANS' PRIVATE OFFICES RETAIL PHARMACY	192.00 193.01	0 0	179, 973 3, 647		27
		173.01	— — — <del>0</del>	5, 077		1 20

Heal th	Financial Systems		IU HEALTH ARNE	ττ μοςριται		Inlie	u of Form CMS	-2552-10
	SIFICATIONS			Provi der CCN: 15	5-0173	Peri od:	Worksheet A-	
RECENS					0170	From 01/01/2017	nor Randet //	0
						To 12/31/2017	Date/Time Pr	epared:
		1					5/25/2018 10	:19 am
	Cost Center	Increases Line #	Salary	Other				
	2.00	3.00	Salary 4.00	5.00				
	R - NURSERY	3.00	4.00	5.00				-
1.00	NURSERY	43.00	711, 102	71, 073				1.00
2.00	NUKSEKI	0.00	/11, 102	0				2.00
3.00		0.00	0	0				3.00
3.00	<u> </u>	0.00	711, 102	71,073				3.00
	U - CORPORATE ADMIN EXPENSE		711, 102	71,073				-
1.00	OTHER ADMINISTRATIVE &	5.06	0	54, 552, 922				1.00
1.00	GENERAL	5.00	0	34, 332, 722				1.00
	ITOTALS		— — — d	54, 552, 922				
	V - GENERAL SURGERY LAF METRO	) – HOSPLTAL		01,002,722				
1.00	OPERATING ROOM	50.00	84, 943	223, 274				1.00
2.00	ASC (NON-DISTINCT PART)	75.01	42, 471	111, 637				2.00
2.00			127, 414	334, 911				2.00
	W - MEDICAL DIRECTOR FEES		127,111	001, 711				
1.00	ADULTS & PEDIATRICS	30.00	0	14, 875				1.00
2.00	RADI OLOGY-DI AGNOSTI C	54.00	o	28, 800				2.00
3.00	ELECTROCARDI OLOGY	69.00	0	44, 400				3.00
01 00				88, 075				0.00
	X - ARNETT TO WHITE ALLOCATIO	DN		00,070				
1.00	WHITE HOSPITAL	193.02	568, 944	457, 284				1.00
2.00		0,00	0	0				2.00
3.00		0.00	0	0				3.00
4.00		0,00	0	0				4.00
5.00		0.00	0	0				5.00
6.00		0.00	0	0				6.00
7.00		0.00	0	0				7.00
8.00		0.00	0	0				8.00
0100	TOTALS		568, 944	457, 284				0.00
	Y - ARNETT TO FRANKFORT ALLOG	CATLON	000,711	1077201				1
1.00	FRANKFORT HOSPITAL	193.04	328, 815	288, 993				1.00
2.00		0.00	0	0				2.00
3.00		0.00	0	0				3.00
4.00		0.00	0	Ö				4.00
5.00		0.00	0	0				5.00
6.00		0.00	0	0				6.00
7.00		0.00	0	Ō				7.00
	TOTALS		328, 815	288, 993				
500.00	Grand Total: Increases		2,051,122	168, 964, 630				500.00
								1

### Health Financial Systems RECLASSIFICATIONS

#### IU HEALTH ARNETT HOSPITAL

In Lieu of Form CMS-2552-10

Provider CCN: 15-0173

Period: Worksheet A-6 From 01/01/2017 To 12/31/2017 Date/Time Prepared: 5/25/2018 10:19 am

					I	5/25/2018 10	
		Decreases					
	Cost Center 6.00	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00		
	A - NONBILLABLE SUPPLIES	7.00	8.00	9.00	10.00		
1.00	ADMI TTI NG	5.01	0	3, 271	0		1.00
2.00	OTHER ADMI NI STRATI VE &	5.06	0	38, 347	0		2.00
3.00	GENERAL OPERATION OF PLANT	7.00	0	116, 265	0		3.00
4.00	HOUSEKEEPING	9.00	0		0		4.00
5.00	DI ETARY	10.00	0	.,	0		5.00
6.00	NURSI NG ADMI NI STRATI ON	13.00	0		0		6.00
7.00 8.00	PHARMACY PATIENT TRANSPORT SERVICES	15.00 18.00	0		0		7.00 8.00
9.00	ADULTS & PEDIATRICS	30.00	0		0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0				10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0				11.00
12.00 13.00	OPERATING ROOM RECOVERY ROOM	50.00 51.00	0		0		12.00 13.00
13.00	DELIVERY ROOM & LABOR ROOM	51.00 52.00	0		0		14.00
15.00	ANESTHESI OLOGY	53.00	0		0		15.00
16.00	ASC ANESTHESI OLOGY	53.01	0		0		16.00
17.00	RADI OLOGY-DI AGNOSTI C	54.00	0				17.00
18. 00 19. 00	RADI OI SOTOPE CARDI AC CATHETERI ZATI ON	56.00 59.00	0		0		18.00 19.00
20.00	RESPIRATORY THERAPY	65.00	0		0		20.00
21.00	PHYSI CAL THERAPY	66.00	0		0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0		0		22.00
23.00	SPEECH PATHOLOGY	68.00 69.00	0		0		23.00
24.00 25.00	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	70.00	0		0		24.00 25.00
26.00	RENAL DI ALYSI S	76.00	0	'			26.00
27.00	ASC (NON-DISTINCT PART)	75.01	0		0		27.00
28.00	CARDI AC REHABI LI TATI ON	76.97	0				28.00
29.00 30.00	SLEEP CLINIC	90.01	0		0		29.00
30.00 31.00	ARNETT CANCER CARE CENTER OUTPATIENT INFUSION CENTER	90. 03 90. 04	0		0		30.00 31.00
32.00	EMERGENCY	91.00	0		0		32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0		33.00
34.00	RETAIL PHARMACY	193.01	<u>0</u>				34.00
	B - BILLABLE SUPPLIES		0	10, 773, 488			
1.00	OTHER ADMINISTRATIVE &	5.06	0	457	0		1.00
	GENERAL						
2.00	CENTRAL SERVICES & SUPPLY	14.00	0		0		2.00
3.00 4.00	PHARMACY ADULTS & PEDIATRICS	15.00 30.00	0		0		3.00 4.00
5.00	INTENSIVE CARE UNIT	31.00	0				5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0		0		6.00
7.00	OPERATING ROOM	50.00	0		0		7.00
8.00 9.00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51.00 52.00	0				8.00 9.00
10.00	ANESTHESI OLOGY	53.00	0				10.00
11.00	ASC ANESTHESI OLOGY	53.01	0		0		11.00
12.00	RADI OLOGY-DI AGNOSTI C	54.00	0				12.00
13.00 14.00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY	59.00 65.00	0				13.00 14.00
14.00 15.00	RENAL DI ALYSI S	74.00	0		0		14.00
16.00	ASC (NON-DISTINCT PART)	75.01	0				16.00
17.00	ARNETT CANCER CARE CENTER	90.03	0	-,	0		17.00
18.00	OUTPATIENT INFUSION CENTER	90.04	0	92	0		18.00
19. 00 20. 00	EMERGENCY PHYSICIANS' PRIVATE OFFICES	91.00 192.00	0 0		0		19.00 20.00
21.00	RETAIL PHARMACY	193.01	0				21.00
	0		0	7, 217, 687			
1 00	C - IMPLANTS	0.00	0	110			1 00
1.00 2.00	HOUSEKEEPI NG CENTRAL SERVI CES & SUPPLY	9.00 14.00	0				1.00
2.00 3.00	ADULTS & PEDIATRICS	30.00	0		-		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	22, 434	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0				5.00
6.00 7.00	OPERATING ROOM DELIVERY ROOM & LABOR ROOM	50.00 52.00	0		0		6.00 7.00
7.00 8.00	RADI OLOGY-DI AGNOSTI C	52.00	0		-		8.00
9.00	CARDI AC CATHETERI ZATI ON	59.00	0				9.00
10.00	RESPI RATORY THERAPY	65.00	0				10.00
11.00	PHYSICAL THERAPY	66.00 75.01	0		0		11.00
12.00	ASC (NON-DISTINCT PART)	75.01	0	1, 127, 644			12.00

Provider CCN: 15-0173

 In Lieu of Form CMS-2552-10

 Period:
 Worksheet A-6

 From 01/01/2017
 Date/Time Prepared:

 To
 12/31/2017
 Date/Time Prepared:

2017	Date/Time	Prepared:

					То	12/31/2017 Date/Time P 5/25/2018 1	
	Cost Costor	Decreases	Calary	0+6			
	Cost Center 6.00	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00		
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0.00	4, 842			13.00
	0		0	11, 075, 960			
1 00	D - DRUGS	F 0/	a				1.00
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	72, 777	0		1.00
2.00	NURSING ADMINI STRATI ON	13.00	0	223	0		2.00
3.00	PHARMACY	15.00	0	927, 621	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	111, 153	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	48, 864	0		5.00
6.00 7.00	NEONATAL INTENSIVE CARE UNIT OPERATING ROOM	35.00 50.00	0	8, 621 139, 042	0		6.00 7.00
8.00	RECOVERY ROOM	51.00	0	575	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1, 607			9.00
10. 00	ANESTHESI OLOGY	53.00	0	163, 947	0		10.00
11.00	ASC ANESTHESI OLOGY	53.01	0	46, 113	0		11.00
12.00 13.00	RADI OLOGY-DI AGNOSTI C RADI OI SOTOPE	54.00 56.00	0	221, 505 505, 717	0		12.00
14.00	CARDI AC CATHETERI ZATI ON	58.00 59.00	0	40, 916	-		14.00
15.00	RESPIRATORY THERAPY	65.00	0	13, 850	0		15.00
16.00	ELECTROCARDI OLOGY	69.00	0	70, 935	0		16.00
17.00	RENAL DI ALYSI S	74.00	0	4, 428			17.00
18.00	ASC (NON-DI STI NCT PART)	75.01	0	151, 913			18.00
19.00	CARDIAC REHABILITATION SLEEP CLINIC	76.97	0	117	0		19.00
20.00 21.00	ARNETT CANCER CARE CENTER	90. 01 90. 03	0	138 18, 674, 881	0		20.00
22.00	OUTPATIENT INFUSION CENTER	90.03	0	337	0		22.00
23.00	EMERGENCY	91.00	0	50, 221	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6, 484, 809	0		24.00
25.00	RETAIL PHARMACY	<u> </u>	0	3, 934, 552			25.00
			0	31, 674, 862			-
1.00	E - BENEFITS ADMITTING	5.01	0	957, 485	0		1.00
2.00	OTHER ADMINISTRATIVE &	5.06	0	1, 599, 784			2.00
	GENERAL						
3.00	OPERATION OF PLANT	7.00	0	254, 321	0		3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	76, 353	0		4.00
5.00	HOUSEKEEPING	9.00	0	783, 111	0		5.00
6.00	DI ETARY	10.00	0	317, 379	-		6.00
7.00	NURSING ADMINISTRATION	13.00	0	815, 034	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	51, 791	0		8.00
9.00		15.00	0	428, 223	0		9.00
10.00 11.00	SOCI AL SERVI CE PATI ENT TRANSPORT SERVI CES	17.00 18.00	0	51, 294 79, 326	-		10.00
12.00	ADULTS & PEDIATRICS	30.00	0	3, 591, 151	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	420, 033	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	413, 279			14.00
15.00	OPERATING ROOM	50.00	0	586, 008			15.00
16.00 17.00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51.00 52.00	0	84, 905 442, 362	0		16.00 17.00
18.00	ANESTHESI OLOGY	53.00	0	708, 512			18.00
19.00	RADI OLOGY-DI AGNOSTI C	54.00	0	534, 480			19.00
20. 00	RADI OI SOTOPE	56.00	0	40, 864	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	201, 081	0		21.00
22.00		65.00	0	259, 540			22.00
23.00 24.00	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	66.00 67.00	0	89, 302 52, 191	0		23.00 24.00
24.00 25.00	SPEECH PATHOLOGY	68.00	0	28, 498	0		24.00
26.00	ELECTROCARDI OLOGY	69.00	0	212, 884			26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	14, 292			27.00
28.00	ASC (NON-DI STI NCT PART)	75.01	0	447, 750			28.00
29.00	CARDI AC REHABI LI TATI ON	76.97	0	35, 213			29.00
30.00 31.00	SLEEP CLINIC ARNETT CANCER CARE CENTER	90. 01 90. 03	0	89, 597 107, 961	0		30. 00 31. 00
32.00	OUTPATIENT INFUSION CENTER	90. 03 90. 04	0	569	0		32.00
33.00	EMERGENCY	91.00	Ö	781, 051	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	12, 398	0		34.00
25 00		100 00	~	10 015 450			25.00
35.00 36.00	PHYSICIANS' PRIVATE OFFICES RETAIL PHARMACY	192.00 193.01	0	10, 915, 452 100, 808			35. 00 36. 00
		173.01	U	100, 008	U		1 30.00

Local Continue         Local Continue <thlocal continue<="" th="">         Local Co</thlocal>		Financial Systems		IU HEALTH ARNE		CN. 15 0470		u of Form CMS-2552-10
Image: Construction of the large state of the l	RECLAS	SIFICATIONS			Provider (	LCN: 15-0173	From 01/01/2017	Date/Time Prepared:
c. 0.00         7. 00         8. 00         9. 00         10. 00           c. 0.00         10. 00         314, 187         42, 554         0         1           1. 00         0.00         34, 187         42, 554         0         1           1. 00         0.00         40, 192         42, 554         0         1         1           1. 00         0.00         0.00         0.00         0         0         0         0         1           1. 00         0.00         0         0.00         0         0         0         1         1           0.00         0         0         0.00         0         0         0         1         1         1           1.00         0.00         0         0         0.00         0         0         1         1         1           1.00         0.00         0         0         0.00         0         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1			Decreases					572572018 10: 19 am
CONTINUE							<u>.</u>	
1.00         DELARY         10.00         314.847         442_654         0           1.00         DEPENT TAX         0         0.000         0.000         13           1.00         DEPENT TAX         0         0         0.000         13           1.00         DEPENT TAX         0         0         0.000         13           1.00         DEPENT TAX         0         0         0         12           1.00         DEPENT TAX         0         0         0         12           1.00         DEPENT TAX         0         0         0         12           1.00         DEPENT TAX         0         0         0         12         3           1.00         DEPENT TAX         0         0         0         12         3           1.00         DEPENT TAX         0         0         14.4943         10         4           1.00         DEPENT TAX         0         0         7.50         0         7.50         3           1.00         DEPENT TAX         0         0         14.4943         10         4         3           1.00         DEPENT TAX         0         0         17.52.			7.00	8.00	9.00	10.00		
Image: Image: Construct Nation of PLANT         7.01         0         0.06         0.02         13         1           Image: Construct Nation of PLANT         7.01         0         0.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	1.00	DI ETARY	10.00				0	1.00
1.00         OPERATION OF PLANT -         7.01         0         60.802         13           0		•		314, 847	462, 654			
0         0         0         0         0         0         0         0         0         0         12           1.00         DITHER ARDIM ISTATIVE A         5.00         0         2.06, 802         12         1           0         DEREAL         0.00         0         0         12         3         0           0         DEREATION OF PEART         7.00         0         2.22, 144         10         1           1.00         DEREATION OF PEART         7.00         0         8.88, 998         10         2.3         3         0         1.00         0         1.55, 541         10         1         3         3         0         0         1.55, 541         10         1         3         3         0         0         1.55, 541         10         1         3         3         0         0         1.55, 50         0         1.30, 70, 50         0         1.30, 70, 50         0         1.30, 70, 50         0         1.30, 70, 50         0         1.30, 70, 50         0         1.30, 70, 50         0         1.30, 70, 50         0         1.30, 70, 50         0         1.30, 70, 50         0         1.30, 70, 50         0         1.30, 70, 50         0	1.00		7.01	0	60, 802	1	3	1.00
H         ROPERTY INSURANCE           0         DIFFER MAIN INSURANCE         0         0         0         12           1         0         DEPREAL         0         0         0         12           2:00         0         0         0         0         12           1:00         DEPRATION OF PLANT         7.00         0         268, 802         12           1:00         DEPRATION OF PLANT         7.01         0         268, 802         10         2.0           1:00         DEPRATION OF PLANT         7.01         0         268, 802         10         2.0           1:00         DEPRATION OF PLANT         7.01         0         146, 995         10         4.           1:00         DEPRATION THEAPY         30.00         0         4.242         0         5.0           1:00         DEST STOTON THEAPY         45.00         0         137, 03.00         0         1.0         9.0           1:0.00         DEPRATION THEAPY         45.00         0         132, 013         0         1.0           1:0.00         DEPRATION THEAPY         5.00         0         132, 013         0         1.0           1:0.00         D		NONHOSPI TAL	+				_	
1.00         OTHER ADMINISTRATIVE & 5.66         0         256, 802         12         1.           2.00         0         0         0         12         3.           2.00         0         0         12         3.           0.00         0         0         12         3.           1.100         OFERATION OF PLANT         7.00         0         266, 802         1           1.100         OFERATION OF PLANT         7.00         0         262, 144         10         1.           2.00         0         0         14, 943         10         3.         3.         3.           3.00         0         14, 943         10         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         3.         <		U H - PROPERTY INSURANCE		0	60, 802			
2.00         0.00         0         0         12           0.00         0         0.00         0         0.00         2.08,802         3.           0.00         0         1.00         0         0.00         0         1.00         0         0.00         0         1.00         0         0.00         0         1.00         0         0.00         0         1.00         0         0.00         0         1.00         0         0.00         0         1.00         0         0.00         0         1.00         0         0.00         0         1.00         0         1.00         0         1.00         0         1.00         0         1.00         0         1.00         0         1.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	1.00		5.06	0	268, 802	1	2	1.00
3.00	2 00	GENERAL	0.00	0	0	1	2	2.00
0         -         0         266.802         -           1.00         OFERATION OF PLANT         7.00         0         262.144         10         1.           1.00         OFERATION OF PLANT         7.00         0         264.995         10         2.           3.00         CENTRAL SERVICES A SUPPLY         14.00         0         105.941         0         3.           3.00         CENTRAL SERVICES A SUPPLY         14.00         0         14.943         10         3.           5.00         INTERSIVE CARE UNIT         31.00         0         42.412         0         6.           7.00         OPERATING FROM         50.00         0         131.661         0         7.           7.00         OPERATING FROM         50.00         0         31.013         0         10.           10.00         PHYSICLANS' INEARE CENTER         5.06         0         13.622.139         11         1         1.           2.00         OTHER ARMINISTRATULE & 5.06         0         13.622.139         11         2.         11.802.139         11         2.         11.802.139         11         2.         11.802.139         11         2.         11.802.139         11.802.139				-	0			3. 00
1.00         OPERATION OF PLANT -         7:00         0         262,144         0         1           2.00         OPERATION OF PLANT -         7:01         0         888,995         10         2           2.00         OPERATION OF PLANT -         7:01         0         884,995         10         2           3.00         CINTRAL SERVICES         30:00         0         14,942         0         4           4.00         AUNITS & PEDUPINE CARE UNIT         30:00         0         14,942         0         6           7.00         OPERATING ROW         50:00         0         131,651         0         7           0.00         APRETICANCE CARE CENTER         90:03         0         3,900         0         10           1.01         OPERATING ROW FREADAY         5:00         0         15,212         11         0           1.00         OPERATING ROW FREADAY         5:00         0         15,212         11         1         2           1.00         OPERATING ROW FREADAY         5:01         0         15,212         11         1         2           1.00         RADIOLOCON DE PLANT -         7:01         0         15,212         11         1 <td></td> <td></td> <td></td> <td></td> <td>268, 802</td> <td></td> <td>-</td> <td></td>					268, 802		-	
2.00         DECRATION OF PLANT -         7.01         0         B48,995         10         2.           3.00         CENTRAL SERVICES & SUPLY         14.00         0         115,941         10         3.           3.00         CENTRAL SERVICES & SUPLY         14.00         0         115,941         10         4.           5.00         MONTAL INTERAIVE CARE UNIT         35.00         0         42.417         0         5.           7.00         DEFRATIOR OT INFRAPY         65.00         0         7.         7.         7.           8.00         RESPLATORY THEADY         65.00         0         7.         7.         7.         7.           9.00         ANAT CACKE CARE CENTE         90.01         3.900         0         9.         11.         7.         7.           1.00         DEFRATION OF PLANT -         7.01         0         15.212         11         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7.         7. <t< td=""><td>1 00</td><td></td><td>7 00</td><td>0</td><td>242 144</td><td>1</td><td>0</td><td>1.00</td></t<>	1 00		7 00	0	242 144	1	0	1.00
NONMOSPI TAL         OPENATION				-				1.00
4.00         ADULTS & PEDIATRICS         30.00         0         14.943         10         4.           5.00         INTERNSIVE CARE UNIT         33.00         0         4.24.22         0         6.           6.00         NEOMATAL         INTERNSIVE CARE UNIT         35.00         0         42.412         0         6.           7.00         OPERATION TO RACE CARE CENTER         00.03         0         3.900         0         7.           8.00         ARESTICATACKE CARE CENTER         00.03         0         3.900         0         7.         1.522.300         7.           10.00         OPERATION OF PLANT         7.01         0         15.212         11         1.         1.           2.00         OPERATION OF PLANT         7.01         0         15.212         11         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.         1.		NONHOSPI TAL		-				
5.00         INTERNSIVE CARE UNIT         31.00         0         42.412         0           6.00         NCOARTAL INTERSIVE CARE UNIT         35.00         0         42.412         0           7.00         OPERATING ROOM         50.00         0         191.651         0           9.00         ARNETT CANCER CARE CENTER         90.03         0         3.900         0           9.01.00         PHYSICIANS' PRIVATE         90.00         31.013         0         1           1.00         DHER ADMINISTATIVE &         5.00         0         11.822.300         1           2.0         ITALS         PRIVATE ON OF PLANT         7.01         0         15.212         11           3.0         RADIOLOCY-DILARMOSTIC         5.00         0         3.00         2         1           4.00         PERATION OF PLANT         7.01         0         1.00         3.00         2           0.0         CHERANINISTRATIVE &         5.00         0         1.00         3.00         2           1.00         CHERATION OF PLANT         7.00         0         9.00         1         3.00           1.00         CHERATION OF PLANT         7.00         0         9.00 <td< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>3.00</td></td<>				-				3.00
6.00         NEONATAL INTENSIVE CARE UNIT         35,00         0         42,412         0         6.           7.00         DEFENTIOR ROOM         50,00         0         181,651         0         8.           8.00         RESPIRATORY THERAPY         65,00         0         21,013         0         181,651         0           10.00         PRYSICIANS         PRIVATE OFFICES         102,00         0         1,03         0         171,03         0         171,03         0         172,103         0         171,03         0         172,103         0         172,103         0         172,23,05         0         171,03         0         172,23,05         0         172,23,05         0         171,03         2         171         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1				-				5. 00
8.00         RESPLATORY THERAPY         65.00         0         27.065         0         0         8.00         8.00         0         9.00         0.00         9.01         0.00         9.01         0.00         9.00         0.00         9.00         0.00         9.00         0.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00				-	42, 412		-	6.00
9.00         ARRETT CANCER CARE CENTER         90.03         0         3.900         0           J - IDENTIALS         192.00         0         1.922.300         0         1.922.300         10           J - IDEREST EXPENSE RECLASS         -         -         1.922.300         11         11           2.00         OTHER ADMINISTRATIVE &         5.06         0         11.882.119         11         1           2.00         OPERATION OF PLANT -         7.01         0         15.212         11         2           3.00         RADIQLOGY-DIARDSTRIC				-				7.00
10.00         HYSICLANS:         PRIVATE OFFLOES         192.00         0         31,013         0           J-INTEREST EXPENSE RECLASS         J         J         INTEREST EXPENSE RECLASS         J         J         INTEREST EXPENSE RECLASS         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J         J				-			°,	9.00
J - INTEREST EXPENSE RECLASS         Image: Constraint of the second				0	3 <u>1, 0</u> 13	<u> </u>	Q	10.00
1.00         OTHER AUM INSTRATIVE &         5.06         0         11,882,119         11           2.00         OPERATION OF PLANT -         7.01         0         15,212         11           3.00         OPERATION OF PLANT -         54.00         0         32,3         11           0         ADDIOLOGY-DIAGNOSTIC         54.00         0         11,897,363         11           0         OTHER AUM INSTRATIVE &         5.01         0         1,600         0           2.00         OTHER AUM INSTRATIVE &         5.01         0         1,600         0           2.00         OTHER AUM INSTRATIVE &         5.01         0         1,600         0           3.00         OTHER AUM INSTRATIVE &         5.01         0         1,600         0           3.00         OTHER AUM INSTRATIVE &         5.01         0         1,600         0           3.00         OTHER AUM INSTRATIVE &         5.01         0         1,833         0           4.00         DETARY         10.00         0         1,333         0         7.           5.00         PATIENT TRANSPORT SERVICES         18.00         0         1,221         0         10.           1.00 <t< td=""><td></td><td></td><td></td><td>0</td><td>1, 522, 306</td><td></td><td></td><td></td></t<>				0	1, 522, 306			
CENERAL         Construction	1.00		5.06	0	11, 882, 119	1	1	1.00
NONHOSPITAL         54.00         0         32         11           0         0         11.897.363         3         3           0         ADMITTING         54.00         0         11.897.363         3           1.00         ADMITTING         5.01         1.60         0         1         3           0.00         OPERAL         Stold         0         300         0         2           0.00         OPERATION OF PLANT         7.00         0         892         0         3           0.00         OPERATION OF PLANT         7.00         0         892         0         3           0.00         OPERATION OF PLANT         7.00         0         133         0         4           0.00         OPERATION SPENT SERVICES         18.00         0         42         0         7           0.00         INTENT TRANSPORT SERVICES         13.00         0         10.751         0         8           0.00         NEONATAL INTENSIVE CARE UNIT         35.00         0         122         0         10           1.00         PERATIN GROM         52.00         0         1.67         0         13           1.00		-						
3.00         RADI QLOGY-DLAGNOSTIC         54.00         0         32         11           0         NU         ANII TING         5.01         11,897,363         1         1           2.00         OTHER ADMINISTRATIVE &         5.01         0         16,600         0         2           2.00         OPERATION OF PLANT         7.00         0         802         0         3         4           0.00         DETARY         10.00         0         135         0         4         4           0.01         PHARANCY         15.00         0         1,333         0         4         5           1.00         MALLEY TRANSPORT SERVICES         18.00         0         4,22         0         7           1.00         NEW TRANSPORT SERVICES         18.00         0         1,221         0         9           1.0.00         NEENTINE CARE UNIT         31.00         0         1,221         0         11         11           1.0.00         NEENTING ROOM         51.00         0         1,333         0         11         11           1.00         NEENTING ROOM         52.00         0         167         0         13	2.00		7.01	0	15, 212	1	1	2.00
K         - HOUSEKEEPING SUPPLIES           1.00         OTHER ADMINISTRATIVE &         5.01         0         1.600         0         1.200           2.00         OPERATION OF PLANT         7.00         0         892         0         3.00         0         4.00         1.000         0         1.35         0         4.00         1.000         0         1.000         0         1.000         1.000         4.000         1.000         1.000         1.000         1.000         1.000         4.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000         1.000 <td>3.00</td> <td></td> <td>54.00</td> <td>0</td> <td>32</td> <td>1</td> <td>1</td> <td>3.00</td>	3.00		54.00	0	32	1	1	3.00
1.00         ADMITTING         5.01         0         1.600         0           2.00         OTHER ADMINISTRATIVE &         5.06         0         300         0           2.00         OERERAL         5.06         0         300         0         2           3.00         OPERATION OF PLANT         7.00         0         892         0         3           4.00         DIETARY         10.00         0         135         0         4           5.00         CENTRAL SERVICES & SUPPLY         14.00         0         497         0         4           5.00         PATIENT TRANSPORT SERVICES         18.00         0         4.2         0         7           8.00         AULTS & PEDIATRICS         30.00         0         1.0751         0         8           9.00         INTENSIVE CARE UNIT         31.00         0         1.22         0         10           11.00         PREVERTAL INTENSIVE CARE UNIT         31.00         0         1.133         0         12           12.00         RECOVERY ROOM         51.00         0         1.33         0         12           13.00         DELIVERY ROOM & LABOR ROOM         52.00         0				0	11, 897, 363		]	
2.00         OTHER ADMINISTRATIVE &         5.06         0         300         0         2.           3.00         OPERATION OF PLANT         7.00         0         892         0         3.           4.00         DIETARY         10.00         135         0         3.           5.00         CENTRAL SERVICES & SUPPLY         14.00         4.47         0         5.           6.00         PHARMACY         15.00         0         1.33         0         6.           7.00         PATIENT TRANSPORT SERVICES         18.00         0         4.2         0         7.           8.00         ADULTS & PEDIATRICS         30.00         0         10.751         0         9.           10.00         NEONATAL INTENSIVE CARE UNIT         31.00         0         1.221         0         10.           10.00         DELVERY ROOM         51.00         0         1.33         0         11.           12.00         DELVERY ROOM & LABOR ROOM         52.00         0         1.67         0         13.           14.00         ANESTHESIOLOGY         53.01         0         2.9         0         14.           15.00<	1 00		5 01	0	1 600		0	1.00
3.00         OPERATION OF PLANT         7.00         0         892         0         3.           0.00         CENTRAL SERVICES & SUPPLY         14.00         0         135         0           6.00         PHARMACY         15.00         0         1,333         0         6.           7.00         PATI ENT TRANSPORT SERVICES         18.00         0         42         0         7.           8.00         ADULTS & PEDIATRICS         30.00         0         10.751         0         9.           9.00         INTENSIVE CARE UNIT         31.00         0         1.221         0         10.           10.00         PERATINOR TOM         50.00         0         1.23         0         11.           12.00         RECOVERY ROM         51.00         0         1.33         0         12.           31.00         O         2.30         0         1.43         1.400         ARSTHESIOLOGY         53.01         0         2.30         14.           15.00         ASC ANESTHESIOLOGY         53.01         0         2.963         0         15.           16.00         RADIOLOGY-DI AGNOSTIC         54.00         0         2.963         0         15.		OTHER ADMINISTRATIVE &		-				2.00
4.00         DIETARY         10.00         0         135         0         4.           5.00         CENTRAL SERVICES & SUPPLY         14.00         0         4977         0         5.           6.00         PARMACY         15.00         0         1,333         0         6.         7.           7.00         PATI ENT TRANSPORT SERVICES         18.00         0         4.2         0         7.           8.00         INTENSIVE CARE UNIT         31.00         0         10.751         0         8.           9.00         INTENSIVE CARE UNIT         35.00         0         129         0         10.           11.00         OPERATING ROM         52.00         0         167         0         13.           14.00         ANESTHESI 0LOGY         53.00         0         123         0         15.           16.00         RADI 0LOGY-DI AGNOSTI C         54.00         0         2.963         0         17.           18.00         CARDI AC CATHETERI ZATI ON         59.00         0         584         0         17.           18.00         CARDI AC CATHETERI ZATI ON         59.00         0         88         0         21.           20.00 </td <td>2 00</td> <td></td> <td>7 00</td> <td>0</td> <td>002</td> <td></td> <td>0</td> <td>3. 00</td>	2 00		7 00	0	002		0	3. 00
6.00         PHARMACY         15.00         0         1,333         0           7.00         PATI ENT TRANSPORT SERVICES         18.00         0         42         0           7.00         PATI ENT TRANSPORT SERVICES         18.00         0         42         0           8.00         INTENSIVE CARE UNIT         31.00         0         10,751         0           9.00         INTENSIVE CARE UNIT         31.00         0         1,221         0           0.00         PORDATAL INTENSIVE CARE UNIT         35.00         0         1,229         0           11.00         OPERATING ROOM         51.00         0         1,133         0         112.           13.00         DELIVERY ROOM & LABOR ROOM         52.00         0         1.67         0         133           14.00         ANESTHESIOLOGY         53.01         0         2.963         0         117.           15.00         RADI ALCATHETERIZATION         59.00         0         584         0         17.           18.00         CARDI AC CATHETERIZATION         59.00         0         80         22.         20.           10.00         STRATORY THERAPY         65.00         0         27				-			0	4.00
7.00         PATI ENT TRANSPORT SERVICES         18.00         0         42         0           8.00         ADULTS & PEDI ATRICS         30.00         0         10,751         0           9.00         INTENSI VE CARE UNI T         31.00         0         1,221         0           10.00         NEONATAL INTENSI VE CARE UNI T         35.00         0         129         0           11.00         OPERATING ROOM         55.00         0         133         0         11.           12.00         RECOVERY ROOM         51.00         0         1,133         0         12.           13.00         DELI VERY ROOM & LABOR ROOM         52.00         0         167         0         13.           14.00         ANESTHESI OLGGY         53.00         0         12         0         14.           15.00         RADI OLGOY-DI AGNOSTI C         54.00         0         29.963         0         15.           16.00         RADI OLGOY-DI AGNOSTI C         56.00         0         137         0         18.           19.00         BLOOD STORING, PROCESSI NG & 63.00         0         181         0         19.           20.00         RECTROENCEMALALGORAPHY         70.00 <td< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td>o</td><td>5.00</td></td<>				-			o	5.00
8.00       ADULTS & PEDIATRICS       30.00       0       10,751       0         9.00       INTENSIVE CARE UNIT       31.00       0       1,221       0         10.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       1,29       0         11.00       OPERATING ROOM       50.00       0       5,384       0       11.         12.00       RECOVERY ROOM       51.00       0       1,133       0       12.         13.00       ANESTHESIOLOGY       53.00       0       12       0       13.         14.00       ANESTHESIOLOGY       53.01       0       23.00       15.         15.00       ASC ANESTHESIOLOGY       53.01       0       23.00       15.         16.00       RADI OLOCY-DI AGNOSTI C       54.00       0       23.00       17.         18.00       CARDI AC CATHETERI ZATI ON       59.00       0       584       0       18.         19.00       RESPI RATORY THERAPY       65.00       0       27       0       20.       21.         21.00       ELECTROENCIPHALOGRAPHY       70.00       0       88       0       22.       23.00       REANL DI ALYSIS       74.00       100       0<				-			0	6. 00 7. 00
10:00       NEONATAL INTENSIVE CARE UNIT       35:00       0       129       0       10.         11:00       OPERATING ROOM       50:00       0       5:384       0       11.         12:00       RECOVERY ROOM & LABOR ROOM       52:00       0       167       0       13.         13:00       DELIVERY ROOM & LABOR ROOM       52:00       0       167       0       13.         14:00       ANESTHESI OLOGY       53:00       0       12       0       13.         16:00       RAC ANESTHESI OLOGY       53:01       0       23       0       15.         16:00       RADI OLOGY-DI AGNOSTI C       54:00       0       137       0       17.         17:00       RADI OLOGY-DI AGNOSTI C       54:00       0       137       0       17.         18:00       GARDI AC CATHETERI ZATI ON       59:00       0       584       0       18.         19:00       TRANS.				-			0	8.00
11.00       OPERATING ROOM       50.00       0       5,384       0       11.         12.00       RECOVERY ROOM & LABOR ROOM       51.00       0       1,133       0       12.         13.00       DELIVERY ROOM & LABOR ROOM       52.00       0       167       0       13.         14.00       ANESTHESI OLOGY       53.00       0       12       0       14.         15.00       ASC ANESTHESI OLOGY       53.01       0       23       0       15.         16.00       RADI OLOGY-DI AGNOSTI C       54.00       0       2.963       0       16.         17.00       RADI OL SOTOPE       56.00       0       137       0       18.       19.00       BLOOD STORI NG, PROCESSI NG & 63.00       0       181       0       19.       19.         TRANS.       TRANS.       TRANS.       0       0       188       0       22.       20.       21.00       ELECTROCARDI OLOGY       69.00       0       88       0       23.       23.       24.00       24.       24.       24.       24.       24.       24.       25.00       CARDI AC CR HABI LI TATI ON       76.97       0       17       0       24.       25.       26. <td< td=""><td></td><td></td><td></td><td>Ű</td><td></td><td></td><td>°  </td><td>9.00</td></td<>				Ű			°	9.00
12.00       RECOVERY ROOM       51.00       0       1,133       0         13.00       DELIVERY ROOM & LABOR ROOM       52.00       0       167       0         14.00       ANESTHESI OLOGY       53.00       0       12       0       14.         15.00       ASC ANESTHESI OLOGY       53.01       0       23       0       15.         16.00       RADI OLOGY-DI AGNOSTI C       54.00       0       2,963       0       16.         17.00       RADI OLOGY-DI AGNOSTI C       54.00       0       2,963       0       17.         18.00       CARDI AC CATHETERIZATI ON       59.00       0       584       0       17.         18.00       BLOOD STORI NG, PROCESSI NG & 63.00       0       181       0       19.       19.         17.00       RADI AC CATHETERIZATI ON       59.00       0       8       0       21.       20.       21.       20.       20.       21.       20.       21.       20.       21.       21.       22.       21.       21.       22.       21.       23.00       RENAL DI ALYSI S       74.00       0       100       0       23.       24.       24.       25.00       CARDI AC REHABI LI TATI ON								10.00
13.00       DELIVERY ROOM & LABOR ROOM       52.00       0       167       0         14.00       ANESTHESI OLOGY       53.00       0       12       0       14.         15.00       ASC ANESTHESI OLOGY       53.01       0       23       0       15.         16.00       RADI OLOGY-DI AGNOSTI C       54.00       0       2,963       0       16.         17.00       RADI OLOGY-DI AGNOSTI C       56.00       0       137       0       17.         18.00       CARDI AC CATHETERI ZATI ON       59.00       0       584       0       18.         19.00       BLOOD STORI NG, PROCESSI NG & 63.00       0       181       0       20.       21.00       18.       0       20.         21.00       RESPI RATORY THERAPY       65.00       0       27       0       20.       21.00       20.       21.00       22.02       21.02       22.02       21.02       22.02       22.02       22.02       22.02       23.00       88       0       22.       23.00       23.23.00       24.00       3.09       0       24.00       25.00       CARDI AC RHABL LI TATI ON       76.97       0       17       0       25.00       26.00       26.02				-				12.00
15.00       ASC ANESTHESI OLOGY       53.01       0       23       0       15.         16.00       RADI OLOGY-DI AGNOSTI C       54.00       0       2,963       0       16.         17.00       RADI OLOGY-DI AGNOSTI C       56.00       0       137       0       17.         18.00       CARDI AC CATHETERI ZATI ON       59.00       0       584       0       18.         19.00       BLOOD STORI NG, PROCESSI NG &       63.00       0       181       0       19.         0.00       RESPI RATORY THERAPY       65.00       0       27       0       20.         21.00       ELECTROCARDI OLOGY       69.00       0       8       0       21.         23.00       RENAL DI ALYSI S       74.00       0       100       0       23.         24.00       ASC (NON-DI STI NCT PART)       75.01       0       3,959       0       24.         25.00       CARDI AC REHABI LI TATI ON       76.97       0       17       0       26.         27.00       ARNETT CANCER CARE CENTER       90.03       0       2,087       0       27.         28.00       EMERGENCY       91.00       0       20,421       0       28.				-	167			13.00
16.00       RADI OLOGY-DI AGNOSTI C       54.00       0       2,963       0       16.         17.00       RADI OLOGY-DI AGNOSTI C       56.00       0       137       0       17.         18.00       CARDI AC CATHETERI ZATI ON       59.00       0       584       0       18.         19.00       BLOOD STORING, PROCESSING & 63.00       0       181       0       19.       19.         20.00       RESPI RATORY THERAPY       65.00       0       27       0       20.         21.00       ELECTROCARDI OLOGY       69.00       0       8       0       21.         22.00       ELECTROCARDI OLOGY       69.00       0       88       0       22.         23.00       RENAL DI ALYSIS       74.00       0       100       0       23.         24.00       ASC (MON-DI STI NCT PART)       75.01       0       3,959       0       24.         25.00       CARDI AC REHABI LI TATI ON       76.97       0       17       0       25.       26.00       20.027       0       20.       22.         26.00       SLEPC LI NI C       90.01       0       20.421       0       27.       28.       29.       0       27				-				14.00
18.00       CARDI AC CATHETERI ZATI ON       59.00       0       584       0       18.         19.00       BLOOD STORI NG, PROCESSI NG &       63.00       0       181       0       19.         7RANS.       7       0       20.       0       RESPI RATORY THERAPY       65.00       0       27       0       20.         21.00       ELECTROCARDI OLOGY       69.00       0       8       0       21.       21.         22.00       ELECTROENCEPHALOGRAPHY       70.00       0       88       0       22.         23.00       RENAL DI ALYSI S       74.00       0       100       0       24.         24.00       ASC (NON-DI STI NCT PART)       75.01       0       3, 959       0       24.         25.00       CARDI AC REHABI LI TATI ON       76.97       0       17       0       25.         26.00       SLEEP CLI NI C       90.01       0       20.42.1       0       28.         29.00       PHYSICI ANS' PRI VATE OFFICES       192.00       0       20, 922       0       0       29.         0       OTHER ADMI NI STRATI VE &       5.06       0       712       0       1.         20.00       <				-				16.00
19.00       BLOOD STORING, PROCESSING & 63.00       0       181       0       19.         20.00       RESPIRATORY THERAPY       65.00       0       27       0       20.         21.00       ELECTROCARDIOLOGY       69.00       0       8       0       21.         22.00       ELECTROENCEPHALOGRAPHY       70.00       0       88       0       22.         23.00       RENAL DI ALYSIS       74.00       0       100       0       23.         24.00       ASC (NON-DI STI NCT PART)       75.01       0       3,959       0       24.         25.00       CARDIAC REHABILITATI ON       76.97       0       117       0       25.         26.00       SLEEP CLINIC       90.01       0       348       0       26.         27.00       ARNETT CANCER CARE CENTER       90.03       0       2,087       0       27.         28.00       EMERGENCY       91.00       0       20,922       0       29.       29.         0       TSTATI VE &       5.06       712       0       29.       29.       29.         0       O       75.461       11.       11.       20.       29.       29.       <								17.00
TRANS.         Constraint         Constraint<				-			-	18.00 19.00
20.00       RESPIRATORY THERAPY       65.00       0       27       0       20.         21.00       ELECTROCARDIOLOGY       69.00       0       8       0       21.         22.00       ELECTROENCEPHALOGRAPHY       70.00       0       88       0       22.         23.00       RENAL DI ALYSIS       74.00       0       100       0       23.         24.00       ASC (NON-DI STI NCT PART)       75.01       0       3,959       0       24.         25.00       CARDI AC REHABI LI TATI ON       76.97       0       17       0       25.         26.00       SLEEP CLI NI C       90.01       0       348       0       26.         27.00       ARNETT CANCER CARE CENTER       90.03       0       2,087       0       27.         28.00       EMERGENCY       91.00       0       20,922       0       29.       29.       0       29.         0       OTHER ADMI NI STRATI VE & 5.06       0       712       0       20.       29.         0       OTHER ADMI NI STRATI VE & 192.00       0       5.06       712       0       1.         2.00       Image: Care Linit CS       30.00       0       7 </td <td>17.00</td> <td></td> <td>03.00</td> <td>0</td> <td>101</td> <td></td> <td></td> <td>19.00</td>	17.00		03.00	0	101			19.00
22.00       ELECTROENCEPHALOGRAPHY       70.00       0       88       0       22.         23.00       RENAL DI ALYSI S       74.00       0       100       0       23.         24.00       ASC (NON-DI STINCT PART)       75.01       0       3,959       0       24.         25.00       CARDI AC REHABI LI TATI ON       76.97       0       17       0       25.         26.00       SLEEP CLI NI C       90.01       0       348       0       26.         27.00       ARNETT CANCER CARE CENTER       90.03       0       20,087       0       27.         28.00       EMERGENCY       91.00       0       20,922       0       0       28.         29.00       PHYSI CI ANS' PRI VATE OFFI CES       192.00       0       20,922       0       0       29.         0       TATI VE &       5.06       0       712       0       29.       29.       0       1.         1.00       OTHER ADMI NI STRATI VE &       5.06       0       712       0       1.       2.         2.00       ADULTS & PEDI ATRI CS       30.00       0       7       0       3.       3.       4.       0       3. <td></td> <td>RESPI RATORY THERAPY</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>20.00</td>		RESPI RATORY THERAPY		-				20.00
23.00       RENAL DI ALYSI S       74.00       0       100       0       23.         24.00       ASC (NON-DI STI NCT PART)       75.01       0       3,959       0       24.         25.00       CARDI AC REHABI LI TATI ON       76.97       0       17       0       25.         26.00       SLEEP CLI NIC       90.01       0       348       0       26.         27.00       ARNETT CANCER CARE CENTER       90.03       0       20.421       0       27.         28.00       EMERGENCY       91.00       0       20.421       0       28.       29.       0       20.       29.       0       20.       29.       29.       0       20.922       0       20.       29.       29.       0       29.       0       75.461       1.       29.       20.       0       75.461       1.       1.       20.       20.       0       75.461       1.       2.       2.       0       1.       2.       2.       0       1.       2.       2.       3.       3.       3.       3.       3.       3.       3.       3.       3.       3.       3.       3.       3.       3.       3.       3.				-				21.00
24. 00       ASC (NON-DI STINCT PART)       75. 01       0       3, 959       0       24.         25. 00       CARDI AC REHABI LI TATI ON       76. 97       0       17       0       25.         26. 00       SLEEP CLINIC       90. 01       0       348       0       26.         27. 00       ARNETT CANCER CARE CENTER       90. 03       0       2, 087       0       27.         28. 00       EMERGENCY       91. 00       0       20, 922       0       0       28.         29. 00       PHYSICIANS' PRIVATE OFFICES       192. 00       0       20, 922       0       0       75, 461       29.         1. 00       OTHER ADMI NI STRATI VE &       5. 06       0       712       0       1.         2. 00       ADULTS & PEDI ATRICS       30. 00       0       7       0       2.         3. 00       INTENSI VE CARE UNI T       31. 00       0       54       0       2.         3. 00       NEONATAL INTENSI VE CARE UNI T       35. 00       0       472       0       4.         5. 00       OPERATI NG ROOM       50. 00       0       25, 143       0       5.				-				23. 00
26.00       SLEEP CLINIC       90.01       0       348       0       26.00       348       0       27.00       ARNETT CANCER CARE CENTER       90.03       0       2,087       0       27.00       27.00       27.00       27.00       27.00       27.00       27.00       28.00       29.00       20,421       0       28.00       29.00       0       20,922       0       0       29.00       20.922       0       0       29.00       20.922       0       0       29.00       20.922       0       0       29.00       20.922       0       0       20.922       0       0       20.922       0       0       20.922       0       0       20.922       0       0       20.00       20.922       0       0       20.92       0       0       20.92       0       0       20.92       0       0       20.92       0       0       20.92       0       0       20.92       0       0       20.92       0       0       20.92       0       0       20.92       0       0       20.92       0       0       20.92       0       10.92       10.92       10.92       10.92       10.92       10.92       10.92       10.92				-			0	24.00
27. 00       ARNETT CANCER CARE CENTER       90.03       0       2,087       0       27.       28.       0       EMERGENCY       91.00       0       20,421       0       28.       28.       29.       0       20,922       0       0       20,922       0       0       29.       0       0       75.461       29.       0       29.       0       0       75.461       10.       10.       10.       0       75.461       10.       10.       10.       10.       0       75.461       10.       10.       10.       10.       10.       0       10.       10.       10.       10.       10.       10.       0       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.       10.				Ű			0	25.00 26.00
29.00         PHYSICIANS' PRIVATE OFFICES         192.00         0         20,922         0         20,922         0         29.00         29.00         20,922         0         29.00         20,922         0         29.00         29.00         20,922         0         0         29.00         29.00         20,922         0         0         75,461         29.00         29.00         20.00         75,461         0         75,461         10.00         20.00         0         712         0         20.00         20.00         20.00         712         0         11.00         20.00         20.00         712         0         20.00         20.00         20.00         712         0         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00		ARNETT CANCER CARE CENTER		-				27.00
O         Image: O         Im								28.00
L         - LAUNDRY SUPPLIES           1.00         OTHER ADMINISTRATIVE &         5.06         0         712         0         1.           2.00         ADULTS & PEDIATRICS         30.00         0         7         0         2.           3.00         INTENSIVE CARE UNIT         31.00         0         54         0         3.           4.00         NEONATAL INTENSIVE CARE UNIT         35.00         0         472         0         4.           5.00         OPERATING ROOM         50.00         0         25,143         0         5.	29.00	0 PRIVATE OFFICES						29.00
1.00       OTHER ADMINISTRATIVE &       5.06       0       712       0       1.         GENERAL       2.00       ADULTS & PEDIATRICS       30.00       0       7       0       2.         3.00       INTENSIVE CARE UNIT       31.00       0       54       0       3.         4.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       472       0       4.         5.00       OPERATING ROOM       50.00       0       25,143       0       5.		L - LAUNDRY SUPPLIES		U	, 3, 401	·		
2.00         ADULTS & PEDI ATRI CS         30.00         0         7         0         2.           3.00         I NTENSI VE CARE UNI T         31.00         0         54         0         3.           4.00         NEONATAL I NTENSI VE CARE UNI T         35.00         0         472         0         4.           5.00         OPERATI NG ROOM         50.00         0         25, 143         0         5.	1.00	OTHER ADMINISTRATIVE &	5.06	0	712		0	1.00
3.00         INTENSIVE CARE UNIT         31.00         0         50         0         3.           4.00         NEONATAL INTENSIVE CARE UNIT         35.00         0         472         0         4.           5.00         OPERATING ROOM         50.00         0         25,143         0         5.	2.00		30 00	0	7		0	2.00
5.00         OPERATING ROOM         50.00         0         25,143         0         5.			31.00	-	-		o	3. 00
				-				4.00
6.00  DELIVERY ROOM & LABOR ROOM   52.00  0  2,252  0  6.	5.00 6.00	DELIVERY ROOM & LABOR ROOM	50.00 52.00	0	25, 143 2, 252			5.00

Hea	al th	Fi nanci al	Systems
RE	CLAS	SIFICATION	٧S

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

Heal th	Financial Systems		IU HEALTH ARNETT	HOSPI TAL		In Lie	eu of Form CMS	6-2552-10
	SIFICATIONS			Provider (	CCN: 15-0173	Peri od:	Worksheet A-	-6
						From 01/01/2017		
						To 12/31/2017	Date/Time Pr 5/25/2018 10	
		Decreases					1 37 2 37 2 0 1 0 1 0	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref			
	6.00	7.00	8.00	9.00	10.00			
7.00	RADI OLOGY-DI AGNOSTI C	54.00	0	8		0		7.00
8.00	CARDI AC CATHETERI ZATI ON	59.00	0	340		0		8.00
9.00	RESPI RATORY THERAPY	65.00	0	119		0		9.00
10.00	ASC (NON-DISTINCT PART)	75.01	0	2, 327		0		10.00
11.00	EMERGENCY	91.00	0	62		0		11.00
12.00	PHYSICIANS' PRIVATE OFFICES	<u> </u>	<u>0</u>	<u>1, 613</u>		익		12.00
	0 - TELEPHONE RECLASS	I	U	33, 109	l			-
1.00	ADMITTING	5.01	0	701		0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	258		0		2.00
3.00	PATIENT TRANSPORT SERVICES	18.00	0	135		0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1, 012		0		4.00
5.00	OPERATING ROOM	50.00	0	93		o		5.00
6.00	SLEEP CLINIC	90.01	0	178		o		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4, 337		o		7.00
	0		0	6, 714				
	P - DEPRECIATION EXPENSE	T			1			
1.00	ADMI TTI NG	5.01	0	999		9		1.00
2.00	OTHER ADMI NI STRATI VE &	5.06	0	380, 329		9		2.00
0.00	GENERAL	7 00		F 040 04F				0.00
3.00	OPERATION OF PLANT	7.00	0	5, 348, 915		9		3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	2,092,704		9		4.00
5.00	DI ETARY	10.00	0	14, 809		0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	264, 380				6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	53, 256		0		7.00
8.00	PHARMACY	15.00	0	79,017		0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	79, 614		0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	72, 881		o		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	15, 204		o		11.00
12.00	OPERATING ROOM	50.00	0	654, 890		o		12.00
13.00	RECOVERY ROOM	51.00	0	1, 235		o		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	66, 831		o		14.00
15.00	RADI OLOGY-DI AGNOSTI C	54.00	0	863, 632		o		15.00
16.00	RADI OI SOTOPE	56.00	0	2, 708		0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	483, 180		0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	75, 214		0		18.00
19.00	ELECTROCARDI OLOGY	69.00	0	209, 199 135				19.00
20. 00 21. 00	RENAL DIALYSIS ASC (NON-DISTINCT PART)	74.00 75.01	0	208, 833				20.00 21.00
21.00	SLEEP CLINIC	90.01	0	13, 723				21.00
23.00	ARNETT CANCER CARE CENTER	90.03	0	7, 724		0		23.00
24.00	EMERGENCY	91.00	Ő	36, 346		o		24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	834, 250		0		25.00
26.00	RETAIL PHARMACY	193.01	0	33, 101		o		26.00
	0			11, 893, 109		1		
	Q – FMLA RECLASS				1			
1.00	ADMI TTI NG	5.01	15, 761	0		0		1.00
2.00	OTHER ADMINISTRATIVE &	5.06	28, 826	0		0		2.00
2 00	GENERAL OPERATION OF PLANT	7 00	2 220	~		0		2 00
3.00 4.00	HOUSEKEEPI NG	7.00 9.00	3, 339 18, 524	0		0		3.00 4.00
4.00 5.00	DI ETARY	10.00	8, 218	0		0		5.00
6.00	NURSING ADMINISTRATION	13.00	31, 971	0		0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	1, 847	0		o		7.00
8.00	PHARMACY	15.00	3, 642	0		o		8.00
9.00	SOCI AL SERVI CE	17.00	3, 149	0		0		9.00
10.00	PATIENT TRANSPORT SERVICES	18.00	2, 343	0		o		10.00
11.00	ADULTS & PEDIATRICS	30.00	109, 811	0		o		11.00
12.00	INTENSIVE CARE UNIT	31.00	7, 189	0		0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	53, 082	0		o		13.00
14.00	OPERATING ROOM	50.00	5, 675	0		0		14.00
15.00	RECOVERY ROOM	51.00	6, 694	0		0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	12, 097	0		0		16.00
17.00		53.00	4, 850	0		0		17.00
18.00	RADI OLOGY-DI AGNOSTI C	54.00	31, 246	0				18.00
19.00		56.00	2, 821	0		0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	8, 523	0		0		20.00
21.00		65.00	32, 468	0		0		21.00
22. 00 23. 00	PHYSI CAL THERAPY ELECTROCARDI OLOGY	66.00 69.00	4, 617 5, 921	0		ol		22.00 23.00
23.00 24.00	ASC (NON-DISTINCT PART)	75.01	11, 376	0		0		23.00
24.00	SLEEP CLINIC	90.01	430	0		0		25.00
26.00	EMERGENCY	91.00	26, 733	0		0		26.00
	·				1	1		

Provider CCN: 15-0173

In Lieu of Form CMS-2552-10

15-0173	Period: From 01/01/2017	Worksheet A-6

To 12/31/2017 Date/Time Prepared:

						10 12/31/2017	5/25/2018 10:19 am
		Decreases					
	Cost Center	Line #	Sal ary	0ther	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	179, 973	0	C		27.00
28.00	RETAIL PHARMACY	193.01	3, 647	0	C		28.00
	0		624, 773	0			
	R - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	686, 533	68, 170	C		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	5, 296	852	C		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	19, 273	2,051	C	)	3.00
	0		711, 102	71, 073			
	U - CORPORATE ADMIN EXPENSE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	54, 552, 922	C		1.00
	TOTALS		0	54, 552, 922			
	V - GENERAL SURGERY LAF METRO	- HOSPI TAL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	127, 414	334, 911	C		1.00
2.00		0.00	0	0	C		2.00
	TOTALS		127, 414	334, 911			
	W - MEDICAL DIRECTOR FEES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	88, 075	C	)	1.00
2.00		0.00	0	0	C		2.00
3.00		0.00	0	0	C		3.00
	0		0	88, 075			
	X - ARNETT TO WHITE ALLOCATIO	N					
1.00	OTHER ADMINISTRATIVE &	5.06	342, 537	192, 346	C		1.00
	GENERAL						
2.00	OPERATION OF PLANT	7.00	31, 155	5, 886	C		2.00
3.00	PHARMACY	15.00	61, 525	94, 187	C		3.00
4.00	ADULTS & PEDIATRICS	30.00	15, 686	15, 923			4.00
5.00	OPERATING ROOM	50.00	84, 186	55, 239			5.00
6.00	ELECTROCARDI OLOGY	69.00	0	16, 178	C		6.00
7.00	ASC (NON-DISTINCT PART)	75.01	6, 731	17, 588			7.00
8.00	EMERGENCY		27, 124	<u>59, 9</u> 37			8.00
	TOTALS		568, 944	457, 284			
	Y - ARNETT TO FRANKFORT ALLOC					1	
1.00	OTHER ADMINISTRATIVE &	5.06	131, 516	70, 895	C		1.00
	GENERAL						
2.00	OPERATION OF PLANT	7.00	49, 329	12, 611	C		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	17, 161	18, 909	C		3.00
4.00	PHARMACY	15.00	92, 665	154, 351	C		4.00
5.00	ADULTS & PEDIATRICS	30.00	5, 270	5, 350			5.00
6.00	OPERATING ROOM	50.00	23, 761	6, 740			6.00
7.00	EMERGENCY		<u> </u>	2 <u>0, 1</u> 37			7.00
	TOTALS		328, 815	288, 993		-	
500.00	Grand Total: Decreases	I	2, 675, 895	168, 339, 857			500.00

	Financial Systems	IU HEALTH ARNE				eu of Form CMS-2	2552-10
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provider CC	N: 15-0173	Period: From 01/01/2017	Worksheet A-7 Part I	
					To 12/31/2017	Date/Time Pre	oared:
						Date/Time Pre 5/25/2018 10:	19 am
				Acqui si ti ons			
		Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL		r				
1.00	Land	3, 863, 304	57, 964		0 57, 964	0	1.00
2.00	Land Improvements	107, 468	0		0 0	0	2.00
3.00	Buildings and Fixtures	175, 525, 700	0		0 0	0	3.00
4.00	Building Improvements	18, 010, 544	0		0 0	962, 711	4.00
5.00	Fixed Equipment	0	0		0 0	0	5.00
6.00	Movable Equipment	105, 964, 311	10, 162, 545		0 10, 162, 545	7, 647, 977	6.00
7.00	HIT designated Assets	0	0		0 0	0	7.00
8.00	Subtotal (sum of lines 1-7)	303, 471, 327	10, 220, 509		0 10, 220, 509	8, 610, 688	8.00
9.00	Reconciling Items	0	0		0 0	0	9.00
10.00	Total (line 8 minus line 9)	303, 471, 327	10, 220, 509		0 10, 220, 509	8, 610, 688	10.00
		Endi ng Bal ance	Fully				
		0	Depreci ated				
			Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3, 921, 268	0				1.00
2.00	Land Improvements	107, 468	0				2.00
3.00	Buildings and Fixtures	175, 525, 700	407, 311				3.00
4.00	Building Improvements	17, 047, 833	994, 536				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	108, 478, 879	52, 926, 792				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	305, 081, 148	54, 328, 639				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	305, 081, 148	54, 328, 639				10.00

Heal th	Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS				CN: 15-0173	Period: From 01/01/2017 To 12/31/2017		pared:
	SUMMARY OF CAPITAL						
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)		
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	N 2, LINES 1 a	ind 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	C		0 0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	C		0 0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	C		0 0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	C	)	0 0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	C	)	0 0	0	2.01
3.00	Total (sum of lines 1-2)	0	C	)	0 0	0	3.00
	SUMMARY OF CAPITAL						
	Cost Center Description		Total (1) (sum	1			
		Capi tal -Rel ate					
		d Costs (see	through 14)				
		instructions)		-			
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	N 2, LINES 1 a	ind 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	C				1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	C	2			1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	C				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	C	2			2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	C				2.01
3.00	Total (sum of lines 1-2)	0	C	0			3.00

Heal th	Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	eu of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 01/01/2017 To 12/31/2017	Date/Time Prep 5/25/2018 10:	bared:
		COME	PUTATION OF RAT	TIOS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE						
1.00	CAP REL COSTS-BLDG & FIXT	196, 602, 269					1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0		0 0. 000000		1.01
1.02	CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP	100 470 070	0		0 0. 000000 9 0. 355574		1.02
2.00 2.01	CAP REL COSTS-MVBLE EQUIP	108, 478, 879 0		108, 478, 87	0. 355574 0. 000000		2. 00 2. 01
2.01	Total (sum of lines 1-2)	305, 081, 148	0				3.00
3.00			TION OF OTHER (			DF CAPITAL	3.00
		ALLOOK	IT ON OF OTHER (	SALLIAE	300007411110	I GAITIAE	
	Cost Center Description	Taxes	Other Capital-Relate		Depreciation	Lease	
		6,00	d Costs 7.00	through 7) 8.00	9, 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C		7.00	0.00	7.00	10.00	
1.00	CAP REL COSTS-BLDG & FIXT	0	0		0 5, 682, 204	262, 143	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	-		0 1, 302, 940		1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0		0 0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0 4, 142, 879	195, 319	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0		0 2, 533, 156	182, 250	2.01
3.00	Total (sum of lines 1-2)	0	0		0 13, 661, 179	1, 515, 061	3.00
			SL	JMMARY OF CAPI	TAL		
	Cost Center Description	Interest	Insurance (see		Other	Total (2) (sum	
			instructions)	instructions)	Capital-Relate d Costs (see instructions)	of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE	INTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	,		0 0	6, 167, 783	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0		60, 80	2 0	2, 273, 992	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	11, 815, 725			0 0	11, 815, 725	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	32			0 0	4, 348, 695	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	15, 212			0 0	2, 730, 618	2.01
3.00	Total (sum of lines 1-2)	11, 830, 969	268, 802	60, 80	2  0	27, 336, 813	3.00

Heal th	Fi nan	ici a	l Systems	
AD JUST	MENTS	TO	EXPENSES	

## IU HEALTH ARNETT HOSPITAL

In Lieu of Form CMS-2552-10

ADJUSI	MENTS TO EXPENSES			F	Period: From 01/01/2017	Worksheet A-8	aradi
				Expense Classification on	o 12/31/2017 Worksheet A	Date/Time Prep 5/25/2018 10:	
				To/From Which the Amount is			
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00	2.00	3.00 CAP REL COSTS-BLDG & FIXT	4.00	5.00	1.00
	COSTS-BLDG & FIXT (chapter 2)						
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1. 01
. 02	Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	В	-273, 605	CAP REL COSTS INTEREST EXPENSE	1.02	11	1. 02
2.00	Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2. 01	COSTS-MVBLE EQUIP (chapter 2) Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2. 01
3. 00	(chapter 2) Investment income – other (chapter 2)		0		0.00	0	3.00
ł. 00	Trade, quantity, and time		0		0.00	0	4.00
5.00	discounts (chapter 8) Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
. 00	Rental of provider space by		0		0.00	0	6.00
7.00	suppliers (chapter 8) Telephone services (pay stations excluded) (chapter		0		0.00	0	7.00
8. 00	21) Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 10.00	Parking lot (chapter 21) Provider-based physician adjustment	A-8-2	0 -17, 134, 383		0.00	0 0	9.00 10.00
1.00	Sale of scrap, waste, etc.		0		0.00	0	11.00
2.00	(chapter 23) Related organization transactions (chapter 10)	A-8-1	19, 266, 161			0	12.00
3.00	Laundry and linen service		0		0.00		
4. 00 5. 00	Cafeteria-employees and guests Rental of quarters to employee and others		0 0		0.00		
6. 00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
7.00	Sale of drugs to other than		0		0.00	0	17.00
18.00	patients Sale of medical records and		0		0.00	0	18.00
9. 00	abstracts Nursing and allied health education (tuition, fees,		0		0.00	0	19. 00
20 00	books, etc.) Vending machines		0		0.00	0	20.00
	Income from imposition of interest, finance or penalty		0		0.00		
2. 00	charges (chapter 21) Interest expense on Medicare overpayments and borrowings to		0		0.00	0	22.00
3. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPI RATORY THERAPY	65.00		23.00
4. 00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66.00		24.00
. 00	limitation (chapter 14) Utilization review - physicians' compensation		0	*** Cost Center Deleted ***	114.00		25.00
6. 00	(chapter 21) Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26. 00
. 01	COSTS-BLDG & FIXT Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT -	1.01	0	26. 01
26. 02	COSTS-BLDG & FIXT - NONHOSP Depreciation - CAP REL COSTS		0	NONHOSP CAP REL COSTS INTEREST	1. 02	0	26. 02
27.00	INTEREST EXPENSE Depreciation - CAP REL		0	EXPENSE CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
	COSTS-MVBLE EQUIP		-				

Heal th	Fi nanci a	I Systems
AD JUST	MENTS TO	EXPENSES

## IU HEALTH ARNETT HOSPITAL

In Lieu of Form CMS-2552-10

Heal th	Financial Systems		IU HEALTH ARN	ETT_HOSPITAL	In Lie	eu of Form CMS-	2552-10
ADJUST	MENTS TO EXPENSES			Provi der CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017		
				Expense Classification o		5/25/2018 10:	
				To/From Which the Amount is			
	Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line # 4.00	Wkst. A-7 Ref. 5.00	
27.01	Depreciation - CAP REL	1.00		CAP REL COSTS-MVBLE EQUIP -			27.01
20.00	COSTS-MVBLE EQUIP - NONHOSP			NONHOSP	19.00		00.00
28.00 29.00	Non-physician Anesthetist Physicians' assistant		(	)*** Cost Center Deleted ***	0.00		28.00 29.00
30.00	Adjustment for occupational	A-8-3	C	OCCUPATI ONAL THERAPY	67.00		30.00
	therapy costs in excess of limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		C	ADULTS & PEDIATRICS	30.00		30.99
31.00	instructions) Adjustment for speech	A-8-3	C	SPEECH PATHOLOGY	68.00		31.00
	pathology costs in excess of						
32.00	limitation (chapter 14) CAH HIT Adjustment for		C		0.00	0	32.00
	Depreciation and Interest		05 504 404		-		
33. 00 33. 01	EMPLOYEE BENEFITS UNWONTED SITUATIONS	A A		2 EMPLOYEE BENEFITS DEPARTMEN 3 ADMITTING	T 4.00 5.01		
33. 02	UNWONTED SI TUATI ONS	A		OTHER ADMINISTRATIVE &	5.06		1
33. 03	UNWONTED SITUATIONS	А	-1 198	GENERAL NURSING ADMINISTRATION	13.00	0	33.03
33.04	UNWONTED SI TUATI ONS	A	-30	PHARMACY	15.00		•
33. 05 33. 06	UNWONTED SI TUATI ONS UNWONTED SI TUATI ONS	A A		ADULTS & PEDIATRICS	30.00 31.00		
33.08 33.07	UNWONTED SITUATIONS	A		OPERATING ROOM	50.00		
33.08	UNWONTED SITUATIONS	А		RADI OLOGY-DI AGNOSTI C	54.00		
33. 09 33. 10	UNWONTED SI TUATI ONS UNWONTED SI TUATI ONS	A A		BASC (NON-DISTINCT PART) EMERGENCY	75.01 91.00		33.09 33.10
33.11	ACCRUED PTO	A		EMPLOYEE BENEFITS DEPARTMEN			33.11
33.12		A		ADULTS & PEDIATRICS	30.00		
33. 13	CONTRI BUTI ON EXPENSE	A	-251, 020	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.13
33. 14 33. 15	CONTRI BUTI ON EXPENSE HAF OFFSET	A A		NURSING ADMINISTRATION OTHER ADMINISTRATIVE &	13.00 5.06		33. 14 33. 15
33. 16	MI SCELLANEOUS I NCOME	В		GENERAL EMPLOYEE BENEFITS DEPARTMEN			
	MI SCELLANEOUS I NCOME	В		OTHER ADMINISTRATIVE & GENERAL	5.06		
33. 18 33. 19	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		OPERATION OF PLANT	7.00		
				NONHOSPI TAL			
	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	BB		CAFETERIA NURSING ADMINISTRATION	11.00 13.00		33.20 33.21
	MI SCELLANEOUS I NCOME	В	-7, 281	CENTRAL SERVICES & SUPPLY	14.00		33. 22
	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		PHARMACY ADULTS & PEDIATRICS	15.00 30.00		
	MI SCELLANEOUS I NCOME	В		NEONATAL INTENSIVE CARE UNI			1
	MI SCELLANEOUS I NCOME	В		OPERATING ROOM	50.00		
	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		DELIVERY ROOM & LABOR ROOM	52.00 53.00		
33. 29	MI SCELLANEOUS I NCOME	В	-1, 200	RADI OLOGY-DI AGNOSTI C	54.00	0	33. 29
	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		CARDIAC CATHETERIZATION	59.00 60.00		
	MI SCELLANEOUS I NCOME	B		ELECTROCARDI OLOGY	69.00		
	MI SCELLANEOUS I NCOME	В		ASC (NON-DI STI NCT PART)	75.01		
	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		ARNETT CANCER CARE CENTER	90.03 91.00		
	MI SCELLANEOUS I NCOME	B		PHYSICIANS' PRIVATE OFFICES			1
33. 37	TELEPHONE EXPENSE	A	-6, 713	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.37
33. 38	LATE FEES / PENALTIES	А	- 304	OPERATION OF PLANT - NONHOSPITAL	7.01	0	33. 38
33. 39	LATE FEES / PENALTIES	А		PHARMACY	15.00		
33. 40 33. 41	NON-ALLOWABLE MARKETING NON-ALLOWABLE MARKETING	A A		ADMI TTI NG OTHER ADMI NI STRATI VE &	5. 01 5. 06		
33. 42	NON-ALLOWABLE MARKETING	A	-763	GENERAL NURSING ADMINISTRATION	13.00	o	33. 42
33.43	NON-ALLOWABLE MARKETING	A	-2, 270	PHARMACY	15.00	0	33.43
	NON-ALLOWABLE MARKETING	A A		ADULTS & PEDIATRICS	30.00 T 35.00		
33.46	NON-ALLOWABLE MARKETING	A	-590	DELIVERY ROOM & LABOR ROOM	52.00	0	33.46
33.47	NON-ALLOWABLE MARKETING	A	-642	CARDIAC CATHETERIZATION	59.00	0	33. 47

Heal th	Financial Systems		IU HEALTH ARNE	ETT HOSPI TAL	In Lie	u of Form CMS-2	2552-10
ADJUST	MENTS TO EXPENSES				Peri od:	Worksheet A-8	
					From 01/01/2017	Data (Tima Dra	nored.
					To 12/31/2017	Date/Time Pre 5/25/2018 10:	pareu: 19 am
				Expense Classification or	Worksheet A	0,20,2010 101	
				To/From Which the Amount is			
					-		
	Cost Contor Description	Pacic/Code (2)	Amount	Cost Center	lino #	Wkst. A-7 Ref.	
	Cost Center Description	1.00	2.00	3, 00	Li ne # 4.00	5.00	
33.48	NON-ALLOWABLE MARKETING	A		RESPIRATORY THERAPY	4.00		33. 48
33.40	NON-ALLOWABLE MARKETING	A		EMERGENCY	91.00		33.40
			-				
33.50	RECRUI TMENT	A		EMPLOYEE BENEFITS DEPARTMENT			33.50
33. 51	RECRUI TMENT	A		OTHER ADMI NI STRATI VE &	5.06	0	33. 51
				GENERAL	10.00		
33. 52	RECRUITMENT	A		NURSING ADMINISTRATION	13.00		33. 52
33.53	RECRUI TMENT	A		PHARMACY	15.00		33. 53
33.54	RECRUI TMENT	A		ANESTHESI OLOGY	53.00		33.54
33.55	RECRUI TMENT	A	48	SPEECH PATHOLOGY	68.00	0	33.55
33.56	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.56
	(3)						
50.00	TOTAL (sum of lines 1 thru 49)		-39, 264, 240				50.00
	(Transfer to Worksheet A,						
	column 6, line 200.)						

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof. 

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

Heal th	Financial Systems	IU HEALTH ARI	NETT HOSPITAL	In Lie	eu of Form CMS-	2552-10
STATEME	NT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOM		Peri od:	Worksheet A-8	3-1
OFFI CE	COSTS			From 01/01/2017 To 12/31/2017		epared:
	Line No.	Cost Center	Expense Items	Amount of	Amount	17 ani
				Allowable Cost		
					Wks. A, column	
					5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUST	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OF	RGANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1, 105, 171	0	1.00
2.00	1. 02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	12, 089, 330	11, 882, 119	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	662, 899	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	25, 483, 045	0	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	37, 936	37, 936	4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	49, 293, 056	57, 485, 221	4.02
4.03	5.06	OTHER ADMINISTRATIVE & GENER	SHARED EMPLOYEES	1, 028, 248	1, 028, 248	4.03
4.04	7.00	OPERATION OF PLANT	SHARED EMPLOYEES	396, 806	396, 806	4.04
4.05	7.01	OPERATION OF PLANT - NONHOSP	SHARED EMPLOYEES	281, 814	281, 814	4.05
4.06	50.00	OPERATING ROOM	SHARED EMPLOYEES	387, 355	387, 355	4.06
4.07	60.00	LABORATORY	SHARED EMPLOYEES	8, 524, 413	8, 524, 413	4.07
4.08	91.00	EMERGENCY	SHARED EMPLOYEES	36, 000	36, 000	4.08
4.09	192.00	PHYSICIANS' PRIVATE OFFICES	SHARED EMPLOYEES	4, 631, 297	4, 631, 297	4.09
5.00	0		0	103, 957, 370	84, 691, 209	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		Ownership	
	1.00	2.00	3.00	4.00	5.00	
	P INTERDELATIONSULD TO DELA	TED ODCANIZATION(S) AND/OD HO				

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	В	IU HEALTH	100.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or					100.00
	non-financial) specify:					

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

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

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

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

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

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

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

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-2552-10
STATEMENT OF COSTS OF SERVICES FROM RELAT OFFICE COSTS	ED ORGANIZATIONS AND HOME	Provider CCN: 15-0173	Period: From 01/01/2017	Worksheet A-8-1 Date/Time Prepared:

			5/25/2018 10:	
	Net	Wkst. A-7 Ref.		
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUST	IENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED	
	HOME OFFICE CO	STS:		
1.00	1, 105, 171	9		1.00
2.00	207, 211	11		2.00
3.00	662, 899	9		3.00
4.00	25, 483, 045	0		4.00
4.01	0	0		4.01
4.02	-8, 192, 165	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
5.00	19, 266, 161			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

been posted to norksheet n,		
Rel ated Organization(s)		
and/or Home Office		
Type of Business		
6.00		
B. INTERRELATIONSHIP TO RELAT	TED ORGANIZATION(S) AND/OR HOME OFFICE:	
	Related Organization(s) and/or Home Office Type of Business 6.00	and/or Home Office       Type of Busi ness

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 XVII

6.00 HEALTHCARE	6.00
7.00 8.00	7.00
8.00	8.00
9.00 10.00	9.00
10.00	10.00
100.00	100.00
(1) 11 6 11 1	

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

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

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

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

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related 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	ems	IU HEALTH ARM	NETT_HOSPITAL		In Lie	eu of Form CMS-	2552-10
PROVI DE	R BASED PHYSIC	I AN ADJUSTMENT		Provider (		Period: From 01/01/2017 To 12/31/2017		epared:
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		OTHER ADMI NI STRATI VE & GENERAL	1, 354, 481	1, 354, 481	(			1.00
2.00		ADULTS & PEDIATRICS	6, 734, 065					2.00
3.00		INTENSIVE CARE UNIT	1, 092, 378					3.00
4.00		NEONATAL INTENSIVE CARE UNIT	1, 471, 557					4.00
5.00		ANESTHESI OLOGY	7, 968, 276					5.00
6.00		EMERGENCY	1, 123, 931	72, 175	1, 051, 756			6.00
7.00	0.00		0	0	(	0 0	0	7.00
8.00	0.00		0	0			0	8.00
9.00	0.00		0	0	(	0 0	0	9.00
10.00	0.00		0	0	(	0 0	0	10.00
200.00			19, 744, 688				41, 327	200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE			of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
1.00	1.00	2.00	8.00	9.00	12.00	13.00	14.00	1 00
1.00		OTHER ADMI NI STRATI VE & GENERAL	0	0		-	_	1.00
2.00	30.00	ADULTS & PEDIATRICS	211, 500	10, 575	(	0 0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	890, 740	44, 537			-	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	211, 500	10, 575	(	0 0	0	4.00
5.00		ANESTHESI OLOGY	244, 809	12, 240	(	0 0	0	5.00
6.00		EMERGENCY	2, 672, 221	133, 611	(	۲ V	0	6.00
7.00	0.00		0	0	(	0 0	0	7.00
8.00	0.00		0	0	(	0 0	0	8.00
9.00	0.00		0	0	(	۲ V	0	9.00
10.00	0.00		0	0	(	0 0	0	10.00
200.00			4, 230, 770			0 0	0	200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
	1.00		14	44.00	17.00	10.00		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMI NI STRATI VE & GENERAL	0	0	(	1, 354, 481		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	211, 500	188, 350	6, 522, 565		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	890, 740	201, 638			3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0					4.00
5.00	53.00	ANESTHESI OLOGY	0	244, 809	370, 78	7, 723, 467		5.00
6.00		EMERGENCY	0	2, 672, 221	(			6.00
7.00	0.00		0	0	(			7.00
8.00	0.00		0	0	(	ol o		8.00
9.00	0.00		0	0		ol o		9.00
10.00	0.00		0	0		o o		10.00
200.00			0	4, 230, 770	1, 107, 95	17, 134, 383		200.00
		1						

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	IU HEALTH ARNE	TT HOSPITAL Provider C		eriod:	u of Form CMS-: Worksheet B	2552-10
				F	rom 01/01/2017 o 12/31/2017	Part I Date/Time Pre	
				CAPITAL RE	LATED COSTS	5/25/2018 10:	19 am
	Cost Center Description	Net Expenses for Cost	BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST	MVBLE EQUIP	
		Allocation			EXPENSE		
		(from Wkst A col. 7)					
		0	1.00	1.01	1. 02	2.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	6, 167, 783	6, 167, 783				1.00
1.00	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP	2, 273, 992	0, 107, 700				1.00
1.02	00102 CAP REL COSTS INTEREST EXPENSE	11, 815, 725	0	0	11, 815, 725	4 949 495	1.02
2.00 2.01	00200 CAP REL COSTS-MVBLE EQUIP 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP	4, 348, 695 2, 730, 618				4, 348, 695 0	2.00 2.01
4.00	00400 EMPLOYEE BENEFI TS DEPARTMENT	26, 674, 357	0	о	0	0	4.00
5.01	00570 ADMI TTI NG	3, 910, 989	54, 650			38, 532	5.01
5.06 7.00	00590 OTHER ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	60, 122, 945 8, 903, 718	163, 459 1, 196, 444		313, 142 2, 292, 047	115, 250 843, 572	5.06 7.00
7.00	00701 OPERATION OF PLANT - NONHOSPITAL	4, 944, 330	1, 190, 444			043, 372	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	33, 109	0	0	0	0	8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	3, 455, 724 1, 358, 489	35, 135 148, 252			24, 773 104, 528	•
11.00	01100 CAFETERI A	128, 354	71, 114			50, 140	•
13.00	01300 NURSING ADMINISTRATION	4, 141, 627	157, 144	0	301, 043	110, 797	13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY	11, 782, 181 6, 726, 774	314, 655			221, 853	•
16.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0, 720, 774	67, 833 0			47, 827 0	15.00 16.00
17.00	01700 SOCIAL SERVICE	435, 534	0	0	-	0	17.00
18.00	01850 PATIENT TRANSPORT SERVICES	675, 058	20, 082			14, 159	•
22.00	02200 I & SERVICES-OTHER PRGM. COSTS APPRVD I NPATI ENT ROUTI NE SERVICE COST CENTERS	0	0	0	0	0	22.00
30.00	03000 ADULTS & PEDI ATRI CS	20, 016, 598	1, 701, 217	0	3, 259, 049	1, 199, 468	30.00
31.00	03100 I NTENSI VE CARE UNI T	3, 482, 543	169, 990			119, 854	31.00
33. 00 33. 01	03300 BURN INTENSIVE CARE UNIT 03301 BURN INTENSIVE CARE UNIT	0	0	0	-	0	33.00 33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2, 626, 900	143, 071		-	100, 875	35.00
43.00	04300 NURSERY	782, 175	70, 240	0	134, 560	49, 524	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	4, 941, 133	443, 976	1, 721	850, 531	313, 032	50.00
51.00	05100 RECOVERY ROOM	611, 685	62, 269			43, 904	•
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 467, 150	211, 594			149, 188	•
53.00 53.01	05300 ANESTHESI OLOGY 05301 ASC ANESTHESI OLOGY	3, 909, 447 3, 905	16, 372 0			11, 543 0	53.00 53.01
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 919, 430	233, 592			164, 698	•
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	-	0	55.00
56.00 59.00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON	284, 615 2, 302, 438	27, 241 116, 214			19, 206	56.00 59.00
60.00	06000 LABORATORY	8, 596, 072	138, 809			97, 870	•
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	723, 594	10, 271	0	19, 676	7, 242	63.00
65.00		1, 989, 479 582, 829	24, 696 11, 635		47, 310	17, 412 8, 204	•
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	299, 122	5, 488		22, 290 10, 513	8, 204 3, 869	•
68.00	06800 SPEECH PATHOLOGY	207, 604	4, 645		8, 898	3, 275	68.00
69.00		1, 453, 830	34, 752		66, 575	24, 503	•
70.00 71.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	91, 370 7, 217, 687	0	0	0	0	70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11, 075, 960	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31, 664, 292	0	0	0	0	•
74.00 75.00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	602, 233	23, 853	0	45, 695 0	16, 818 0	74.00
75.00	07501 ASC (NON-DI STINCT PART)	3, 993, 585	0	222, 672	0	0	75.00
76.00	03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0	•
76.97	07697 CARDIAC REHABILITATION	501, 449	0	18, 622	0	0	76.97
90.00	OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	476, 494	0	40, 463	0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	2, 628, 559		82, 490		0	
90. 04 91. 00	09003 OUTPATIENT INFUSION CENTER 09100 EMERGENCY	19, 618 6, 574, 414	47, 675 360, 337		91, 332 690, 304	33, 614 254, 062	90.04 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				0,0,001	201,002	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0	0	•
93.00	04951 OTHER OUTPATIENT SERVICES SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	93.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	284, 676, 212	6, 086, 705	681, 037	11, 660, 402	4, 291, 530	118.00
100 07	NONREIMBURSABLE COST CENTERS	400.055			(2.2.5	05.45	100.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	128, 855 0					190. 00 191. 00
		1 0	0	0	0	0	1.71.00

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period:	Worksheet B	
				From 01/01/2017 To 12/31/2017	Part I Date/Time Pre 5/25/2018 10:	
			CAPITAL RE	LATED COSTS		
Cost Center Description	Net Expenses for Cost Allocation	BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS I NTEREST EXPENSE	MVBLE EQUIP	
	(from Wkst A col. 7)					
	0	1.00	1.01	1.02	2.00	
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	89, 828, 287	14, 824	1, 581, 190	28, 398		
193. 00 19300 NONPALD WORKERS	0	0	(	0 0	0	193.00
193. 01 19301 RETAIL PHARMACY	1, 182, 409	0	(	0 0	0	193. 01
193. 02 19302 WHI TE_HOSPI TAL	1, 026, 228	16, 142	8, 500	30, 924	11, 381	193. 02
193. 03 19303 HOSPI CE	2, 559	0	(	0 0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	617, 808	13, 965	3, 259	26, 753	9, 846	193. 04
194.0007950 MARKETI NG/PUBLI C RELATI ONS	0	0	(	0 0	0	194.00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		0	(	0 0	0	201.00
202.00   TOTAL (sum lines 118 through 201)	377, 462, 358	6, 167, 783	2, 273, 992	11, 815, 725	4, 348, 695	202.00

eal th Financial COST ALLOCATION	- GENERAL SERVICE COSTS	IU HEALTH ARNE	Provider CC	Fi	eriod: 	u of Form CMS- Worksheet B Part I	
				Т	b 12/31/2017	Date/Time Pre 5/25/2018 10:	
		CAPI TAL					
Cos	t Center Description	RELATED COSTS MVBLE EQUIP - NONHOSP	EMPLOYEE BENEFI TS	ADMI TTI NG	Subtotal	OTHER ADMI NI STRATI VE & GENERAL	
		2.01	DEPARTMENT 4.00	5. 01	5A. 01	5.06	
	ERVICE COST CENTERS						
	REL COSTS-BLDG & FLXT						1.0
	REL COSTS-BLDG & FIXT - NONHOSP REL COSTS INTEREST EXPENSE						1.0
	REL COSTS INTEREST EXPENSE						2.0
	REL COSTS-MVBLE EQUIP - NONHOSP	2, 730, 618					2.0
	OYEE BENEFITS DEPARTMENT	0	26, 674, 357				4.0
5. 01 00570 ADMI 5. 06 00590 0TH	IIING ER ADMINISTRATIVE & GENERAL	23, 532 317, 098	484, 267 1, 317, 698	4, 636, 261 0	62, 613, 663	62, 613, 663	5.0 5.0
	RATION OF PLANT	317,098	240, 588	0	13, 476, 369		
	RATION OF PLANT - NONHOSPITAL	23, 823	47, 501	0	5, 035, 493		
	NDRY & LINEN SERVICE	0	0	0	33, 109		8.0
9.00 00900 HOUS		1, 210	389,064	0	3, 974, 224		
11.00 01100 DTE		0	85, 514 49, 683	0	1, 980, 793 435, 525		
	SING ADMINISTRATION	0	575, 720	0	5, 286, 331	1, 051, 287	13.0
	FRAL SERVICES & SUPPLY	613	44, 216	0	12, 966, 818		
15.00 01500 PHA		424	448, 494	0	7, 421, 655		15.0
	CAL RECORDS & LIBRARY AL SERVICE	0	0 62, 932	0	0 498, 466	0 99, 129	16.0 17.0
	ENT TRANSPORT SERVICES	0	71, 988	0	819, 758		18.0
	SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.0
	ROUTI NE SERVI CE COST CENTERS		2 555 720	2/1 227	20 002 270	F 004 (40	
	LTS & PEDIATRICS ENSIVE CARE UNIT	0	3, 555, 720 366, 104	361, 327 37, 772	30, 093, 379 4, 501, 915		30. C
	N INTENSIVE CARE UNIT	0	0	0	4, 301, 713	0,3,2,1	33.0
3.01 03301 BURI	N INTENSIVE CARE UNIT	0	0	0	0	0	33.0
	NATAL INTENSIVE CARE UNIT	0	531, 654	54, 020	3, 730, 604		35.0
13.00 04300 NURS	SERVICE COST CENTERS	0	112, 211	12, 825	1, 161, 535	230, 993	43.0
	RATING ROOM	2,066	635, 745	402, 341	7, 590, 545	1, 509, 524	50.0
	OVERY ROOM	0	87, 910	46, 744	971, 801	193, 261	51.0
	VERY ROOM & LABOR ROOM	0	351, 137	74, 884	3, 659, 308		
	STHESI OLOGY ANESTHESI OLOGY	1, 194 919	1, 277, 230 0	85, 057 11, 522	5, 333, 202 17, 112		
	OLOGY-DI AGNOSTI C	0	504, 928	269, 004	5, 539, 149		
	OLOGY-THERAPEUTI C	0	0	0	0	0	55.0
56.00 05600 RADI 59.00 05900 CARI		0	29, 692 213, 597	37, 310	450, 249 3, 080, 793		56. C
0. 00 06000 LAB	DIAC CATHETERIZATION	9, 523	213, 597	143, 974 245, 297	9, 361, 421		
	DD STORING, PROCESSING & TRANS.	0	0	12, 143	772, 926		
5. 00 06500 RESI	PI RATORY THERAPY	0	239, 169	47, 054	2, 365, 120	470, 349	65. C
	SI CAL THERAPY JPATI ONAL THERAPY	0	84,775	11, 976	721, 709		
	ECH PATHOLOGY	0	43, 369 25, 013	5, 653 4, 781	368, 014 254, 216		67. C
	CTROCARDI OLOGY	0	210, 401	84, 747	1, 874, 808		69. C
	CTROENCEPHALOGRAPHY	0	13, 364	3, 864	108, 598		70. C
	CAL SUPPLIES CHARGED TO PATIENTS DEV. CHARGED TO PATIENTS	0	0	105, 153 258, 079	7, 322, 840 11, 334, 039		
	GS CHARGED TO PATIENTS	0	0	481, 409	32, 145, 701	6, 392, 783	
74.00 07400 REN	AL DIALYSIS	0	0	5, 313	693, 912	137, 998	
	(NON-DI STI NCT PART)	0	0	0	0	0	
	(NON-DI STI NCT PART) DI AC CATHERI ZATI ON	267, 386	467, 647	378, 347	5, 329, 637	1, 059, 900	75. C
	DIAC REHABILITATION	22, 361	47, 816	357	590, 605	0 117, 453	•
	T SERVICE COST CENTERS	22,001			0,0,000	1117 100	
0.00 09000 CLI		0	0	0	0	0	
0. 01 04950 SLE	EP CLINIC ETT CANCER CARE CENTER	48, 588	64, 972	25, 549	656,066	130, 471	90.0
	PATIENT INFUSION CENTER	99, 055 0	116, 259 2, 385	62, 018 1, 886	2, 988, 381 196, 510	594, 296 39, 080	
1. 00 09100 EME		0	698, 823	526, 050	9, 103, 990		91.0
	ERVATION BEDS (NON-DISTINCT PART)				0		92.0
	ERVATION BEDS (DISTINCT PART)	0	0	0	0	0	
	ER OUTPATIENT SERVICES	0	0	0	0	0	93. (
	TOTALS (SUM OF LINES 1 through 117)	817, 792	13, 497, 586	3, 796, 456	266, 860, 289	40, 618, 319	118. (
NONREI MBU	RSABLE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
	F, FLOWER, COFFEE SHOP & CANTEEN	0	5, 355	0	265, 091	52, 718	
191. 00 19100 RESI		0 1, 898, 699	0 12, 927, 042	0 825, 257	0 107, 114, 149		191.0
192.00 19200 PHYS							1100 0

Health Financial Systems	IU HEALTH ARNE	TT_HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Peri od:	Worksheet B	
				From 01/01/2017 To 12/31/2017	Part I Date/Time Pre	nared
				10 12/31/2017	5/25/2018 10:	19 am
	CAPI TAL					
	RELATED COSTS					
Cost Center Description	MVBLE EQUIP -	EMPLOYEE	ADMI TTI NG	Subtotal	OTHER	
	NONHOSP	BENEFITS			ADMI NI STRATI VE	
		DEPARTMENT			& GENERAL	
	2.01	4.00	5.01	5A. 01	5.06	
193. 01 19301 RETAIL PHARMACY	0	102, 708	14, 54	1, 299, 665	258, 463	193.01
193. 02 19302 WHI TE HOSPI TAL	10, 214	89, 779		0 1, 193, 174	237, 285	193.02
193. 03 19303 HOSPI CE	0	0		0 2, 559	509	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	3, 913	51, 887		0 727, 431	144, 663	193.04
194.0007950 MARKETI NG/PUBLIC RELATI ONS	0	0		0 0	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	2, 730, 618	26, 674, 357	4, 636, 26	377, 462, 358	62, 613, 663	202.00

Heal th	Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST /	ALLOCATION - GENERAL SERVICE COSTS		Provider CO		eriod: rom 01/01/2017	Worksheet B Part I	
					o 12/31/2017	Date/Time Pre	pared:
	Cost Center Description	OPERATION OF PLANT	OPERATION OF PLANT -	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	5/25/2018 10: DI ETARY	19 am
		7.00	NONHOSPITAL 7.01	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS	7.00	7.01	8.00	9.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 CAP REL COSTS-BLDG & FLXT - NONHOSP						1.01
1.02 2.00	00102 CAP REL COSTS INTEREST EXPENSE 00200 CAP REL COSTS-MVBLE EQUIP						1.02 2.00
2.00	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		- -				4.00
5.01 5.06	00570 ADMI TTI NG 00590 OTHER ADMI NI STRATI VE & GENERAL						5. 01 5. 06
5.08 7.00	00700 OPERATION OF PLANT	16, 156, 401					7.00
7.01	00701 OPERATION OF PLANT - NONHOSPITAL	0	6, 036, 896				7.01
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	39, 693			8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	119, 427 503, 915	3, 087 0	0	4, 887, 088 77, 637	2, 956, 263	9.00 10.00
11.00	01100 CAFETERI A	241, 719	0	0	37, 241	2, 930, 203	11.00
13.00	01300 NURSING ADMINISTRATION	534, 137	0	0	82, 293	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	1,069,524	1, 564		165, 405	0	14.00
15.00 16.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	230, 568 0	1, 082 0	0	35, 956 0	0	15.00 16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850 PATIENT TRANSPORT SERVICES	68, 259	0	0	10, 516	0	18.00
22.00	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD I NPATI ENT ROUTI NE SERVICE COST CENTERS	0	0	0	0	0	22.00
30.00	03000 ADULTS & PEDIATRICS	5, 782, 496	0	19, 989	890, 892	2, 685, 612	30.00
31.00	03100 I NTENSI VE CARE UNI T	577, 801	0		89, 020	227, 786	
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33. 01 35. 00	03301 BURN I NTENSI VE CARE UNI T 02060 NEONATAL I NTENSI VE CARE UNI T	0 486, 304	0	0 429	0 74, 923	0	33. 01 35. 00
43.00	04300 NURSERY	238, 749	-	427	36, 783	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00 51.00	05000 OPERATI NG ROOM	1, 509, 089	5, 272	3, 007	234, 612	0	50.00 51.00
51.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	211, 654 719, 217	0	3, 387	32, 609 110, 808	42, 865	
53.00	05300 ANESTHESI OLOGY	55, 649	3, 047		9, 794	0	53.00
53.01	05301 ASC ANESTHESI OLOGY	0	2, 345		939	0	53.01
54.00 55.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	793, 989 0	0	2, 347	122, 328	0	54.00 55.00
56.00	05600 RADI OLOGI TITLIKALEUTTE	92, 592	0	0	14, 265	0	56.00
59.00	05900 CARDI AC CATHETERI ZATI ON	395, 014	0	1, 643	60, 859	0	59.00
60.00 63.00	06000 LABORATORY	471, 818	24, 296 0	0	82, 421	0	60.00
63.00 65.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY	34, 911 83, 942	0		5, 379 12, 933	0	63.00 65.00
66.00	06600 PHYSI CAL THERAPY	39, 548		0	6, 093	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	18, 654	0	0	2, 874	0	67.00
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	15, 788 118, 124	0		2, 432 18, 199	0	68.00 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72.00 73.00
74.00	07400 RENAL DIALYSIS	81, 077	0	0	12, 491	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 ASC (NON-DI STI NCT PART)	0	682, 193	0	273, 194	0	75.01
76. 00 76. 97	03950 CARDI AC CATHERI ZATI ON 07697 CARDI AC REHABI LI TATI ON	0	0 57, 052		0 22, 847	0	76.00 76.97
70.97	OUTPATIENT SERVICE COST CENTERS	0	57,052	0	22, 047	0	/0. 7/
90.00	09000 CLI NI C	0	0		0	0	90.00
90.01	04950 SLEEP CLINIC	0	123, 966		49, 644	0	90.01
90. 03 90. 04	09002 ARNETT CANCER CARE CENTER 09003 OUTPATI ENT I NFUSI ON CENTER	0 162, 049	252, 723	395	101, 206 24, 966	0	90. 03 90. 04
91.00	09100 EMERGENCY	1, 224, 800	0	6, 666		0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92. 01 93. 00	09201 OBSERVATION BEDS (DISTINCT PART) 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	92. 01 93. 00
93.00	SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	93.00
118.00		15, 880, 814	1, 156, 627	39, 693	2, 890, 260	2, 956, 263	118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	122, 866	0	0	18, 930		190. 00 191. 00
	19200 PHYSICIANS' PRIVATE OFFICES	50, 386	4, 844, 226	0	1, 947, 698		191.00
193.00	19300 NONPAI D WORKERS	0	0	0	0	0	193.00
	1 19301 RETALL PHARMACY 2 19302 WHITE HOSPITAL	0 54, 867	0 26, 060	0	0 18, 881		193. 01 193. 02
173.0.	ET7302 WITTE HUSTTIAL	J4, 007	20,000	ı 0	10,001	0	1 7 3. 02

						2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO		Peri od:	Worksheet B	
				From 01/01/2017 To 12/31/2017		nared.
					5/25/2018 10:	<u>19 am</u>
Cost Center Description	OPERATION OF	OPERATI ON OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	PLANT	PLANT -	LINEN SERVIC	E		
		NONHOSPI TAL				
	7.00	7.01	8.00	9.00	10.00	
193. 03 19303 HOSPI CE	0	0		0 0	L C	193.03
193. 04 19304 FRANKFORT HOSPI TAL	47, 468	9, 983		0 11, 319	L C	193.04
194.0007950 MARKETING/PUBLIC RELATIONS	0	0		0 0	L C	194.00
200.00 Cross Foot Adjustments					l	200.00
201.00 Negative Cost Centers	0	0		0 0	L C	201.00
202.00 TOTAL (sum lines 118 through 201)	16, 156, 401	6, 036, 896	39, 69	4, 887, 088	2, 956, 263	202.00

COST ALLECATION - GARDAL SERVICE COSTS         Provider CCII 15-0173         Provider CCII 15-	Heal th	Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lie	u of Form CMS-	2552-10
International and the service of the servic				Provider CC				
Lost Conter Description         LAPE LIEHA MURINIC 11:00         CLH IRAL MURINIC 13:00         CLH IRAL PLOAD (10:00         PHRAMACY IRC/000 (20:00 (20:00)         PHRAMACY IRC/000 (20:00)         PHRAMA							Date/Time Pre	epared:
Image: constraint of the		Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY		19 am
PHIRAL STRUCT ONT CPUTPS         11.00         13.00         14.00         15.00         16.00         16.00           101         00000         CAP REL COSTS-BURG & FLAT         ADVACUE         0.00         1.01         0.00         1.01         0.00         1.01         0.00         1.01         0.00         1.01         0.00         1.01         0.00         1.01         0.00         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01         1.01				ADMI NI STRATI ON				
Debisit         Debisit <t< td=""><td></td><td></td><td>11.00</td><td>13.00</td><td></td><td>15.00</td><td></td><td></td></t<>			11.00	13.00		15.00		
1.01         DOUTH (LAW RELL DOUST) - BULDE & LINA - RAWHORP         1.01           2.00         DOUTH (LAW RELL DOUST) - MURLE COUP + ROWHORP         1.02           2.00         DOUTH (LAW RELL DOUST) - MURLE COUP + ROWHORP         1.02           2.00         DOUTH (LAW RELL DOUST) - MURLE COUP + ROWHORP         4.00           5.01         DOUTH (LAW RELL DOUST) - MURLE COUP + ROWHORP         4.00           7.00         DOUTH (LAW REL AND IN STRATTON - LA CREEME)         5.01           7.00         DOUTH (LAW REL HOUST) - REARTING - LA CREEMENT TALL         5.01           7.00         DOUTH (LAW REL HOUST) - REARTING -			1					
1.02         COND2 (JAP MEL COSTS INTERSE EXPENSE         1.02           2.01         COND2 (JAP MEL COSTS MULT FOULP FOULP SAM (SP)         2.01           2.01         COND2 (JAP MEL COSTS MULT FOULP CALL FOULP SAM (SP)         2.01           2.01         COND2 (JAP MEL COSTS MULT FOULP CALL FOULP SAM (SP)         5.01           5.00         COND2 (JAP MEL COSTS MULT FOULP CALL FOULP SAM (SP)         5.01           5.00         COND2 (JAP MEL COSTS MULT FOULP CALL FOULP SAM (SP)         5.01           5.00         COND2 (JAP MEL COSTS MULT FOULP CALL FOULP SAM (SP)         5.01           5.00         COND2 (JAP MEL COSTS MULT FOULP SAM (SP)         5.01           5.00         COND2 (JAP MEL COSTS MULT FOULP SAM (SP)         6.01           5.00         COND2 (JAP MEL COSTS MULT FOULP SAM (SP)         6.01           5.00         COND2 (JAP MEL COSTS MULT SAM (SP)         6.01           5.00         COND2 (JAP MEL COSTS MULT SAM (SP)         6.01           5.00         COND2 (JAP MEL COSTS MULT SAM (SP)         7.02           5.00         COND2 (JAP MEL COST CONTERS PAPAN)         2.0         0.01           5.00         COND2 (JAP MEL COST CONTERS PAPAN)         2.0         0.00         0.00           5.00         COND2 (JAP MEL COST CONTERS PAPAN)         0.0         0.00								
2. D1         DODDI (CAP HL CURST-WORLE LOUP - NUMMESP         2. D1         DODDI (CAP HL CURST-WORLE TO UP - NUMMESP         4. D0           5. D1         DOSTC AMAILTING         ENTROL         A. D0         5. D1         DOSTC AMAILTING         5. D1           5. D1         DOSTC AMAILTING         ENTROL         F. ENTROL         7. D1         DOSTC AMAILTING         5. D1           5. D1         DOSTC AMAILTING         ENTROL         F. ENTROL         7. D1         DOSTC AMAILTING         5. D1           5. D1         DOSTC AMAILTING         ENTROL         F. ENTROL         7. D1         DOSTC AMAILTING         8. D1           6. D0         DOSTC AMAINISTATION         43. O41         6. 997. 089         1. EARSTONE         1. EARSTONE         1. EARSTONE           10. 00         DISCO ENTRAL SERVICES - DISCONE         6. 421         330         0. 0         0         0         1. EARSTONE								
4.00         000400         EPULYEE EVERFTS DEPARTMENT         4.00         00400         EPULYEE EVERFTS DEPARTMENT         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00							•	
5.01         00570         AVXITTINC         5.01         00570         AVXITTINC         5.01           00000         PRADIA         PRADIA         FRADIA         5.01         5.00           00000         PRADIA         PRADIA         FRADIA         FRADIA         7.00           00000         PRADIA         PRADIA         FRADIA         FRADIA         7.00           00000         PRADIA         FRADIA         FRADIA         FRADIA         7.00           00000         PRADIA         FRADIA         FRADIA         FRADIA         7.00           00000         PRADIA         FRADIA         FRADIA         FRADIA         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         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         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         <								1
7.00         DOYOG OPERATION OF PLANT         7.00           0.00         DOYOG OPERATION OF PLANT         7.00           0.00         DOYOG OPERATION OF PLANT         7.00           0.00         DOYOG OPERATION OF PLANT         8.00           0.00         DOYOG OPERATION OF PLANT         1.00           0.00         DOYOG OPERATION OF PLANT         1.00           0.00         DOYOG OPERATION OF PLANT         0.00         0.00           0.00         DOYOG OPERATION OF PLANT         0.00         0.00         0.00           0.00         DOYOG OPERATION OF PLANT         0.00         0.00         0.00         0.00           0.00         DOYOG OPERATION OF PLANT         0.00         0.00         0.00         0.00         0.00           0.00         DOYOG OPERATION OF PLANT         DOYOGO OPERATION OPERATION         DOYOGO OPERATIO								1
7.01         00/201         DEPENTION OF FLANT - NONHORS TALL         7.01         00/201         7.01         00/201         7.01         00/201         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
0.000800         LAURDRY & LINEN SERVICE         8.01.007         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00								
9.00 00000 INUESECEP IN G 9.00 00000 INUESECEP IN G 9.00 00000 INUESECEP IN G 9.00 00000 INTER IN CONTRACTOR A CONTRACTOR								1
11.00       01100       CAFTERIA       801,092       11.00         13.00       01300       MESING, AMIN INSTRATION       43,041       697,089       14.00         14.00       01400       CENTRAL SERVICES & SUPPLY       6,319       0       16.786,338       14.00         15.00       01500       MESING, AMINISTRATION       4,31,041       0       16.786,338       17.00         16.00       01500       MENDARMACY       6,421       330       0       0       18.00         17.00       01000       MENTER SERVICES       256,090       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
13.00         01300         NURSI IS ADM IN STRATION         43.041         6, 997, 089         1           13.00         01300         NURRAL SERVICES         S.UPPLY         32, 730         0         50, 01         70, 00         50, 01         70, 00         50, 01         70, 00         50, 01         70, 00         50, 01         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 00         70, 70, 70         70, 70, 70         70, 70, 70         70, 70, 70         70, 70, 70, 70, 70, 70, 70, 70, 70, 70,			801 007					1
14.00       01400       CENTRAL SERVICES & JUBPLY       6.319       0       16.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       150.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100								
16.00         0 (600 MEDICAL RECORDS & LIBRARY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					16, 788, 338	3		
17.00       01700, SOCIAL SERVICE       6, 421       330       0       0       0       17.00         18.00       01800, PATLENT TRANSPORT SERVICES       15, 620       0       3220       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								1
18. 00         01860 [PATLENT TRANSPORT SERVICES         15. 020         0         025         0         0         16. 00           IMPATLENT ROUTINE SERVICE COST CENTERS         3. 656, 973         1. 063, 523         28, 364         0         30. 00           0.00         0.00 0.000         0.00 0.000         0.000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td></td><td>-</td><td>-</td><td></td><td>-</td><td>-</td><td>1</td></td<>			-	-		-	-	1
INPART LENT ROUTINE SERVICE COST CENTERS						-		1
90. 00         03000 ADULTS & PEDIATRICS         258, 969         3, 656, 993         1.063, 523         28, 369         0         30. 00           31. 00         03300         BURN INTENSIVE CARE UNIT         32, 739         510, 122         266, 288         12, 479         0         33. 00           33. 00         03300         BURN INTENSIVE CARE UNIT         0         0         0         0         0         33. 01           33. 01         03310         BURN INTENSIVE CARE UNIT         0         0         0         0         33. 01           33. 00         02600         HERMIATL INTENSIVE CARE UNIT         9, 623         134, 705         0         0         0         33. 01           30. 00         05100         RECOVERY ROM         7, 138         126, 276         1, 669, 008         18, 109         0         51. 00         51. 00         51. 00         51. 00         51. 00         52. 00         53. 01         53. 01         53. 01         53. 01         53. 01         53. 01         53. 01         53. 01         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<	22.00		C	0	(	0 0	C	22.00
31.00       03100 INTERSIVE CARE UNIT       32,739       510,132       206,288       12,479       0       31.00         33.01       03300 BURN INTENSIVE CARE UNIT       0       0       0       0       33.00         33.01       03301 BURN INTENSIVE CARE UNIT       28,030       428,847       69,67       2,265       33.00         43.00       03300 (NURSERY       9,623       134,705       0       0       0       30.00         43.00       05000 (PECATLI INERVIE CARE UNIT       28,030       428,847       69,608       18,109       51.00       51.00         50.00       05000 (PECATLI INERVIE CARE UNIT       28,030       426,6853       130,056       410       52.00       51.00       51.00       51.00       51.00       51.00       52.00       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       53.00       53.00       56.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00	30 00		258 080	3 656 003	1 063 523	2 28 360	C C	30.00
33. 01       03301       BURN INTENSIVE CARE UNIT       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								1
35. 00     02060 NEONATAL INTENSIVE CARE UNIT     28. 030     428. 847     80. 967     2. 205     0     35. 00       ANCILLARY SERVICE COST CENTERS     34. 705     0     0     0     43. 00       50. 00     05000 OPERATI NG ROM     53. 426     470. 397     1. 669. 008     18. 109     0     55. 00       51. 00     05000 PERATI NG ROM     7. 138     126. 296     11. 306     147     0     51. 00       52. 00     05200 DELVICER ROM & LABOR ROM     30. 794     366. 653     130. 656     410     0     52. 00       53. 00     05300 ANESTENS LOGY     0     0     48. 787     642     0     53. 00       54. 00     05400 RADI LOCY-THRAPHUTI C     0     0     0     0     55. 00       55. 00     05600 RADI 01SOTPE RAPHERAPHUTI C     0     0     0     0     65. 00       56. 00     06000 CADI ACTHRAPHY     23. 209     10. 717     219. 394     3. 537     0     65. 00       64. 00     06000 CADI NC, RADI NC, PROCESSI NG & TRANS.     0     0     0     66. 00     66. 00       60. 00     06000 RESPI RATIONY THERAPY     3. 676     0     275     0     67. 00       64. 00     06000 DECOLASTIN NG, PROCESSI NG & TRANS.     0     0<			C	0 0	C	0 0		
43. 00         04300         NURSERV         9.623         134.705         0         0         0         43. 00           ANCLULARY SERVICE COST CENTERS         53.426         470.397         1,669.008         18,109         0         50.00         55.005         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         51.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         55.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56			28 020	0 420 047	) 0 08	0 0		
ANCILLARY SERVICE COST CENTERS           0.00         05000 DEFARTINE NOM         53, 426         470, 397         1, 669, 008         118, 109         0         50, 00           51, 00         05100 RECOVERY ROM         7, 138         126, 296         113, 306         147         0         51, 00           53, 00         05300 ANESTHESI OLOGY         26, 681         248, 966, 853         130, 856         410         53, 00           54, 00         05400 RADIOLOY-INTERNETOLOCY         0         442, 501         71, 557         404, 264         5, 403         55, 00           55, 00         05600 RADIOLOY-INTERATEDIATION         17, 486         22, 656         3, 522         59, 00         56, 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         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 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
51.00         G5100         FCOVERY ROOM         7.38         126.29         1.306         1.47         0         51.00         52.00           53.00         D65300         PELVERY ROOM & LABOR ROOM         30.794         366.853         310.856         410         0         53.00           53.00         D65300         ANESTHESI OLOGY         0         44.877         642         0         53.01         053.01         053.01         053.01         053.01         053.01         053.01         053.01         053.01         053.01         053.01         053.01         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		ANCILLARY SERVICE COST CENTERS						
52.00         OS200         DEL VERY ROOM & LABOR ROOM         30,794         366,853         130,856         410         0         52.00           53.00         DS301 ASC. AMESTHESI OLOGY         0         48,787         642         053.00         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         53.00         53.00         53.00         53.00         53.00         53.00         53.00         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         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         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         55.00         55.00         55.00								
53.00       DS300       ABSC AMESTHESI OLOGY       26, 681       248, 966       142, 021       13, 046       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       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       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></td<>								1
54.00         OS400         RADI LOCY-DI AGNOSTIC         42, 501         71, 557         404, 264         5, 403         0         54.00           550         OS500         RADI LOCY-DI AGNOSTIC         0         0         0         0         55.00           56:00         OS600         RADI LOCY-DI REARPEUTIC         0         0         0         0         55.00           59:00         OS900         CARDI AC CATHETERI ZATI ON         17, 486         202, 635         26.665         3, 522         59.00           0:00         OG300         DCOD STORI NG, PROCESSI NG & TRANS.         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <							C	
55         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00<				° °			-	
56 00         05600         RADIO ISOTOPE         2,596         0         7,651         659         0         59,00           59 00         05900         CARDIAC CATHETERIZATION         17,486         202,635         256,665         3,522         0         59,00           63.00         D6300         RESPIRATORY         39,383         0         0         0         0         0         66.00           65.00         RESPIRATORY         12,329         0         1,211         0         66.00         66.00           66.00         06000 RESPIRATORY THERAPY         6,477         0         1,211         0         66.00         66.00           67.00         6700 OCUPATIONAL THERAPY         3,676         0         275         0         67.00         67.00         67.00         68.00         9800 SPECCH PATHOLOCY         2,047         0         353         0         68.00         97.00         71.00         10.01         0         70.00         71.00         71.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         73.00			42,501					
60         0000         LABORATORY         39, 383         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			2, 596	0	7, 651	659	C	
63:00         DO         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>							-	
65.00         06500         PESPIRATORY THERAPY         23,209         10,717         219,334         3,537         0         65.00           66.00         06600         PHYSI CAL THERAPY         6,477         0         1,211         0         0         66.00           67.00         06700         OCUPATIONAL THERAPY         3,676         0         275         0         0         67.00         67.00         67.00         68.00         69.00         69000         69000         69000         69000         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         67.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         71.00         73.00         73.00         73.00         73.00         74.00         70.00         4.058         780         0         75.00           75.00         07500         ASC (NON-DISTINCT PART)         0         0         75.01         75.01         75.01         75.01         75.01         75.01         75.01					(		-	
67:00         06700         0CCUPATIONAL THERAPY         3, 676         0         275         0         0         67.00           68:00         06800         SPECH PATHOLOGY         2,047         0         353         0         0         68.00           069:00         069:00         ELECTROCARDI OLOGY         21,376         62,654         10,113         799         0         69.00           70:00         070:00         ELECTROENCEPHALOGRAPHY         1,191         0         1,017         0         0         70.00           71:00         07100         MDICALSUPPLIES CHARGED TO PATIENTS         0         0         6,329,168         0         0         72.00           73:00         07300         REVAC HARGED TO PATIENTS         0         0         0         8,086,387         0         73.00           74:00         07400         REVAC HARGED TO PATIENTS         0         0         0         0         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.01         75.	65.00	06500 RESPI RATORY THERAPY	-	-	219, 394	3, 537		
68.00       06800       SPECH PATHOLOGY       2,047       0       353       0       0       68.00         69.00       069000       ELECTROCARDIOLOGY       21,376       62,654       10,113       799       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       1,191       0       1,017       0       07.00       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       4,124,425       0       0       72.00       73.00       73.00       73.00       73.00       0       6,329,168       0       72.00       73.00       73.00       74.00       0       0       0       0       8,086,387       0       74.00         75.00       07500       ASC (NON-DISTINCT PART)       0       0       0       0       0       75.00         70.01       07501       ASC (NON-DISTINCT PART)       0       0       0       0       0       75.00       76.00       76.70       76.70       76.97       75.00       76.00       76.97       76.97       76.97       76.97       76.97       76.97       76.97       76.97       76.97       76.97       76.97       76.97       76.97 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
69:00         06900         ELECTROCARDIOLOGY         21,376         62,654         10,113         799         0         69:00           70:00         07000         ELECTROENCEPHALOGRAPHY         1,191         0         1,017         0         70:00           71:00         07100         MEDICAL SUPPLIES CHARGED TO PATIENTS         0         0         4,124,425         0         71:00           71:00         07400         RENAL DIALYSIS         0         0         6,329,168         0         72:00           71:00         07400         RENAL DIALYSIS         0         0         4,058         780         0         74:00           75:01         05701 ASC (NON-DI STINCT PART)         0         0         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         76:00         76:00         76:00								
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       4, 124, 425       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       6, 329, 168       0       0       72.00         73.00       07300       RCISC CHARGED TO PATIENTS       0       0       8, 086, 387       0       73.00         74.00       07400       RENAL DI ALYSI S       0       0       4, 058       780       0       74.00         75.01       07501 ASC (NON-DI STINCT PART)       0       0       0       0       0       75.01         76.02       07697 (CARDIAC CATHERIZATION       0       0       0       0       76.00         76.90       07697 (CARDIAC REHABILLITATION       0       0       8, 492       0       0       76.90         70.00       07000       CLINIC       0       0       0       0       90.00       90.00       90.00       90.00       90.03       90.04       90.03       90.03       90.04       90.03       90.04       90.03       90.04       90.03       90.04       90.03       90.04       90.04       90.03       90.04       90.04       90.03       90.04								
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       6, 329, 168       0       72.00         73.00       DRUGS CHARGED TO PATIENTS       0       0       0       8, 086, 387       0       73.00         74.00       OT300 DRUGS CHARGED TO PATIENTS       0       0       4, 058       780       0       74.00         75.00       07501       ASC (NON-DISTINCT PART)       0       0       75.01       0       0       0       75.01       0       0       0       0       0       75.01       0       0       0       0       0       75.01       0       0       0       0       0       0       75.01       0       0       0       0       0       0       0       75.01       0       0       0       0       0       0       0       0       0       0       0       0       75.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								
73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       8,086,387       0       73.00         74.00       07400       RENAL DIALYSIS       0       0       4,058       780       0       74.00         75.00       07500       ASC (NON-DISTINCT PART)       0       0       0       0       75.00         75.01       07501       ASC (NON-DISTINCT PART)       0       0       0       0       75.01         76.00       03950       CARDIA C CATHERIZATION       0       0       0       0       75.00       76.00         76.97       CARDIA C REHABILITATION       0       0       0       8,492       0       0       76.97         00100       09000       CLINIC       0       0       0       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       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				0				1
74.00       07400       RENAL DI ALYSI S       0       0       4,058       780       0       74.00         75.00       07500       ASC (NON-DI STI NCT PART)       0       0       0       0       75.00         75.01       07501       ASC (NON-DI STI NCT PART)       0       0       0       0       0       0       75.00         76.00       03950       CARDI AC CATHERI ZATI ON       0       0       0       0       0       0       76.00         76.97       07697       CARDI AC CATHERI ZATI ON       0       0       0       8,492       0       76.97         0017901       ENERVICE COST CENTERS       0       0       0       0       90.00       0       90.00       0       90.00       90.01         90.02       09002       CLINI C       0       0       0       90.01       90.02       90.03       0175.924       0       90.04       90.03         90.03       01791 ENT INFUSION CENTER       149       0       1,519       86       0       90.04         91.00       09201       DBSERVATI ON BEDS (NON-DI STI NCT PART)       0       0       0       0       92.00       92.01       93.00					0, 329, 100			
75. 01       07501       ASC (NON-DISTINCT PART)       0       0       75. 01       76. 00       03950       CARDIAC CATHERIZATION       0       0       0       0       0       0       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. 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. 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. 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. 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       7		07400 RENAL DIALYSIS	C	0	4, 058		C	
76.00       03950       CARDIAC CATHERIZATION       0       0       0       0       0       76.00         76.97       OT697       CARDIAC REHABILITATION       0       0       0       8,492       0       0       76.97         00000       CLINIC       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			0	0	754 74			
76. 97       07697       CARDIAC REHABILITATION       0       0       8,492       0       0       76. 97         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       0       0       90.00       0       0       0       90.01       0       0       0       90.01       0       0       0       90.01       0       0       0       90.01       0       90.01       0       0       90.01       0       90.01       0       0       90.01       0       0       90.01       0       90.01       0       90.01       0       90.01       0       90.01       90.01       90.01       90.01       90.03       90.02       ARNETT CANCER CARE CENTER       10,106       824       91.441       26,992       0       90.03       90.04       90.03       90.04       90.03       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       91.00       92.00       92.00       92.01       92.00       92.01       92.00       92.01       92.01       93.00       92.01       93.00       92.01       93.00					/50, /62	i 22,003		
90.00       09000       CLINIC       0       0       0       0       0       0       90.00         90.01       04950       SLEEP CLINIC       0       0       15,924       0       0       90.01         90.03       09002       ARNETT CANCER CARE CENTER       10,106       824       91,441       26,992       0       90.03         90.04       09003       OUTPATI ENT INFUSION CENTER       149       0       1,519       86       0       90.04         91.00       09100       EMERGENCY       70,522       705,183       458,893       12,642       0       91.00         92.01       09201       OBSERVATION BEDS (INTINCT PART)       0       0       0       0       92.01         93.00       04951       OTHER OUTPATI ENT SERVICES       0       0       0       0       93.00         SPECIAL PURPOSE COST CENTERS         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       791,670       6,997,089       16,095,525       8,238,217       0       18.00         190.00       19000       GIFT, FLOWER, COFFEE SHOP & CANTEEN       931       0       0       0       190.00         191.00       192000       PHYSI CL		07697 CARDI AC REHABI LI TATI ON	C	0	8, 492	2 0		
90. 01       04950       SLEEP CLINIC       0       0       15,924       0       0       90. 01         90. 03       09002       ARNETT CANCER CARE CENTER       10,106       824       91,441       26,992       0       90. 03         90. 04       09003       OUTPATI ENT INFUSION CENTER       149       0       1,519       86       0       90. 04         91. 00       09100       EMERGENCY       70,522       705,183       458,893       12,642       0       91. 00         92. 00       09200       DSSERVATI ON BEDS (NON-DI STINCT PART)       0       0       0       0       92. 01         92. 01       09201       DSERVATI ON BEDS (DI STINCT PART)       0       0       0       0       92. 01         93. 00       04951       OTHER OUTPATI ENT SERVICES       0       0       0       0       0       93. 00         SUBTOTALS (SUM OF LINES 1 through 117)       791,670       6,997,089       16,095,525       8,238,217       0       118. 00         NONREL MBURSABLE COST CENTERS         190. 00       19000       GI FT, FLOWER, COFFEE SHOP & CANTEEN       931       0       0       0       190. 00       191. 00         19	00.00							
90.03       09002       ARNETT CANCER CARE CENTER       10,106       824       91,441       26,992       0       90.03         90.04       09003       OUTPATI ENT INFUSION CENTER       149       0       1,519       86       0       90.04         91.00       09100       EMERGENCY       70,522       705,183       458,893       12,642       0       91.00         92.01       09201       OBSERVATION BEDS (IDISTINCT PART)       0       0       0       0       92.01         93.00       04951       OTHER OUTPATI ENT SERVICES       0       0       0       0       93.00         90.01       09200       GSERVATION BEDS (SUM OF LINES 1 through 117)       791,670       6,997,089       16,095,525       8,238,217       0       118.00         NONREL MBURSABLE COST CENTERS         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       791,670       6,997,089       16,095,525       8,238,217       0       118.00         NONREL MBURSABLE COST CENTERS         190.00       19100       GFT, FLOWER, COFFEE SHOP & CANTEEN       931       0       0       0       190.00         191.00       19200       HYSI CI ANS' PRI VATE OFFICES       0						-		
91.00       09100       EMERGENCY       70, 522       705, 183       458, 893       12, 642       0       91.00       92.00         92.00       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART)       0       0       0       0       92.00         93.00       04951       OTHER OUTPATIENT SERVICES       0       0       0       0       92.01         93.00       04951       OTHER OUTPATIENT SERVICES       0       0       0       0       93.00         94.00       10.00       SPECIAL PURPOSE COST CENTERS       0       0       0       0       93.00         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       791, 670       6, 997, 089       16, 095, 525       8, 238, 217       0       118.00         190.00       19000       GIFT, FLOWER, COFFEE SHOP & CANTEEN       931       0       0       0       190.00         191.00       RESEARCH       0       0       0       0       190.00       191.00         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       0       0       192.00         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.01         193.01 </td <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			-	-				
92.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART)       92.00       92.01         92.01       09201       0BSERVATI ON BEDS (DI STINCT PART)       0       0       0       0       92.01         93.00       04951       OTHER OUTPATIENT SERVICES       0       0       0       0       93.00         SPECIAL PURPOSE COST CENTERS         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       791,670       6,997,089       16,095,525       8,238,217       0       118.00         NONREI MBURSABLE COST CENTERS         190.00       19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN       931       0       0       0       190.00         191.00       19100       RESEARCH       0       0       0       0       191.00         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       0       690, 371       5, 467       0       192.00         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         193.01       19301       RETAI L PHARMACY       0       0       0       193.01       193.01       0       193.01								
92.01       09201       0BSERVATI ON BEDS (DI STINCT PART)       0       0       0       0       0       92.01         93.00       04951       OTHER OUTPATIENT SERVICES       0       0       0       0       0       93.00         SPECIAL PURPOSE COST CENTERS         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       791,670       6,997,089       16,095,525       8,238,217       0       118.00         NONREI MBURSABLE COST CENTERS         190.00       19000       GI FT, FLOWER, COFFEE SHOP & CANTEEN       931       0       0       0       190.00       191.00       19100       RESEARCH       0       0       0       191.00       192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       0       0       192.00       19300       NONPAI D WORKERS       0       0       0       193.00       19301       RETAI L PHARMACY       0       0       0       193.01       19301       0       0       0       193.01       193.01       193.01       0       0       193.01       0       193.01       193.01       193.01       0       193.01       0       193.01       0       0       193.01       193.01       193.01 </td <td></td> <td></td> <td>/0, 522</td> <td>/05, 183</td> <td>458, 893</td> <td>12,642</td> <td>C</td> <td></td>			/0, 522	/05, 183	458, 893	12,642	C	
SPECIAL PURPOSE COST CENTERS           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         791,670         6,997,089         16,095,525         8,238,217         0         118.00           NONREI MBURSABLE COST CENTERS         0         0         0         0         190.00         19100         GIFT, FLOWER, COFFEE SHOP & CANTEEN         931         0         0         0         190.00         191.00         191.00         191.00         191.00         191.00         192.00         192.00         192.00         192.00         192.00         192.00         0         0         0         192.00         192.00         193.00         193.00         0         0         0         192.00         193.00         193.00         0         0         0         192.00         193.00         193.00         0         0         0         192.00         193.00         193.00         0         0         0         0         192.00         193.00         193.00         0         0         0         0         192.00         193.00         0         0         0         193.00         193.00         193.00         0         0         0         193.01         0         193.01         193.01         0         10			C	0	(	o o	C	
118.00         SUBTOTALS (SUM OF LINES 1 through 117)         791,670         6,997,089         16,095,525         8,238,217         0           NONREI MBURSABLE COST CENTERS	93.00	04951 OTHER OUTPATIENT SERVICES	С С	0	(	0 0	C	93.00
NORREI MBURSABLE_COST_CENTERS           190.00         190.00         GIFT, FLOWER, COFFEE SHOP & CANTEEN         931         0         0         0         190.00           191.00         19100         RESEARCH         0         0         0         0         191.00           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         0         0         0         192.00           193.00         19300         NONPAI D_WORKERS         0         0         0         193.01           193.01         19301         RETAI L_PHARMACY         0         0         193.01         2, 442         1, 005, 061         0         193.01	110 00		701 470	6 007 000	16 005 505	0 000 017		119 00
190.00       I9000       GIFT, FLOWER, COFFEE SHOP & CANTEEN       931       0       0       0       190.00         191.00       19100       RESEARCH       0       0       0       0       191.00         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       0       0       690, 371       5, 467       0       192.00         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         193.01       19301       RETAI L PHARMACY       0       0       2, 442       1, 005, 061       0       193.01	110.00		////	0, 777, 089	10, 090, 525	0,230,217		110.00
192.00       19200       PHYSI CLANS' PRI VATE OFFICES       0       0       690, 371       5, 467       0       192.00         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         193.01       19301       RETAI L PHARMACY       0       0       0       2, 442       1, 005, 061       0       193.01		19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			(	0 0		
193.00         19300         NONPAI D         WORKERS         0         0         0         0         193.00           193.01         19301         RETAI L         PHARMACY         0         0         2,442         1,005,061         0         193.01				0	( 400 071			
193. 01 19301 RETAIL PHARMACY 0 0 2, 442 1, 005, 061 0 193. 01					690, 37 (	5,46/		
193. 02 19302 WHI TE HOSPI TAL         5, 639          0          0          0          0          193. 02	193.01	19301 RETAIL PHARMACY	C	0	2, 442	1, 005, 061	C	193.01
	193.02	2 19302 WHI TE HOSPI TAL	5, 639	0	(	0 0	[ C	193. 02

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Peri od:	Worksheet B	
				From 01/01/2017	Part I	
				To 12/31/2017	Date/Time Pre	pared:
					5/25/2018 10:	19 am
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11.00	13.00	14.00	15.00	16.00	
193. 03 19303 HOSPI CE	0	0		0 0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	2, 857	0		0 0	0	193. 04
194.0007950 MARKETI NG/PUBLI C RELATI ONS	0	0		0 0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	801, 097	6, 997, 089	16, 788, 33	9, 248, 745	0	202.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	IU HEALTH ARNE		CN: 15-0173	Period: From 01/01/2017	eu of Form CMS-2 Worksheet B Part I	2552-10
					To 12/31/2017	Date/Time Pre	
			OTHER GENERAL	INTERNS &		5/25/2018 10:	19 am
			SERVI CE	RESI DENTS			
	Cost Center Description	SOCI AL SERVI CE	PATI ENT	SERVI CES-OTHE	ER Subtotal	Intern &	
			TRANSPORT	PRGM. COSTS		Residents Cost	
			SERVI CES			& Post Stepdown	
						Adjustments	
		17.00	18.00	22.00	24.00	25.00	
	GENERAL SERVICE COST CENTERS			1			
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 00102 CAP REL COSTS INTEREST EXPENSE						1.01
1.02 2.00	00200 CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMI TTI NG						5.01
5.06	00590 OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00 11.00	01000 DI ETARY 01100 CAFETERI A						10.00
13.00	01300 NURSING ADMINI STRATI ON						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE	604, 346					17.00
18.00	01850 PATIENT TRANSPORT SERVICES	0	1, 076, 902	2			18.00
22.00	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		0		22.00
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	<b>510.017</b>	070.010	.1	0 51 000 000		
30.00	03000 ADULTS & PEDIATRICS	549,017	978, 310		0 51, 992, 209		
31.00 33.00	03100 INTENSIVE CARE UNIT 03300 BURN INTENSIVE CARE UNIT	46, 566	82, 977		0 7, 184, 674 0 0	0	1
33.00	03301 BURN INTENSIVE CARE UNIT	0	0		0 0	0	1
35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	0		0 5, 574, 210		35.00
43.00	04300 NURSERY	0	Ő		0 1, 812, 388		
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	C		0 13, 062, 989		
51.00	05100 RECOVERY ROOM	0			0 1, 554, 352	0	
52.00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	8, 763	15, 615		0 5, 816, 599		
53.00 53.01	05300 ANESTHESTOLOGY	0	0		0 6, 893, 015 0 73, 228		1
54.00	05400 RADI OLOGY - DI AGNOSTI C	0	0		0 8, 083, 103	0	1
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56.00	05600 RADI OI SOTOPE	0	C		0 657, 553	0	56.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	C		0 4, 631, 291	0	59.00
	06000 LABORATORY	0	C		0 11, 841, 035		
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0 966, 927		
65.00		0	0		0 3, 189, 201	0	65.00
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0			0 918, 564 0 466, 680	0	66.00 67.00
68.00	06800 SPEECH PATHOLOGY			Ó	0 400, 000	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0	0	b	0 2, 478, 914	0	69.00
	07000 ELECTROENCEPHALOGRAPHY	0	0	þ	0 132, 403		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C	D	0 12, 903, 551	0	1
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	)	0 19, 917, 196		
73.00	07300 DRUGS CHARGED TO PATIENTS	0	C		0 46, 624, 871	0	
	07400 RENAL DI ALYSI S	0	C		0 930, 316		
	07500 ASC (NON-DI STI NCT PART)	0	0	2	0	0	
75.01	07501 ASC (NON-DI STI NCT PART)	0	0		0 8, 123, 691	0	
	03950 CARDI AC CATHERI ZATI ON 07697 CARDI AC REHABI LI TATI ON	0		Ś	0 796, 449	0	
, 0. 71	OUTPATIENT SERVICE COST CENTERS	0	0	1	70,449	0	1,0.7/
90.00	09000 CLINIC	0	C		0 0	0	90.00
	04950 SLEEP CLINIC	0	C	þ	0 976, 071	0	
	09002 ARNETT CANCER CARE CENTER	0	0	D	0 4, 065, 969	0	
	09003 OUTPATIENT INFUSION CENTER	0	C		0 424, 754	0	
91.00	09100 EMERGENCY	0	0		0 13, 581, 898		
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	_	-		-	0	92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0	0	
	04951 OTHER OUTPATIENT SERVICES	0	0	1	0 0	0	93.00
	SDECLAL DUDDASE CAST CENTEDS						
93.00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	604 346	1.076 902	2	0 235.999 493	0	1118.00
		604, 346	1, 076, 902	2	0 235, 999, 493	0	118.00
93. 00 118. 00 190. 00	SUBTOTALS (SUM OF LINES 1 through 117)	604, 346 0 0	1, 076, 902 0 0		0 235, 999, 493 0 460, 536 0 0	0	118.00 190.00 191.00

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period: From 01/01/2017	Worksheet B Part I
				To 12/31/2017	
		OTHER GENERAL			
Cost Center Description	SOCI AL SERVI CE		RESIDENTS		Intern &
		TRANSPORT SERVI CES	PRGM. COSTS		Residents Cost & Post
		SERVICES			Stepdown
					Adjustments
	17.00	18.00	22.00	24.00	25.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	C		0 135, 954, 003	0 192.00
193.00 19300 NONPALD WORKERS	0	C		0 0	0 193.00
193. 01 19301 RETAIL PHARMACY	0	C		0 2, 565, 631	0 193. 01
193. 02 19302 WHI TE HOSPI TAL	0	C		0 1, 535, 906	0 193. 02
193. 03 19303 HOSPI CE	0	C		0 3, 068	0 193. 03
193. 04 19304 FRANKFORT HOSPI TAL	0	C		0 943, 721	0 193. 04
194.00 07950 MARKETI NG/PUBLI C RELATI ONS	0	C		0 0	0 194.00
200.00 Cross Foot Adjustments				0 0	0 200. 00
201.00 Negative Cost Centers	0	C		0 0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	604, 346	1, 076, 902		0 377, 462, 358	0 202.00

COST ALL	LOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2017	Worksheet B Part I
				To 12/31/2017	Date/Time Prepar 5/25/2018 10:19
	Cost Center Description	Total 26.00			
GI	ENERAL SERVICE COST CENTERS	20.00		<u> </u>	
1.00 0	0100 CAP REL COSTS-BLDG & FIXT				1
	0101 CAP REL COSTS-BLDG & FIXT - NONHOSP				1
	0102 CAP REL COSTS INTEREST EXPENSE				1
	0200 CAP REL COSTS-MVBLE EQUIP				2
	0201 CAP REL COSTS-MVBLE EQUIP - NONHOSP				2
1	0400 EMPLOYEE BENEFITS DEPARTMENT				4
	0570 ADMITTING 0590 OTHER ADMINISTRATIVE & GENERAL				5
1	0700 OPERATION OF PLANT				7
	0701 OPERATION OF PLANT - NONHOSPITAL				, ,
	0800 LAUNDRY & LINEN SERVICE				8
	0900 HOUSEKEEPI NG				ç
0.00 0	1000 DI ETARY				10
1.00 0	1100 CAFETERI A				11
	1300 NURSI NG ADMI NI STRATI ON				13
	1400 CENTRAL SERVICES & SUPPLY				14
	1500 PHARMACY				15
	1600 MEDI CAL RECORDS & LI BRARY				16
	1700 SOCI AL SERVI CE 1850 PATI ENT TRANSPORT SERVI CES				17
	2200 I &R SERVICES-OTHER PRGM. COSTS APPRVD				18
	NPATIENT ROUTINE SERVICE COST CENTERS				
	3000 ADULTS & PEDIATRICS	51, 992, 209			30
	3100 I NTENSI VE CARE UNI T	7, 184, 674			31
	3300 BURN INTENSIVE CARE UNIT	0			33
3.01 0	3301 BURN INTENSIVE CARE UNIT	0			33
5.00 0	2060 NEONATAL INTENSIVE CARE UNIT	5, 574, 210			35
3.00 0.	4300 NURSERY	1, 812, 388			43
	NCILLARY SERVICE COST CENTERS				
	5000 OPERATING ROOM	13, 062, 989			50
	5100 RECOVERY ROOM	1, 554, 352			51
1	5200 DELIVERY ROOM & LABOR ROOM	5, 816, 599			52
	5300 ANESTHESI OLOGY	6, 893, 015			53
1	5301 ASC ANESTHESI OLOGY	73, 228			53
	5400 RADI OLOGY-DI AGNOSTI C 5500 RADI OLOGY-THERAPEUTI C	8, 083, 103 0			55
	5600 RADI OLOGI - MILICAL LOTTIC	657, 553			56
	5900 CARDI AC CATHETERI ZATI ON	4, 631, 291			59
	6000 LABORATORY	11, 841, 035			60
3.00 0	6300 BLOOD STORING, PROCESSING & TRANS.	966, 927			63
5.00 0	6500 RESPI RATORY THERAPY	3, 189, 201			65
6.00 0	6600 PHYSI CAL THERAPY	918, 564			66
	6700 OCCUPATI ONAL THERAPY	466, 680			67
	6800 SPEECH PATHOLOGY	325, 392			68
	6900 ELECTROCARDI OLOGY	2, 478, 914			69
	7000 ELECTROENCEPHALOGRAPHY	132, 403			70
	7100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	12, 903, 551			71
	7200 I MPL. DEV. CHARGED TO PATIENTS	19, 917, 196			72
	7300 DRUGS CHARGED TO PATIENTS 7400 RENAL DIALYSIS	46, 624, 871			73
	7500 ASC (NON-DI STINCT PART)	930, 316 0			75
	7501 ASC (NON-DISTINCT PART)	8, 123, 691			75
	3950 CARDI AC CATHERI ZATI ON	0, 123, 071			76
	7697 CARDI AC REHABI LI TATI ON	796, 449			76
	UTPATIENT SERVICE COST CENTERS				
0.00	9000 CLI NI C	0			90
	4950 SLEEP CLINIC	976, 071			90
	9002 ARNETT CANCER CARE CENTER	4,065,969			90
	9003 OUTPATIENT INFUSION CENTER	424, 754			90
	9100 EMERGENCY	13, 581, 898			91
	9200 OBSERVATION BEDS (NON-DISTINCT PART)				92
1	9201 OBSERVATION BEDS (DISTINCT PART)	0			92
	4951 OTHER OUTPATIENT SERVICES	0			93
18. 00	PECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	235, 999, 493			118
	ONREIMBURSABLE COST CENTERS	233, 777, 473			
	9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	460, 536			190
	9100 RESEARCH	400, 530			191
	9200 PHYSI CLANS' PRI VATE OFFI CES	135, 954, 003			192
	9300 NONPAI D WORKERS	0			193
	9301 RETAIL PHARMACY	2, 565, 631			193
	9302 WHI TE HOSPI TAL	1, 535, 906			193
	9303 HOSPI CE	3, 068			193
	9304 FRANKFORT HOSPI TAL	943, 721			193

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lieu	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period:	Worksheet B	
			From 01/01/2017 To 12/31/2017	Part I Date/Time Pre	pared.
				Date/Time Pre 5/25/2018 10:	19 am
Cost Center Description	Total				
	26.00				
194.00 07950 MARKETI NG/PUBLIC RELATIONS	0				194.00
200.00 Cross Foot Adjustments	0				200. 00
201.00 Negative Cost Centers	0				201.00
202.00 TOTAL (sum lines 118 through 201)	377, 462, 358				202.00

Health Financial Systems	IU HEALTH ARNE	ETT_HOSPITAL		In Lie	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		eriod: rom 01/01/2017	Worksheet B Part II	
			Т	o 12/31/2017	Date/Time Pre 5/25/2018 10:	
			CAPITAL RE	LATED COSTS		
Cost Center Description	Directly Assigned New	BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST	MVBLE EQUIP	
	Capi tal		NUNHUSP	EXPENSE		
	Related Costs 0	1.00	1.01	1. 02	2.00	
GENERAL SERVICE COST CENTERS						1
1.00 00100 CAP REL COSTS-BLDG & FLXT 1.01 00101 CAP REL COSTS-BLDG & FLXT - NONHOSP						1.00 1.01
1. 02 00102 CAP REL COSTS INTEREST EXPENSE 2. 00 00200 CAP REL COSTS-MVBLE EQUI P						1.02 2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 00570 ADMITTING	0	54, 650	) C ) 19, 597	0 104, 694	0 38, 532	
5. 06 00590 OTHER ADMINI STRATI VE & GENERAL	0	163, 459	264, 071	313, 142	115, 250	5.06
7.00 00700 OPERATION OF PLANT 7.01 00701 OPERATION OF PLANT - NONHOSPITAL	0	1, 196, 444 (	4 C D 19,839	2, 292, 047 0	843, 572 0	
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	o c	0	0	
9. 00 00900 HOUSEKEEPING 10. 00 01000 DI ETARY	0	35, 135 148, 252			24, 773 104, 528	
11. 00 01100 CAFETERIA 13. 00 01300 NURSING ADMINISTRATION	0	71, 114 157, 144			50, 140 110, 797	1
14.00 01400 CENTRAL SERVICES & SUPPLY	0	314, 655	5 510	602, 790	221, 853	14.00
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY	0	67,833			47, 827 0	1
17.00 01700 SOCIAL SERVICE	0	0		-	0	17.00
18.00 01850 PATIENT TRANSPORT SERVICES 22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	20, 082			14, 159 0	1
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	0	1, 701, 217	7  C	3, 259, 049	1, 199, 468	30.00
31. 00 03100 I NTENSI VE CARE UNI T	0	169, 990			1, 199, 408 119, 854	
33. 00  03300  BURN I NTENSI VE CARE UNI T 33. 01  03301  BURN I NTENSI VE CARE UNI T	0			-	0	33.00 33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0			274, 084	100, 875	35.00
43. 00 04300 NURSERY ANCI LLARY SERVICE COST CENTERS	0	70, 240	) C	134, 560	49, 524	43.00
50.00 05000 0PERATING ROOM 51.00 05100 RECOVERY ROOM	0	443, 976 62, 269		850, 531 119, 289	313, 032 43, 904	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	211, 594			149, 188	
53. 00  05300  ANESTHESI OLOGY 53. 01  05301  ASC ANESTHESI OLOGY	0	16, 372	2 995 ) 766		11, 543 0	53.00 53.01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	233, 592			164, 698	54.00
55. 00  05500  RADI OLOGY-THERAPEUTI C 56. 00  05600  RADI 0I SOTOPE	0	27, 241		0 52, 185	0 19, 206	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	116, 214	4 C	222, 632	81, 938	
60. 00  06000  LABORATORY 63. 00  06300  BLOOD STORI NG, PROCESSI NG & TRANS.	0	138, 809 10, 271		265, 920 19, 676	97, 870 7, 242	
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	0	24, 696 11, 635		47, 310 22, 290	17, 412 8, 204	
67.00 06700 OCCUPATI ONAL THERAPY	0	5, 488	з с	10, 513	3, 869	67.00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	4, 645 34, 752		8, 898 66, 575	3, 275 24, 503	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	C		0	0	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0			0	0 0	71.00 72.00
73. 00 07300 DRUGS CHARGED TO PATI ENTS 74. 00 07400 RENAL DI ALYSI S	0	23, 853		0 45, 695	0 16, 818	
75.00 07500 ASC (NON-DISTINCT PART)	0	23, 035	o  c	0	0	75.00
75. 01 07501 ASC (NON-DI STI NCT PART) 76. 00 03950 CARDI AC CATHERI ZATI ON	0		222,672	0	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	C	18, 622	0	0	1
0UTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C	0	C		0	0	90.00
90. 01 04950 SLEEP CLINIC	0	0	40, 463		0	90.01
90. 03 09002 ARNETT CANCER CARE CENTER 90. 04 09003 OUTPATI ENT I NFUSI ON CENTER	0	47, 675	0 82, 490 5 C		0 33, 614	90. 03 90. 04
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	360, 337	7 C	690, 304	254, 062	91.00 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	C		0	0	92.01
93. 00 04951 OTHER OUTPATI ENT SERVICES SPECIAL PURPOSE COST CENTERS	0			0	0	93.00
SUBTOTALS (SUM OF LINES 1 through 117)	0	6, 086, 705	681, 037	11, 660, 402	4, 291, 530	118.00
NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	36, 147	7 C	69, 248		190. 00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0		) C 1, 581, 190	0 28, 398		191.00 192.00
	0	1 14,024	1, 301, 190	20, 370	10, 432	1172.00

Health Financial Systems	IU HEALTH ARNE	ETT_HOSPITAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	1	Period: From 01/01/2017 Fo 12/31/2017		
			CAPITAL RE	LATED COSTS		
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS I NTEREST EXPENSE	MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
193. 00 19300 NONPALD WORKERS 193. 01 19301 RETALL PHARMACY	0	0	(			193.00 193.01
193. 02 19302 WHI TE HOSPI TAL	0	16, 142	8, 50	30, 924		193.02
193. 03 19303 H0SPI CE 193. 04 19304  FRANKFORT H0SPI TAL	0	0 13, 965	3, 259	26, 753		193. 03 193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS 200.00 Cross Foot Adjustments	0	0		0 0		194. 00 200. 00
201.00Negative Cost Centers202.00TOTAL (sum lines 118 through 201)	0	0 6, 167, 783	( 2, 273, 992	0 0 2 11, 815, 725		201. 00 202. 00

	INCI AL SYSTEMS OF CAPITAL RELATED COSTS	IU HEALTH ARNET	Provi der CC	CN: 15-0173	Peri od:	Worksheet B	2002
					From 01/01/2017	Part II	noro
					To 12/31/2017	Date/Time Pre 5/25/2018 10:	19 a
		CAPI TAL					
	Cost Center Description	RELATED COSTS MVBLE EQUIP -	Subtotal	EMPLOYEE	ADMI TTI NG	OTHER	
	cost center bescription	NONHOSP	Subtotal	BENEFITS	ADMITTING	ADMI NI STRATI VE	
		Non Noon		DEPARTMENT		& GENERAL	
		2.01	2A	4.00	5. 01	5.06	19         am           1.0         1.0           1.0         1.0           2.0         3.0           5.0         7.0           7.0         8.0           9.0         1.0           11.0         1.0           1.0         1.0           1.0         1.0           2.0         3.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           1.0         1.0           3.0         3.0           3.1         0           3.2         0           50.0         52.0           53.0         54.0           55.0         55.0           56.0         59.0           60.0         67.0           67.0         67.0           75.
	RAL SERVICE COST CENTERS		1		l.	I	
	O CAP REL COSTS-BLDG & FIXT						
	1 CAP REL COSTS-BLDG & FIXT - NONHOSP						
	2 CAP REL COSTS INTEREST EXPENSE						
	0 CAP REL COSTS-MVBLE EQUIP 11 CAP REL COSTS-MVBLE EQUIP - NONHOSP						
	0 EMPLOYEE BENEFITS DEPARTMENT	0	0		0		
	O ADMITTING	23, 532	241,005		0 241,005		
	O OTHER ADMINISTRATIVE & GENERAL	317,098	1, 173, 020		0 0		
	O OPERATION OF PLANT	0	4, 332, 063		0 0	50, 213	
0070 0070	1 OPERATION OF PLANT - NONHOSPITAL	23, 823	43, 662		0 0	18, 762	7
	O LAUNDRY & LINEN SERVICE	0	0		0 0	123	
	O HOUSEKEEPI NG	1, 210	129, 436		0 0	14, 808	
	O DI ETARY	0	536, 790		0 0	7, 380	
		0	257, 488		0 0	1, 623	
		0	568, 984			19, 697	
	0 CENTRAL SERVICES & SUPPLY	613 424	1, 140, 421 246, 387			48, 314 27, 653	
	0 MEDICAL RECORDS & LIBRARY	424	240, 307		0 0	27,055	
	O SOCIAL SERVICE	0	0		0 0	1,857	
	0 PATIENT TRANSPORT SERVICES	0	72, 712		0 0	3, 054	
	0 I &R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		0 0	0	
I NPA	TIENT ROUTINE SERVICE COST CENTERS	· · · ·	•				
00 0300	O ADULTS & PEDIATRICS	0	6, 159, 734		0 18, 744		30
	O INTENSIVE CARE UNIT	0	615, 496		0 1, 959	16, 774	31
	O BURN INTENSIVE CARE UNIT	0	0		0 0	0	
	1 BURN INTENSIVE CARE UNIT	0	0		0 0	0	
	O NEONATAL INTENSIVE CARE UNIT	0	518, 030		0 2,802		
	0 NURSERY LLARY SERVICE COST CENTERS	0	254, 324		0 665	4, 328	43
	0 OPERATING ROOM	2,066	1, 611, 326		0 20, 872	28, 282	50
	0 RECOVERY ROOM	2,000	225, 462		0 2,425		
	O DELIVERY ROOM & LABOR ROOM	0	766, 137		0 3, 885		
	O ANESTHESI OLOGY	1, 194	61, 468		0 4, 412		
01 0530	1 ASC ANESTHESI OLOGY	919	1, 685		0 598	64	53
	0 RADI OLOGY-DI AGNOSTI C	0	845, 787		0 13, 955	20, 639	
	0 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	
		0	98, 632		0 1, 936		
	O CARDI AC CATHETERI ZATI ON	0 522	420, 784		0 7,469		
	0 LABORATORY 0 BLOOD STORING, PROCESSING & TRANS.	9, 523	520, 052 37, 189		0 12, 725 0 630		
	0 RESPIRATORY THERAPY	0	89, 418		0 2,441		
	0 PHYSI CAL THERAPY	0	42, 129		0 621		
	0 OCCUPATIONAL THERAPY	0	19, 870		0 293		
	O SPEECH PATHOLOGY	0	16, 818		0 248		
	0 ELECTROCARDI OLOGY	0	125, 830		0 4, 396	6, 986	
00 0700	0 ELECTROENCEPHALOGRAPHY	0	0		0 200	405	70
1	0 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 5,455		
1	O IMPL. DEV. CHARGED TO PATIENTS	0	0		0 13, 388		
	O DRUGS CHARGED TO PATIENTS	0	0		0 24,974		
	O RENAL DIALYSIS	0	86, 366		0 276		
	0 ASC (NON-DI STI NCT PART) 11 ASC (NON-DI STI NCT PART)	247 294	400.059			10.050	
	O CARDI AC CATHERI ZATI ON	267, 386	490, 058		0 19,627	19, 858 0	
	7 CARDI AC REHABI LI TATI ON	22, 361	40, 983		0 19		
	ATIENT SERVICE COST CENTERS	22,001	10, 700			2,201	
		0	0		0 0	0	90
01 0495	O SLEEP CLINIC	48, 588	89, 051		0 1, 325	2, 445	90
	2 ARNETT CANCER CARE CENTER	99, 055	181, 545		0 3, 217		
	3 OUTPATIENT INFUSION CENTER	0	172, 621		0 98		
		0	1, 304, 703		0 27, 289	33, 921	
	0 OBSERVATION BEDS (NON-DISTINCT PART)		0		_	_	
	1 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0	
	1 OTHER OUTPATIENT SERVICES	0	0		0 0	0	4 93
00 0495	TAL FURPUSE CUST CENTERS		00 507 444		0 10( 044	7(1.024	1110
00 0495 SPEC		017 700					
00 0495 SPEC 3.00	SUBTOTALS (SUM OF LINES 1 through 117)	817, 792	23, 537, 466		0 196, 944	761, 024	
00 0495 SPEC 3. 00 NONR	SUBTOTALS (SUM OF LINES 1 through 117) EIMBURSABLE COST CENTERS	817, 792				1	
00 0495 SPEC 3. 00 NONRI	SUBTOTALS (SUM OF LINES 1 through 117)	817, 792	23, 537, 466  130, 881 0		0 0 0	988	190

Health Financial Systems	IU HEALTH ARNET	T HOSPITAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	CN: 15-0173	Peri od:	Worksheet B	
				From 01/01/2017 To 12/31/2017	Part II Date/Time Pre	narod
				10 12/31/2017	5/25/2018 10:	19 am
	CAPI TAL					
	RELATED COSTS					
Cost Center Description	MVBLE EQUIP -	Subtotal	EMPLOYEE	ADMI TTI NG	OTHER	
	NONHOSP		BENEFITS		ADMI NI STRATI VE	
			DEPARTMENT		& GENERAL	
	2.01	2A	4.00	5. 01	5.06	
193. 01 19301 RETAIL PHARMACY	0	0		0 755	4, 843	193.01
193. 02 19302 WHI TE HOSPI TAL	10, 214	77, 167		0 0	4, 446	193. 02
193. 03 19303 HOSPI CE	0	0		0 0	10	193.03
193. 04 19304 FRANKFORT HOSPI TAL	3, 913	57, 736		0 0	2, 710	193.04
194.00 07950 MARKETI NG/PUBLIC RELATIONS	0	0		0 0	0	194.00
200.00 Cross Foot Adjustments		0				200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	2, 730, 618	27, 336, 813		0 241, 005	1, 173, 020	202.00

Heal th	Financial Systems	IU HEALTH ARNE	TT_HOSPITAL		In Lie	u of Form CMS-2	2552-10
ALLOCA	ITION OF CAPITAL RELATED COSTS		Provider C	F	eriod: rom 01/01/2017	Worksheet B Part II	
					0 12/31/2017	Date/Time Pre 5/25/2018 10:	
	Cost Center Description	OPERATION OF PLANT	OPERATI ON OF PLANT - NONHOSPI TAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
		7.00	7.01	8.00	9.00	10.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.00 1.01 1.02	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 00102 CAP REL COSTS INTEREST EXPENSE						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 4.00	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.01 4.00
5.01	00570 ADMI TTI NG						5. 01
5.06 7.00	00590 OTHER ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	4, 382, 276					5.06 7.00
7.01 8.00	00701 OPERATION OF PLANT - NONHOSPITAL	0	62, 424 0				7.01 8.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	32, 393	32				9.00
10.00	01000 DI ETARY	136, 682	0	0	2, 807	683, 659	
11.00 13.00	01100 CAFETERIA 01300 NURSING ADMINISTRATION	65, 564 144, 880	0		.,	0	11.00
14.00	01400 CENTRAL SERVICES & SUPPLY	290, 099	16			0	14.00
15.00	01500 PHARMACY	62, 540	11		1, 300	0	15.00
16.00 17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	0		Ŭ	0	16.00
18.00	01850 PATIENT TRANSPORT SERVICES	18, 515	0		-	0	18.00
22.00	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	1, 568, 451	0	64	32, 206	621,069	30.00
30.00	03100 I NTENSI VE CARE UNI T	1, 568, 451	0			52,677	30.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0	0	0		0	33.01
35.00 43.00	02060 NEONATAL INTENSIVE CARE UNIT 04300 NURSERY	131, 905 64, 758	0		-,	0	35.00 43.00
	ANCI LLARY SERVI CE COST CENTERS			-	.,	-	
50.00	05000 OPERATING ROOM	409, 327	55			0	50.00
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	57, 409 195, 081	0			0 9, 913	51.00 52.00
53.00	05300 ANESTHESI OLOGY	15, 094	32			0	53.00
53.01	05301 ASC ANESTHESI OLOGY	0	24			0	53.01
54.00 55.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	215, 362	0		., .==	0	54.00 55.00
56.00	05600 RADI OI SOTOPE	25, 115	0		Ŭ	0	56.00
59.00	05900 CARDI AC CATHETERI ZATI ON	107, 144	0	5	-,	0	59.00
60.00 63.00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS.	127, 976 9, 469	251 0		2, 980 194	0	60.00 63.00
65.00	06500 RESPIRATORY THERAPY	22, 769	0			0	•
	06600 PHYSI CAL THERAPY	10, 727	0	0	220	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,060	0	0		0	67.00 68.00
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	4, 282 32, 040	0		88 658	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0	71.00
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	72.00
74.00	07400 RENAL DI ALYSI S	21, 991	0	0	452	0	74.00
75.00	07500 ASC (NON-DI STINCT PART)	0	0	0	0	0	75.00
75. 01 76. 00	07501 ASC (NON-DI STI NCT PART) 03950 CARDI AC CATHERI ZATI ON	0	7, 054		9, 876	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	590	s and a second sec	Ŭ	0	76.97
	OUTPATIENT SERVICE COST CENTERS						1
90.00		0	0	0		0	90.00
90. 01 90. 03	04950 SLEEP CLINIC 09002 ARNETT CANCER CARE CENTER		1, 282 2, 613		1, 795 3, 659	0	90.01 90.03
90.04	09003 OUTPATIENT INFUSION CENTER	43, 954	2,010	1	903	0	90.04
91.00	09100 EMERGENCY	332, 216	0	21	6, 822	0	91.00
92. 00 92. 01	09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 09201 OBSERVATI ON BEDS (DI STI NCT PART)	0	Ω	0	0	0	92.00 92.01
	04951 OTHER OUTPATI ENT SERVICES	0	0	0		0	93.00
	SPECIAL PURPOSE COST CENTERS						440
118.00	NONREI MBURSABLE COST CENTERS	4, 307, 526	11, 960	123	104, 486	683, 659	118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33, 326	0	0	684		190. 00 191. 00
	19100 RESEARCH 19200 PHYSI CLANS' PRI VATE OFFI CES	13, 667	50, 092		70, 407		191.00
193.00	19300 NONPALD WORKERS	0	0	0	0	0	193.00
	19301 RETAIL PHARMACY 219302 WHITE HOSPITAL	0	0	0	0		193. 01 193. 02
173.02	17302 WILL HUSFLIKE	14, 882	269	I U	683	0	1173.02

Health Financial Systems	IU HEALTH ARNE	ETT_HOSPITAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Peri od:	Worksheet B	
				From 01/01/2017		
				To 12/31/2017	Date/Time Pre 5/25/2018 10:	pared: <u>19 am</u>
Cost Center Description	OPERATION OF	OPERATI ON OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	PLANT	PLANT -	LINEN SERVIC	E		
		NONHOSPI TAL				
	7.00	7.01	8.00	9.00	10.00	
193. 03 19303 HOSPI CE	0	0		0 0	0	193.03
193. 04 19304 FRANKFORT HOSPI TAL	12, 875	103		0 409	0	193.04
194.00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0		0 0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	4, 382, 276	62, 424	12	176, 669	683, 659	202.00

Health Financial Systems	IU HEALTH ARNE	ETT_HOSPITAL		In Lieu	u of Form CMS-2	552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	Fr	eriod: om 01/01/2017	Worksheet B Part II	
Cost Conton Deconistica					Date/Time Prep 5/25/2018 10:1	
Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON		PHARMACY	MEDI CAL RECORDS &	
	11.00	13.00	SUPPLY 14.00	15.00	LI BRARY 16.00	
GENERAL SERVICE COST CENTERS 1. 00 00100 CAP REL COSTS-BLDG & FLXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.00
1. 02 00102 CAP REL COSTS INTEREST EXPENSE 2. 00 00200 CAP REL COSTS-MVBLE EQUIP						1.02 2.00
2. 01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 00570 ADMITTING						4. 00 5. 01
5. 06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
7.00 00700 OPERATION OF PLANT 7.01 00701 OPERATION OF PLANT - NONHOSPITAL						7.00 7.01
8. 00 00800 LAUNDRY & LINEN SERVICE						8.00
9. 00 00900 HOUSEKEEPING 10. 00 01000 DI ETARY						9.00 10.00
11. 00 01100 CAFETERI A	326, 021					10.00
13. 00 01300 NURSING ADMINISTRATION	17, 516	754, 052				13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY	2, 572 13, 320	0		355, 713		14. 00 15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE 18.00 01850 PATIENT TRANSPORT SERVICES	2, 613 6, 113	36 0		0	0	17.00 18.00
22.00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		0	0	22.00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000 ADULTS & PEDI ATRI CS	105, 399	394, 101	94, 224	1, 091	0	30.00
31. 00 03100 I NTENSI VE CARE UNI T	13, 324	54, 975	18, 276	480	0	31.00
33. 00 03300 BURN I NTENSI VE CARE UNI T 33. 01 03301 BURN I NTENSI VE CARE UNI T	0	0	0	0	0	33. 00 33. 01
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	11, 407	46, 215	u u u u u u u u u u u u u u u u u u u	85	0	35.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	3, 916	14, 517	0	0	0	43.00
50. 00 05000 OPERATI NG ROOM	21, 743	50, 693	147, 868	696	0	50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	2, 905 12, 532	13, 611 39, 535	1, 002 11, 593	6 16	0	51.00 52.00
53. 00 05300 ANESTHESI OLOGY	10, 858	26, 830		502	0	53.00
53. 01 05301 ASC ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0 17, 297	0	4, 322 35, 816	25 208	0 0	53. 01 54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	7, 711 0	0	208	0	54.00 55.00
56. 00 05600 RADI OI SOTOPE	1,057	0 21, 837	678	25	0	56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	7, 116 16, 028	21, 837	22, 740 0	135 0	0	59. 00 60. 00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	9, 445 2, 636	1, 155 0	19, 438 107	136 0	0	65.00 66.00
67.00 06700 OCCUPATI ONAL THERAPY	1, 496	0		0	0	67.00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	833 8, 699	6, 752	31 896	31	0	68. 00 69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	485	0	90	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	365, 410 560, 756	0	0	71.00 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	311, 009	0	73.00
74. 00 07400 RENAL DIALYSIS 75. 00 07500 ASC (NON-DISTINCT PART)	0	0	360	30 0	0	74.00 75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	67, 047	846	0	75.01
76. 00 03950 CARDI AC CATHERI ZATI ON 76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	0 752	0	0	76. 00 76. 97
OUTPATIENT SERVICE COST CENTERS				3		
90. 00 09000 CLINIC 90. 01 04950 SLEEP CLINIC	0	0		0	0	90. 00 90. 01
90. 03 09002 ARNETT CANCER CARE CENTER	4, 113	89		1, 038	0	90. 01 90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER 91. 00 09100 EMERGENCY	61 28, 700	0 75, 995	135 40, 656	3 486	0	90. 04 91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	20,700	75, 795	40, 000	400		92.00
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 93. 00 04951 OTHER OUTPATI ENT SERVI CES	0	0	0	0	0	92. 01 93. 00
SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	93.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	322, 184	754, 052	1, 426, 020	316, 848	0	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	379	0	0	0		190. 00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	0	0 61, 165	0 210		191.00 192.00
193.00 19300 NONPALD WORKERS	0	0	01, 165	0	0	193.00
193. 01 19301 RETAI L PHARMACY 193. 02 19302 WHI TE HOSPI TAL	0 2, 295	0	216 0	38, 655		193. 01 193. 02
173. 02/17302/WILLE NUSPITAL	2, 295	0	0	0	U	173.02

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Peri od:	Worksheet B	
				From 01/01/2017	Part II	
				To 12/31/2017	Date/Time Pre	pared:
					5/25/2018 10:	<u>19 am</u>
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11.00	13.00	14.00	15.00	16.00	
193. 03 19303 HOSPI CE	0	0		0 0	0	193.03
193. 04 19304 FRANKFORT HOSPI TAL	1, 163	0		0 0	0	193.04
194.00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0		0 0	0	194.00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	326, 021	754, 052	1, 487, 40	1 355, 713	0	202.00

GENERAL           1.00         00100         C           1.01         00101         C           1.01         00102         C           2.00         00200         C           2.01         00201         C           2.01         00201         C           4.00         00400         E           5.01         00570         A           5.06         00590         O           7.01         00700         O           7.01         00701         C           8.00         08800         H           10.00         01000         D           11.00         01100         C           15.00         01600         M           17.00         01700         S           18.00         01850         P           20.00         02001         I           30.00         03000         A           31.00         03000         A           32.00         05000         C           33.01         03100         R           33.01         03301         B           35.00         05500         C </th <th>Cost Center Description AL SERVICE COST CENTERS CAP REL COSTS-BLDG &amp; FIXT CAP REL COSTS-BLDG &amp; FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE &amp; GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY &amp; LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES &amp; SUPPLY PHARMACY MEDICAL RECORDS &amp; LIBRARY SOCIAL SERVICE</th> <th>SOCI AL SERVI CE 17.00</th> <th>OTHER GENERAL SERVI CE PATI ENT TRANSPORT SERVI CES 18. 00</th> <th></th> <th></th> <th>Part II Date/Time Prep 5/25/2018 10:1 Intern &amp; Residents Cost &amp; Post Stepdown Adjustments 25.00</th> <th>pared: 19 am 1.00 1.01 1.02 2.00 2.01 4.00</th>	Cost Center Description AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	SOCI AL SERVI CE 17.00	OTHER GENERAL SERVI CE PATI ENT TRANSPORT SERVI CES 18. 00			Part II Date/Time Prep 5/25/2018 10:1 Intern & Residents Cost & Post Stepdown Adjustments 25.00	pared: 19 am 1.00 1.01 1.02 2.00 2.01 4.00
GENERAL           1.00         00100         C           1.01         00101         C           2.00         00200         C           2.00         00201         C           2.00         00201         C           4.00         04400         E           5.01         00570         A           5.06         00590         C           7.01         00701         C           8.00         08800         H           0.00         00900         H           10.00         01000         D           11.00         01100         C           15.00         01500         M           16.00         01600         M           17.00         03000         A           30.00         03000         A           31.00         03100         I           33.01         03100         I           33.01         03301         B           33.01         03301         B           35.00         05000         C           51.00         05100         R           52.00         05200         D     <	AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY		SERVI CE PATI ENT TRANSPORT SERVI CES	RESI DENTS SERVI CES-OTHER PRGM. COSTS		Intern & Residents Cost & Post Stepdown Adjustments	1. 00 1. 01 1. 02 2. 00 2. 01
GENERAL           1.00         00100         C           1.01         00101         C           2.00         00200         C           2.00         00201         C           2.00         00201         C           4.00         04400         E           5.01         00570         A           5.06         00590         C           7.01         00701         C           8.00         08800         H           0.00         00900         H           10.00         01000         D           11.00         01100         C           15.00         01500         M           16.00         01600         M           17.00         03000         A           30.00         03000         A           31.00         03100         I           33.01         03100         I           33.01         03301         B           33.01         03301         B           35.00         05000         C           51.00         05100         R           52.00         05200         D     <	AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY		SERVI CE PATI ENT TRANSPORT SERVI CES	RESI DENTS SERVI CES-OTHER PRGM. COSTS		Residents Cost & Post Stepdown Adjustments	1. 01 1. 02 2. 00 2. 01
GENERAL           1.00         00100         C           1.01         00101         C           1.01         00102         C           2.00         00200         C           2.01         00201         C           2.01         00201         C           4.00         00400         E           5.01         00570         A           5.06         00590         O           7.01         00700         O           7.01         00701         C           8.00         08800         H           10.00         01000         D           11.00         01100         C           15.00         01600         M           17.00         01700         S           18.00         01850         P           20.00         02001         I           30.00         03000         A           31.00         03000         A           32.00         05000         C           33.01         03100         R           33.01         03301         B           35.00         05500         C </td <td>AL SERVICE COST CENTERS CAP REL COSTS-BLDG &amp; FIXT CAP REL COSTS-BLDG &amp; FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE &amp; GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY &amp; LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES &amp; SUPPLY PHARMACY MEDICAL RECORDS &amp; LIBRARY</td> <td></td> <td>TRANSPORT SERVI CES</td> <td>PRGM. COSTS</td> <td></td> <td>Residents Cost &amp; Post Stepdown Adjustments</td> <td>1. 01 1. 02 2. 00 2. 01</td>	AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY		TRANSPORT SERVI CES	PRGM. COSTS		Residents Cost & Post Stepdown Adjustments	1. 01 1. 02 2. 00 2. 01
1.00         00100         C           1.01         00101         C           1.02         00102         C           2.00         00200         C           2.01         00201         C           4.00         00400         C           5.01         00570         A           5.06         00590         C           7.00         00700         C           8.00         00800         L           9.00         00900         H           0.00         01000         D           11.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           16.00         01600         N           17.00         01700         S           18.00         03000         A           30.00         03000         A           31.00         03100         N           33.01         03100         R           50.00         05000         C           51.00         05100         R           52.00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY	17.00	SERVI CES			& Post Stepdown Adjustments	1. 01 1. 02 2. 00 2. 01
1.00         00100         C           1.01         00101         C           1.02         00102         C           2.01         00200         C           2.01         00200         C           5.01         00570         A           5.06         00590         C           7.00         00700         C           8.00         00800         L           9.00         00900         H           0.00         01000         D           11.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           16.00         01600         N           17.00         01700         S           18.00         03000         A           30.00         03000         A           31.00         03100         N           33.01         03100         B           33.01         03301         B           50.00         05500         R           50.00         05500         R           51.00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY	17.00	18.00	22.00	24.00	Adjustments	1. 01 1. 02 2. 00 2. 01
1.00         00100         C           1.01         00101         C           1.02         00102         C           2.01         00200         C           2.01         00200         C           5.01         00570         A           5.06         00590         C           7.00         00700         C           8.00         00800         L           9.00         00900         H           0.00         01000         D           11.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           16.00         01600         N           17.00         01700         S           18.00         03000         A           30.00         03000         A           31.00         03100         N           33.01         03100         B           33.01         03301         B           50.00         05500         R           50.00         05500         R           51.00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY	17.00	18.00	22.00	24.00		1. 01 1. 02 2. 00 2. 01
1.00         00100         C           1.01         00101         C           1.02         00102         C           2.00         00200         C           2.01         00201         C           4.00         00400         C           5.01         00570         A           5.06         00590         C           7.00         00700         C           8.00         00800         L           9.00         00900         H           0.00         01000         D           11.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           16.00         01600         N           17.00         01700         S           18.00         03000         A           30.00         03000         A           31.00         03100         N           33.01         03100         R           50.00         05000         C           51.00         05100         R           52.00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY						1. 01 1. 02 2. 00 2. 01
1.01         00101         C           1.02         00102         C           2.00         00201         C           4.00         00400         E           5.01         00570         C           7.00         00700         C           7.00         00700         C           7.01         00701         C           9.00         00900         H           10.00         01400         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           16.00         01600         M           7.00         03000         A           30.00         03000         A           31.00         03000         B           33.01         03301         B           35.00         05000         C           51.00         05100         R           52.00         05200         D           53.01         05301         A           54.00         05400         R           55.00         05500         R           66.00	CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY						1. 01 1. 02 2. 00 2. 01
1.02         00102         C           2.00         00200         C           2.01         00201         C           4.00         00400         E           5.01         00570         A           5.06         00590         C           7.00         0700         C           9.00         00900         H           10.00         01000         D           11.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01600         M           17.00         01700         S           18.00         01850         P           22.00         02200         I           17.00         01700         S           30.00         03000         A           31.00         03000         B           33.01         03100         I           33.01         03300         B           35.00         05000         C           51.00         05100         R           52.00         05200         D           53.01	CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY						1. 02 2. 00 2. 01
2.00         00200         C           2.01         00201         C           4.00         00400         E           5.01         00570         A           5.06         00590         C           7.00         00700         D           9.00         00900         H           10.00         01000         D           11.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           16.00         01600         M           17.00         01700         S           8.00         03800         A           30.00         03000         A           31.00         03000         B           33.01         03301         B           35.00         05000         C           51.00         05400         R           52.00         05200         D           53.01         05400         R           54.00         05400         R           55.00         05500         R           66.00	CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY						2. 00 2. 01
4.00         00400         E           5.01         00570         A           5.06         00590         O           7.00         00700         O           7.01         00700         O           7.01         00700         D           8.00         08800         L           9.00         09090         H           10.00         01000         D           11.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           20.00         0200         I           17.00         01700         S           8.00         03000         A           31.00         03000         A           31.00         03000         A           33.01         03301         B           33.01         03000         A           55.00         05500         R           56.00         05400         R           55.00         05500         R           65.00         05600         R           65.00	EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY						
5.01         00570         A           5.06         00590         O           7.00         00700         O           7.01         00701         O           8.00         00800         L           9.00         00900         H           10.00         01000         D           11.00         01300         N           14.00         01400         C           15.00         01500         P           6.00         01600         N           17.00         01700         S           18.00         01300         A           17.00         01700         S           30.00         03000         A           31.00         03100         B           33.01         0300         A           33.01         0300         A           51.00         05100         R           52.00         05200         D           53.01         05301         A           54.00         05400         R           55.00         05500         R           64.00         06400         B           65.00	ADMI TTI NG OTHER ADMI NI STRATI VE & GENERAL OPERATI ON OF PLANT OPERATI ON OF PLANT - NONHOSPI TAL LAUNDRY & LI NEN SERVI CE HOUSEKEEPI NG DI ETARY CAFETERI A NURSI NG ADMI NI STRATI ON CENTRAL SERVI CES & SUPPLY PHARMACY MEDI CAL RECORDS & LI BRARY						
5.06         00590         0           7.00         00700         0           7.01         00701         0           8.00         00800         L           9.00         00900         H           10.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           16.00         01600         M           7.00         01700         S           8.00         01850         P           2.00         02001         I           18.00         01300         A           30.00         03000         A           31.00         03000         A           33.01         03010         I           33.00         05300         A           50.00         05000         C           51.00         05100         R           52.00         05200         D           53.01         05301         A           54.00         05400         R           55.00         05500         R           66.00	OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY						4.00 5.01
7. 01         00701         0           8. 00         00800         L           9. 00         00900         H           10. 00         01000         D           11. 00         01100         C           13. 00         01300         N           14. 00         01400         C           15. 00         01500         P           16. 00         01600         M           17. 00         01700         S           8. 00         03000         A           30. 00         03000         A           31. 00         03100         I           33. 01         03301         B           35. 00         05000         C           51. 00         05000         C           52. 00         05200         D           53. 01         05301         A           54. 00         05400         R           55. 00         05500         R           56. 00         05600         R           66. 00         06600         P           67. 00         07000         F           70. 00         07000         F	OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY						5.06
8.00         00800         L           9.00         00900         H           10.00         01000         D           11.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           16.00         01600         M           17.00         01700         S           18.00         03500         A           30.00         03000         A           31.00         03000         A           33.01         03000         A           33.01         03000         A           43.00         05000         C           51.00         05000         C           52.00         05200         D           53.01         05300         A           53.01         05400         R           55.00         05400         R           55.00         05400         R           66.00         06400         P           67.00         07000         E           71.00         07100         M           72.00 <td>LAUNDRY &amp; LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES &amp; SUPPLY PHARMACY MEDICAL RECORDS &amp; LIBRARY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7.00</td>	LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY						7.00
9.00         00900         H           10.00         01000         D           11.00         01100         C           13.00         01300         N           14.00         01400         C           15.00         01500         P           16.00         01600         M           17.00         01700         S           18.00         01850         P           22.00         0200         I           INPATI         B         30.00         03000           31.00         03000         A           30.00         03000         N           33.01         03301         B           35.00         02500         D           50.00         05000         R           50.00         05000         R <t< td=""><td>HOUSEKEEPI NG DI ETARY CAFETERI A NURSI NG ADMI NI STRATI ON CENTRAL SERVI CES &amp; SUPPLY PHARMACY MEDI CAL RECORDS &amp; LI BRARY</td><td></td><td></td><td></td><td>. I</td><td></td><td>7.01</td></t<>	HOUSEKEEPI NG DI ETARY CAFETERI A NURSI NG ADMI NI STRATI ON CENTRAL SERVI CES & SUPPLY PHARMACY MEDI CAL RECORDS & LI BRARY				. I		7.01
10. 00         01000         D           11. 00         01100         C           13. 00         01300         N           14. 00         01400         C           15. 00         01500         P           16. 00         01600         N           17. 00         01700         S           18. 00         01850         P           22. 00         02001         I           17. 00         03000         A           30. 00         03000         A           31. 00         03000         N           33. 01         03100         I           33. 00         05000         D           50. 00         05000         D           50. 00         05000         D           51. 00         05100         R           52. 00         05200         D           53. 01         05301         A           54. 00         05400         R           55. 00         05500         R           64. 00         06600         B           65. 00         05600         R           65. 00         06500         R	DI ETARY CAFETERI A NURSI NG ADMI NI STRATI ON CENTRAL SERVI CES & SUPPLY PHARMACY MEDI CAL RECORDS & LI BRARY						8.00 9.00
13. 00         01300         N           14. 00         01400         C           15. 00         01500         P           16. 00         01600         M           17. 00         01700         S           18. 00         01850         P           22. 00         02200         I           10. 00         03000         A           31. 00         03000         B           33. 01         03300         B           35. 00         02060         N           43. 00         05000         C           51. 00         05000         C           52. 00         05200         D           53. 01         05301         A           54. 00         05400         R           55. 00         05500         R           56. 00         05600         R           56. 00         05600         R           66. 00         06600         L           63. 00         06300         B           65. 00         05600         R           66. 00         06600         P           67. 00         07000         P	NURSI NG ADMI NI STRATI ON CENTRAL SERVI CES & SUPPLY PHARMACY MEDI CAL RECORDS & LI BRARY						10.00
14.00         01400         C           15.00         01500         P           16.00         01600         M           17.00         01700         S           18.00         01850         P           10.00         02200         I           INPATI         B         30.00         03000           31.00         03300         B         33.01         03301           33.00         03300         B         33.01         03301         B           35.00         02060         N         ANCILLA         S         S           50.00         05000         C         S         C         S           51.00         05000         D         S         C         S           52.00         05200         D         S         C         S           53.01         05301         A         S         C         C         C           54.00         05400         R         S         C         C         C         C         C         C         C         C         C         C         C         C         C         C         C         C         C	CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY			·			11.00
15.00         01500         P           16.00         01600         M           17.00         01700         S           18.00         01850         P           22.00         02200         I           17.00         03000         A           30.00         03000         A           31.00         03000         A           33.01         03300         B           35.00         02060         N           43.00         05000         O           51.00         05000         D           52.00         05200         D           53.01         05300         A           53.01         05300         A           53.00         05400         R           54.00         05400         B           65.00         06500         B           65.00         06500         B           65.00         06500         B           65.00         06600         P           67.00         06700         B           69.00         06900         E           71.00         07100         M           72.00 </td <td>PHARMACY MEDICAL RECORDS &amp; LIBRARY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>13.00 14.00</td>	PHARMACY MEDICAL RECORDS & LIBRARY						13.00 14.00
16. 00         01600 M           17. 00         01700 S           18. 00         01850 P           22. 00         0220 I           INPATI E           30. 00         03000 A           31. 00         03000 I           33. 01         03300 B           33. 01         03301 B           35. 00         0200 N           43. 00         04300 N           50. 00         05000 D           51. 00         05100 R           52. 00         05200 D           53. 01         05301 A           54. 00         05400 R           55. 00         05500 R           65. 00         05600 R           65. 00         06600 L           63. 00         06600 B           65. 00         06600 C           65. 00         06600 B           65. 00         06600 B           65. 00         06600 B           65. 00         06700 C           68. 00         06700 C           69. 00         06900 E           71. 00         07100 M           72. 00         07200 I           73. 00         07300 D           74. 00 </td <td>MEDICAL RECORDS &amp; LIBRARY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>14.00</td>	MEDICAL RECORDS & LIBRARY						14.00
18.00         01850         P           22.00         02200         I           INPATI         I         N           30.00         03000         A           31.00         03000         A           33.01         03301         B           35.00         02060         N           43.00         04300         N           43.00         04300         N           43.00         05000         0           50.00         05000         0           51.00         05100         R           52.00         05200         D           53.01         05301         A           54.00         05400         R           55.00         05500         R           56.00         06600         L           63.00         06300         B           65.00         06500         R           66.00         06600         L           67.00         07000         P           70.00         07000         F           70.00         07000         P           71.00         07100         M           72.00	SOCIAL SERVICE						16.00
22. 00         02200   I           INPATL E           30. 00         03000 A           31. 00         03100 I           33. 01         03301 B           35. 00         02060 N           43. 00         03301 B           35. 00         02060 N           43. 00         04300 N           ANCILLA           50. 00         05000 D           51. 00         05000 D           52. 00         05200 D           53. 01         05301 A           54. 00         05400 R           55. 00         05500 R           56. 00         05600 R           66. 00         06600 L           63. 00         06500 R           65. 00         06500 R           66. 00         06600 E           70. 00         07000 E           71. 00         07100 M           72. 00         07200 I           73. 00         07300 D           74. 00         07400 R           75. 01         07501 A           76. 00         03950 C           76. 70         03950 C           76. 00         03950 C           76. 00         0750		4, 506					17.00
INPATI E           30. 00         03000 A           31. 00         03000 A           33. 01         03300 B           33. 01         03300 B           33. 01         03301 B           35. 00         02600 N           A3. 00         05000 0           51. 00         05000 0           51. 00         05000 0           51. 00         05000 0           53. 00         05200 D           53. 00         05300 A           53. 01         05301 A           53. 01         05300 A           53. 00         05400 R           55. 00         05500 C           60. 00         06000 L           63. 00         06500 R           65. 00         06500 B           65. 00         06500 B           65. 00         06600 C           66. 00         06600 B           67. 00         06700 C           68. 00         06600 B           69. 00         06900 E           71. 00         07100 M           72. 00         07200 I           73. 00         07300 D           74. 00         07400 R           75. 01	PATIENT TRANSPORT SERVICES I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	100, 803 0	0			18.00 22.00
30. 00         03000 A           31. 00         03000 B           33. 01         03301 B           33. 01         03301 B           35. 00         0260 N           43. 00         04300 R           43. 00         05000 O           51. 00         05000 O           51. 00         05000 O           51. 00         05000 O           52. 00         05200 D           53. 01         05301 A           53. 01         05300 A           53. 01         05400 R           54. 00         05400 R           55. 00         05500 C           60. 00         06000 L           63. 00         06500 R           55. 00         05600 R           55. 00         05600 R           64. 00         06400 P           67. 00         06700 O           68. 00         06600 P           67. 00         07000 E           71. 00         07100 M           72. 00         07200 I           73. 00         07300 D           74. 00         07400 R           75. 01         07500 A           75. 01         07501 A      <	IENT ROUTINE SERVICE COST CENTERS	0		0		L	22.00
33. 00         03300         B           33. 01         03301         B           35. 00         02060         N           43. 00         04300         N           43. 00         05000         N           50. 00         05000         D           51. 00         05100         R           52. 00         05200         D           53. 01         05300         A           54. 00         05400         R           55. 00         05500         R           56. 00         05600         R           65. 00         05500         R           65. 00         06500         R           65. 00         06500         R           65. 00         06600         B           65. 00         06600         B           67. 00         06700         0           68. 00         06600         B           70. 00         07000         E           71. 00         07100         M           72. 00         07200         D           73. 00         07300         D           74. 00         07400         R	ADULTS & PEDIATRICS	4,094	91, 574		9, 202, 879	0	30.00
33. 01         03301         B           35. 00         02060         N           43. 00         04300         N           ANCILLA         50. 00         05000         0           50. 00         05000         0         51.00         05000         0           51. 00         05000         D         53.00         05300         A           52. 00         05200         D         53.01         05300         A           53. 01         05300         A         54.00         05400         R           55. 00         05500         R         55.00         06500         L           63. 00         06300         B         65.00         06600         L           63. 00         06400         B         65.00         06500         R           64. 00         06400         B         70.00         07000         E           70. 00         07000         E         71.00         07100         M           72. 00         07200         I         73.00         07300         D           74. 00         07400         R         75.01         07500         A           75. 01 </td <td>INTENSIVE CARE UNIT</td> <td>347</td> <td>7, 767</td> <td></td> <td>942, 021</td> <td>0</td> <td>31.00</td>	INTENSIVE CARE UNIT	347	7, 767		942, 021	0	31.00
35.00         02060         N           43.00         04300         N           ANCILLA         50.00         05000         0           51.00         05100         R         52.00         05200         D           52.00         05200         D         53.01         05300         A           53.01         05301         A         55.00         R         55.00         R           54.00         05400         R         55.00         05500         R           56.00         05600         R         66.00         66000         P           63.00         06300         B         65.00         06500         R           64.00         06600         P         67.00         06700         D           67.00         06700         D         70.00         P         73.00         07100         M           72.00         07200         I         73.00         07300         D         74.00         07400         R           75.01         07501         A         75.01         07501         A           76.00         03950         C         76.70         0         76.70	BURN INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	0	0		0	0	33.00 33.01
43. 00         04300 N           ANCI LLA           50. 00         05000 0           51. 00         05000 0           52. 00         05200 D           53. 01         05301 A           54. 00         05400 R           55. 00         05500 R           56. 00         05600 R           59. 00         05500 R           60. 00         06000 L           63. 00         06500 R           65. 00         05600 R           65. 00         06500 R           66. 00         06600 P           67. 00         06700 0           68. 00         06800 S           69. 00         07000 E           71. 00         07100 M           72. 00         07200 I           73. 00         07300 D           74. 00         07400 R           75. 01         07501 A           76. 07         03950 C           76. 70         03950 C           76. 97         07697 C           00TPATI         90. 00	NEONATAL INTENSIVE CARE UNIT	0	0		734, 226	0	35.00
50.00         05000         0           51.00         05100         R           52.00         05200         D           53.01         05300         A           53.01         05301         A           53.01         05400         R           55.00         05500         R           55.00         05500         R           56.00         05600         R           59.00         05900         C           60.00         06000         L           63.00         06500         R           65.00         06500         R           65.00         06600         P           67.00         06700         D           68.00         06600         P           70.00         07000         E           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07501         A           76.00         03950         C           76.70         07697         C           76.97 </td <td>NURSERY</td> <td>0</td> <td>0</td> <td></td> <td>343, 838</td> <td>0</td> <td>43.00</td>	NURSERY	0	0		343, 838	0	43.00
51.00         05100         R           52.00         05200         D           53.01         05301         A           53.01         05301         A           54.00         05400         R           55.00         05500         R           56.00         05600         R           59.00         05600         R           60.00         06000         L           63.00         06300         B           65.00         06500         R           66.00         06600         E           70.00         07000         E           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07501         A           76.07         03950         C           76.77         07697         C           00.09000         0         00000	LARY SERVICE COST CENTERS						50.00
52.00         05200         D           53.00         05300         A           53.01         05301         A           54.00         05400         R           55.00         05500         R           55.00         05500         R           59.00         05900         C           60.00         06000         L           63.00         06300         B           65.00         06500         R           66.00         06600         D           67.00         06700         D           68.00         06800         S           69.00         06900         E           70.00         07000         D           71.00         07100         M           72.00         07200         I           73.00         07400         R           75.01         07500         A           75.01         07500         A           76.00         03950         C           76.70         03950         C           76.97         07697         C           0017PATI         09.000         C	OPERATING ROOM RECOVERY ROOM	0	0		2, 299, 352 307, 620	0	50.00 51.00
53. 01         05301         A           54. 00         05400         R           55. 00         05500         R           59. 00         05900         C           60. 00         06000         L           63. 00         06300         R           64. 00         06600         P           65. 00         06500         R           66. 00         06600         P           67. 00         06700         0           68. 00         06800         S           69. 00         06900         E           70. 00         07000         P           71. 00         07100         M           72. 00         07200         I           73. 00         07300         D           74. 00         07400         R           75. 00         07501         A           76. 00         03950         C           76. 70         07697         C           76. 90         09000         C	DELIVERY ROOM & LABOR ROOM	65	1, 462		1, 057, 870	0	52.00
54.00         05400         R           55.00         05500         R           56.00         05600         R           59.00         05900         C           60.00         06000         L           63.00         06300         B           65.00         06500         R           66.00         06600         P           67.00         06700         0           68.00         06800         S           69.00         06900         E           70.00         07000         E           71.00         07100         N           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07501         A           76.07         07697         C           00.0900         C         00           90.00         09000         C	ANESTHESI OLOGY	0	0		152, 005	0	53.00
55.00         05500         R           56.00         05600         R           59.00         05900         C           60.00         06000         L           63.00         06300         B           65.00         06500         R           66.00         06600         P           67.00         06700         0           68.00         06800         S           69.00         06700         E           70.00         07000         E           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07501         A           76.00         03950         C           76.70         04697         C           90.00         09000         C	ASC ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	0	0		6, 752 1, 161, 204	0	53.01 54.00
56.00         05600         R           59.00         05900         C           60.00         06300         B           65.00         06500         R           65.00         06500         R           66.00         06600         P           67.00         06700         C           68.00         06800         S           69.00         06900         E           70.00         07000         F           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07500         A           76.00         03950         C           76.97         07697         C           0UTPATI         90.00         09000         C	RADI OLOGY-THERAPEUTI C	0	0		1, 101, 204	0	55.00
60.00         06000         L           63.00         06300         B           65.00         06500         R           66.00         06600         P           67.00         06700         0           68.00         06800         S           69.00         06900         E           70.00         07000         D           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07501         A           76.07         03950         C           76.70         04797         C           00.0900         C         047900	RADI OI SOTOPE	0	0		129, 637	0	56.00
63.00         06300         B           65.00         06500         R           66.00         06600         P           67.00         06700         0           68.00         06800         S           69.00         06900         E           70.00         07000         E           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07501         A           76.00         03950         C           76.70         04972         D           90.00         09000         C	CARDI AC CATHETERI ZATI ON	0	0		600, 909		59.00
65.00         06500         R           66.00         06600         P           67.00         06700         0           67.00         06700         0           69.00         06900         E           70.00         07000         E           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07501         A           76.00         03950         C           76.70         07697         C           0UTPATI         90.00         09000	LABORATORY BLOOD STORING, PROCESSING & TRANS.	0	0		714, 893 50, 362	0	60.00 63.00
67.00         06700         0           68.00         06800         S           69.00         07000         E           70.00         07000         E           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07500         A           76.00         03950         C           76.97         07697         C           00.00         09000         C	RESPI RATORY THERAPY	0	0		154, 082	0	65.00
68.00         06800         S           69.00         06900         E           70.00         07000         E           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07500         A           76.02         03950         C           76.97         07697         C           0UTPATI         90.00         09000	PHYSI CAL THERAPY	0	0		59, 129	0	66.00
69.00         06900         E           70.00         07000         E           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07500         A           76.00         03950         C           76.97         07697         C           0UTPATI         90.00         09000         C	OCCUPATIONAL THERAPY	0	0		28, 218	0	67.00
70.00         07000         E           71.00         07100         M           72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07500         A           76.00         03950         C           76.97         07697         C           0UTPATI         90.00         09000         C	SPEECH PATHOLOGY ELECTROCARDI OLOGY	0	0		23, 247 186, 288	0	68.00 69.00
72.00         07200         I           73.00         07300         D           74.00         07400         R           75.01         07501         A           76.00         03950         C           76.97         07697         C           00.00         09000         C	ELECTROENCEPHALOGRAPHY	0	o o		1, 180	0	70.00
73.00         07300         D           74.00         07400         R           75.00         07500         A           75.01         07501         A           76.00         03950         C           76.97         07697         C           001PATI         90.00         09000         C	MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0		398, 150	0	71.00
74.00         07400         R           75.00         07500         A           75.01         07501         A           76.00         03950         C           76.97         07697         C           0UTPATI         90.00         09000         C	IMPL. DEV. CHARGED TO PATIENTS	0	0		616, 375	0	72.00 73.00
75.00         07500         A           75.01         07501         A           76.00         03950         C           76.97         07697         C           0UTPATI         90.00         09000         C	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	0	0		455, 758 112, 061	0	73.00
76. 00 03950 C 76. 97 07697 C 0UTPATI 90. 00 09000 C		0	o o		0	0	75.00
76. 97 07697 C OUTPATI 90. 00 09000 C	ASC (NON-DISTINCT PART)	0	0		614, 366	0	75.01
00000 C	ASC (NON-DISTINCT PART)	0	0		0 15 271	0	76.00 76.97
90.00 09000 C	ASC (NON-DISTINCT PART) CARDIAC CATHERIZATION	0	0		45, 371	0	10.97
90.01 04950 S	ASC (NON-DI STI NCT PART) CARDI AC CATHERI ZATI ON CARDI AC REHABI LI TATI ON		0		0	0	90.00
1 1	ASC (NON-DI STINCT PART) CARDI AC CATHERI ZATI ON CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C	0			97, 309	0	90.01
	ASC (NON-DI STINCT PART) CARDI AC CATHERI ZATI ON CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C SLEEP CLI NI C	0	0		215, 510 218, 508	0	90.03 90.04
	ASC (NON-DI STINCT PART) CARDI AC CATHERI ZATI ON CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C SLEEP CLI NI C ARNETT CANCER CARE CENTER	000000000000000000000000000000000000000	0			0	90.04
92.00 09200 0	ASC (NON-DI STINCT PART) CARDI AC CATHERI ZATI ON CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C SLEEP CLI NI C		0 0 0		1, 850, 809	0	
	ASC (NON-DI STINCT PART) CARDI AC CATHERI ZATI ON CARDI AC REHABI LI TATI ON TI ENT SERVICE COST CENTERS CLINIC SLEEP CLINIC ARNETT CANCER CARE CENTER OUTPATI ENT INFUSION CENTER EMERGENCY OBSERVATI ON BEDS (NON-DI STINCT PART)	0 0 0 0	0 0 0		1, 850, 809		
	ASC (NON-DI STINCT PART) CARDI AC CATHERI ZATI ON CARDI AC REHABI LI TATI ON TIENT SERVICE COST CENTERS CLINIC SLEEP CLINIC ARNETT CANCER CARE CENTER OUTPATIENT INFUSION CENTER EMERGENCY OBSERVATI ON BEDS (NON-DI STINCT PART) OBSERVATI ON BEDS (DI STINCT PART)		0 0 0 0		1, 850, 809	0	92.01
	ASC (NON-DI STINCT PART) CARDI AC CATHERI ZATI ON CARDI AC REHABI LI TATI ON TI ENT SERVICE COST CENTERS CLINIC SLEEP CLINIC ARNETT CANCER CARE CENTER OUTPATI ENT INFUSION CENTER EMERGENCY OBSERVATI ON BEDS (NON-DI STINCT PART) OBSERVATI ON BEDS (DI STINCT PART) OTHER OUTPATI ENT SERVICES		0 0 0 0		1, 850, 809 0 0	0	92.01
	ASC (NON-DI STINCT PART) CARDIAC CATHERIZATION CARDIAC REHABILITATION TIENT SERVICE COST CENTERS CLINIC SLEEP CLINIC ARNETT CANCER CARE CENTER OUTPATIENT INFUSION CENTER EMERGENCY OBSERVATION BEDS (NON-DI STINCT PART) OBSERVATION BEDS (DI STINCT PART) OTHER OUTPATIENT SERVICES AL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0	0	0	92. 01 93. 00
190.0019000 G 191.0019100 R	ASC (NON-DI STINCT PART) CARDIAC CATHERIZATION CARDIAC REHABILITATION TIENT SERVICE COST CENTERS CLINIC SLEEP CLINIC ARNETT CANCER CARE CENTER OUTPATIENT INFUSION CENTER EMERGENCY OBSERVATION BEDS (NON-DI STINCT PART) OBSERVATION BEDS (DI STINCT PART) OTHER OUTPATIENT SERVICES AL PURPOSE COST CENTERS		0 0 0 0 0 100, 803		0	0	92. 00 92. 01 93. 00 118. 00 190. 00

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2552-10	l
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Peri od:	Worksheet B	
				From 01/01/2017 To 12/31/2017		
					5/25/2018 10:19 am	
		OTHER GENERAL				
		SERVI CE	RESI DENTS			
Cost Center Description	SOCIAL SERVICE		SERVI CES-OTHE		Intern &	
		TRANSPORT	PRGM. COSTS		Residents Cost	
		SERVI CES			& Post	
					Stepdown	
					Adjustments	į.
	17.00	18.00	22.00	24.00	25.00	
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		4, 171, 409		
193.00 19300 NONPALD WORKERS	0	0	)	0	0 193.00	
193.01 19301 RETAIL PHARMACY	0	C	)	44, 469	0 193. 01	
193. 02 19302 WHI TE HOSPI TAL	0	0		99, 742	0 193. 02	
193. 03 19303 HOSPI CE	0	0		10	0 193.03	
193. 04 19304 FRANKFORT HOSPI TAL	0	C		74, 996	0 193.04	
194.0007950 MARKETI NG/PUBLIC RELATIONS	0	C		0	0 194.00	
200.00 Cross Foot Adjustments				0 0	0 200. 00	
201.00 Negative Cost Centers	0	C		0 0	0 201.00	
202.00 TOTAL (sum lines 118 through 201)	4, 506	100, 803		0 27, 336, 813		

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	 In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15	From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/25/2018 10:19 am

			5/25/2018 10: 1	
	Cost Center Description	Total		
	GENERAL SERVICE COST CENTERS	26.00		
1.00	00100 CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP			1.01
1.02	00102 CAP REL COSTS INTEREST EXPENSE			1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP			2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01				5.01
5.06 7.00	00590 OTHER ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT			5.06 7.00
7.00	00700 OPERATION OF PLANT - NONHOSPITAL			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPI NG			9.00
10.00	01000 DI ETARY			10.00
11.00				11.00
13.00				13.00
14.00				14.00
15.00 16.00				15. 00 16. 00
17.00				17.00
18.00				18.00
22.00				22.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00		9, 202, 879		30.00
31.00		942, 021		31.00
33.00		0		33.00
33. 01 35. 00		0 734, 226		33. 01 35. 00
43.00		343, 838		43.00
45.00	ANCI LLARY SERVICE COST CENTERS			45.00
50.00		2, 299, 352		50.00
51.00	05100 RECOVERY ROOM	307, 620		51.00
52.00		1, 057, 870		52.00
53.00		152,005		53.00
53. 01 54. 00		6,752		53. 01 54. 00
54.00 55.00		1, 161, 204		54.00 55.00
56.00		129,637		56.00
59.00		600, 909		59.00
60.00	06000 LABORATORY	714, 893		60.00
63.00		50, 362		63.00
65.00		154, 082		65.00
66.00 67.00		59, 129		66.00 67.00
68.00		28, 218 23, 247		68.00
69.00		186, 288		69.00
70.00		1, 180		70.00
		398, 150		71.00
		616, 375		72.00
		455, 758		73.00
74.00 75.00		112,061		74.00 75.00
75.00		614, 366		75.00
76.00		0		76.00
76.97	07697 CARDI AC REHABI LI TATI ON	45, 371		76.97
	OUTPATIENT SERVICE COST CENTERS	1		
90.00		0		90.00
90.01		97, 309		90.01
90. 03 90. 04		215, 510 218, 508		90. 03 90. 04
90.04 91.00		1, 850, 809		90.04 91.00
92.00		1,000,007		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		92.01
93.00		0		93.00
410 -	SPECIAL PURPOSE COST CENTERS	00 775 55		440 5-
118.00		22, 779, 929	· · · · · · · · · · · · · · · · · · ·	118.00
100.00	NONREIMBURSABLE COST CENTERS 0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	144 250		190. 00
	0 19100 RESEARCH	166, 258 0		190.00 191.00
	0 19200 PHYSI CLANS' PRI VATE OFFI CES	4, 171, 409		191.00
	0 19300 NONPAID WORKERS	0		193.00
	1 19301 RETAIL PHARMACY	44, 469		193.01
	2 19302 WHI TE HOSPI TAL	99, 742		193. 02
	3 19303 HOSPI CE	10		193.03
193.04	4 19304 FRANKFORT_HOSPITAL	74, 996	· · · · · · · · · · · · · · · · · · ·	193.04

Health Financial Systems	IU HEALTH ARNE	TT_HOSPITAL	In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2017	Worksheet B Part II
			To 12/31/2017	Date/Time Prepared: 5/25/2018 10:19 am
Cost Center Description	Total			
	26.00			
194.0007950 MARKETI NG/PUBLIC RELATIONS	0			194.00
200.00 Cross Foot Adjustments	0			200.00
201.00 Negative Cost Centers	0			201.00
202.00 TOTAL (sum lines 118 through 201)	27, 336, 813			202.00

From 01010201         From 01010201         Entry Histor Presentation State / Line Presentation State / Lin		Financial Systems LLOCATION – STATISTICAL BASIS	IU HEALTH ARN	ETT HOSPITAL Provider C		eriod:	u of Form CMS-2 Worksheet B-1	2552-10	
CAPITAL RETATIO COSTS         VALUE DESCRIPTION         CAPITAL RETATIO COSTS           COST Center Description         COUNCE CENT MULTICE COST COSTS         VELOSIS-UNE COST COSTS         VELOSIS-UNE COST         VELOSIS-UNE COST         VELOSIS-UNE COST         VELOSIS-UNE COST         VELOSIS-UNE COST <th col<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th>	<td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
SQUARE FIET         NUMBER SQUARE FIEL         INTERST SQUARE FIEL         CALINET FIEL SQUARE FIEL         CALINET FIEL SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQ				CAP	ITAL RELATED CO	)STS	5/25/2018 10:	19 am	
SQUARE FIET         NUMBER SQUARE FIEL         INTERST SQUARE FIEL         CALINET FIEL SQUARE FIEL         CALINET FIEL SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQUARE SQ		Cost Center Description	BLDG & FLXT	BLDG & FLXT -	CAP REL COSTS	MVBLE FOULP	MVBLE FOULP -		
IOU         IOU         IOU         IOU         IOU         IOU         IOU         IOU         IOU           100         010010AP RFL COSTS HIDE & F1XT - NUMBER         0         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.				NONHOSP	I NTEREST		NONHOSP		
HARMA SERVICE COST CARTIENS         I.U.           00         COROLOGIA REL COST CARTIENS         I.U.           00         COROLOGIA REL COST CARTIEST TOPENDICOST         00         247, 55         402, 345         10           00         COROLOGIA REL COST SAVEREE COUP INDUCOST         0         347, 55         402, 345         10         20           00         COROLOGIA REL COST SAVEREE COUP INDUCOST         0         0         402, 345         0         402, 345         201           00         COROLOGIA REL COST SAVEREE COUP INDUCOST         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				(SQUARE FEET)			(SQUARE FEET)		
1.00         01001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001         04001		CENEDAL SEDVICE COST CENTEDS	1.00	1.01	1.02	2.00	2.01		
1.D2         DOTOD         CAP         DITOD         CAP         HILD STREPTING         0         0         HILD STREPTING         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	1.00		402, 345					1.00	
2.00         00200         CAP REL COSTS-WILE EQUIP         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td>-</td><td>347, 534</td><td></td><td></td><td></td><td></td></t<>			-	347, 534					
4.00         DORADO ELEMENTS DEPARTMENT         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		00200 CAP REL COSTS-MVBLE EQUIP			402, 343	402, 345			
5.01         00570         APMITTING         3.565         2.995         3.666         3.665         40.585         5.66           00         00700         OPERATION OF FLANT         78.048         0         78.048         0.78.048         0.78.048         0.78.048         0.78.048         0.78.048         0.70.00         0.0000         10.0070         0PERATION OF FLANT         0.9000         0.0000         10.0070         0PERATION OF FLANT         0.9000         0.0000         10.0070         0PERATION OF FLANT         0.9000         0.0000         10.00         10.0000         10.0000         10.00         10.0000         10.0000         10.0000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.000         10.0000         10.0000 <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td>			0		0	0			
7.00         COTOO (DEPENT IN OF PLANT         776, 048         0         78, 048         0         78, 048         0         78, 048         0         3.032         0         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0.000         0         0         0.000         0         0.000         0         0.0000         0         0.0000         0         0.0000         0         0.0000         0         0.0000         0         0.0000         0         0.0000         0.0000         0         0.0000         0         0.0000         0         0.0000         0         0.0000         0         0.0000         0         0.00000         0         0.0000         0         0.0000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000000000000000000000000000000000		00570 ADMI TTI NG	3, 565	2, 995	3, 565	3, 565			
7.01         DOTOI   DEFEAT TO NOTE / LANT - NOTHORS/FITAL         0         3.022         0.0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0									
9.00         00000   UUGENEEPING         2,292         154         2,292         2,282         154         9.00           11.00         011000 CAFETERIN A         4,639         0         4,639         0         1.00         10100 CAFETERIN A         4,639         0         4,639         0         1.00         11.00         11.00         11.00         11.00         11.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00<						70, 040 0	-		
10. 00         01000         DETARY         9, 671         0         9, 671         9, 671         0         10. 00           10. 00         011000         CACETERIA         4, 639         0         4, 639         0         10. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 07         110. 076         110. 076         110. 076         110. 076         110. 076         100. 00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td>0 2 292</td><td></td><td>0 2 292</td><td>0 2 292</td><td></td><td></td></t<>			0 2 292		0 2 292	0 2 292			
13.00         01300         NURSING ADMINISTRATION         10.251         0         10.251         0.2526         20.526         11.00           15.00         01300         PRARMACY         4.425         54         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425         4.425 <td></td> <td>01000 DI ETARY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		01000 DI ETARY							
14 00         01400         CENTRAL SERVICES & SUPPLY         20, 520         78         20, 520         78         14, 00           15 00         01500         HERGONS & LIBRARY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							-		
16         00         0100         0100         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	14.00	01400 CENTRAL SERVICES & SUPPLY	20, 526	78	20, 526		-		
17. 00         01700         SOCIAL SERVICE         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				54	4, 425				
22.00         0 0         0         0         0         0         0         22.00           INPATE RADUTINE SERVICE COST CENTERS         110,976         0         110,076         110,076         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         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         30.00         30.00         30.00         30.00         9.33.00         9.33.3         9.33.3         9.33.3         9.33.00         9.33.00         9.33.30         9.33.3         0.30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         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         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         3			0	0	0	0	-		
Inpart ENT BOUTINE SERVICE COST CENTERS           00         000000000000000000000000000000000000									
31.00       03100   NIFENSI VE CARE UNI T       11,089       0       11,089       0       33.00       03300       03300   BURN INTENSI VE CARE UNI T       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		INPATIENT ROUTINE SERVICE COST CENTERS	-		-				
33.00       03300       BURN INTENSIVE CARE UNIT       0       0       0       0       33.00         33.00       10260       NURNESERY       4,882       0       4,382       0       4,300         000       0500       NURSERY       4,882       0       4,382       0       4,300         000       0500       NURSERY       4,682       0       4,662       28,662       263       50.00         000       05000       OPERATI ING ROOM       28,662       28,662       263       50.00       51.00       0       0.00       0       0       13.803       13.803       15.238       55.00       55.00         0.00       05300       ARC ANESTHESI OLGGY       0       117       0       0       117       53.01         0.00       05400       RADI LOGY-THERAPUTI C       0       0       0       0       0       55.00         0.00       06000       CARDI ACCY-THERAPUTI C       17.77       0       1.777       1.777       0       55.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
35: 00       02000 NERGENEY       9, 333       0       9, 333       9, 333       0       35: 00         00       0300 OPENATI NG FROM       28: 962       263       28: 962       28: 962       263       50: 00       50: 00         00       0500 OPENATI NG FROM       4: 062       04: 062       4: 062       05: 00       51: 00       00       05: 00       05: 00       52: 00       52: 00       52: 00       52: 00       52: 00       52: 00       52: 00       00       0       0       117       0       0       117       53: 01       03: 01       05: 00       00       0       0       0       117       0       117       53: 01       00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0		33.00	
43:00         04300 NURSERY         4,582         0         4,582         0,582         4,582         0         43:00           ANCILLARY SERVICE COST CENTERS         50:00         00500 OPERATING ROOM         28,962         28,962         28,962         26,3         50:00         51:00         51:00         51:00         51:00         51:00         51:00         51:00         51:00         51:00         51:00         51:00         52:00         0         0         13,803         13,803         13,803         15,238         0         51:00         51:00         51:00         51:00         0         0         117         53:01         52:00         0         0         0         0         117         53:01         0         55:00         0         0         0         0         55:00         0         0         0         0         55:00         0         0         55:00         0         55:00         0         56:00         56:00         56:00         56:00         56:00         56:00         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:			0 333		0 9 333	0 9 333			
50.00         05000 OPERATING ROOM         28,962         28,962         28,962         26,3         50.00           51.00         05100 RECOVERY ROOM         4,062         0         4,062         0         4,062         0         4,062         0         4,062         0         51.00         55.00         05300         DELIVERY ROOM & LABOR ROOM         13,803         0         13,803         13,803         13,803         152         53.00           53.00         05300 ARLILOGY         0         117         0         0         0         177         53.01           54.00         05400 RAUDILOGY-THERAPEUTIC         0         0         0         0         0         0         55.00           50.00         05600 RAUDILOGY-THERAPEUTIC         0         0         0         0         55.00         0         59.00         59.00         59.00         59.00         59.00         50.00         50.00         650.00         650.00         650.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00         660.00 <td< td=""><td></td><td>04300 NURSERY</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		04300 NURSERY							
51.00       05100       RECOVERY ROOM       4,062       0,62       0,62       0       51.00         52.00       05200       DELLEYER YOOM & LABOR ROOM       13,803       0       13,803       0       52.00         53.01       05301       ANESTHESI OLOGY       0       117       0       0       177       53.01         54.01       05301       ANESTHESI OLOGY       0       117       0       0       177       53.01         54.00       05400       RADI OLOGY-THERAPEUTIC       0       0       0       0       55.00       55.00       55.00       55.00       55.00       55.00       59.00       0.500       CARDI OLOGY-THERAPEUTIC       0       0       0       0       59.00       0.500       CARDI ALS CATHETERI ZATI ON       7.581       7.581       0       59.00       0.500       CARDI ALS CATHETERI ZATI ON       7.581       7.581       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td< td=""><td>50.00</td><td></td><td>28, 962</td><td>263</td><td>28, 962</td><td>28, 962</td><td>263</td><td>50.00</td></td<>	50.00		28, 962	263	28, 962	28, 962	263	50.00	
53:00       DS300       ANESTHESI OLOGY       1,068       152       1,068       1,068       152       5.0         53:01       DS301       ASC AMESTHESI OLOGY       0       117       53.0       0       53.0       0       53.0       0       53.0       0       53.0       0       53.0       0       53.0       0       54.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td< td=""><td>51.00</td><td>05100 RECOVERY ROOM</td><td>4,062</td><td>0</td><td>4, 062</td><td>4, 062</td><td>0</td><td>51.00</td></td<>	51.00	05100 RECOVERY ROOM	4,062	0	4, 062	4, 062	0	51.00	
53. 01       OS301       ASC AMESTHESI OLOGY       0       117       0       0       117       0       0       117       53. 01         54. 00       D6500       RADI OLOGY-THERAPEUTI C       0       0       0       0       55. 00         55. 00       0550       RADI OLOGY-THERAPEUTI C       0       0       0       55. 00         56. 00       05600       RADI OLOGY-THERAPEUTI C       0       0       0       56. 00         59. 00       OSGOO CARDI AC CATHETERI ZATI ON       7. S81       0       57. 00       56. 00         60. 00       06000       LABORATORY       9. 055       1, 212       9. 055       9. 055       1, 212       60. 00         66. 00       06500       PRSI RATDRY THERAPY       1. 611       1. 611       1. 611       65. 00         66. 00       06600       PHSI CAL THERAPY       358       0       358       358       66. 00         67. 00       06700       CCURATI CARED TO PATI ENTS       0       0       0       0       70. 00         70. 00       07000       LIECTROCARED TO PATI ENTS       0       0       0       0       71. 00         71. 00       70.00       700									
55:00         OS500         RADI DLOGY-THERAPEUTI C         0         0         0         0         57:00         S5:00         RADI DLOGY-THERAPEUTI C         0         1,777         1,777         0         56:00           59:00         OS900         CARDI AC CATHETERI ZATI ON         7,581         0         7,581         7,581         0         59:00           60:00         D6000         LABORATORY         PCCESSI NG & TRANS.         67:0         0         67:0         67:0         0         67:0         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         67:0         0         2,267         0         69:00         67:00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		05301 ASC ANESTHESI OLOGY	0	117	0	0	117		
56.00         05600         CARDIA C. SATHETERI ZATI ON         1,777         0         1,777         1,777         0         56.00           59.00         05900         CARDIA C. ATHETERI ZATI ON         7,581         0,580         59.00           60.00         06000         LABORATORY         9,055         1,212         9,055         9,055         1,212         60.00           63.00         06300         RESDI RATORY THERAPY         1,611         0         1,611         0,610         65.00           65.00         06600         RESPI RATORY THERAPY         759         0         759         759         0         66.00           66.00         06600         RESPI RATORY THERAPY         358         0         358         358         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         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			15, 238		15, 238	15, 238			
60.00         06000         LABORATORY         9,055         1,212         9,055         1,212         60.00           63.00         06300         BLOOD STORING, PROCESSING & TRANS.         670         670         670         670         63.00           65.00         06500         RESPI RATORY THERAPY         1,611         0         1,611         1,611         1,611         1,611         1,611         0,61.00           66.00         06500         RESPI RATORY THERAPY         759         0         759         759         0         66.00           0.00         0000 CULPATIONAL THERAPY         358         0         338         303         0         68.00           0.00         0.00         0.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		05600 RADI OI SOTOPE		C			-		
63.00         06300         RESPIRATORY THERAPY         1,611         0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         759         759         0         759         759         0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0         67.0									
66.00       06600       PHYSI CAL THERAPY       759       0       759       759       0       66.00         67.00       06700       00CUPATI ONAL THERAPY       358       0       358       358       0       67.00         68.00       06800       SPEECH PATHOLOGY       303       0       303       303       0       68.00         69.00       0       0000       ELECTROCARDIOLOGY       2,267       0       2,267       2,267       0       69.00         71.00       0700       LECTROENCEPHALOGRAPHY       0       0       0       0       71.00         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0       0       0       72.00         73.00       07300       RUSA CHARGED TO PATI ENTS       0       0       0       0       73.00         75.01       07501       ASC (NON-DI STI NCT PART)       0       0       0       0       0       75.00         76.02       07500       ASC (NON-DI STI NCT PART)       0       34.031       0       0.44.03       75.01         76.03       07500       ASC (NON-DI STI NCT PART)       0       0       0       0       0       0 <td< td=""><td></td><td></td><td>670</td><td></td><td>670</td><td>670</td><td></td><td>63.00</td></td<>			670		670	670		63.00	
68.00         06800         SPEECH PATHOLOGY         303         0         303         303         0         68.00           69.00         06900         ELECTROCARDIOLOGY         2, 267         0         2, 267         0         69.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							-		
69.00       669.00       ELECTROCARDIOLOGY       2, 267       0       2, 267       2, 267       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       0       0       0       70.00         71.00       7000       ELECTROENCEPHALOGRAPHY       0       0       0       0       0       0       70.00         72.00       100       MPL.       LEV. CHARGED TO PATIENTS       0       0       0       0       0       72.00         73.00       07300       RUAL DIALYSIS       1,556       0       1,556       1,556       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0       0       75.00         76.01       0501 ASC (NON-DI STINCT PART)       0       34,031       0       0       0       76.00         76.07       07697 (CARDIAC CATHERI ZATION       0       0       0       0       76.00       76.00         76.07       0.00       0       0       0       0       0       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       70.00       76.00							-		
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0       0       72.00         73.00       07300       RRUGS CHARGED TO PATI ENTS       0       0       0       0       73.00         74.00       07400       RENAL DI ALYSIS       1,556       0       1,556       1,556       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       34,031       0       0       75.00         76.01       ASC (NON-DI STINCT PART)       0       34,031       0       0       75.00         71.00       ASC (NON-DI STINCT PART)       0       34,031       0       0       76.00         03950       CARDI AC CATHERI ZATI ON       0       0       0       0       0       76.97         0000       CLI NIC       0       0       0       0       0       0       90.01         0.01       04950       SLEEP CLI NI C       0       6,184       0       0       14,607       90.03         90.04       09000       CLI NI C       23,506       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>							-		
72.00         07200         IMPL.         DEV.         CHARGED TO PATIENTS         0         0         0         0         72.00           73.00         DRUGS CHARGED TO PATIENTS         0         0         0         0         0         0         0         73.00           74.00         OT300         DRUGS CHARGED TO PATIENTS         1,556         0         1,556         0         74.00           75.00         OT500         ASC (NON-DISTINCT PART)         0         0         0         0         0         0         75.00           75.01         O7501         ASC (NON-DISTINCT PART)         0         34,031         0         0         34,031         75.01           76.97         CARDI AC CATHERIZATION         0         0         0         0         76.97           000         09000         CARDI AC CATHERIZATION         0         0         0         76.97           0100         DUTPATIENT SERVICE COST CENTERS         0         0         0         0         0         90.00           00.01         049003         OUTPATIENT SERVICE CARE CENTER         0         12,607         0         0         90.04           90.04         090003         OPOROL<			0	0	0	0	-		
74.00       07400       RENAL DIALYSIS       1,556       0       1,556       1,556       0       74.00         75.00       07500       ASC (NON-DISTINCT PART)       0       0       0       0       0       75.00         75.01       07501       ASC (NON-DISTINCT PART)       0       34,031       0       0       34,031       0       0       34,031       0       0       75.01       75.01       75.01       07501 ASC (NON-DISTINCT PART)       0       34,031       0       0       0       34,031       0       0       34,031       0       0       75.01       75.01       75.01       75.01       75.01       0       34,031       0       0       34,031       0       0       34,031       0       0       34,031       0       0       34,031       0       0       34,031       0       0       34,031       0       0       76.01       76.97       76.97       76.97       76.97       76.97       76.97       76.97       76.97       76.97       70.00       0       0       0       0       0       0       76.97       70.00       0       0       0       0       0       0       0       0 <td< td=""><td></td><td></td><td>0</td><td></td><td>0</td><td>0</td><td>-</td><td></td></td<>			0		0	0	-		
75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0       75.00         75.01       07501       ASC (NON-DI STINCT PART)       0       34,031       0       0       34,031       75.01         76.00       03950       CARDI AC CATHERI ZATION       0       0       0       0       0       0       76.00         76.97       CARDI AC REHABI LI TATION       0       2,846       0       0       0       76.97         00179ATI ENT SERVICE COST CENTERS       0       0       0       0       0       0       90.00         90.00       09000       CLI NI C       0       0       0       0       90.00         90.01       04950       SLEEP CLI NI C       0       6,184       0       0       6,184       90.01         90.02       ARNETT CANCER CARE CENTER       3,110       0       3,110       0       90.03       012,607       90.03       90.04       90003       012,607       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04 <td< td=""><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td></td<>			0	0	0	0			
76.00       03950       CARDIAC CATHERIZATION       0       0       0       0       0       0       76.00         76.97       07697       CARDIAC REHABILITATION       0       2,846       0       0       2,846       0       0       2,846       76.97         OUTPATIENT SERVICE COST CENTERS       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			0		1, 556	1, 556	-		
76.97       07697       CARDI AC REHABILITATION       0       2,846       0       0       2,846       0       0       2,846       76.97         90.00       09000       CLINIC       0       0       0       0       0       0       90.00         90.01       04950       SLEEP CLINIC       0       6,184       0       0       6,184       90.01         90.03       09002       ARNETT CANCER CARE CENTER       0       12,607       0       12,607       90.03       90.04         90.04       09003       UTPATI ENT INFUSION CENTER       3,110       0       3,110       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       92.01       92.01       92.01       93.00<			0	34, 031	0	0			
90.00         09000         CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		07697 CARDI AC REHABI LI TATI ON	0	2, 846	0	0			
90.01       04950       SLEEP CLINIC       0       6,184       0       0       6,184       90.01         90.03       09002       ARNETT CANCER CARE CENTER       0       12,607       0       0       12,607       90.03         90.04       09003       OUTPATI ENT INFUSION CENTER       3,110       0       3,110       3,110       0       90.04         91.00       09100       EMERGENCY       23,506       0       23,506       23,506       90.04         92.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART)       0       0       0       0       92.01         92.01       09201       OBSERVATI ON BEDS (DI STINCT PART)       0       0       0       0       0       92.01         93.00       04951       OTHER OUTPATI ENT SERVICES       0       0       0       0       93.00         SUBTOTALS (SUM OF LINES 1 through 117)       397,056       104,083       397,056       397,056       104,083       397,056       104,083       118.00         NONREL IMBURSABLE COST CENTERS         190.00       GIFT, FLOWER, COFFEE SHOP & CANTEEN       2,358       0       90.00       0       190.00         191.00       19100	90 00					0	0		
90. 04       09003       OUTPATIENT INFUSION CENTER       3, 110       0       3, 110       3, 110       0       90. 04         91. 00       09100       EMERGENCY       23, 506       0       23, 506       23, 506       0       91. 00         92. 00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       0       0       0       0       92. 01         93. 00       04951       OTHER OUTPATIENT SERVICES       0       0       0       0       93. 00         91. 00       SPECIAL PURPOSE COST CENTERS       SUBTOTALS (SUM OF LINES 1 through 117)       397, 056       104, 083       397, 056       397, 056       104, 083       118. 00         NONREL MBURSABLE COST CENTERS         190. 00       19000       GIFT, FLOWER, COFFEE SHOP & CANTEEN       2, 358       0       2, 358       2, 358       0       190. 00         191. 00       19100       RESEARCH       0       0       0       0       0       191. 00			0	6, 184	0	0			
91.00       09100       EMERGENCY       23,506       0       23,506       23,506       0       91.00         92.00       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART)       0       0       0       0       92.00         92.01       09201       0BSERVATI ON BEDS (DI STI NCT PART)       0       0       0       0       92.01         93.00       04951       OTHER OUTPATI ENT SERVICES       0       0       0       0       93.00         SPECIAL PURPOSE COST CENTERS         NONREL MBURSABLE COST CENTERS         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       397,056       104,083       397,056       397,056       104,083         190.00       IOPODO GIFT, FLOWER, COFFEE SHOP & CANTEEN       2,358       0       2,358       0       190.00         191.00       19100       RESEARCH       0       0       0       0       191.00			0			0 3 110			
92.01       09201       0BSERVATI ON BEDS (DI STINCT PART)       0       0       0       0       92.01         93.00       04951       0THER OUTPATI ENT SERVICES       0       0       0       0       93.00         SPECIAL PURPOSE COST CENTERS         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       397,056       104,083       397,056       397,056       104,083       118.00         NONREL MBURSABLE COST CENTERS         190.00       GIFT, FLOWER, COFFEE SHOP & CANTEEN       2,358       0       2,358       2,358       0       190.00         191.00       19100       RESEARCH       0       0       0       0       0       0       191.00	91.00	09100 EMERGENCY							
93. 00         04951         OTHER OUTPATI ENT SERVICES         0         0         0         0         0         93. 00           SPECIAL PURPOSE COST CENTERS           118. 00         SUBTOTALS (SUM OF LINES 1 through 117)         397,056         104,083         397,056         397,056         104,083         118. 00           NONREI MBURSABLE COST CENTERS           190. 00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         2,358         0         2,358         0         190. 00           191. 00         19100         RESEARCH         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			_		_	0	0		
118.00         SUBTOTALS (SUM OF LINES 1 through 117)         397,056         104,083         397,056         397,056         104,083         118.00           NONREI MBURSABLE COST CENTERS		04951 OTHER OUTPATIENT SERVICES	0	C	0	0			
NONREI MBURSABLE COST CENTERS           190. 00         19000         GI FT, FLOWER, COFFEE SHOP & CANTEEN         2, 358         0         2, 358         0         190. 00           191. 00         19100         RESEARCH         0         0         0         0         0         0         191. 00	118 00		397 056	104 083	397 056	397 056	104 083	118 00	
191. 00 19100 RESEARCH 0 0 0 0 0 191. 00		NONREI MBURSABLE COST CENTERS	Í.	1					
			2, 358		2, 358 0	2, 358 N			
			967	241, 653	967	967			

Heal th	Financial Systems	IU HEALTH ARNI	ETT_HOSPITAL		In Lie	u of Form CMS-	2552-10
COST A	LLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1	
				Т	rom 01/01/2017 o 12/31/2017		
			CAP	ITAL RELATED C	OSTS		
	Cost Center Description		BLDG & FIXT -			MVBLE EQUIP -	
		(SQUARE FEET)	NONHOSP	I NTEREST	(SQUARE FEET)	NONHOSP	
			(SQUARE FEET)			(SQUARE FEET)	
				(SQUARE FEET)			
		1.00	1.01	1.02	2.00	2.01	
	19300 NONPALD WORKERS	0	0	0	0 0		193.00
	19301 RETAIL PHARMACY	0	0	C	0 0		193. 01
	19302 WHI TE HOSPI TAL	1,053	1, 300	1, 053			193. 02
	19303 HOSPI CE	0	0	0	0 0		193. 03
	19304 FRANKFORT HOSPI TAL	911	498	911	911		193. 04
	07950 MARKETI NG/PUBLI C RELATI ONS	0	0	0	0 0	0	194.00
200.00	· · · · · · · · · · · · · · · · · · ·						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6, 167, 783	2, 273, 992	11, 815, 725	4, 348, 695	2, 730, 618	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15. 329588	6. 543222	29. 367148	3 10. 808373	7.857125	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part						205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST AL	Financial Systems LOCATION - STATISTICAL BASIS	IU HEALTH ARNE	Provider C		eriod:	u of Form CMS-2 Worksheet B-1	
					rom 01/01/2017	Date/Time Pre	
	Cost Center Description	EMPLOYEE	ADMI TTI NG	Reconciliation		5/25/2018 10: OPERATI ON OF	19 am
	cost center bescription	BENEFITS	(PATI ENT	Reconciliation	ADMI NI STRATI VE	PLANT	
		DEPARTMENT	CHARGES)		& GENERAL	(SQUARE FEET)	
		(GROSS SALARI ES)			(ACCUM. COST)		
		4.00	5.01	5A. 06	5.06	7.00	
	GENERAL SERVICE COST CENTERS						1.00
	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.00
	00102 CAP REL COSTS INTEREST EXPENSE						1.02
	00200 CAP REL COSTS-MVBLE EQUI P						2.00
	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 00400 EMPLOYEE BENEFITS DEPARTMENT	169, 040, 067					2.0
	00570 ADMI TTI NG	3, 068, 888	1, 512, 487, 143				5.0
	00590 OTHER ADMINISTRATIVE & GENERAL	8, 350, 481	0				5.00
	00700 OPERATION OF PLANT 00701 OPERATION OF PLANT - NONHOSPITAL	1, 524, 647 301, 021	0	0	13, 476, 369 5, 035, 493	310, 069 0	1
	00800 LAUNDRY & LINEN SERVICE	301, 021	0		33, 109	0	•
9.00 0	DO900 HOUSEKEEPI NG	2, 465, 569	0	0	3, 974, 224	2, 292	
	D1000 DI ETARY	541, 920	0	0	1, 980, 793	9, 671	
	01100 CAFETERIA 01300 NURSI NG ADMI NI STRATI ON	314, 847 3, 648, 437	0	0	435, 525 5, 286, 331	4, 639 10, 251	
	01400 CENTRAL SERVICES & SUPPLY	280, 203	0	0	12, 966, 818	20, 526	
	01500 PHARMACY	2, 842, 186	0	0	7, 421, 655	4, 425	
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	0	0	0	0	
	01850 PATIENT TRANSPORT SERVICES	398, 813 456, 202	0		498, 466 819, 758	0 1, 310	
	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	00,202	0	0	0	0	
	NPATIENT ROUTINE SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·		1			
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	22, 533, 221 2, 320, 068	117, 888, 237 12, 323, 588	0	30, 093, 379 4, 501, 915	110, 976 11, 089	
	03300 BURN I NTENSI VE CARE UNI T	2, 320, 008	12, 323, 366		4, 501, 915	0	
	03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	
	02060 NEONATAL INTENSIVE CARE UNIT	3, 369, 187	17, 624, 653	0	3, 730, 604	9, 333	
	04300 NURSERY NCILLARY SERVICE COST CENTERS	711, 102	4, 184, 390	0	1, 161, 535	4, 582	43.00
	D5000 OPERATING ROOM	4, 028, 830	131, 269, 384	0	7, 590, 545	28, 962	50.00
	05100 RECOVERY ROOM	557, 101	15, 250, 965	0	971, 801	4, 062	
	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	2, 225, 214 8, 094, 033	24, 432, 116 27, 751, 033	0	3, 659, 308 5, 333, 202	13, 803 1, 068	
	05301 ASC ANESTHESI OLOGY	0,094,000	3, 759, 364	0	17, 112	0	
	05400 RADI OLOGY-DI AGNOSTI C	3, 199, 820	87, 766, 424	0	5, 539, 149	15, 238	
	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	0 188, 163	0 12, 173, 076	0	0 450, 249	0 1, 777	
	05900 CARDI AC CATHETERI ZATI ON	1, 353, 599	46, 973, 655		3, 080, 793	7, 581	
60. 00 C	06000 LABORATORY	0	80, 031, 574	0	9, 361, 421		60.00
	06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	3, 961, 796	0	772, 926		63.00
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	1, 515, 653 537, 232	15, 351, 967 3, 907, 221	0	2, 365, 120 721, 709	1, 611 759	
	06700 OCCUPATI ONAL THERAPY	274, 837	1, 844, 352	0	368, 014	358	
	06800 SPEECH PATHOLOGY	158, 512	1, 560, 004	0	254, 216	303	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	1, 333, 349	27, 650, 032	0	1, 874, 808 108, 598	2, 267 0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	84, 688 0	1, 260, 612 34, 307, 812		7, 322, 840	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	84, 201, 805	0	11, 334, 039	0	
1	07300 DRUGS CHARGED TO PATIENTS	0	157, 066, 680		32, 145, 701	0	
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	1, 733, 455		693, 912 0	1, 556 0	1
	07501 ASC (NON-DISTINCT PART)	2, 963, 560	123, 441, 061	0	5, 329, 637	0	
76.00 C	03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0	76.00
	07697 CARDI AC REHABI LI TATI ON	303, 019	116, 531	0	590, 605	0	76.97
	DUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	90.00
	04950 SLEEP CLINIC	411, 740	8, 335, 867	0	656, 066	0	
	09002 ARNETT CANCER CARE CENTER	736, 754	20, 234, 238		2, 988, 381	0	
	09003 OUTPATIENT INFUSION CENTER	15, 112 4, 428, 567	615, 286 171, 631, 443		196, 510 9, 103, 990	3, 110 23, 506	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4, 420, 307	171,031,443		7, 103, 990	23, 500	91.00
92.01 C	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
118.00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	85 536 575	1, 238, 648, 621	-62, 613, 663	204, 246, 626	304, 780	118 00
	IONREI MBURSABLE COST CENTERS	03, 030, 075	1, 230, 040, 021	-02,013,003	204, 240, 020	304,780	110.00
190.001	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33, 934	0	0			190. 00
191.001	19100 RESEARCH 19200 PHYSI CLANS' PRI VATE OFFI CES	0 81, 920, 923	0 269, 092, 051	0	-		191.00 192.00
100 001-							

Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		Peri od:	Worksheet B-1	
				From 01/01/2017		
				To 12/31/2017	Date/Time Pre 5/25/2018 10:	
Cost Center Description	EMPLOYEE	ADMI TTI NG	Reconciliatio	on OTHER	OPERATION OF	
	BENEFITS	(PATI ENT		ADMI NI STRATI VE	PLANT	
	DEPARTMENT	CHARGES)		& GENERAL	(SQUARE FEET)	
	(GROSS			(ACCUM. COST)	( )	
	SALARI ES)					
	4.00	5.01	5A. 06	5.06	7.00	
193.01 19301 RETAIL PHARMACY	650, 876	4, 746, 471		0 1, 299, 665	0	193.01
193. 02 19302 WHI TE HOSPI TAL	568, 944	C		0 1, 193, 174	1, 053	193. 02
193. 03 19303 HOSPI CE	0	C		0 2, 559	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	328, 815	C		0 727, 431		193. 04
194.00 07950 MARKETI NG/PUBLIC RELATI ONS	0	C		0 0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	26, 674, 357	4, 636, 261		62, 613, 663	16, 156, 401	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 157799	0. 003065		0. 198869	52. 105825	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	241, 005		1, 173, 020	4, 382, 276	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 000000	0. 000159		0. 003726	14. 133228	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)			1			

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	IU HEALTH ARNI	ETT HOSPITAL	°N: 15_0173	In Lieu Period:	u of Form CMS-2 Worksheet B-1	2552-10
COST ALLOCATION - STATISTICAL DASIS		Trovider co	F	From 01/01/2017 o 12/31/2017	Date/Time Pre 5/25/2018 10:	
Cost Center Description	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LI NEN SERVI CE (POUNDS)	HOUSEKEEPI NG (SQUARE FEET)	DI ETARY (PATI ENT DAYS)	CAFETERI A (FTES)	
	(SQUARE FEET) 7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS	1	I	1	1		1
1.00       00100       CAP REL COSTS-BLDG & FIXT         1.01       00101       CAP REL COSTS-BLDG & FIXT - NONHOSP         1.02       00102       CAP REL COSTS INTEREST EXPENSE         2.00       00200       CAP REL COSTS -MVBLE EQUIP         2.01       00201       CAP REL COSTS-MVBLE EQUIP - NONHOSP         4.00       00400       EMPLOYEE BENEFITS DEPARTMENT         5.01       00570       ADMITTING         5.06       00590       OTHER ADMINISTRATIVE & GENERAL         7.01       00701       OPERATION OF PLANT         7.01       00701       OPERATION OF PLANT         8.00       00800       LAUNDRY & LINEN SERVICE         9.00       00900       HOUSEKEEPING         10.00       01000       DI ETARY         11.00       01100       CAFETERIA         13.00       01300       NURSI NG ADMINI STRATI ON         14.00       01400       CENTRAL SERVI CES & SUPPLY         15.00       01500       PHARMACY         16.00       01600       MEDI CAL RECORDS & LI BRARY         17.00       01700       SOCI AL SERVI CE         18.00       01850       PATIENT TRANSPORT SERVICES         20.00       LI BRARY ICEL CONTR SERVICES <td>301, 149 0 154 0 0 78 54 0 0 0 0</td> <td>792, 262 0 0 0 194 0 0 0 0 0 0 0</td> <td>608, 771 9, 671 4, 633 10, 251 20, 604 4, 479 0 1, 310</td> <td>35, 794 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>86, 083 4, 625 679 3, 517 0 690 1, 614 0</td> <td>13.00 14.00 15.00 16.00 17.00 18.00</td>	301, 149 0 154 0 0 78 54 0 0 0 0	792, 262 0 0 0 194 0 0 0 0 0 0 0	608, 771 9, 671 4, 633 10, 251 20, 604 4, 479 0 1, 310	35, 794 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	86, 083 4, 625 679 3, 517 0 690 1, 614 0	13.00 14.00 15.00 16.00 17.00 18.00
30. 00 03000 ADULTS & PEDI ATRI CS	0	398, 982	110, 976	32, 517	27, 830	30.00
31. 00 03100 I NTENSI VE CARE UNI T	0	33, 534	11, 089		3, 518	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	(		0	33.00
33. 01   03301   BURN I NTENSI VE CARE UNI T 35. 00   02060   NEONATAL I NTENSI VE CARE UNI T	0	8, 562	9, 333	°	0 3, 012	33.01 35.00
43. 00 04300 NURSERY	0	0,002	4, 582		1,034	43.00
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATING ROOM	263	60, 018			5, 741	50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2, 796 67, 610			767 3, 309	51.00 52.00
53. 00 05300 ANESTHESI OLOGY	152	0,010	1, 220		2,867	53.00
53. 01 05301 ASC ANESTHESI OLOGY	117	0	117		0	53.01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	46, 838			4, 567	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	0	0	1, 777	,	0 279	55.00 56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	32, 794	7, 581		1,879	
60. 00 06000 LABORATORY	1, 212	0	10, 267		4, 232	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	670		0	
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	0	0	1, 611 759		2, 494 696	65.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	358		395	
68.00 06800 SPEECH PATHOLOGY	0	0	303		220	
69. 00 06900 ELECTROCARDI OLOGY	0	0	2, 267	0	2, 297	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			128 0	70.00 71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DI ALYSI S	0	0	1, 556	0	0	74.00
75. 00 07500 ASC (NON-DI STI NCT PART) 75. 01 07501 ASC (NON-DI STI NCT PART)	34, 031	0	34, 031	0	0	75.00 75.01
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0	34,03		0	
76. 97 07697 CARDI AC REHABI LI TATI ON	2, 846	0	2, 846	0	0	76.97
90. 00 09000 CLINIC 90. 01 04950 SLEEP CLINIC	6, 184		6, 184		0	90.00 90.01
90. 03 09002 ARNETT CANCER CARE CENTER	12, 607	0	12, 607		1, 086	
90. 04 09003 OUTPATIENT INFUSION CENTER	0	7, 880			16	90.04
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	133, 054	23, 506	0	7, 578	91.00 92.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0		0	0	
SPECIAL PURPOSE COST CENTERS		700.013	0/0.03		05.055	110 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	57,698	792, 262	360, 032	35, 794	85, 070	118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2, 358	3 0	100	190.00
191.00 19100 RESEARCH	0	0	0	0 0		191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 193. 00 19300 NONPALD WORKERS	241, 653	0	242, 619	0		192. 00 193. 00
193. 00 19300 NONPATE WORKERS 193. 01 19301 RETAIL PHARMACY	0	0				193.00
I				<u> </u>		

Health F	inancial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALL	LOCATION - STATISTICAL BASIS		Provider CO		eri od:	Worksheet B-1	
					rom 01/01/2017 o 12/31/2017	Date/Time Pre 5/25/2018 10:	pared: 19 am
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
		PLANT -	LINEN SERVICE	(SQUARE FEET)	(PATIENT DAYS)	(FTES)	
		NONHOSPI TAL	(POUNDS)				
		(SQUARE FEET)					
		7.01	8.00	9.00	10.00	11.00	
	9302 WHI TE HOSPI TAL	1, 300	0	2, 352	0		193. 02
	9303 HOSPI CE	0	0	C	0 0		193. 03
193.041	9304 FRANKFORT HOSPI TAL	498	0	1, 410	0 0	307	193. 04
194.000	7950 MARKETI NG/PUBLI C RELATI ONS	0	0	C	0 0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6, 036, 896	39, 693	4, 887, 088	2, 956, 263	801, 097	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20. 046210	0. 050101	8. 027794	82. 591021	9. 306100	203.00
204.00	Cost to be allocated (per Wkst. B,	62, 424	123	176, 669	683, 659	326, 021	204.00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	0. 207286	0. 000155	0. 290206	19. 099821	3. 787287	205.00
	11)						
206.00	NAHE adjustment amount to be allocated						206.00
	(per Wkst. B-2)						
207.00	NAHE unit cost multiplier (Wkst. D,						207.00
	Parts III and IV)						

JOST A	LLOCATION - STATISTICAL BASIS		Provider CC		eriod:	Worksheet B-1	
				Fr To	com 01/01/2017 0 12/31/2017		
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	5/25/2018 10: SOCI AL SERVI CE	19 am
		ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &		
		(FTES)	SUPPLY (COSTED	REQUIS.)	LI BRARY (PATI ENT	(PATIENT DAYS)	
		(1120)	REQUIS.)		CHARGES)		
		13.00	14.00	15.00	16.00	17.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.0
1.02	00102 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 2.01	00200 CAP REL COSTS-MVBLE EQUIP 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.00 2.0
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01	00570 ADMI TTI NG						5.0
5.06	00590 OTHER ADMINI STRATI VE & GENERAL						5.0
7.00 7.01	00700 OPERATION OF PLANT 00701 OPERATION OF PLANT - NONHOSPITAL						7.0
3.00	00800 LAUNDRY & LINEN SERVICE						8.0
9.00	00900 HOUSEKEEPI NG						9.0
10.00	01000 DI ETARY						10.00
11.00 13.00	01100 CAFETERIA 01300 NURSI NG ADMI NI STRATI ON	42, 438					11.00 13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	29, 379, 363				14.0
	01500 PHARMACY	0	88, 929	36, 215, 794			15.00
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	0	0	1, 512, 487, 143 0	35, 794	16.00 17.00
	01850 PATIENT TRANSPORT SERVICES	2	568	0	0	0	18.00
	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
	INPATIENT ROUTINE SERVICE COST CENTERS	1				L	
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	22, 180 3, 094	1, 861, 151 361, 002	111, 084 48, 864	117, 888, 237 12, 323, 588	32, 517 2, 758	30.00 31.00
	03300 BURN I NTENSI VE CARE UNI T	3, 094	301,002	48, 804	12, 323, 388	2,758	33.00
	03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.0
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2, 601	141, 692	8, 636	17, 624, 653	0	35.00
13.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	817	0	0	4, 184, 390	0	43.00
50.00	05000 OPERATING ROOM	2, 853	2, 920, 741	70, 909	131, 269, 384	0	50.00
51.00	05100 RECOVERY ROOM	766	19, 785	575	15, 250, 965	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 225	228, 996	1,607	24, 432, 116	519	52.00
53.00 53.01	05300 ANESTHESI OLOGY 05301 ASC ANESTHESI OLOGY	1, 510	248, 534 85, 376	51, 086 2, 512	27, 751, 033 3, 759, 364	0	53.00 53.0
54.00	05400 RADI OLOGY-DI AGNOSTI C	434	707, 457	21, 155	87, 766, 424	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
56.00 59.00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON	0 1, 229	13, 390 449, 160	2, 582 13, 791	12, 173, 076 46, 973, 655	0	56.0 59.0
59.00 50.00	06000 LABORATORY	1, 229	449, 100	13, 741	80, 031, 574	0	60.0
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3, 961, 796	0	
	06500 RESPI RATORY THERAPY	65	383, 937	13, 850	15, 351, 967	0	65.0
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	2, 120 481	0	3, 907, 221 1, 844, 352	0	66.00 67.00
	06800 SPEECH PATHOLOGY	0	617	0	1, 560, 004	0	68.0
	06900 ELECTROCARDI OLOGY	380	17, 697	3, 129	27, 650, 032	0	69.0
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,779	0	1, 260, 612 34, 307, 812	0	70.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7, 217, 687 11, 075, 960	0	84, 201, 805	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	0	0	31, 664, 292	157, 066, 680		73.00
	07400 RENAL DI ALYSI S	0	7, 101	3, 054	1, 733, 455		74.00
	07500 ASC (NON-DISTINCT PART) 07501 ASC (NON-DISTINCT PART)	0	0 1, 324, 327	0 84 140	0 123, 441, 061	0	75.00 75.0
	03950 CARDI AC CATHERI ZATI ON	0	1, 324, 327	86, 160 0	123, 441, 001	0	76.0
	07697 CARDI AC REHABI LI TATI ON	0	14, 861	0	116, 531	0	76.9
	OUTPATIENT SERVICE COST CENTERS	1 1					
	09000 CLINIC 04950 SLEEP CLINIC	0	0 27, 866	0	0 8, 335, 867	0	90.00 90.0
	09002 ARNETT CANCER CARE CENTER	5	160, 021	105, 695	20, 234, 238		90.0
90.04	09003 OUTPATIENT INFUSION CENTER	0	2, 658	337	615, 286	0	90.0
	09100 EMERGENCY	4, 277	803, 056	49, 503	171, 631, 443	0	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	Ω	0	92.00 92.0
	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
	SPECIAL PURPOSE COST CENTERS	· · ·				-	
118.00		42, 438	28, 166, 949	32, 258, 821	1, 238, 648, 621	35, 794	118.00
190 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200 PHYSI CLANS' PRI VATE OFFI CES	0	1, 208, 140	21, 407	269, 092, 051	0	192.00
00 00	19300 NONPALD WORKERS	0	0	0	0	I 0	193.0

Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lie	eu of Form CMS-:	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO		Peri od:	Worksheet B-1	
				From 01/01/2017 To 12/31/2017	Date/Time Pre 5/25/2018 10:	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &		
		SUPPLY	REQUIS.)	LI BRARY	(PATIENT DAYS)	
	(FTES)	(COSTED		(PATI ENT		
		REQUIS.)		CHARGES)		
	13.00	14.00	15.00	16.00	17.00	
193.01 19301 RETAIL PHARMACY	0	4, 274	3, 935, 56	6 4, 746, 471		193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0		0 0		193. 02
193. 03 19303 HOSPI CE	0	0		0 0		193.03
193. 04 19304 FRANKFORT HOSPI TAL	0	0		0 0		193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0		0 0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6, 997, 089	16, 788, 338	9, 248, 74	5 0	604, 346	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	164. 877916	0. 571433	0. 25537	9 0.00000	16.884003	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	754, 052	1, 487, 401	355, 71	3 0	4, 506	204.00
205.00 Unit cost multiplier (Wkst. B, Part	17. 768321	0. 050627	0. 00982	2 0.00000	0. 125887	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)				1	I	I

lealth Financial Systems COST ALLOCATION - STATISTICAL BASIS	IU HEALTH ARNI	Provider CCN: 15-0173	B Period:	u of Form CMS-2552- Worksheet B-1
			From 01/01/2017 To 12/31/2017	Date/Time Prepared
Cost Center Description	OTHER GENERAL SERVI CE PATI ENT TRANSPORT SERVI CES	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM. COSTS (ASSI GNED		5/25/2018 10: 19 am
	(PATIENT DAYS) 18.00	TIME) 22.00		
GENERAL SERVICE COST CENTERS	1			
1.00         O0100         CAP         REL         COSTS-BLDG         & FIXT           1.01         O0101         CAP         REL         COSTS-BLDG         & FIXT         - NONHOSP           1.02         O0102         CAP         REL         COSTS-BLDG         & FIXT         - NONHOSP           1.02         O0102         CAP         REL         COSTS         INTEREST         EXPENSE           2.00         O0200         CAP         REL         COSTS-MVBLE         EQUI P           2.01         O0201         CAP         REL         COSTS-MVBLE         EQUI P           2.01         O02001         CAP         REL         COSTS-MVBLE         EQUI P           4.00         O0400         EMPLOYEE         BENEFITS         DEPARTMENT				1. C 1. C 2. C 2. C 4. C
5. 01         00570         ADMI TTI NG           5. 06         00590         OTHER ADMI NI STRATI VE & GENERAL           7. 00         00700         OPERATI ON OF PLANT           7. 01         00701         OPERATI ON OF PLANT				4. C 5. C 5. C 7. C 7. C 7. C
3. 00         00800         LAUNDRY & LINEN SERVICE           9. 00         HOUSEKEEPING           10. 00         01000         DIETARY           11. 00         01100         CAFETERIA           13. 00         01300         NURSING ADMINISTRATION				8. 0 9. 0 10. 0 11. 0 13. 0
14.00         01400         CENTRAL SERVICES & SUPPLY           15.00         01500         PHARMACY           16.00         01600         MEDICAL RECORDS & LIBRARY           17.00         01700         SOCIAL SERVICE	25 704			14. C 15. C 16. C 17. C
18. 00 01850 PATIENT TRANSPORT SERVICES 22. 00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	35, 794			18. C 22. C
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         INTENSI VE CARE UNI T	32, 517 2, 758	0		30. 0 31. 0
33. 00 03300 BURN I NTENSI VE CARE UNI T 33. 01 03301 BURN I NTENSI VE CARE UNI T 35. 00 02060 NEONATAL I NTENSI VE CARE UNI T 43. 00 04300 NURSERY	0 0 0	0 0 0 0		33. 0 33. 0 35. 0 43. 0
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0	0		50.0
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	0 519	0 0		51. 0 52. 0
53. 00   05300   ANESTHESI OLOGY 53. 01   05301   ASC ANESTHESI OLOGY 54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	0 0 0		53. C 53. C 54. C
55. 00  05500  RADI OLOGY-THERAPEUTI C 56. 00  05600  RADI OI SOTOPE 59. 00  05900  CARDI AC  CATHETERI ZATI ON	000000000000000000000000000000000000000	0 0 0		55. ( 56. ( 59. (
00.00 06000 LABORATORY 03.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	• •		60. 0 63. 0
<ul> <li>.65. 00 06500 RESPI RATORY THERAPY</li> <li>.66. 00 06600 PHYSI CAL THERAPY</li> <li>.7. 00 06700 OCCUPATI ONAL THERAPY</li> </ul>		0		65. ( 66. ( 67. (
8. 00 06800 SPEECH PATHOLOGY 9. 00 06900 ELECTROCARDI OLOGY 0. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		68. ( 69. ( 70. (
1. 00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         2. 00       07200       IMPL.       DEV.         Charged TO PATI ENTS       DEV.       CHARGED TO PATI ENTS	0	0		70.0
<ol> <li>3. 00 07300 DRUGS CHARGED TO PATIENTS</li> <li>4. 00 07400 RENAL DIALYSIS</li> <li>5. 00 07500 ASC (NON-DISTINCT PART)</li> </ol>	0	0		73. ( 74. ( 75. (
5. 01 07501 ASC (NON-DI STINCT PART) 6. 00 03950 CARDIAC CATHERIZATION	0	0		75. 0 76. 0
6. 97 07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	0			76.9
0. 00  09000  CLI NI C 0. 01  04950  SLEEP  CLI NI C 0. 03  09002  ARNETT  CANCER  CARE  CENTER	000000000000000000000000000000000000000	0 0 0		90. ( 90. ( 90. (
0.04 09003 OUTPATIENT INFUSION CENTER 1.00 09100 EMERGENCY 2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0 0		90. ( 91. ( 92. (
2. 01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 3. 00 04951 OTHER OUTPATI ENT SERVI CES	0	0		92. ( 92. ( 93. (
SPECIAL PURPOSE COST CENTERS 18.00 SUBTOTALS (SUM OF LINES 1 through 117)	35, 794	0		118. (
NONREI MBURSABLE         COST         CENTERS           90.00         19000         GI FT,         FLOWER,         COFFEE         SHOP & CANTEEN           91.00         19100         RESEARCH         CANTEEN         CANTEEN	0	0		 190. ( 191. (
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0			192.

Health Financial Systems	IU HEALTH ARNI	ETT_HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC	CN: 15-0173	Peri od:	Worksheet B-1	
				From 01/01/2017 To 12/31/2017	Date/Time Prep 5/25/2018 10:1	oared: 19 am
	OTHER GENERAL	INTERNS &				
	SERVI CE	RESI DENTS				
Cost Center Description		SERVI CES-OTHER				
	TRANSPORT	PRGM. COSTS				
	SERVI CES	(ASSI GNED				
	(PATIENT DAYS)	/				
	18.00	22.00				100.00
193.00 19300 NONPALD WORKERS	0	0				193.00
193. 01 19301 RETAIL PHARMACY	0	0				193.01
193. 02 19302 WHI TE HOSPI TAL	0	0				193.02
193. 03 19303 HOSPI CE 193. 04 19304 FRANKFORT HOSPI TAL	0	0				193. 03 193. 04
193. 04 19304 FRANKFORT HOSPITAL 194. 00 07950 MARKETING/PUBLIC RELATIONS	0	0				193.04
	0	0				200.00
200.00Cross Foot Adjustments201.00Negative Cost Centers						200.00
5	1 07( 000	0				
202.00 Cost to be allocated (per Wkst. B, Part I)	1, 076, 902	0			4	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	30. 086104	0. 000000			2	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	100, 803	0			2	204. 00
205.00 Unit cost multiplier (Wkst. B, Part	2. 816198	0. 000000			2	205. 00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					2	206. 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					2	207. 00

Health Financial Systems	IU HEALTH ARN				u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Pre	pared:
		Title	xviii	Hospi tal	5/25/2018 10: PPS	19 am
				Costs	FF3	
Cost Center Description	Total Cost (from Wkst. B, Part I, col.	Therapy Limit Adj.	Total Costs		Total Costs	
	26)	2.00	2.00	1.00	F 00	
	1.00	2.00	3.00	4.00	5.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS	51, 992, 209	1	51, 992, 20	188, 350	52, 180, 559	30.00
31. 00 03100 INTENSIVE CARE UNIT	7, 184, 674		7, 184, 67		7, 386, 312	31.00
33. 00 03300 BURN INTENSIVE CARE UNIT	7, 184, 874		7, 104, 07	0 0	7, 360, 312	33.00
33. 01 03301 BURN INTENSIVE CARE UNIT					0	33.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	5, 574, 210		5, 574, 21	0	5, 921, 392	
43. 00 04300 NURSERY	1, 812, 388		1, 812, 38		1, 812, 388	
ANCI LLARY SERVI CE COST CENTERS	1,012,300	1	1,012,30	0	1,012,300	43.00
50. 00 05000 OPERATI NG ROOM	13, 062, 989		13, 062, 98	39 0	13, 062, 989	50.00
51. 00 05100 RECOVERY ROOM	1, 554, 352		1, 554, 35		1, 554, 352	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	5, 816, 599		5, 816, 59		5, 816, 599	
53. 00 05300 ANESTHESI OLOGY	6, 893, 015		6, 893, 01		7, 263, 796	
53. 01 05301 ASC ANESTHESI OLOGY	73, 228		73, 22		73, 228	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	8, 083, 103		8, 083, 10		8, 083, 103	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0			0 0	0,000,000	55.00
56. 00 05600 RADI OI SOTOPE	657, 553		657, 55		657, 553	
59. 00 05900 CARDI AC CATHETERI ZATI ON	4, 631, 291		4, 631, 29		4, 631, 291	59.00
60. 00 06000 LABORATORY	11, 841, 035		11, 841, 03		11, 841, 035	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	966, 927		966, 92		966, 927	
65. 00 06500 RESPI RATORY THERAPY	3, 189, 201	0	3, 189, 20	01 0	3, 189, 201	65.00
66. 00 06600 PHYSI CAL THERAPY	918, 564	0	918, 56	04 0	918, 564	66.00
67.00 06700 OCCUPATI ONAL THERAPY	466, 680	0	466, 68	30 O	466, 680	67.00
68.00 06800 SPEECH PATHOLOGY	325, 392	0	325, 39	02 0	325, 392	68.00
69. 00 06900 ELECTROCARDI OLOGY	2, 478, 914		2, 478, 91	4 0	2, 478, 914	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	132, 403		132, 40	03 0	132, 403	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12, 903, 551		12, 903, 55		12, 903, 551	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	19, 917, 196		19, 917, 19	06 0	19, 917, 196	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	46, 624, 871		46, 624, 87	/1 0	46, 624, 871	
74.00 07400 RENAL DIALYSIS	930, 316		930, 31		930, 316	
75.00 07500 ASC (NON-DISTINCT PART)	0			0 0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	8, 123, 691		8, 123, 69		8, 123, 691	75.01
76. 00 03950 CARDI AC CATHERI ZATI ON	0			0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	796, 449		796, 44	19 0	796, 449	76.97
OUTPATIENT SERVICE COST CENTERS		1	1			
90. 00 09000 CLINIC	0			0 0	0	90.00
90. 01 04950 SLEEP CLINIC	976, 071		976, 07		976, 071	90.01
90. 03 09002 ARNETT CANCER CARE CENTER	4,065,969		4, 065, 96		4,065,969	
90. 04 09003 OUTPATIENT INFUSION CENTER	424, 754		424, 75		424, 754	
91. 00 09100 EMERGENCY	13, 581, 898		13, 581, 89		13, 581, 898	
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	8, 251, 603		8, 251, 60		8, 251, 603	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0			0 0	0	
93.00 04951 OTHER OUTPATIENT SERVICES 200.00 Subtotal (see instructions)	244 251 004	0	244 251 00	0 0	0	
200.00Subtotal (see instructions)201.00Less Observation Beds	244, 251, 096 8, 251, 603		244, 251, 09 8, 251, 60		245, 359, 047 8, 251, 603	
202.00 Total (see instructions)	235, 999, 493					
	200, 777, 490	1 0	233, 777, 45	· · · · · · · · · · · · · · · · · · ·	237, 107, 444	202.00

OMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Pre 5/25/2018 10:	pared: 19 am
		Title	e XVIII	Hospi tal	PPS	
		Charges				
Cost Center Description	Inpati ent	Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA Inpatient Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
0. 00 03000 ADULTS & PEDIATRICS	85, 380, 012		85, 380, 01	2		30. 00
1.00 03100 INTENSIVE CARE UNIT	12, 323, 588		12, 323, 58			31.00
3.00 03300 BURN INTENSIVE CARE UNIT	0			0		33.00
3. 01 03301 BURN INTENSIVE CARE UNIT	0			0		33.01
5. 00 02060 NEONATAL INTENSIVE CARE UNIT	14, 902, 704		14, 902, 70	)4		35.00
3. 00 04300 NURSERY	4, 184, 390		4, 184, 39			43.00
ANCI LLARY SERVI CE COST CENTERS	1		1			
0. 00 05000 OPERATI NG ROOM	56, 833, 647	74, 435, 737	131, 269, 38	0. 099513	0.00000	50.00
1.00 05100 RECOVERY ROOM	5,076,263	10, 174, 702			0.000000	
2.00 05200 DELIVERY ROOM & LABOR ROOM	22, 532, 304	1, 899, 812			0.000000	
3. 00 05300 ANESTHESI OLOGY	3, 691, 606	4, 284, 899			0.000000	
3. 01 05301 ASC ANESTHESI OLOGY	7, 152	3, 752, 212			0.000000	
4. 00 05400 RADI OLOGY-DI AGNOSTI C	32, 112, 846	55, 600, 646			0.000000	
5. 00 05500 RADI OLOGY-THERAPEUTI C	0	C	)	0 0.000000	0.000000	55.00
6. 00 05600 RADI 0I SOTOPE	1, 537, 460	10, 635, 616	12, 173, 07	0. 054017	0.000000	
9. 00 05900 CARDI AC CATHETERI ZATI ON	25, 594, 140	21, 379, 515	46, 973, 65	0. 098593	0.000000	59.00
0. 00 06000 LABORATORY	31,043,757	48, 239, 441	79, 283, 19	0. 149351	0.000000	60.00
3.00 06300 BLOOD STORING, PROCESSING & TRANS.	3, 140, 879	820, 917		0. 244063	0.000000	63.00
5. 00 06500 RESPI RATORY THERAPY	13, 256, 202	2,095,765	15, 351, 96	0. 207739	0.000000	65.00
6. 00 06600 PHYSI CAL THERAPY	3, 566, 369	340, 852			0. 000000	66.00
7.00 06700 OCCUPATI ONAL THERAPY	1, 677, 484	166, 868	1, 844, 35	0. 253032	0. 000000	67.00
8.00 06800 SPEECH PATHOLOGY	1, 355, 370	204, 634	1, 560, 00	0. 208584	0. 000000	68.00
9. 00 06900 ELECTROCARDI OLOGY	14, 240, 412	13, 409, 620	27, 650, 03	0. 089653	0.000000	69.00
0. 00 07000 ELECTROENCEPHALOGRAPHY	919, 516	341, 096	1, 260, 61	2 0. 105031	0. 000000	70.00
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14, 872, 806	19, 435, 006	34, 307, 81	2 0. 376111	0. 000000	71.00
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	46, 623, 963	37, 577, 842	84, 201, 80	0. 236541	0. 000000	72.00
3.00 07300 DRUGS CHARGED TO PATIENTS	54, 437, 454	102, 629, 226	157, 066, 68	0. 296848	0.000000	73.00
4.00 07400 RENAL DIALYSIS	1, 645, 812	87, 643	1, 733, 45	0. 536683	0. 000000	74.00
5.00 07500 ASC (NON-DISTINCT PART)	0	0		0 0.000000	0. 000000	75.00
5. 01 07501 ASC (NON-DISTINCT PART)	199, 262	123, 241, 799	123, 441, 06	0. 065810	0.000000	75.01
6. 00 03950 CARDI AC CATHERI ZATI ON	0	C		0 0.000000	0.000000	76.00
6. 97 07697 CARDI AC REHABI LI TATI ON	85, 513	29, 444	114, 95	6. 928234	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
0. 00 09000 CLINIC	0	C	)	0 0.000000	0.000000	90.00
0.01 04950 SLEEP CLINIC	0	8, 335, 867	8, 335, 86	0. 117093	0.000000	90.01
0. 03 09002 ARNETT CANCER CARE CENTER	210, 095	20, 024, 143	20, 234, 23	0. 200945	0.000000	90.03
0. 04 09003 OUTPATIENT INFUSION CENTER	6, 216	609, 070	615, 28	0. 690336	0.000000	90.04
1.00 09100 EMERGENCY	33, 948, 668	137, 682, 737	171, 631, 40	0. 079134	0.000000	91.00
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 113, 221	20, 071, 094	22, 184, 31	5 0. 371957	0.000000	92.00
2.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	C		0 0.000000	0.000000	92.01
3. 00 04951 OTHER OUTPATI ENT SERVICES	0	C		0 0.000000	0.000000	93.00
00.00 Subtotal (see instructions)	487, 519, 111	717, 506, 203	1, 205, 025, 31	4		200.00
01.00 Less Observation Beds						201.00
02.00 Total (see instructions)	487, 519, 111	717, 506, 203	1, 205, 025, 31	4		202.00

Heal th	Financial Systems	IU HEALTH ARNET	T HOSPI TAL	In Lie	u of Form CMS-2	552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prep 5/25/2018 10:1	
			Title XVIII	Hospi tal	PPS	
	Cost Center Description	PPS Inpatient				
		Ratio				
		11.00				
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS					30.00
31.00	03100 I NTENSI VE CARE UNI T					31.00
33.00	03300 BURN INTENSIVE CARE UNIT					33.00
33.01	03301 BURN INTENSIVE CARE UNIT					33. 01
35.00	02060 NEONATAL INTENSIVE CARE UNIT					35.00
43.00	04300 NURSERY					43.00
	ANCI LLARY SERVICE COST CENTERS					
50.00	05000 OPERATI NG ROOM	0. 099513				50.00
51.00	05100 RECOVERY ROOM	0. 101918				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 238072				52.00
53.00	05300 ANESTHESI OLOGY	0. 910649				53.00
53.01	05301 ASC ANESTHESI OLOGY	0.019479				53.01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 092153				54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 000000				55.00
56.00	05600 RADI OI SOTOPE	0. 054017				56.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 098593				59.00
60.00	06000 LABORATORY	0. 149351				60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 244063				63.00
65.00	06500 RESPI RATORY THERAPY	0. 207739				65.00
66.00	06600 PHYSI CAL THERAPY	0. 235094				66.00
67.00	06700 OCCUPATI ONAL THERAPY	0. 253032				67.00
68.00	06800 SPEECH PATHOLOGY	0. 208584				68.00
69.00	06900 ELECTROCARDI OLOGY	0. 089653				69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 105031				70.00
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 376111				70.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 236541				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 296848				73.00
74.00	07400 RENAL DI ALYSI S	0. 536683				74.00
75.00	07500 ASC (NON-DI STI NCT PART)	0. 000000				75.00
75.00						75.00
	07501 ASC (NON-DI STI NCT PART)	0.065810				
76.00	03950 CARDI AC CATHERI ZATI ON	0.000000				76.00
76. 97	07697 CARDI AC REHABI LI TATI ON	6. 928234				76. 97
00.00	OUTPATIENT SERVICE COST CENTERS	0.000000				~~ ~~
90.00		0.000000				90.00
90.01	04950 SLEEP CLINIC	0. 117093				90.01
90.03	09002 ARNETT CANCER CARE CENTER	0. 200945				90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0. 690336				90.04
91.00	09100 EMERGENCY	0. 079134				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 371957				92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000				92.01
	04951 OTHER OUTPATIENT SERVICES	0. 000000				93.00
200.00						200. 00
201.00						201.00
202.00	Total (see instructions)				2	202.00

	Financial Systems	IU HEALTH ARNI				u of Form CMS-	2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Pre	pared:
			Ti +1	e XIX	Hospi tal	5/25/2018 10: PPS	<u>19 am</u>
					Costs	PP3	
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs		Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
30.00	03000 ADULTS & PEDI ATRI CS	51, 992, 209		51, 992, 20	09 188, 350	52, 180, 559	30.00
	03100 I NTENSI VE CARE UNI T	7, 184, 674		7, 184, 67		7, 386, 312	
	03300 BURN INTENSIVE CARE UNIT	0		, , .	0 0	0	
33.01	03301 BURN INTENSIVE CARE UNIT	0			0 0	0	33.01
	02060 NEONATAL INTENSIVE CARE UNIT	5, 574, 210		5, 574, 21	347, 182	5, 921, 392	35.00
43.00	04300 NURSERY	1, 812, 388		1, 812, 38	38 0	1, 812, 388	43.00
	ANCILLARY SERVICE COST CENTERS		•	•			
50.00	05000 OPERATING ROOM	13, 062, 989		13, 062, 98	39 0	13, 062, 989	50.00
51.00	05100 RECOVERY ROOM	1, 554, 352		1, 554, 35	52 0	1, 554, 352	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5, 816, 599		5, 816, 59		5, 816, 599	
	05300 ANESTHESI OLOGY	6, 893, 015		6, 893, 01		7, 263, 796	
	05301 ASC ANESTHESI OLOGY	73, 228		73, 22		73, 228	
	05400 RADI OLOGY-DI AGNOSTI C	8, 083, 103		8, 083, 10		8, 083, 103	
	05500 RADI OLOGY-THERAPEUTI C	0			0 0	0	55.00
56.00	05600 RADI OI SOTOPE	657, 553		657, 55		657, 553	
	05900 CARDI AC CATHETERI ZATI ON	4, 631, 291		4, 631, 29		4, 631, 291	59.00
60.00	06000 LABORATORY	11, 841, 035		11, 841, 03		11, 841, 035	
63. 00 65. 00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY	966, 927 3, 189, 201	0	966, 92 3, 189, 20		966, 927 3, 189, 201	63.00 65.00
65.00 66.00	06600 PHYSICAL THERAPY	3, 189, 201 918, 564					
67.00	06700 OCCUPATIONAL THERAPY	466, 680	-			918, 564 466, 680	
	06800 SPEECH PATHOLOGY	325, 392				325, 392	
	06900 ELECTROCARDI OLOGY	2, 478, 914	0	2, 478, 9		2, 478, 914	
	07000 ELECTROENCEPHALOGRAPHY	132, 403		132, 40		132, 403	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12, 903, 551		12, 903, 55		12, 903, 551	
	07200 I MPL. DEV. CHARGED TO PATIENTS	19, 917, 196		19, 917, 19		19, 917, 196	
	07300 DRUGS CHARGED TO PATIENTS	46, 624, 871		46, 624, 87		46, 624, 871	
	07400 RENAL DI ALYSI S	930, 316		930, 3		930, 316	
	07500 ASC (NON-DISTINCT PART)	0			0 0	0	75.00
	07501 ASC (NON-DISTINCT PART)	8, 123, 691		8, 123, 69	91 0	8, 123, 691	75.01
76.00	03950 CARDI AC CATHERI ZATI ON	0			0 0	0	76.00
76.97	07697 CARDI AC REHABI LI TATI ON	796, 449		796, 44	19 0	796, 449	76.97
	OUTPATIENT SERVICE COST CENTERS		_	_			
	09000 CLI NI C	0			0 0	0	
	04950 SLEEP CLINIC	976, 071		976, 07		976, 071	90.01
	09002 ARNETT CANCER CARE CENTER	4,065,969		4, 065, 96		4, 065, 969	
	09003 OUTPATIENT INFUSION CENTER	424, 754		424, 75		424, 754	90.04
	09100 EMERGENCY	13, 581, 898		13, 581, 89		13, 581, 898	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 251, 603		8, 251, 60		8, 251, 603	
	09201 OBSERVATION BEDS (DISTINCT PART)	0			0 0	0	
	04951 OTHER OUTPATIENT SERVICES	0			0 0	0	
200.00		244, 251, 096				245, 359, 047	
201.00		8, 251, 603		8, 251, 60		8, 251, 603	
202.00	Total (see instructions)	235, 999, 493	I 0	235, 999, 49	1, 107, 951	237, 107, 444	202.00

	TION OF RATIO OF COSTS TO CHARGES		Provider C	UN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Pre 5/25/2018 10:	pared: 19 am
				e XIX	Hospi tal	PPS	
	Cost Center Description	Inpati ent	Charges Outpatient	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA Inpatient	
		6.00	7.00	8.00	9.00	Rati o 10. 00	
Ī	NPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	9.00	10.00	
	33000 ADULTS & PEDI ATRI CS	85, 380, 012		85, 380, 01	2		30.00
	03100 I NTENSI VE CARE UNI T	12, 323, 588		12, 323, 58			31.00
	03300 BURN INTENSIVE CARE UNIT	0		12/020/00	0		33.00
	03301 BURN INTENSIVE CARE UNIT	0			0		33.01
	22060 NEONATAL INTENSIVE CARE UNIT	14, 902, 704		14, 902, 70	-		35.00
	04300 NURSERY	4, 184, 390		4, 184, 39			43.00
	NCI LLARY SERVICE COST CENTERS			1			
	05000 OPERATING ROOM	56, 833, 647	74, 435, 737	131, 269, 38	0. 099513	0. 000000	50.00
51.00 0	05100 RECOVERY ROOM	5, 076, 263	10, 174, 702	15, 250, 96	0. 101918	0. 000000	51.00
52.00 0	05200 DELIVERY ROOM & LABOR ROOM	22, 532, 304	1, 899, 812	24, 432, 11	6 0. 238072	0. 000000	52.00
53.00 0	05300 ANESTHESI OLOGY	3, 691, 606	4, 284, 899	7, 976, 50	0. 864165	0. 000000	53.00
53.01 0	05301 ASC ANESTHESI OLOGY	7, 152	3, 752, 212	3, 759, 36	0. 019479	0. 000000	53.01
54.00 0	05400 RADI OLOGY-DI AGNOSTI C	32, 112, 846	55, 600, 646	87, 713, 49	0. 092153	0.000000	54.00
55.00 0	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0.000000	0.000000	55.00
56.00 0	05600 RADI OI SOTOPE	1, 537, 460	10, 635, 616	12, 173, 07	0. 054017	0.000000	56. OC
59.00	05900 CARDI AC CATHETERI ZATI ON	25, 594, 140	21, 379, 515	46, 973, 65	0. 098593	0.00000	59.00
	06000 LABORATORY	31, 043, 757	48, 239, 441	79, 283, 19	0. 149351	0.000000	60.00
	06300 BLOOD STORING, PROCESSING & TRANS.	3, 140, 879	820, 917	3, 961, 79	0. 244063	0.00000	63.00
	06500 RESPI RATORY THERAPY	13, 256, 202	2,095,765			0.000000	
	06600 PHYSI CAL THERAPY	3, 566, 369	340, 852	3, 907, 22		0.000000	
	06700 OCCUPATI ONAL THERAPY	1, 677, 484	166, 868	1, 844, 35	0. 253032	0.000000	
	06800 SPEECH PATHOLOGY	1, 355, 370	204, 634			0. 000000	
	06900 ELECTROCARDI OLOGY	14, 240, 412	13, 409, 620			0. 000000	
	7000 ELECTROENCEPHALOGRAPHY	919, 516	341, 096			0. 000000	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14, 872, 806	19, 435, 006			0. 000000	
	07200 IMPL. DEV. CHARGED TO PATIENTS	46, 623, 963	37, 577, 842	84, 201, 80	0. 236541	0. 000000	72.00
	7300 DRUGS CHARGED TO PATIENTS	54, 437, 454	102, 629, 226	157, 066, 68		0. 000000	
	07400 RENAL DIALYSIS	1, 645, 812	87, 643	1, 733, 45		0. 000000	
75.00 0	07500 ASC (NON-DISTINCT PART)	0	0		0 0.000000	0. 000000	
75.01 0	07501 ASC (NON-DI STI NCT PART)	199, 262	123, 241, 799	123, 441, 06		0. 000000	
	03950 CARDI AC CATHERI ZATI ON	0	0		0 0.000000	0. 000000	
	07697 CARDI AC REHABI LI TATI ON	85, 513	29, 444	114, 95	6. 928234	0.00000	76.97
	DUTPATIENT SERVICE COST CENTERS	-		1			
	09000 CLINIC	0	0		0 0.000000	0.00000	
	04950 SLEEP CLINIC	0	8, 335, 867			0. 000000	
	09002 ARNETT CANCER CARE CENTER	210, 095	20, 024, 143			0.000000	
	09003 OUTPATIENT INFUSION CENTER	6, 216	609, 070			0.000000	
	09100 EMERGENCY	33, 948, 668	137, 682, 737			0.000000	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 113, 221	20, 071, 094			0.000000	
	09201 OBSERVATI ON BEDS (DI STI NCT PART) 04951 OTHER OUTPATI ENT SERVI CES	0	0		0 0.000000	0.000000	
93.00 0 200.00	Subtotal (see instructions)	U 407 E10 111	U	1 205 025 21	0 0.000000	0. 000000	93.00 200.00
	Less Observation Beds	487, 519, 111	117, 500, 203	1, 205, 025, 31	4		200.00
201.00							

Health Financial Systems		IU HEALTH ARNET	T HOSPI TAL	In Lie	u of Form CMS-2	552-10
COMPUTATION OF RATIO OF COSTS TO CH	ARGES		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prep 5/25/2018 10:1	
			Title XIX	Hospi tal	PPS	
Cost Center Description		PPS Inpatient				
		Ratio				
		11.00				
INPATIENT ROUTINE SERVICE COS	ST CENTERS					
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
33.00 03300 BURN INTENSIVE CARE UNI						33.00
33.01 03301 BURN INTENSIVE CARE UNI						33.01
35.00 02060 NEONATAL INTENSIVE CARE	UNIT					35.00
43.00 04300 NURSERY						43.00
ANCILLARY SERVICE COST CENTER	S					
50.00 05000 OPERATING ROOM		0. 099513				50.00
51.00 05100 RECOVERY ROOM		0. 101918				51.00
52.00 05200 DELIVERY ROOM & LABOR R	OOM	0. 238072				52.00
53.00 05300 ANESTHESI OLOGY		0. 910649				53.00
53. 01 05301 ASC ANESTHESI OLOGY		0. 019479				53.01
54.00 05400 RADI OLOGY-DI AGNOSTI C		0. 092153				54.00
55. 00 05500 RADI OLOGY - THERAPEUTI C		0. 000000				55.00
56. 00 05600 RADI OI SOTOPE		0. 054017				56.00
59.00 05900 CARDI AC CATHETERI ZATI ON		0. 098593				59.00
60. 00 06000 LABORATORY		0. 149351				60.00
63.00 06300 BLOOD STORING, PROCESSI	NG & TRANS.	0. 244063				63.00
65. 00 06500 RESPI RATORY THERAPY		0. 207739				65.00
66. 00 06600 PHYSI CAL THERAPY		0. 235094				66.00
67.00 06700 OCCUPATIONAL THERAPY		0. 253032				67.00
68.00 06800 SPEECH PATHOLOGY		0. 208584				68.00
69.00 06900 ELECTROCARDI OLOGY		0. 089653				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY		0. 105031				70.00
71.00 07100 MEDICAL SUPPLIES CHARGE		0. 376111				71.00
72.00 07200 IMPL. DEV. CHARGED TO P		0. 236541				72.00
73.00 07300 DRUGS CHARGED TO PATIEN	TS	0. 296848				73.00
74.00 07400 RENAL DIALYSIS		0. 536683				74.00
75.00 07500 ASC (NON-DI STI NCT PART)		0. 000000				75.00
75.01 07501 ASC (NON-DISTINCT PART)		0. 065810				75.01
76.00 03950 CARDI AC CATHERI ZATI ON		0. 000000				76.00
76. 97 07697 CARDI AC REHABI LI TATI ON		6. 928234				76.97
OUTPATIENT SERVICE COST CENTE	RS					
90. 00 09000 CLI NI C		0. 000000				90.00
90. 01 04950 SLEEP CLINIC		0. 117093				90.01
90. 03 09002 ARNETT CANCER CARE CENT		0. 200945				90.03
90. 04 09003 OUTPATIENT INFUSION CEN	IER	0. 690336				90.04
91.00 09100 EMERGENCY		0. 079134				91.00
92.00 09200 OBSERVATI ON BEDS (NON-D		0. 371957				92.00
92. 01 09201 OBSERVATION BEDS (DI STI	,	0. 000000				92.01
93.00 04951 OTHER OUTPATIENT SERVIC		0. 000000				93.00
200.00 Subtotal (see instructi	ons)					200.00
201.00 Less Observation Beds	<b>`</b>					201.00
202.00 Total (see instructions	)				12	202.00

Health F	inancial Systems	IU HEALTH ARNI	ETT_HOSPITAL		In Lie	eu of Form CMS-	2552-10
	FION OF OUTPATIENT SERVICE COST TO CHARGE RA	ATIOS NET OF	Provider C	CN: 15-0173	Period:	Worksheet C	
REDUCTIO	ONS FOR MEDICAID ONLY				From 01/01/2017 To 12/31/2017		narod
					10 12/31/2017	5/25/2018 10:	19 am
			Ti †I	e XIX	Hospi tal	PPS	17 am
	Cost Center Description	Total Cost	Capital Cost			Operating Cost	
			(Wkst. B, Part			Reduction	
		I, col. 26)		Cost (col. 1		Amount	
				col. 2)			
		1.00	2.00	3.00	4.00	5.00	
AI	NCI LLARY SERVICE COST CENTERS						
50.00 0	5000 OPERATING ROOM	13, 062, 989	2, 299, 352	10, 763, 6	37 0	0	50.00
51.00 0	5100 RECOVERY ROOM	1, 554, 352	307, 620	1, 246, 7	32 0	0	51.00
52.00 0	5200 DELIVERY ROOM & LABOR ROOM	5, 816, 599	1, 057, 870	4, 758, 7	29 0	0	52.00
53.00 0	5300 ANESTHESI OLOGY	6, 893, 015	152,005	6, 741, 0	10 0	0	53.00
53.01 0	5301 ASC ANESTHESI OLOGY	73, 228	6, 752	66, 4	76 0	0	53.01
54.00 0	5400 RADI OLOGY-DI AGNOSTI C	8, 083, 103	1, 161, 204	6, 921, 8	99 0	0	54.00
55.00 0	5500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56.00 0	5600 RADI OI SOTOPE	657, 553	129, 637	527, 9	16 0	0	56.00
	5900 CARDI AC CATHETERI ZATI ON	4, 631, 291	600, 909	4,030,3	32 0	0	59.00
60.00 0	6000 LABORATORY	11, 841, 035	714, 893	11, 126, 1			60.00
63.00 0	6300 BLOOD STORING, PROCESSING & TRANS.	966, 927	50, 362	916, 5	65 0	0	63.00
	6500 RESPI RATORY THERAPY	3, 189, 201	154, 082				65.00
	6600 PHYSI CAL THERAPY	918, 564				0	66.00
	6700 OCCUPATIONAL THERAPY	466, 680					
	6800 SPEECH PATHOLOGY	325, 392					
	6900 ELECTROCARDI OLOGY	2, 478, 914				0	
	7000 ELECTROENCEPHALOGRAPHY	132, 403				0	70.00
71.00 0	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12, 903, 551	398, 150				71.00
	7200 IMPL. DEV. CHARGED TO PATIENTS	19, 917, 196				0	72.00
73.00 0	7300 DRUGS CHARGED TO PATIENTS	46, 624, 871	455, 758			0	73.00
	7400 RENAL DIALYSIS	930, 316				0	74.00
	7500 ASC (NON-DI STINCT PART)	0			0 0		
	7501 ASC (NON-DI STINCT PART)	8, 123, 691	614, 366	7, 509, 3	25 0	0	
	3950 CARDI AC CATHERI ZATI ON	0	0		0 0	0	
	7697 CARDI AC REHABI LI TATI ON	796, 449	45, 371	751,0	78 0	0	
	UTPATIENT SERVICE COST CENTERS					-	
	9000 CLINIC	0	0		0 0	0	90.00
	4950 SLEEP CLINIC	976, 071	97, 309				
	9002 ARNETT CANCER CARE CENTER	4, 065, 969					
	9003 OUTPATIENT INFUSION CENTER	424, 754					
	9100 EMERGENCY	13, 581, 898				-	
	9200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 251, 603					
	9201 OBSERVATION BEDS (DISTINCT PART)	0,201,000			0 0		
	4951 OTHER OUTPATIENT SERVICES	0	-		0 0		
200.00	Subtotal (sum of lines 50 thru 199)	177, 687, 615	-				200.00
201.00	Less Observation Beds	8, 251, 603					201.00
202.00	Total (line 200 minus line 201)	169, 436, 012					202.00
		1 100,012	, 000, 700	1			

CULATION OF OUTPATIENT SERVICE COST TO CHARGE R UCTIONS FOR MEDICAID ONLY	ATIOS NET OF	Provider CO		Period: From 01/01/2017 To 12/31/2017	Worksheet C Part II Date/Time Pr 5/25/2018 10	
	-		e XIX	Hospi tal	PPS	
Cost Center Description	Cost Net of	Total Charges	Outpati ent			
	Capital and	(Worksheet C,				
	Operating Cost	Part I, column	Ratio (col.	6		
	Reduction	8)	/ col. 7)			
	6.00	7.00	8.00			
ANCI LLARY SERVI CE COST CENTERS						
00 05000 OPERATI NG ROOM	13, 062, 989	131, 269, 384	0. 09951	3		50.
00 05100 RECOVERY ROOM	1, 554, 352	15, 250, 965	0. 10191	8		51.
00 05200 DELIVERY ROOM & LABOR ROOM	5, 816, 599	24, 432, 116	0. 23807	2		52.
00 05300 ANESTHESI OLOGY	6, 893, 015	7, 976, 505	0. 86416	5		53.
01 05301 ASC ANESTHESI OLOGY	73, 228	3, 759, 364	0. 01947	'9		53.
00 05400 RADI OLOGY-DI AGNOSTI C	8, 083, 103			3		54.
00 05500 RADI OLOGY-THERAPEUTI C	0		0.00000			55.
00 05600 RADI OI SOTOPE	657, 553					56.
00 05900 CARDI AC CATHETERI ZATI ON	4, 631, 291					59
00 06000 LABORATORY	11, 841, 035					60.
00 06300 BLOOD STORING, PROCESSING & TRANS.	966, 927					63
						65
	3, 189, 201					
00 06600 PHYSI CAL THERAPY	918, 564					66
00 06700 OCCUPATI ONAL THERAPY	466, 680					67
00 06800 SPEECH PATHOLOGY	325, 392					68
00 06900 ELECTROCARDI OLOGY	2, 478, 914					69
00 07000 ELECTROENCEPHALOGRAPHY	132, 403					70
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12, 903, 551					71
00 07200 IMPL. DEV. CHARGED TO PATIENTS	19, 917, 196	84, 201, 805				72
00 07300 DRUGS CHARGED TO PATIENTS	46, 624, 871	157, 066, 680	0. 29684	8		73
00 07400 RENAL DIALYSIS	930, 316	1, 733, 455	0. 53668	33		74
00 07500 ASC (NON-DISTINCT PART)	0	0	0.00000	00		75
01 07501 ASC (NON-DISTINCT PART)	8, 123, 691	123, 441, 061	0. 06581	0		75
00 03950 CARDI AC CATHERI ZATI ON	0	0	0. 00000	00		76
97 07697 CARDI AC REHABI LI TATI ON	796, 449	114, 957	6. 92823	4		76
OUTPATIENT SERVICE COST CENTERS						
00 09000 CLINIC	0	0	0.0000	00		90
01 04950 SLEEP CLINIC	976, 071					90
03 09002 ARNETT CANCER CARE CENTER	4, 065, 969					90
04 09003 OUTPATIENT INFUSION CENTER	424, 754					90
00 09100 EMERGENCY	13, 581, 898					91
00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 251, 603					91
01 09201 OBSERVATION BEDS (DISTINCT PART)	0	-				92
00 04951 OTHER OUTPATI ENT SERVICES	0	0		U .		93
.00 Subtotal (sum of lines 50 thru 199)		1,088,234,620				200
.00 Less Observation Beds	8, 251, 603					201
.00 Total (line 200 minus line 201)	169, 436, 012	1, 088, 234, 620				202

Health Financial Systems	IU HEALTH ARNE	TT HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE C	API TAL COSTS	Provider C		Period: From 01/01/2017		
				To 12/31/2017	Date/Time Pre 5/25/2018 10:	
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient		
	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 CENTER						
30. 00 ADULTS & PEDIATRICS	9, 202, 879	0	9, 202, 87			1
31.00 INTENSIVE CARE UNIT	942, 021		942, 02	1 2, 758		
33. 00 BURN INTENSIVE CARE UNIT	0			0 0	0.00	1
33.01 BURN INTENSIVE CARE UNIT	0			0 0	0.00	
35.00 NEONATAL INTENSIVE CARE UNIT	734, 226		734, 22			
43.00 NURSERY	343, 838		343, 83		117.43	
200.00 Total (lines 30 through 199)	11, 222, 964		11, 222, 96	4 47,617		200.00
Cost Center Description	Inpatient	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
	( 00	6)	-			
INPATIENT ROUTINE SERVICE COST CENTER	6.00	7.00				
30. 00 ADULTS & PEDIATRICS	15, 507	3, 694, 698				30,00
31. 00 INTENSIVE CARE UNIT	1, 300	3, 094, 098 444, 028				31.00
33. 00 BURN INTENSIVE CARE UNIT	1, 300	444, 020				33.00
33. 01 BURN INTENSIVE CARE UNIT	0	0				33.00
35. 00 NEONATAL INTENSIVE CARE UNIT	0	0				35.00
43.00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	16, 807	U 4 120 704				200.00
200. OUTOTAL (TITLES SU THEOUGH 199)	16,807	4, 138, 726	'			1200.00

Heal th	Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lie	eu of Form CMS-:	2552-10
APPORT	IONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C	CN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Pre 5/25/2018 10:	pared:
			Title	× XVIII	Hospi tal	PPS	17 411
	Cost Center Description	Capi tal	Total Charges			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	1		1			
50.00	05000 OPERATING ROOM	2, 299, 352					
51.00	05100 RECOVERY ROOM	307, 620					
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,057,870					
53.00	05300 ANESTHESI OLOGY	152,005					
53.01	05301 ASC ANESTHESI OLOGY	6, 752					
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 161, 204					
55.00	05500 RADI OLOGY-THERAPEUTI C	0	-	0.00000		0	
56.00	05600 RADI OI SOTOPE	129, 637					
59.00	05900 CARDI AC CATHETERI ZATI ON	600, 909					1
60.00	06000 LABORATORY	714, 893					
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	50, 362					
65.00	06500 RESPI RATORY THERAPY	154, 082					
66.00	06600 PHYSI CAL THERAPY	59, 129				29, 978	1
67.00	06700 OCCUPATIONAL THERAPY	28, 218					
68.00	06800 SPEECH PATHOLOGY	23, 247	1, 560, 004			12, 342	
69.00		186, 288					1
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 180					
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	398, 150					
72.00	07200 TMPL. DEV. CHARGED TO PATIENTS	616, 375 455, 758					
73.00	07400 RENAL DIALYSIS	455, 758					
75.00	07500 ASC (NON-DI STI NCT PART)	112,001		0.0000		09,171	1
75.00	07501 ASC (NON-DISTINCT PART)	614, 366	-			596	
76.00	03950 CARDI AC CATHERI ZATI ON	014, 300	123, 441, 001	0.0000		0	
	07697 CARDIAC REHABILITATION	45, 371	114, 957				
70. 77	OUTPATIENT SERVICE COST CENTERS	45, 571	114, 737	0.3740	0 55, 575	15, 707	/0. //
90.00	09000 CLINIC	0	0	0.0000	0 0	0	90.00
90.01	04950 SLEEP CLINIC	97, 309	-			-	90.01
90.03	09002 ARNETT CANCER CARE CENTER	215, 510				-	
90.04	09003 OUTPATIENT INFUSION CENTER	218, 508					1
91.00	09100 EMERGENCY	1, 850, 809					
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 455, 302					
92.00	09201 OBSERVATION BEDS (NON DISTINCT PART)	1, 433, 302					
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0. 00000		0	
200.00		13, 012, 267	1, 088, 234, 620		164, 264, 034	-	

Health Financial Systems	IU HEALTH ARNE		ON. 15 0170		u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH CUS	rs Provider C		Period: From 01/01/2017	Worksheet D Part III	
				To 12/31/2017		nared
				10 12/31/2017	5/25/2018 10:	19 am
		Title	XVIII	Hospi tal	PPS	., diii
Cost Center Description	Nursina School	Nursing School	Allied Health	Allied Health	All Other	
	Post-Stepdown		Post-Stepdowr		Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0	0		0 0	0	1 30. 00
31. 00 03100 I NTENSI VE CARE UNI T	0	0		0 0	0	
33. 00 03300 BURN INTENSIVE CARE UNIT	0	0			0	
33. 01 03301 BURN INTENSIVE CARE UNIT	0	0			0	
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	0	0			0	
	0	0		0 0	, o	
43. 00 04300 NURSERY	0	0		0 0	0	
200.00 Total (lines 30 through 199)	0	U	<b>T I D I I</b>			200.00
Cost Center Description	Swi ng-Bed	Total Costs		Per Diem (col.	Inpati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
		minus col. 4)				
	4.00	5.00	6.00	7.00	8.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		0	00.00		45 507	
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	38, 62			
31.00 03100 INTENSIVE CARE UNIT		0	2, 75			
33.00 03300 BURN INTENSIVE CARE UNIT		0		0 0.00		
33.01 03301 BURN INTENSIVE CARE UNIT		0		0 0.00		00.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT		0	3, 30			00.00
43. 00 04300 NURSERY		0	2, 92	8 0.00	0	43.00
200.00 Total (lines 30 through 199)		0	47, 61	7	16, 807	200.00
Cost Center Description	I npati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
	9.00				-	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0					30.00
31.00 03100 INTENSIVE CARE UNIT	0					31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0					33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0					33.01
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	0					35.00
43. 00 04300 NURSERY	0					43.00
200.00 Total (lines 30 through 199)	0					200.00

	n Financial Systems TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	IU HEALTH ARNE RVICE OTHER PASS		CN: 15-0173	Peri od:	u of Form CMS-2 Worksheet D	2002 10
THROU	GH COSTS				From 01/01/2017 To 12/31/2017	Part IV Date/Time Pre 5/25/2018 10:	pared:
			Title	XVIII	Hospi tal	PPS	17 411
	Cost Center Description	Non Physician			Allied Health	Allied Health	
		Anestheti st	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3.00	
F0 00	ANCI LLARY SERVICE COST CENTERS		0				1 50 00
50.00		0	0		0 0	0	
51.00		0	0		0 0	0	
52.00 53.00		0	0		0 0	0	
53. 00 53. 01		0	0		0 0	0	
54.00		0	0			0	
55.00		0	0		0 0	0	0 00
55.00 56.00		0	0		0 0	0	
59.00 59.00		0	0		0 0	0	
60. 00		0	0		0 0	0	
63. 00		0	0		0 0	0	
65.00		0	0		0 0	0	
66.00		0	0		0 0	0	66. OC
67.00		0	0		0 0	0	67. OC
68.00	06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1	0 0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00		0	0		0 0	0	
74.00		0	0		0 0	0	74.00
75.00		0	0		0 0	0	
75. 01		0	0		0 0	0	
76.00		0	0		0 0	0	
76. 97		0	0		0 0	0	76.97
~ ~	OUTPATIENT SERVICE COST CENTERS		0				
90.00		0	0		0 0		
90. 01		0	0		0 0		
70.03 70.04		0	0			0	
90.04 91.00			0		0 0	0	
91.00 92.00			0		0	0	
92.00 92.01		0	0		0 0	0	
93.00		0	0		0 0	0	•
200.0		0	0		0 0	-	200.00

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	S Provider C		Peri od:	Worksheet D	
THROUGH COSTS				rom 01/01/2017	Part IV	
				To 12/31/2017	Date/Time Pre 5/25/2018 10:	pared: 19 am
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of col 1		(from Wkst. C,	to Charges	
	Education Cost	through col.	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col. 2, 3 and	8)	7)	
			4)			
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS	1	1	T		1	
50.00 05000 OPERATING ROOM	0					
51.00 05100 RECOVERY ROOM	0	0				
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		24, 432, 116		
53.00 05300 ANESTHESI OLOGY	0	C		7, 976, 505		
53. 01 05301 ASC ANESTHESI OLOGY	0	C		3, 759, 364		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		87, 713, 492		
55.00 05500 RADI OLOGY-THERAPEUTI C	0	C		0 0	0.000000	
56. 00 05600 RADI OI SOTOPE	0	0		12, 173, 076		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	) ()			
60. 00 06000 LABORATORY	0	0		79, 283, 198		
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				
65. 00 06500 RESPIRATORY THERAPY	0	0		15, 351, 967		
66. 00 06600 PHYSI CAL THERAPY	0	0		3, 907, 221	0.000000	
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		., 0, 002		
68. 00 06800 SPEECH PATHOLOGY	0	0		1, 560, 004		
69. 00 06900 ELECTROCARDI OLOGY	0	0		27, 650, 032		
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		1, 260, 612		
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0		34, 307, 812		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0			84, 201, 805		
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DIALYSIS	0					
74. 00  07400  RENAL_DIALYSIS 75. 00  07500  ASC_(NON-DISTINCT_PART)	0			.,		
75. 00   07500   ASC (NON-DISTINCT PART) 75. 01   07501   ASC (NON-DISTINCT PART)	0			0 123, 441, 061	0.000000	
76. 00 03950 CARDI AC CATHERI ZATI ON	0			0 123, 441, 001	0.000000	
76. 97   07697 CARDI AC CATHERIZATION	0			) 114, 957		
OUTPATIENT SERVICE COST CENTERS	0		<u>/</u>	114, 937	0.00000	/0.9/
90. 00 09000 CLINIC	0	С		0 0	0.000000	90.00
90. 01 04950 SLEEP CLINIC	0				0.000000	90.00
90. 03 09002 ARNETT CANCER CARE CENTER	0			20, 234, 238		
90. 04 09003 OUTPATIENT INFUSION CENTER	0			615, 286		
91. 00 09100 EMERGENCY	0			171, 631, 405		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			22, 184, 315		
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0			0 22, 104, 313		
93. 00 04951 OTHER OUTPATIENT SERVICES	0			0 0	0. 000000	
200.00 Total (lines 50 through 199)	0			1, 088, 234, 620		200.00
			п	.,	I	

Health Financial Systems	IU HEALTH ARNET	T HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	Provider C	CN: 15-0173	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2017	Part IV	norod.
				To 12/31/2017	Date/Time Pre 5/25/2018 10:	19 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Outpatient	Inpati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	-			- 1		
50.00 05000 OPERATI NG ROOM	0. 000000	25, 231, 751		0 19, 565, 659		50.00
51.00 05100 RECOVERY ROOM	0. 000000	2, 207, 484		0 2, 391, 962		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	81, 933		0 40, 800		52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	1, 608, 429		0 985, 456		53.00
53. 01 05301 ASC ANESTHESI OLOGY	0. 000000	5, 379		0 854, 790		53.01
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	15, 868, 833		0 18, 097, 517	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	0		0 0	0	55.00
56. 00 05600 RADI OI SOTOPE	0. 000000	829, 438		0 4, 236, 373		56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	11, 397, 872		0 9, 348, 302	0	59.00
60. 00 06000 LABORATORY	0. 000000	13, 211, 650		0 7, 230, 899		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	1, 755, 554		0 394, 690		63.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	6, 385, 823		0 670, 570		65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	1, 981, 001		0 122, 659	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	928, 144		0 54, 851	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	828, 211		0 32, 499	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	7, 960, 475		0 4, 923, 272	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	451, 474		0 96, 964	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	6, 748, 886		0 6, 330, 319		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	21, 849, 246		0 12, 432, 084		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	24, 912, 503		0 38, 085, 208		73.00
74.00 07400 RENAL DIALYSIS	0. 000000	1, 070, 004		0 29, 864		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000	0		0 0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0. 000000	119, 741		0 27, 687, 972	0	75.01
76. 00 03950 CARDI AC CATHERI ZATI ON	0. 000000	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	35, 393		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS			1		1	
90. 00 09000 CLINIC	0. 000000	0		0 0		90.00
90. 01 04950 SLEEP CLINIC	0. 000000	0		0 2, 384, 962	0	90.01
90. 03 09002 ARNETT CANCER CARE CENTER	0. 000000	101, 598		0 7, 885, 959		90.03
90. 04 09003 OUTPATIENT INFUSION CENTER	0. 000000	5, 730		0 236, 349		90.04
91. 00 09100 EMERGENCY	0. 000000	17, 522, 924		0 26, 248, 250		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	1, 164, 558		0 7, 449, 052	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0		0 0	0	92.01
93. 00 04951 OTHER OUTPATI ENT SERVICES	0. 000000	0		0 0	0	93.00
200.00   Total (lines 50 through 199)		164, 264, 034	I	0 197, 817, 282	0	200. 00

APPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES ANI	D VACCINE COST	Provider CO		Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Pre 5/25/2018 10:	epared: 19 am
			Title	XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.	Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
	LLARY SERVICE COST CENTERS						
	O OPERATING ROOM	0. 099513			0 0	1, 947, 037	50.00
	O RECOVERY ROOM	0. 101918			0 0	243, 784	
52.00 0520	O DELIVERY ROOM & LABOR ROOM	0. 238072	40, 800		0 0	9, 713	52.00
53.00 0530	0 ANESTHESI OLOGY	0.864165	985, 456		0 0	851, 597	53.00
53.01 0530	1 ASC ANESTHESI OLOGY	0. 019479	854, 790		0 0	16, 650	53.01
54.00 0540	0 RADI OLOGY-DI AGNOSTI C	0. 092153	18, 097, 517		0 0	1, 667, 740	54.00
55.00 0550	0 RADI OLOGY-THERAPEUTI C	0. 000000	0		0 0	0	55.00
56.00 0560	0 RADI OI SOTOPE	0. 054017	4, 236, 373		0 0	228, 836	56.00
59.00 0590	O CARDI AC CATHETERI ZATI ON	0. 098593	9, 348, 302		0 0	921, 677	59.00
	OLABORATORY	0. 149351	7, 230, 899	2, 76	0 0	1, 079, 942	60.00
63.00 0630	BLOOD STORING, PROCESSING & TRANS.	0. 244063	394, 690		0 0	96, 329	
	RESPI RATORY THERAPY	0. 207739	670, 570		0 0	139, 304	65.00
	O PHYSI CAL THERAPY	0. 235094	122, 659		0 0	28, 836	
	O OCCUPATIONAL THERAPY	0. 253032	54, 851		0 0	13, 879	1
	O SPEECH PATHOLOGY	0. 208584	32, 499		0 0	6, 779	1
	0 ELECTROCARDI OLOGY	0. 089653	4, 923, 272		0 0	441, 386	
	0 ELECTROENCEPHALOGRAPHY	0. 105031	96, 964		0 0	10, 184	
	O MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 376111	6, 330, 319		0 0	2, 380, 903	1
	O IMPL. DEV. CHARGED TO PATIENTS	0. 236541			6 0	2, 940, 698	
	O DRUGS CHARGED TO PATIENTS	0. 296848			0 85, 597	11, 305, 518	
	O RENAL DI ALYSI S	0. 536683			0 0	16, 028	
	O ASC (NON-DISTINCT PART)	0. 000000			0 0	0	1
	1 ASC (NON-DI STINCT PART)	0. 065810			0 0	1, 822, 145	
	O CARDI AC CATHERI ZATI ON	0. 000000			0 0	0	
	7 CARDI AC REHABI LI TATI ON	6. 928234			0 0	0	
	ATIENT SERVICE COST CENTERS		-			-	
		0. 000000	0		0 0	0	90.00
	O SLEEP CLINIC	0. 117093			0 0	279, 262	
	2 ARNETT CANCER CARE CENTER	0. 200945			0 0	1, 584, 644	
	3 OUTPATIENT INFUSION CENTER	0. 690336	236, 349		0 0	163, 160	
	0 EMERGENCY	0. 079134			0 152	2, 077, 129	
	O OBSERVATION BEDS (NON-DISTINCT PART)	0. 371957			0 0	2, 770, 727	
	1 OBSERVATION BEDS (DISTINCT PART)	0. 000000			0 0	2, 110, 121	
	1 OTHER OUTPATIENT SERVICES	0. 000000			0 0	0	
200.00	Subtotal (see instructions)	0.00000	197, 817, 282		-		
200.00	Less PBP Clinic Lab. Services-Program		177,017,202	20,01	0 00,749	55, 045, 007	200.00
201.00	Only Charges				0		201.00

Heal th	Financial Systems	IU HEALTH ARN	ETT_HOSPITAL		In Lie	u of Form CMS-255	52-10
APPORT	IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider CO	CN: 15-0173	Peri od: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepa 5/25/2018 10:19	
			Title	XVIII	Hospi tal	PPS	
		Cos	sts				
	Cost Center Description	Cost	Cost				
		Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
50,00	ANCI LLARY SERVI CE COST CENTERS	0	0				50.00
51.00	05100 RECOVERY ROOM	0					50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300 ANESTHESI OLOGY	0	-				52.00
53.00	05301 ASC ANESTHESI OLOGY	0	-				53.00 53.01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0					54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0					54.00 55.00
56.00	05600 RADI OLOGI - ITILKAPEUTI C	0					56.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0					59.00
60.00	06000 LABORATORY	412	-			-	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	412					63.00
65.00	06500 RESPI RATORY THERAPY	0					65.00
66.00	06600 PHYSI CAL THERAPY	0					66.00
67.00	06700 OCCUPATI ONAL THERAPY	0					67.00
68.00	06800 SPEECH PATHOLOGY	0					68.00
69.00	06900 ELECTROCARDI OLOGY	0					69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	-				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	5,974					72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400 RENAL DIALYSIS	0					74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			7	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	0			7	75.01
76.00	03950 CARDI AC CATHERI ZATI ON	0	0			7	76.00
76.97	07697 CARDI AC REHABI LI TATI ON	0	0			7	76. 97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0				9	90.00
90. 01	04950 SLEEP CLINIC	0					90. 01
90.03	09002 ARNETT CANCER CARE CENTER	0				9	90. 03
90.04	09003 OUTPATIENT INFUSION CENTER	0	0			9	90. 04
91.00	09100 EMERGENCY	0					91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	-				92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	-				92. 01
93.00	04951 OTHER OUTPATIENT SERVICES	0	-				93.00
200.00		6, 386					00.00
201.00	5	0				20	01. 00
	Only Charges						
202.00	Net Charges (line 200 - line 201)	6, 386	25, 421			20	02.00

Health Financial Systems	IU HEALTH ARNE	TT_HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPIT	AL COSTS	Provider C		Period:	Worksheet D	
				From 01/01/2017 To 12/31/2017		narod
				10 12/31/2017	5/25/2018 10:	
		Ti tl	e XIX	Hospi tal	PPS	
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	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0 000 070	-	0 000 07	00 (05	000.04	0.0.00
30. 00 ADULTS & PEDIATRICS	9, 202, 879	U	9, 202, 87		238.26	
31.00 INTENSIVE CARE UNIT 33.00 BURN INTENSIVE CARE UNIT	942, 021		942, 02	1 2, 758	341.56	
	0			0	0.00	
33.01 BURN INTENSIVE CARE UNIT 35.00 NEONATAL INTENSIVE CARE UNIT	724 226		724.22	J U	0.00	
	734, 226		734, 22		222.09 117.43	
	343, 838				117.43	43.00 200.00
200.00 Total (lines 30 through 199) Cost Center Description	11, 222, 964 I npati ent	Inpati ent	11, 222, 96	4 47, 617		200.00
cost center bescription						
	Program days	Program Capital Cost				
		(col. 5 x col.				
		6)				
	6,00	7.00	1			
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7100				
30.00 ADULTS & PEDIATRICS	315	75, 052				30.00
31.00 INTENSIVE CARE UNIT	253	86, 415				31.00
33.00 BURN INTENSIVE CARE UNIT	0	C				33.00
33.01 BURN INTENSIVE CARE UNIT	0	C				33.01
35.00 NEONATAL INTENSIVE CARE UNIT	299	66, 405				35.00
43.00 NURSERY	1, 320					43.00
200.00 Total (lines 30 through 199)	2, 187	382, 880				200. 00

Heal th	Financial Systems	IU HEALTH ARNI	ETT_HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORT	IONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provider C	CN: 15-0173	Peri od:	Worksheet D	
					From 01/01/2017 To 12/31/2017	Part II Date/Time Pre	narod
					10 12/31/2017	5/25/2018 10:	19 am
			Titl	e XIX	Hospi tal	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 ÷ col	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
		1.00	2.00	3.00	4.00	5.00	
	ANCI LLARY SERVI CE COST CENTERS			1			
	05000 OPERATI NG ROOM	2, 299, 352					
	05100 RECOVERY ROOM	307, 620					•
	05200 DELIVERY ROOM & LABOR ROOM	1,057,870					•
	05300 ANESTHESI OLOGY	152,005					53.00
53.01	05301 ASC ANESTHESI OLOGY	6, 752				-	
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 161, 204					•
55.00	05500 RADI OLOGY-THERAPEUTI C	0	-	0.0000		0	55.00
56.00	05600 RADI OI SOTOPE	129, 637					
59.00	05900 CARDI AC CATHETERI ZATI ON	600, 909				529	59.00
60.00	06000 LABORATORY	714, 893					•
	06300 BLOOD STORING, PROCESSING & TRANS.	50, 362	3, 961, 796 15, 351, 967				
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	154, 082 59, 129				581	65.00 66.00
	06700 OCCUPATIONAL THERAPY	28, 218				374	
67.00 68.00	06800 SPEECH PATHOLOGY	28, 218	1, 844, 352			411	68.00
	06900 ELECTROCARDI OLOGY	186, 288					•
	07000 ELECTROENCEPHALOGRAPHY	1, 180					
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	398, 150					
	07200 I MPL. DEV. CHARGED TO PATIENTS	616, 375					•
	07300 DRUGS CHARGED TO PATIENTS	455, 758					
	07400 RENAL DIALYSIS	112,061	1, 733, 455				•
	07500 ASC (NON-DISTINCT PART)	0				0	
	07501 ASC (NON-DI STINCT PART)	614, 366	-			0	75.01
	03950 CARDI AC CATHERI ZATI ON	0	0			0	76.00
	07697 CARDI AC REHABI LI TATI ON	45, 371	114, 957			110	76.97
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLI NI C	0	0	0.0000	0 00	0	90.00
90.01	04950 SLEEP CLINIC	97, 309	8, 335, 867	0. 0116	74 0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	215, 510			51 7, 299	78	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	218, 508	615, 286	0. 3551	32 0	0	90.04
91.00	09100 EMERGENCY	1, 850, 809			553, 184		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 455, 302				1, 592	92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	0			0 00		92.01
93.00	04951 OTHER OUTPATI ENT SERVI CES	0	Ű	0.0000	0 00	Ű	
200.00	Total (lines 50 through 199)	13 012 267	1,088,234,620	1	6, 053, 724	83 034	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUCH COSTS         Provider CCN: 15-0173         Period: From 01/01/2017         Description         Worksheet 0 (5/2/2/2018 (0.19) am           Cost Center Description         Nursing School         Nursing School	Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lie	eu of Form CMS-	2552-10
TITLE XIX         Hospital         PPS           Cost Center Description         Nursing School Nursing School Allied Health All I de Health All of Health Boti-Stepdown Allied call education Cost           30.00         03000 ADULTS & PEDIATRICS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <	APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COST	S Provider C		From 01/01/2017	Part III Date/Time Pre	epared: 19 am
Cost Center Description         Nursing School Nursing School Nursing School Allied Health Adjustments         Allied Health Cost Adjustments         Allied Health Cost Adjustments         Allied Health Cost Adjustments           INPATIENT ROUTINE SERVICE COST CENTERS         1A         1.00         2A         2.00         3.00           00         03000 ADULTS & PEDIATRICS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td>Titl</td> <td>e XIX</td> <td>Hospi tal</td> <td></td> <td></td>			Titl	e XIX	Hospi tal		
Post-Stepdown Adjustments         Post-Stepdown Adjustments         Cost Adjustments         Medical Education Cost Education Cost Education Cost           30.00         03000 (ADULTS & PEDIATRI CS 30.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	Cost Center Description	Nursing School					
Adjustments         Adjustments         Education Cost           1A         1.00         2A         2.00         3.00           10         03000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         0000         000         000         00				Post-Stepdow	Cost		
INPATI ENT ROUTI NE SERVICE COST CENTERS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							
INPATI ENT ROUTINE SERVICE COST CENTERS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			1.00				
31.00       0300       INTENSI VE CARE UNIT       0       0       0       0       0       0       33.00         33.00       03300       BURN INTENSI VE CARE UNIT       0       0       0       0       0       0       33.00         35.00       02060       NEONATAL INTENSI VE CARE UNIT       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       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>INPATIENT ROUTINE SERVICE COST CENTERS</td> <td>I</td> <td></td> <td>1</td> <td></td> <td></td> <td></td>	INPATIENT ROUTINE SERVICE COST CENTERS	I		1			
33.00       DATE	30. 00 03000 ADULTS & PEDI ATRI CS	0	0		0 0	0	30.00
33.00       DATE	31.00 03100 INTENSIVE CARE UNIT	0	0		o o	0	31.00
33.01       Q301       BURN INTENSIVE CARE UNIT       0       0       0       0       33.01         35.00       Q2060       NEONATAL INTENSIVE CARE UNIT       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		0	0		0 0	0	33 00
35.00         02060         NEONATAL INTENSIVE CARE UNIT         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0	0		0 0		
43.00         04300         NURSERY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0	0				
200.00         Total (lines 30 through 199)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1 <th1< th="">         1         1         &lt;</th1<>		0	0			-	
Cost Center Description         Swing-Bed Adjustment Annount (see instructions)         Total Patient Sum of cols. minus col. 4)         Per Diem (col. 5 + col. 6)         Inpatient Program Days           30 00         03000 ADULTS & PEDIATRICS         0         6.00         7.00         8.00           31 00         03300 INTENSI VE CARE UNIT         0         0         38,625         0.00         215         31.00           33 00         03300 BURN INTENSI VE CARE UNIT         0         0         0.00         0         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33		0	0		0 0	-	
Adj uštment Amount (see instructions)         Days         5 + col. 6)         Program Days           1 hPATI ENT ROUTI NE SERVICE COST CENTERS         0         0.00         0.000         0.00         7.00         8.00           30.00         03000 ADULTS & PEDI ATRICS         0         0         38,625         0.00         25.33         31.00           31.00         03100 INTENSI VE CARE UNI T         0         0         2.758         0.00         25.33         31.00           33.01         03301 BURN INTENSI VE CARE UNI T         0         0         0         0.00         0         33.01           35.00         02660 NEONATAL INTENSI VE CARE UNI T         0         0         0         0         3.00         33.01           43.00         O4300 NURSERY         0         2.928         0.00         1,320         43.00           200.00         Total (Lines 30 through 199)         Inpati ent Program Pass-Through Cost (col. 7 x col. 8)         9.00         47,617         2,187 200.00           11.00         03300 BURN INTENSI VE CARE UNI T         0         3.00         30.00         30.00           30.00         03300 ADULTS & PEDI ATRICS         0         3.00         3.00         3.00         30.00         31.00		Swing_Bed	Total Costs	Total Pation	Per Diem (col		200.00
Amount (see instructions)         1 through 3, minus col. 4)         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3 <t< td=""><td>cost center bescription</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	cost center bescription						
Instructions)         minus col. 4)         description         accord				Days	J + COI. U)		
INPATI ENT ROUTI NE SERVICE COST CENTERS         0         0.00         38,625         0.00         31.00         33.00         33.00         33.00         27,58         0.00         25.33         1.00         33.00         27,58         0.00         25.33         1.00         33.00         27,58         0.00         25.33         1.00         33.00         27,58         0.00         25.33         1.00         33.00         27,58         0.00         25.33         1.00         33.00         20.00         27,58         0.00         25.33         1.00         33.00         20.00         27,58         0.00         25.33         1.00         33.00         20.00         20.00         0         0.00         0         33.00         20.00         0         0.00         0         33.01         20.00         29,93         35.00         0         20.00         1.00         2.187         20.00         1.320         43.00         43.00         43.00         47.617         2.187         20.00         2.187         20.00         31.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00							
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30.00         03000         ADULTS & PEDIATRI CS         0         0         38, 625         0.00         315         30.00           31.00         03100 I NTENSI VE CARE UNI T         0         2,758         0.00         233.00           33.01         03301         BURN INTENSI VE CARE UNI T         0         0         0.00         0         33.00           33.01         03301         BURN INTENSI VE CARE UNI T         0         0         0.00         0         33.00           35.00         02060         NEONATAL INTENSI VE CARE UNI T         0         0         2,928         0.00         1,320         43.00         0         2,928         0.00         1,320         43.00         2,187         200.00         2,187         200.00         2,187         200.00         47,617         2,187         200.00         2,187         200.00         31.00         33.01         03300         AURSERY         0         47,617         2,187         200.00         2,187         200.00         2,187         200.00         47,617         2,187         200.00         31.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00				6.00	7.00	8.00	
30.00       O3000       ADULTS & PEDIATRICS       0       0       38,625       0.00       315       30.00         31.00       O3000       INTENSI VE CARE UNIT       0       0       2,758       0.00       253       31.00         33.00       O3000       BURN INTENSI VE CARE UNIT       0       0       0.00       0       33.01         33.01       O3001       BURN INTENSI VE CARE UNIT       0       0       0       0       0       33.01         35.00       O2060       NEONATAL INTENSI VE CARE UNIT       0       0       0       0       0       33.01         30.00       O4300       NURSERY       0       0       0       0       1,320       43.00         200.00       Total (Lines 30 through 199)       0       47,617       2,187       200.00       43.00         INPATIENT ROUTINE SERVICE COST CENTERS         30.00       O3000       ADULTS & PEDIATRICS       0       31.00         31.00       O3000       ADULTS & PEDIATRICS       0       31.00         31.00       O3000       ADULTS & PEDIATRICS       0       31.00         31.00       O3000       ADULTS & PEDIATRICS       0       31.00	INPATIENT ROUTINE SERVICE COST CENTERS	4.00	5.00	0.00	7.00	0.00	
31.00       03100       INTENSIVE CARE UNIT       0       2,758       0.00       253       31.00         33.00       03301       BURN INTENSIVE CARE UNIT       0       0       0       0.00       0       33.01         35.00       0260       NEONATAL INTENSIVE CARE UNIT       0       0       0       0.00       0       33.01         35.00       0260       NEONATAL INTENSIVE CARE UNIT       0       3,306       0.00       299       35.00         43.00       04300       NURSERY       0       2,928       0.00       1,320       43.00         200.00       Total (Lines 30 through 199)       1       1       0       47,617       2,187       200.00         INPATIENT ROUTINE SERVICE COST CENTERS         30.00       03000       ADULTS & PEDIATRICS       0       31.00         30.00       03000       BURN INTENSIVE CARE UNIT       0       31.00         31.00       03000		0	0	38.62	5 0.00	315	30.00
33.00       03301       BURN INTENSIVE CARE UNIT       0       0       0.00       0       33.00         33.01       03301       BURN INTENSIVE CARE UNIT       0       0       0.00       0       33.01         35.00       02060       NEONATAL INTENSIVE CARE UNIT       0       3,306       0.00       299       35.00         43.00       04300       NURSERY       0       3,306       0.00       1,329       35.00         200.00       Total (lines 30 through 199)       0       47,617       2,187       200.00         Cost Center Description       Inpatient Program Pass-Through Cost (col. 7 x col. 8)       9.00       30.00       30.00         30.00       03000       ADULTS & PEDIATRICS       0       31.00       31.00         31.00       0300       BURN INTENSIVE CARE UNIT       0       31.00       31.00         31.00       0300       ADULTS & PEDIATRICS       0       31.00       31.00         31.00       03100       INTENSIVE CARE UNIT       0       31.00       31.00         33.01       03301       BURN INTENSIVE CARE UNIT       0       31.00       31.00         31.00       03000       ADULTS & PEDIATRICS       0       31.00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>		0	0				
33.01       03301       BURN INTENSIVE CARE UNIT       0       0       0.00       0       33.01         35.00       02060       NEONATAL INTENSIVE CARE UNIT       0       3,306       0.00       299       35.00         43.00       04300       NURSERY       0       2,928       0.00       1,320       43.00         200.00       Total (lines 30 through 199)       0       47,617       2,187       200.00         Cost Center Description       Inpatient Program Pass-Through Cost (col. 7 x col. 8)       9.00       47,617       2       43.00         30.00       03000 ADULTS & PEDIATRICS       0       31.00       31.00         30.00       03000 BURN INTENSIVE CARE UNIT       0       31.00       31.00       31.00         31.00       03100 INTENSIVE CARE UNIT       0       31.00       31.00       31.00         31.00       03300 BURN INTENSIVE CARE UNIT       0       33.01       33.01       33.01         32.01       02060 NEONATAL INTENSIVE CARE UNIT       0       33.01       33.01         35.00       02060 NEONATAL INTENSIVE CARE UNIT       0       33.01       33.01         35.00       02060 NEONATAL INTENSIVE CARE UNIT       0       33.01       <			0				
35.00       02060       NEONATAL INTENSIVE CARE UNIT       0       3,306       0.00       299       35.00         43.00       04300       NURSERY       0       2,928       0.00       1,320       43.00         200.00       Total (Lines 30 through 199)       0       47,617       2,187       200.00         Cost Center Description       Inpatient Program Pass-Through Cost (col. 7 x col. 8)       9.00       30.00       30.00         30.00       03000       ADULTS & PEDIATRICS       0       31.00       31.00       31.00       33.01       33.01       03301       BURN INTENSIVE CARE UNIT       0       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01       33.01			0				
43.00       04300       NURSERY       0       1,320       43.00         200.00       Total (lines 30 through 199)       0       47,617       2,187       200.00         Cost Center Description       Inpatient Program Pass-Through Cost (col. 7 x col. 8)       9.00       47,617       0       2,187       200.00         INPATIENT ROUTINE SERVICE COST CENTERS         30.00       03000       ADULTS & PEDIATRICS       0         30.00       03000       ADULTS & PEDIATRICS       0         30.00       03000       ADULTS & PEDIATRICS       0         30.00       3300       BURN INTENSIVE CARE UNIT       0       31.00         33.00       03000       BURN INTENSIVE CARE UNIT       0       33.01       33.01         35.00       02060       NEONATAL INTENSIVE CARE UNIT       0       35.00       35.00         43.00       04300       NURSERY       0       0       43.00			0	2 20			
200.00         Total (lines 30 through 199)         0         47,617         2,187         200.00           Cost Center Description         Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00         Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         31.00         31.00         31.00         31.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00			0				
Cost Center Description         Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00         30.00       03000 ADULTS & PEDI ATRICS 03000 INTENSI VE CARE UNI T       0         30.00       03000 INTENSI VE CARE UNI T       0         33.00       03300 BURN INTENSI VE CARE UNI T       0         33.01       03301 BURN INTENSI VE CARE UNI T       0         35.00       02060 NEONATAL INTENSI VE CARE UNI T       0         35.00       02060 NURSERY       0			0				
INPATI ENT ROUTI NE SERVI CE COST CENTERS         0         30. 00         03000 ADULTS & PEDI ATRI CS         0         30. 00         30. 00         30. 00         30. 00         30. 00         31. 00         31. 00         33. 00         03300 BURN I NTENSI VE CARE UNI T         0         31. 00         33. 01         33. 01         33.01         BURN I NTENSI VE CARE UNI T         0         33. 00         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01         33. 01		Innotiont	0	47,61	/	2, 187	200.00
INPATI ENT ROUTI NE SERVI CE COST CENTERS         9.00         30.00         30.00         30.00         30.00         30.00         30.00         31.00         31.00         31.00         31.00         33.00         33.00         33.00         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01	cost center bescription						
INPATIENT ROUTINE SERVICE COST CENTERS         0         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         31.00         31.00         31.00         31.00         33.00         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.01         33.00         33.01         33.01         33.01         35.00         02060         NEONATAL INTENSIVE CARE UNIT         0         35.00         35.00         43.00         43.00         43.00							
col.8)         9.00           INPATIENT ROUTINE SERVICE COST CENTERS         9.00           30.00         03000 ADULTS & PEDIATRICS         0           31.00         03100 INTENSIVE CARE UNIT         0           33.00         03300 BURN INTENSIVE CARE UNIT         0           33.01         03301 BURN INTENSIVE CARE UNIT         0           35.00         02060 NEONATAL INTENSIVE CARE UNIT         0           43.00         04300 NURSERY         0							
9.00           INPATIENT ROUTINE SERVICE COST CENTERS           30.00         03000         ADULTS & PEDIATRICS         0         30.00           31.00         03100         INTENSIVE CARE UNIT         0         31.00         31.00           33.01         03301         BURN INTENSIVE CARE UNIT         0         33.01         33.01           35.00         02060         NEONATAL INTENSIVE CARE UNIT         0         35.00           43.00         04300         NURSERY         0         43.00							
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000 ADULTS & PEDI ATRI CS         0         30. 00           31. 00         03100   NTENSI VE CARE UNI T         0         31. 00           33. 00         03300 BURN INTENSI VE CARE UNI T         0         33. 00           33. 01         03301 BURN INTENSI VE CARE UNI T         0         33. 01           35. 00         02060 NEONATAL INTENSI VE CARE UNI T         0         35. 00           43. 00         04300 NURSERY         0         43. 00							
30. 00       03000       ADULTS & PEDIATRICS       0       30. 00         31. 00       03100       INTENSIVE CARE UNIT       0       31. 00         33. 00       03300       BURN INTENSIVE CARE UNIT       0       33. 00         33. 01       03301       BURN INTENSIVE CARE UNIT       0       33. 01         35. 00       02060       NEONATAL INTENSIVE CARE UNIT       0       35. 00         43. 00       04300       NURSERY       0       43. 00		9.00					
31.00       03100       INTENSIVE CARE UNIT       0       31.00         33.00       03300       BURN INTENSIVE CARE UNIT       0       33.00         33.01       03301       BURN INTENSIVE CARE UNIT       0       33.01         35.00       02060       NEONATAL INTENSIVE CARE UNIT       0       35.00         43.00       04300       NURSERY       0       43.00		0					30.00
33.00       03300       BURN INTENSIVE CARE UNIT       0       33.00         33.01       03301       BURN INTENSIVE CARE UNIT       0       33.01         35.00       02060       NEONATAL INTENSIVE CARE UNIT       0       35.00         43.00       04300       NURSERY       0       43.00		0					
33.01       03301       BURN INTENSIVE CARE UNIT       0       33.01         35.00       02060       NEONATAL INTENSIVE CARE UNIT       0       35.00         43.00       04300       NURSERY       0       43.00		0					
35.00         02060         NEONATAL INTENSIVE CARE UNIT         0         35.00         43.00           43.00         04300         NURSERY         0         43.00         43.00		0					
43.00 04300 NURSERY 0 43.00		0					
		0					
200.00   10tal (11nes 30 through 199)   0  [200.00		0					
	200.00  lotal (lines 30 through 199)	0					200.00

lealth Financial Systems	IU HEALTH ARNE	TT_HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY : THROUGH COSTS	SERVI CE OTHER PASS			Period: From 01/01/2017 To 12/31/2017	Date/Time Pre 5/25/2018 10:	pared: 19 am
			e XIX	Hospi tal	PPS	
Cost Center Description				Allied Health	Allied Health	
		Post-Stepdown		Post-Stepdown		
	Cost	Adjustments 2A	2.00	Adjustments 3A	3.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2A	2.00	3A	3.00	
50. 00 05000 OPERATING 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	
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	
53. 01 05301 ASC ANESTHESI OLOGY	0	0		0 0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	
56. 00 05600 RADI OI SOTOPE	0	0		0 0	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	
50. 00 06000 LABORATORY	0	0		0 0	0	
53.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	
55. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
56. 00 06600 PHYSI CAL THERAPY	0	0	)	0 0	0	
57.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
58.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
59. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0	)	0 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	)	0 0	0	71.00
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	)	0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	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	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		0 0	0	75.0
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0		0 0	0	76.00
76. 97 07697 CARDIAC REHABILITATION	0	0		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90. 01 04950 SLEEP CLINIC	0	0		0 0	0	90.01
90. 03 09002 ARNETT CANCER CARE CENTER	0	0		0 0	0	90.03
PO. 04 09003 OUTPATIENT INFUSION CENTER	0	0		0 0	0	90.04
91.00 09100 EMERGENCY	0	0		0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0	92.01
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0		0 0	0	93.00
200.00 Total (lines 50 through 199)	0	0	1	0 0		200.00

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	S Provider C		Period:	Worksheet D	
THROUGH COSTS				rom 01/01/2017		norod.
				o 12/31/2017	5/25/2018 10:	pareu: 19 am
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of col 1	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost	5	Cost (sum of		(col. 5 ÷ col.	
		4)	col. 2, 3 and	8)	7)	
		5.00	4)	7.00		
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0	C		131, 269, 384	0.000000	50.00
51. 00 05100 RECOVERY ROOM	0					50.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0					52.00
53. 00 05300 ANESTHESI OLOGY	0					52.00
53. 01 05301 ASC ANESTHESI OLOGY	0					53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0				
56. 00 05600 RADI OI SOTOPE	0	C C				
59.00 05900 CARDI AC CATHETERI ZATI ON	0	C				
60. 00 06000 LABORATORY	0	C	(			60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	C	(	3, 961, 796	0. 000000	63.00
65. 00 06500 RESPI RATORY THERAPY	0	C	0	15, 351, 967	0. 000000	65.00
66. 00 06600 PHYSI CAL THERAPY	0	C	(	3, 907, 221	0.000000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	C	(	1, 844, 352	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	C	(	1, 560, 004	0.000000	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0				69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		.,		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C				
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	(			
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0	(			
74.00 07400 RENAL DI ALYSI S	0	0		.,		
75.00 07500 ASC (NON-DISTINCT PART) 75.01 07501 ASC (NON-DISTINCT PART)	0				0.000000	
75. 01  07501 ASC (NON-DISTINCT PART) 76. 00  03950 CARDIAC CATHERIZATION	0					
76. 97   07697 CARDI AC CATHERIZATION	0				0.000000	76.97
OUTPATIENT SERVICE COST CENTERS	0	0	<u>'</u>	114, 737	0.000000	/0. 7/
90. 00 09000 CLINIC	0	C	(	0 0	0.000000	90.00
90. 01 04950 SLEEP CLINIC	0	C C			0.000000	90.01
90. 03 09002 ARNETT CANCER CARE CENTER	0	C C				90.03
90. 04 09003 OUTPATIENT INFUSION CENTER	0	0				90.04
91. 00 09100 EMERGENCY	0	0				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	C				
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0				
93.00 04951 OTHER OUTPATI ENT SERVICES	0	C	(	0 0	0.000000	
200.00 Total (lines 50 through 199)	0	C	0	1, 088, 234, 620		200. 00

Health Financial Systems	IU HEALTH ARNET	T HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	Provider C	CN: 15-0173	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2017 To 12/31/2017	Part IV Date/Time Pre	norod.
				10 12/31/2017	5/25/2018 10:	
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Outpati ent	Inpatient	Inpatient	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	0.000000	504 540	1			50.00
50. 00 05000 OPERATING ROOM	0. 000000	536, 543		0 0		50.00
51.00 05100 RECOVERY ROOM	0.000000	54, 213		0 0	-	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	725, 418		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	36, 770		0 0	0	53.00
53. 01 05301 ASC ANESTHESI OLOGY	0.000000	0		0 0	0	53.01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0.000000	648, 083		0 0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0.000000	0		0 0	-	55.00
56. 00 05600 RADI OI SOTOPE	0.00000	19, 747		0 0	0	56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0.000000	41, 327		0 0	-	59.00
	0. 000000	682, 263		0 0	0	60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	167, 949		0 0	0	63.00
65. 00 06500 RESPIRATORY THERAPY	0.000000	312, 296		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	38, 382		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0.00000	24, 467		0 0	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0.000000	27, 551		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	142, 896		0 0	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	19, 660		0 0		70.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0.000000	249, 853		0 0	-	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	253, 870		0 0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0.000000	1, 479, 084		0 0	-	73.00
74.00 07400 RENAL DIALYSIS	0. 000000	8, 316		0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000	0		0 0	0	75.00
75. 01 07501 ASC (NON-DI STINCT PART)	0.000000	0		0 0	0	75.01
76. 00 03950 CARDI AC CATHERI ZATI ON	0. 000000	0		0 0		76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	279		0 0	0	76.97
OUTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C	0. 000000	0		0 0	0	90.00
90. 00   04950   SLEEP CLINIC	0. 000000	0		0 0		90.00
90. 03 09002 ARNETT CANCER CARE CENTER	0. 000000	-		0 0	-	90.01
90. 03 09002 ARNETT CANCER CARE CENTER 90. 04 09003 OUTPATIENT INFUSION CENTER	0. 000000	7, 299				90.03
91. 00 09100 EMERGENCY	0. 000000	EE2 104		0 0	-	90.04
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	553, 184			-	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	24, 274 0			-	92.00
93. 00 04951 OTHER OUTPATIENT SERVICES	0. 000000	0			0	92.01
200.00 Total (lines 50 through 199)	0.000000	6, 053, 724		0 0	-	200.00
200.00 Thotal (Thes bo through 199)	I I	0,003,724	I	0	0	1200.00

APPORITONME	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0173	Period:	Worksheet D	2552-10
					From 01/01/2017	Part V	
					To 12/31/2017	Date/Time Pre 5/25/2018 10:	pared:
			Titl	e XIX	Hospi tal	PPS	17 011
				Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.			
		1.00	2.00	(see inst.) 3.00	(see inst.) 4.00	5.00	
ANCL	LLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	O OPERATI NG ROOM	0. 099513	0		0 0	0	50.00
	O RECOVERY ROOM	0. 101918			0 0		
	O DELIVERY ROOM & LABOR ROOM	0. 238072	0		0 0		
	O ANESTHESI OLOGY	0. 864165	-		0 0	-	
	1 ASC ANESTHESI OLOGY	0. 019479	0		0 0		
	0 RADI OLOGY-DI AGNOSTI C	0.092153	0		0 0	-	
	0 RADI OLOGY-THERAPEUTI C	0. 000000	0		0 0	-	
	O RADI OI SOTOPE	0. 054017	0		0 0		
	O CARDI AC CATHETERI ZATI ON	0. 098593	0		0 0		
	0 LABORATORY	0. 149351	0		0 0		
	O BLOOD STORING, PROCESSING & TRANS.	0. 244063	0		0 0		
	0 RESPI RATORY THERAPY	0. 207739	0		0 0		
	0 PHYSI CAL THERAPY	0. 235094	o o		0 0		•
	0 OCCUPATIONAL THERAPY	0. 253032	0		0 0		
	O SPEECH PATHOLOGY	0. 208584	0		0 0	0	•
	0 ELECTROCARDI OLOGY	0. 089653	0		0 0		•
70.00 0700	0 ELECTROENCEPHALOGRAPHY	0. 105031	0		0 0	0	70.00
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 376111	0		0 0	0	71.00
	O IMPL. DEV. CHARGED TO PATIENTS	0. 236541	0		0 0	0	72.00
73.00 0730	O DRUGS CHARGED TO PATIENTS	0. 296848	0		0 0	0	73.00
74.00 0740	O RENAL DI ALYSI S	0. 536683	0	1	0 0	0	74.00
75.00 0750	O ASC (NON-DISTINCT PART)	0. 000000	0		0 0	0	75.00
75.01 0750	1 ASC (NON-DISTINCT PART)	0. 065810	0		0 0	0	75.01
76.00 0395	O CARDI AC CATHERI ZATI ON	0. 000000	0		0 0	0	76.00
	7 CARDIAC REHABILITATION	6. 928234	0		0 0	0	76.97
	ATIENT SERVICE COST CENTERS						
		0. 000000			0 0		•
	O SLEEP CLINIC	0. 117093	0		0 0		
	2 ARNETT CANCER CARE CENTER	0. 200945			0 0		
	3 OUTPATIENT INFUSION CENTER	0. 690336	0		0 0	-	
	0 EMERGENCY	0. 079134	0		0 0		
	0 OBSERVATION BEDS (NON-DISTINCT PART)	0. 371957	0		0 0		
	1 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0		0 0		
	1 OTHER OUTPATIENT SERVICES	0. 000000			0 0	-	
200.00	Subtotal (see instructions)		0		0 0		200.00
201.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
	Only Charges			1		1	1
202.00	Net Charges (line 200 - line 201)		0		0 0		202.00

APPORT	Financial Systems TIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	IU HEALTH ARNE VACCINE COST	Provi der C	CN: 15-0173	Peri od: From 01/01/2017 To 12/31/2017	u of Form CMS-25 Worksheet D Part V Date/Time Prepa 5/25/2018 10:19	ared:
			Titl	e XIX	Hospi tal	PPS	
		Cos	ts		· · · · ·		
	Cost Center Description	Cost Reimbursed Services Subject To	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00	-			
	ANCI LLARY SERVI CE COST CENTERS			1			
50.00	05000 OPERATING ROOM	0	0				50.00
51.00	05100 RECOVERY ROOM	0	0				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300 ANESTHESI OLOGY	0	0				53.00
53.01	05301 ASC ANESTHESI OLOGY	0	0				53.01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0				55.00
56.00	05600 RADI OI SOTOPE	0	0	•			56.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0				59.00
60.00	06000 LABORATORY	0	0				60.00
63.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	0				63.00
65.00	06500 RESPI RATORY THERAPY	0	0				65.00
66.00	06600 PHYSI CAL THERAPY	0	0	•			66.00
67.00 68.00	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0	0 0				67.00 68.00
69.00	06900 ELECTROCARDI OLOGY	0	0				69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	•			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	1			73.00
74.00	07400 RENAL DI ALYSI S	0	0				74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0				75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	0				75.01
76.00	03950 CARDI AC CATHERI ZATI ON	0	0				76.00
76.97	07697 CARDI AC REHABI LI TATI ON	0	0				76.97
	OUTPATIENT SERVICE COST CENTERS	-		1			
90.00	09000 CLINIC	0	0	1			90.00
90.01	04950 SLEEP CLINIC	0	0				90.01
90. 03 90. 04	09002 ARNETT CANCER CARE CENTER	0	0				90. 03 90. 04
90.04	09003 OUTPATIENT INFUSION CENTER 09100 EMERGENCY	0	0	1			90.04 91.00
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				91.00
92.00 92.01	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00 92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	1			93.00
200.00		0	0	1			200.00
201.00		0	0				201.00
	Only Charges	] [					
202.00	Net Charges (line 200 - line 201)	0	0			2	202.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Pre	pare
		Title XVIII	Hospi tal	5/25/2018 10: PPS	19 8
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1.00	
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days	a avaluding nowharn)		38, 625	1 1
00 00	Inpatient days (including private room days and swing-bed days) Inpatient days (including private room days, excluding swing-b			38, 625	
00	Private room days (excluding swing-bed and observation bed day	ys). If you have only pr	ivate room days,	0	3
00	do not complete this line. Semi-private room days (excluding swing-bed and observation be	ed days)		32, 517	
00	Total swing-bed SNF type inpatient days (including private roo	om days) through Decembe	er 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private roo	om davs) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)				
00	Total swing-bed NF type inpatient days (including private roor reporting period	n days) through December	31 of the cost	0	7
00	Total swing-bed NF type inpatient days (including private roor	n days) after December 3	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	n the Program (excluding	swing-bed and	15, 507	9
	newborn days)	0			
00	Swing-bed SNF type inpatient days applicable to title XVIII or through December 31 of the cost reporting period (see instruct		room days)	0	10
00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	room days) after	0	11
00	December 31 of the cost reporting period (if calendar year, er Swing-bed NF type inpatient days applicable to titles V or XI)		e room days)	0	12
00	through December 31 of the cost reporting period	3 · · · · · · · ·	5 1	0	
00	Swing-bed NF type inpatient days applicable to titles V or XL after December 31 of the cost reporting period (if calendar ye			0	13
00	Medically necessary private room days applicable to the Progra			0	14
	Total nursery days (title V or XIX only)			0	
00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16
00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 c	of the cost	0.00	17
00	reporting period Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18
	reporting period				
. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s through December 31 of	the cost	0.00	19
. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20
. 00	reporting period Total general inpatient routine service cost (see instructions	5)		52, 180, 559	21
	Swing-bed cost applicable to SNF type services through December		ing period (line	0	
. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	31 of the cost reportir	na period (line 6	0	23
	x line 18)			-	
00	Swing-bed cost applicable to NF type services through December $7 \times 1$ (ine 19)	r 31 of the cost reporti	ng period (line	0	24
. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25
. 00	x line 20) Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		52, 180, 559	
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	d and observation had ch	argos)	0	28
	Private room charges (excluding swing-bed charges)	a and observation bed cr	lai ges)	0	
	Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27 - Average private room per diem charge (line 29 ÷ line 3)	÷ TINE 28)		0.000000	
00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33
	Average per diem private room charge differential (line 32 min Average per diem private room cost differential (line 34 x lin	, ,	ctions)	0.00 0.00	
00	Private room cost differential adjustment (line 3 x line 35)			0	36
. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	52, 180, 559	37
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			4 050 55	
	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line	-		1, 350. 95 20, 949, 182	
00	Medically necessary private room cost applicable to the Progra	am (line 14 x line 35)		0	40
00	Total Program general inpatient routine service cost (line 39	+ line 40)		20, 949, 182	41

	Financial Systems ATION OF INPATIENT OPERATING COST	IU HEALTH ARNET	T HOSPITAL Provider CC		Period:	u of Form CMS- Worksheet D-1	
					rom 01/01/2017 o 12/31/2017	Date/Time Pre 5/25/2018 10:	
			Title		Hospi tal	PPS	
	Cost Center Description	Total Inpatient Costl	Total npatient Daysl	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
2.00	NURSERY (title V & XIX only)	0	0	0.00	0	C	42.0
	Intensive Care Type Inpatient Hospital Units	7 00 ( 010	0.750	0 (70 1)	1 000	0 404 500	
3.00 4.00	I NTENSI VE CARE UNI T CORONARY CARE UNI T	7, 386, 312	2, 758	2, 678. 14	1, 300	3, 481, 582	2 43. C
4.00 5.00	BURN INTENSIVE CARE UNIT	о	0	0.00	0	C	
5.01	BURN INTENSIVE CARE UNIT	0	0	0.00		C	
6. 00	SURGI CAL I NTENSI VE CARE UNI T						46.0
7.00	NEONATAL INTENSIVE CARE UNIT	5, 921, 392	3, 306	1, 791. 10	0 0	C	47.0
	Cost Center Description					1.00	
8.00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3,	line 200)			29, 987, 094	48.0
9. 00	Total Program inpatient costs (sum of lines 4 PASS THROUGH COST ADJUSTMENTS			าร)		54, 417, 858	3 49. (
0. 00	Pass through costs applicable to Program inpa	atient routine s	ervices (from	Wkst. D, sum	of Parts I and	4, 138, 726	50. (
1. 00	Pass through costs applicable to Program inpa and IV)	atient ancillary	services (fro	om Wkst. D, su	m of Parts II	1, 864, 301	51.0
2.00	Total Program excludable cost (sum of lines !	,				6, 003, 027	
3. 00	Total Program inpatient operating cost exclude medical education costs (line 49 minus line 5 TARGET AMOUNT AND LIMIT COMPUTATION		ated, non-phys	sician anesthe	tist, and	48, 414, 831	53.0
4.00	Program di scharges					C	54.0
5.00	Target amount per discharge					0.00	
5.00	Target amount (line 54 x line 55)					C	
7.00	Difference between adjusted inpatient operati	ng cost and tar	get amount (li	ne 56 minus l	ine 53)		
3.00 9.00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost rep	orting period e	nding 1996 ur	ndated and com	nounded by the	0.00	
. 00	market basket	for this period e			pounded by the	0.00	
0. 00	Lesser of lines 53/54 or 55 from prior year of					0.00	
1. 00	If line 53/54 is less than the lower of lines				2	C	61.
	which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i		(TTHES 54 X C	50), OF 1% OF	the target		
2.00	Relief payment (see instructions)	,				C	62.
3.00	Allowable Inpatient cost plus incentive payme	ent (see instruc	tions)			C	) 63. (
4.00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	s through Decem	her 31 of the	cost reportir	a period (See	C	64.
4.00	instructions) (title XVIII only)	.s through becch			g period (see		/ 04. 1
5.00	Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)	s after Decembe	r 31 of the co	ost reporting	period (See	C	65.0
6. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line 6	4 plus line 65	5)(title XVIII	only). For	C	66.
7.00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routine	e costs through	December 31 of	f the cost rep	orting period	C	67.0
8.00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routine	e costs after De	cember 31 of t	the cost repor	ting period	C	68.
9. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient n	routine costs (I	ine 67 + line	68)		C	) 69. (
	PART III - SKILLED NURSING FACILITY, OTHER NU						
0.00 1.00	Skilled nursing facility/other nursing facili Adjusted general inpatient routine service co						70. 71.
2.00	Program routine service cost (line 9 x line 3			-)			71.
3.00	Medically necessary private room cost applica	,	(line 14 x lir	ne 35)			73.
4.00	Total Program general inpatient routine servi	•					74.
5.00	Capital-related cost allocated to inpatient r 26, line 45)		costs (from Wo	orksheet B, Pa	rt II, column		75.
5.00 7.00	Per diem capital-related costs (line 75 ÷ lin Program capital-related costs (line 9 x line						76.
3.00	Inpatient routine service cost (line 74 minus	· · · · · · · · · · · · · · · · · · ·					78.
9.00	Aggregate charges to beneficiaries for excess	s costs (from pr					79.
0. 00	Total Program routine service costs for compa		st limitation	(line 78 minu	s line 79)		80.
2.00	Inpatient routine service cost per diem limit						81. 82.
. 00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (s						82.
I. 00	Program inpatient ancillary services (see ins		,				84.
5.00	Utilization review - physician compensation	see instruction					85.
5.00	Total Program inpatient operating costs (sum		ough 85)				86.
7.00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions)					6, 108	8 87.
1.00			Line 2)			1, 350. 95	
8.00	Adjusted general inpatient routine cost per o					1, 330. 75	00.

Health Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 01/01/2017	Worksheet D-1	
				To 12/31/2017	Date/Time Pre 5/25/2018 10:	pared: 19 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	9, 202, 879	52, 180, 559	0. 17636	6 8, 251, 603	1, 455, 302	90.00
91.00 Nursing School cost	0	52, 180, 559	0.00000	0 8, 251, 603	0	91.00
92.00 Allied health cost	0	52, 180, 559	0.00000	8, 251, 603	0	92.00
93.00 All other Medical Education	0	52, 180, 559	0.00000	8, 251, 603	0	93.00

MPUT	Financial         Systems         IU         HEALTH         ARNE           ATION OF INPATIENT OPERATING COST         III         HEALTH         ARNE	Provider CCN: 15-0173	Period: From 01/01/2017	u of Form CMS-2 Worksheet D-1	
		Title XIX	To 12/31/2017 Hospi tal	Date/Time Prep 5/25/2018 10: PPS	
	Cost Center Description	ППСЛА	- nospi tui		
	PART I - ALL PROVIDER COMPONENTS			1.00	
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed d	lavs excluding newborn)		38, 625	1 1
00	Inpatient days (including private room days and swing bed a			38, 625	
00	Private room days (excluding swing-bed and observation bed do not complete this line.	days). If you have only pr	rivate room days,	0	3
00	Semi-private room days (excluding swing-bed and observation		32, 517		
00	Total swing-bed SNF type inpatient days (including private reporting period	room days) through Decembe	er 31 of the cost	0	5
00	Total swing-bed SNF type inpatient days (including private reporting period (if calendar year, enter 0 on this line)	room days) after December	31 of the cost	0	6
00	Total swing-bed NF type inpatient days (including private r	oom days) through December	31 of the cost	0	-
00	reporting period Total swing-bed NF type inpatient days (including private r	oom days) after December 3	1 of the cost	0	6
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	315	9
	newborn days)	0	, C		
00	Swing-bed SNF type inpatient days applicable to title XVIII through December 31 of the cost reporting period (see instr	ructions)	5,	0	10
00	Swing-bed SNF type inpatient days applicable to title XVIII December 31 of the cost reporting period (if calendar year,		oom days) after	0	1'
. 00	Swing-bed NF type inpatient days applicable to titles V or through December 31 of the cost reporting period		e room days)	0	12
00	Swing-bed NF type inpatient days applicable to titles V or			0	13
	after December 31 of the cost reporting period (if calendar Medically necessary private room days applicable to the Pro			0	
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			2, 928 1, 320	
	SWING BED ADJUSTMENT			1, 320	
00	Medicare rate for swing-bed SNF services applicable to serv reporting period	ices through December 31 o	of the cost	0.00	17
00	00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost				
00	reporting period Medicaid rate for swing-bed NF services applicable to servi	ces through December 31 of	the cost	0.00	19
00	reporting period Medicaid rate for swing-bed NF services applicable to servi	ces after December 31 of t	he cost	0.00	20
. 00	reporting period Total general inpatient routine service cost (see instructi	ons)		52, 180, 559	2
	Swing-bed cost applicable to SNF type services through Dece		ing period (line	02,100,007	
. 00	5 x line 17) Swing-bed cost applicable to SNF type services after Decemb	er 31 of the cost reportin	ng period (line 6	0	23
. 00	x line 18) Swing-bed cost applicable to NF type services through Decem	ber 31 of the cost reporti	ng period (line	0	24
. 00	7 x line 19) Swing-bed cost applicable to NF type services after Decembe	r 31 of the cost reporting	period (line 8	0	25
	x line 20)				
	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cos	t (line 21 minus line 26)		0 52, 180, 559	
. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-	hed and observation hed ch	arges)	0	28
	Private room charges (excluding swing-bed charges)		lai ges)	0	29
	Semi-private room charges (excluding swing-bed charges)	7 1. 00)		0	
	General inpatient routine service cost/charge ratio (line 2	7 ÷ line 28)		0.00000	
	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4	)		0. 00 0. 00	
	Average per diem private room charge differential (line 32	-	tions)	0.00	
	Average per diem private room cost differential (line 34 x			0.00	
. 00	Private room cost differential adjustment (line 3 x line 35			0	36
. 00	General inpatient routine service cost net of swing-bed cos 27 minus line 36)	t and private room cost di	fferential (line	52, 180, 559	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST A				
. 00	Adjusted general inpatient routine service cost per diem (s	-		1, 350. 95	
00	Program general inpatient routine service cost (line 9 x li	ne (X)		425, 549	39
. 00 . 00	Medically necessary private room cost applicable to the Pro			0	40

Health Financial Systems COMPUTATION OF INPATIENT OPERATING COST		T HOSPITAL Provider CC		eriod:	u of Form CMS-: Worksheet D-1	
				rom 01/01/2017 o 12/31/2017	Date/Time Pre 5/25/2018 10:	
		Title	e XIX	Hospi tal	PPS	
Cost Center Description	Total Inpatient Costl	Total npatient Daysl		Program Days	Program Cost (col. 3 x col.	
	1.00	2.00	<u>col. 2)</u> 3.00	4.00	4) 5.00	
42.00 NURSERY (title V & XIX only)	1, 812, 388	2, 928	618.98			42.00
Intensive Care Type Inpatient Hospital Uni	ts			.,		1
43.00 INTENSIVE CARE UNIT	7, 386, 312	2, 758	2, 678. 14	253	677, 569	43.00
44.00 CORONARY CARE UNIT		_		_	_	44.00
45.00 BURN INTENSIVE CARE UNIT 45.01 BURN INTENSIVE CARE UNIT	0	0	0.00 0.00			
46.00 SURGI CAL I NTENSI VE CARE UNI T	0	0	0.00	0	0	45.0
47. 00 NEONATAL INTENSIVE CARE UNIT	5, 921, 392	3, 306	1, 791. 10	299	535, 539	
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (	Wkst. D-3, col. 3,	line 200)			1, 227, 324	48.00
49.00 Total Program inpatient costs (sum of line PASS THROUGH COST ADJUSTMENTS			is)		3, 683, 035	
50.00 Pass through costs applicable to Program i	npatient routine s	ervices (from	Wkst. D, sum	of Parts I and	382, 880	50.00
51.00 Pass through costs applicable to Program i	npatient ancillary	services (fro	om Wkst. D, su	m of Parts II	83, 024	51.00
and IV) 52.00 Total Program excludable cost (sum of line	s 50 and 51)				465, 904	52.00
53.00 Total Program inpatient operating cost exc medical education costs (line 49 minus lin	luding capital rel	ated, non-phys	sician anesthe	tist, and	3, 217, 131	•
TARGET AMOUNT AND LIMIT COMPUTATION           54.00         Program discharges					0	54.00
55.00 Target amount per discharge					0.00	
56.00 Target amount (line 54 x line 55)					0	
57.00 Difference between adjusted inpatient oper	ating cost and tar	get amount (li	ne 56 minus I	ine 53)	0	
58.00 Bonus payment (see instructions)					0	
59.00 Lesser of lines 53/54 or 55 from the cost market basket	reporting period e	naing 1996, up	dated and com	pounded by the	0.00	59.0
60.00 Lesser of lines 53/54 or 55 from prior yea	r cost report, upd	ated by the ma	arket basket		0.00	60.0
61.00 If line 53/54 is less than the lower of li	nes 55, 59 or 60 e	nter the lesse	er of 50% of t		0	61.0
which operating costs (line 53) are less t		(lines 54 x d	50), or 1% of	the target		
amount (line 56), otherwise enter zero (se 62.00 Relief payment (see instructions)	e instructions)				0	62.0
63.00 Allowable Inpatient cost plus incentive pa	yment (see instruc	tions)			0	
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine c	osts through Decem	ber 31 of the	cost reportin	g period (See	0	64.00
65.00 Medicare swing-bed SNF inpatient routine c	osts after Decembe	r 31 of the co	ost reporting	period (See	0	65.00
instructions)(title XVIII only) 66.00  Total Medicare swing-bed SNF inpatient rou	tine costs (line 6	4 nlus line 6		only) For	0	66.00
CAH (see instructions)				on y). To	0	
67.00 Title V or XIX swing-bed NF inpatient rout (line 12 x line 19)	ine costs through	December 31 of	f the cost rep	orting period	0	67.00
68.00 Title V or XIX swing-bed NF inpatient rout (line 13 x line 20)	ine costs after De	cember 31 of t	he cost repor	ting period	0	68.00
69.00 Total title V or XIX swing-bed NF inpatien					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER						1 70 0
70.00 Skilled nursing facility/other nursing fac 71.00 Adjusted general inpatient routine service						70.0
72.00 Program routine service cost (line 9 x lin			-)			72.00
73.00 Medically necessary private room cost appl			ne 35)			73.00
74.00 Total Program general inpatient routine se						74.00
75.00 Capital-related cost allocated to inpatien 26, line 45)		COSIS (TROM WO	orksneet B, Pa	rt II, column		75.00
76.00  Per diem capital-related costs (line 75 ÷ 77.00  Program capital-related costs (line 9 x li						76.00
78.00 Inpatient routine service cost (line 74 mi						78.0
79.00 Aggregate charges to beneficiaries for exc	· ·	ovider records	5)			79.0
80.00 Total Program routine service costs for co	•	st limitation	(line 78 minu	s line 79)		80.0
81.00 Inpatient routine service cost per diem li						81.0
82.00  Inpatient routine service cost limitation 83.00  Reasonable inpatient routine service costs		)				82. 0 83. 0
84.00 Program inpatient ancillary services (see	•	/				84.0
85.00 Utilization review - physician compensatio		s)				85.0
86.00 Total Program inpatient operating costs (s		ough 85)				86. 0
PART IV - COMPUTATION OF OBSERVATION BED PART IV - COMPUTATION DED PART IV - COMPUTATION DED DATE					6, 108	87.00
88.00 Adjusted general inpatient routine cost pe		line 2)			1, 350. 95	

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2017	Worksheet D-1	
				To 12/31/2017	Date/Time Pre 5/25/2018 10:	pared: 19 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					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	9, 202, 879	52, 180, 559	0. 17636	6 8, 251, 603	1, 455, 302	90.00
91.00 Nursing School cost	0	52, 180, 559	0.00000	0 8, 251, 603	0	91.00
92.00 Allied health cost	0	52, 180, 559	0.00000	0 8, 251, 603	0	92.00
93.00 All other Medical Education	0	52, 180, 559	0.00000	8, 251, 603	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0173	In Lie Period:	Worksheet D-3	
INFAILENT ANCIELART SERVICE COST AFFORITONWENT	FIOVICEIC	CN. 15-0175	From 01/01/2017		)
			To 12/31/2017	Date/Time Pre	
	Title	e XVIII	Hospi tal	5/25/2018 10: PPS	19 al
Cost Center Description		Ratio of Cos		Inpatient	
·		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 0. 00 03000 ADULTS & PEDI ATRI CS			41, 765, 085		30.
1. 00 03100 INTENSIVE CARE UNIT			5, 883, 013		30.
3. 00 03300 BURN INTENSIVE CARE UNIT			3, 003, 013		33.
3. 01 03301 BURN INTENSIVE CARE UNIT			0		33.
5. 00 02060 NEONATAL INTENSIVE CARE UNIT			0		35.
3. 00 04300 NURSERY					43.
ANCI LLARY SERVI CE COST CENTERS				1	
0. 00 05000 OPERATI NG ROOM		0.0995	13 25, 231, 751	2, 510, 887	50.
1.00 05100 RECOVERY ROOM		0. 1019	18 2, 207, 484	224, 982	51.
2.00 05200 DELIVERY ROOM & LABOR ROOM		0. 2380	72 81, 933	19, 506	52.
3. 00 05300 ANESTHESI OLOGY		0. 9106	49 1, 608, 429	1, 464, 714	53.
3. 01 05301 ASC ANESTHESI OLOGY		0. 0194		105	53.
4. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 0921		1, 462, 361	
5. 00 05500 RADI OLOGY-THERAPEUTI C		0.0000		-	
6. 00 05600 RADI 0I SOTOPE		0.0540			
9. 00 05900 CARDI AC CATHETERI ZATI ON		0. 0985			
D. 00 06000 LABORATORY		0. 1493			
3. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0.2440			
		0. 2077			
6. 00 06600 PHYSI CAL THERAPY		0. 2350			
7. 00 06700 OCCUPATI ONAL THERAPY		0. 2530			
8. 00 06800 SPEECH PATHOLOGY		0. 2085			
9. 00 06900 ELECTROCARDI OLOGY		0.0896			
0. 00  07000  ELECTROENCEPHALOGRAPHY 1. 00  07100  MEDI CAL_SUPPLI ES_CHARGED_TO_PATI ENTS		0.1050			
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 3761			
3. 00 07300 DRUGS CHARGED TO PATIENTS		0. 2968			
4. 00 07400 RENAL DIALYSIS		0. 5366			
5. 00 07500 ASC (NON-DI STINCT PART)		0.0000			
5. 01 07501 ASC (NON-DI STINCT PART)		0.0658			
6. 00 03950 CARDI AC CATHERI ZATI ON		0.0000			
6. 97 07697 CARDI AC REHABI LI TATI ON		6. 9282		-	
OUTPATIENT SERVICE COST CENTERS					
0. 00 09000 CLINIC		0.0000	00 0	0	90.
D. 01 04950 SLEEP CLINIC		0. 1170	93 0	0	90.
D. 03 09002 ARNETT CANCER CARE CENTER		0.2009	45 101, 598	20, 416	90.
D. 04 09003 OUTPATIENT INFUSION CENTER		0. 6903			
1. 00 09100 EMERGENCY		0. 0791			
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 3719			
2.01 09201 OBSERVATION BEDS (DISTINCT PART)		0.0000			
3. 00 04951 OTHER OUTPATIENT SERVICES		0.0000		Ŭ	
00.00 Total (sum of lines 50 through 94 and 96 through 98)			164, 264, 034		
01.00 Less PBP Clinic Laboratory Services-Program only charge	es (line 61)		0		201.
02.00 Net charges (line 200 minus line 201)		1	164, 264, 034		202.

NPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	10 0170	Peri od:	Worksheet D-3	
			From 01/01/2017		
			To 12/31/2017	Date/Time Pre	pared:
	Ti †I	e XIX	Hospi tal	5/25/2018 10: PPS	19 am
Cost Center Description	1 11 11	Ratio of Cos		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1	1 502 224		
30. 00   03000  ADULTS & PEDIATRICS 31. 00   03100  INTENSIVE CARE UNIT			1, 503, 326 294, 091		30.0
33. 00 03300 BURN INTENSIVE CARE UNIT			294, 091		33.0
33. 01 03301 BURN INTENSIVE CARE UNIT			0		33.0
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			1, 011, 148		35.0
43. 00 04300 NURSERY			203, 665		43.00
ANCI LLARY SERVI CE COST CENTERS			200,000		
50. 00 05000 OPERATING ROOM		0.0995	13 536, 543	53, 393	50.00
51.00 05100 RECOVERY ROOM		0. 1019	18 54, 213	5, 525	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 2380	72 725, 418	172, 702	52.0
53. 00 05300 ANESTHESI OLOGY		0. 9106	49 36, 770	33, 485	53.0
53. 01 05301 ASC ANESTHESI OLOGY		0. 0194	79 0	0	53.0
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 0921		59, 723	54.0
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.0000			
56. 00 05600 RADI 0I SOTOPE		0. 0540			
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 0985		4, 075	
50. 00 06000 LABORATORY		0. 1493			
53.00 06300 BLOOD STORING, PROCESSING & TRANS.		0.2440			
55. 00 06500 RESPIRATORY THERAPY		0. 2077			
66.00 06600 PHYSI CAL THERAPY		0. 2350			
57. 00 06700 OCCUPATI ONAL THERAPY 58. 00 06800 SPEECH PATHOLOGY		0.2530			
59. 00 06900 ELECTROCARDI OLOGY		0. 2085 0. 0896		5, 747	
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 1050			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 1050			
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 2365			
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 2968			
74.00 07400 RENAL DI ALYSI S		0. 5366			
75.00 07500 ASC (NON-DI STINCT PART)		0.0000			
5. 01 07501 ASC (NON-DI STINCT PART)		0.0658			
76.00 03950 CARDI AC CATHERI ZATI ON		0.0000		0	
6. 97 07697 CARDI AC REHABI LI TATI ON		6. 9282	34 279	1, 933	76.9
OUTPATIENT SERVICE COST CENTERS		•			
20. 00 09000 CLINIC		0.0000		0	
20. 01 04950 SLEEP CLINIC		0. 1170		-	
20. 03 09002 ARNETT CANCER CARE CENTER		0.2009			
20. 04 09003 OUTPATIENT INFUSION CENTER		0. 6903		-	
01.00 09100 EMERGENCY		0.0791			
22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0.3719			
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART)		0.0000		-	
23.00 04951 OTHER OUTPATIENT SERVICES		0.0000		0	
200.00 Total (sum of lines 50 through 94 and 96 through 98)	(1) $(1)$		6, 053, 724		200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges					

	Financial Systems IU HEALTH ARNETT ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	u of Form CMS-2 Worksheet E Part A Date/Time Pre 5/25/2018 10:	pared:
		Title XVIII	Hospi tal	PPS	1
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
. 00 . 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurri	ng prior to October 1 (	see	0 25, 125, 824	1.00 1.01
. 02	instructions) DRG amounts other than outlier payments for discharges occurri instructions)	ng on or after October	1 (see	8, 929, 246	1. 02
. 03	DRG for federal specific operating payment for Model 4 BPCI fo 1 (see instructions)	r discharges occurring	prior to October	0	1. 03
. 04	DRG for federal specific operating payment for Model 4 BPCI fo October 1 (see instructions)	r discharges occurring	on or after	0	1.04
2. 00 2. 01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			1, 169, 057 0	2.00 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructi	ons)		0	2.02
8.00 4.00	Managed Care Simulated Payments Bed days available divided by number of days in the cost repor	ting period (see instru	ictions)	169. 76	3.00 4.00
5.00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the most or before 12/31/1996. (see instructions)	recent cost reporting	period ending on	0.00	5.00
. 00	FTE count for all opathic and osteopathic programs which meet t for new programs in accordance with 42 CFR 413.79(e)	he criteria for an add-	on to the cap	0.00	6. 00
7.00 7.01	MMA Section 422 reduction amount to the IME cap as specified under cost report straddles July 1, 2011 then see instructions.			0. 00 0. 00	7. 00 7. 01
3. 00	Adjustment (increase or decrease) to the FTE count for allopat affiliated programs in accordance with 42 CFR 413.75(b), 413.7			0.00	8.00
8. 01	<ul> <li>1998), and 67 FR 50069 (August 1, 2002).</li> <li>The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.</li> </ul>				
8. 02	The amount of increase if the hospital was awarded FTE cap slo under § 5506 of ACA. (see instructions)	ts from a closed teachi	ng hospital	0.00	8. 02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line instructions)	s (8, 8,01 and 8,02) (	see	0.00	9.00
0. 00 1. 00	FTE count for allopathic and osteopathic programs in the curre FTE count for residents in dental and podiatric programs.	nt year from your recor	ds		10.00 11.00
2.00	Current year allowable FTE (see instructions)				12.00
3.00 4.00	Total allowable FTE count for the prior year. Total allowable FTE count for the penultimate year if that yea	r ended on or after Sep	otember 30, 1997,		13.00 14.00
5.00	otherwise enter zero. Sum of lines 12 through 14 divided by 3.			0.00	15.00
	Adjustment for residents in initial years of the program				16.00
7.00	Adjustment for residents displaced by program or hospital clos	ure		0.00	17.00
8.00	Adjusted rolling average FTE count				18.00
9.00	Current year resident to bed ratio (line 18 divided by line 4)			0.00000	
20.00	Prior year resident to bed ratio (see instructions) Enter the lesser of lines 19 or 20 (see instructions)			0.000000 0.000000	
	IME payment adjustment (see instructions)			0.000000	
	IME payment adjustment - Managed Care (see instructions)			0	
23. 00	Indirect Medical Education Adjustment for the Add-on for § 422 Number of additional allopathic and osteopathic IME FTE reside		CFR 412.105		23.00
24.00	(f)(1)(iv)(C) IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
	If the amount on line 24 is greater than -O-, then enter the l instructions)	ower of line 23 or line	e 24 (see		25.00
26.00 27.00	Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor. (see instructions)			0.000000 0.000000	
	IME add-on adjustment amount (see instructions)			0.000000	
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	
29.00	Total IME payment ( sum of lines 22 and 28)			0	
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01 Disproportionate Share Adjustment	)		0	29.01
30.00	Percentage of SSI recipient patient days to Medicare Part A pa	tient days (see instruc	tions)	3. 82	30. 00
31.00	Percentage of Medicaid patient days (see instructions)		,	20. 91	
32.00	Sum of lines 30 and 31				32.00
3. 00	Allowable disproportionate share percentage (see instructions)				33.00
4 00	Disproportionate share adjustment (see instructions)			819, 024	31 0

	Financial Systems IU HEALTH ARNETT ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0173	Period:	u of Form CMS-2 Worksheet E	2002-10
			From 01/01/2017 To 12/31/2017	Part A Date/Time Prep	
		Title XVIII	Hospi tal	5/25/2018 10: * PPS	19 811
			Prior to 10/1		
			1.00	2.00	
25.00	Uncompensated Care Adjustment		E 077 402 147	4 744 (OF 144	1 25 00
	Total uncompensated care amount (see instructions) Factor 3 (see instructions)		0. 000188622	6, 766, 695, 164 0. 000184722	•
	Hospital uncompensated care payment (If line 34 is zero, enter	zero on this line) (see	1, 127, 483	1, 249, 955	•
	instructions)	(	.,,	., ,	
	Pro rata share of the hospital uncompensated care payment amou		843, 295	315, 057	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03		1, 158, 352		36.00
40.00	Additional payment for high percentage of ESRD beneficiary dis Total Medicare discharges on Worksheet S-3, Part I excluding c		0		40.00
40.00	652, 682, 683, 684 and 685 (see instructions)	a scharges for M3-DR85	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 68	33, 684 an 685. (see	0		41.00
	instructions)				
41.01	Total ESRD Medicare covered and paid discharges excluding MS-D	DRGs 652, 682, 683, 684	0		41.01
42.00	an 685. (see instructions) Divide line 41 by line 40 (if less than 10%, you do not qualif	iv for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682		0.00		43.00
	instructions)				
44.00	Ratio of average length of stay to one week (line 43 divided b	by line 41 divided by 7	0. 000000		44.00
45 00	days)		0.00		45 00
	Average weekly cost for dialysis treatments (see instructions) Total additional payment (line 45 times line 44 times line 41.		0.00		45.00
	Subtotal (see instructions)	01)	37, 201, 503		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, sm	nall rural hospitals	0		48.00
	only. (see instructions)				
				Amount 1.00	
49.00	Total payment for inpatient operating costs (see instructions)			37, 201, 503	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and			3, 259, 568	•
51.00	Exception payment for inpatient program capital (Wkst. L, Pt.	III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, lir	ne 49 see instructions).		0	
	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies			0 3, 107	53.00 54.00
	Islet isolation add-on payment			3, 107	•
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69	<i>)</i> )		0	•
56.00	Cost of physicians' services in a teaching hospital (see intru	-		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. II		rough 35).	0	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. I	V, col. 11 line 200)		0	58.00
59.00 60.00	Total (sum of amounts on lines 49 through 58) Primary payer payments			40, 464, 178 29, 553	•
61.00	Total amount payable for program beneficiaries (line 59 minus	line 60)		40, 434, 625	
62.00	Deductibles billed to program beneficiaries			3, 504, 872	
63.00	Coinsurance billed to program beneficiaries			123, 991	1
	Allowable bad debts (see instructions)			561, 573	
	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instr	suctions)		365, 022	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	uctions)		70, 165 37, 170, 784	•
68.00	Credits received from manufacturers for replaced devices for a	applicable to MS-DRGs (se	e instructions)	0	1
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (	For SCH see instructions	)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
70.50	Rural Community Hospital Demonstration Project (§410A Demonstr	ration) adjustment (see i	nstructions)	0	•
70. 87 70. 88	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)			0	70.87
70.88	Pioneer ACO demonstration payment adjustment amount (see instr	ructions)		0	70.88
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	1
	HSP bonus payment HRR adjustment amount (see instructions)			0	70. 91
70. 91					1 70 00
70. 92	Bundled Model 1 discount amount (see instructions)			0	
	Bundled Model 1 discount amount (see instructions) HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions)			0 -54, 726 -1, 786	•

I L H FI NANCI AL SYSTEMS I U HEALTH ARNETT	Provider CC	CN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Pre 5/25/2018 10:	
	Title	XVIII	Hospi tal	PPS	
		FFY	(уууу)	Amount	
			0	1.00	
96 Low volume adjustment for federal fiscal year (yyyy) (Enter in	column O		0	0	70
<ul> <li>the corresponding federal year for the period prior to 10/1)</li> <li>Low volume adjustment for federal fiscal year (yyyy) (Enter in the corresponding federal year for the period ending on or aft</li> </ul>			0	0	70
98 Low Volume Payment-3				0	
99 HAC adjustment amount (see instructions)				0	
00 Amount due provider (line 67 minus lines 68 plus/minus lines 6	9 & 70)			37, 114, 272	
01 Sequestration adjustment (see instructions)				742, 285	
02 Demonstration payment adjustment amount after sequestration				0	
00 Interim payments				35, 991, 783	
00 Tentative settlement (for contractor use only)				0	73
00 Balance due provider/program (line 71 minus lines 71.01, 71.02 73)				380, 204	
00 Protested amounts (nonallowable cost report items) in accordan CMS Pub. 15-2, chapter 1, §115.2	ce with			607, 741	75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
00 Operating outlier amount from Wkst. E, Pt. A, line 2 (see inst	ructions)			0	90
00 Capital outlier from Wkst. L, Pt. I, line 2				0	91
00 Operating outlier reconciliation adjustment amount (see instru	ctions)			0	
00 Capital outlier reconciliation adjustment amount (see instruct				0	
00 The rate used to calculate the time value of money (see instru	,			0.00	
00 Time value of money for operating expenses (see instructions)	0110113)			0.00	
00 Time value of money for capital related expenses (see instruct	ions)			0	
	rons)		Prior to 10/1		1.70
			1.00	2.00	
HSP Bonus Payment Amount					
0.00 HSP bonus amount (see instructions)			0	0	100
HVBP Adjustment for HSP Bonus Payment			0.0000000000000000000000000000000000000		1.04
1.00 HVBP adjustment factor (see instructions)			0.000000000	0.000000000	
2.00 HVBP adjustment amount for HSP bonus payment (see instructions	)		0	0	102
HRR Adjustment for HSP Bonus Payment			0.0000	0.0000	1.00
			0.0000	0.0000	
				0	
3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instructions)			0	0	104
H. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstra				0	
H. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration 0.00 Is this the first year of the current 5-year demonstration per				0	
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration 0. 00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.</li> </ul>				0	
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration)</li> <li>0.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> </ul>	iod under t			0	200
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> </ul>	iod under t			0	200
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2. 00 Medicare discharges (see instructions)</li> </ul>	iod under t			0	200 201 202
<ul> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions)</li> </ul>	iod under t 49)	he 21st			200 201 202
<ul> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in form)</li> </ul>	iod under t 49)	he 21st			200 201 202
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2. 00 Medicare discharges (see instructions)</li> <li>3. 00 Case-mix adjustment factor (see instructions)</li> <li>Computation of Demonstration Target Amount Limitation (N/A in period)</li> </ul>	iod under t 49)	he 21st			200 201 202 203
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2. 00 Medicare discharges (see instructions)</li> <li>3. 00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4. 00 Medicare target amount</li> </ul>	iod under t 49)	he 21st			200 201 202 203 204
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2. 00 Medicare discharges (see instructions)</li> <li>3. 00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4. 00 Medicare target amount</li> <li>5. 00 Case-mix adjusted target amount (line 203 times line 204)</li> </ul>	iod under t 49)	he 21st			200 201 202 203 204 204
<ul> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4.00 Medicare target amount</li> <li>5.00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>5.00 Medicare inpatient routine cost cap (line 202 times line 205)</li> </ul>	iod under t 49)	he 21st			104 200 201 202 203 204 205 206
<ul> <li>HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>OO Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>OO Medicare discharges (see instructions)</li> <li>OO Case-mix adjustment factor (see instructions)</li> <li>Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>OO Medicare target amount</li> <li>OO Medicare inpatient routine cost cap (line 203 times line 204)</li> <li>OO Medicare to Medicare Part A Inpatient Reimbursement</li> </ul>	iod under t 49) first year	he 21st			200 201 202 203 204 205 206
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2. 00 Medicare discharges (see instructions)</li> <li>3. 00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4. 00 Medicare target amount</li> <li>5. 00 Medicare inpatient routine cost cap (line 203 times line 204)</li> <li>5. 00 Medicare to Medicare Part A Inpatient Reimbursement</li> <li>7. 00 Program reimbursement under the §410A Demonstration (see instruction)</li> </ul>	iod under t 49) first year uctions)	he 21st			200 201 202 203 204 205 206
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2. 00 Medicare discharges (see instructions)</li> <li>3. 00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4. 00 Medicare target amount</li> <li>5. 00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>6. 00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>7. 00 Program reimbursement under the §410A Demonstration (see instructions)</li> </ul>	iod under t 49) first year uctions)	he 21st		ration	2001 202 203 204 205 206 207 207 207
<ul> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4.00 Medicare target amount</li> <li>5.00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>6.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>7.00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>8.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 9.00 Adjustment to Medicare IPPS payments (see instructions)</li> </ul>	iod under t 49) first year uctions)	he 21st		ration	200 201 202 203 204 205 206 206 207 208 209
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2. 00 Medicare discharges (see instructions)</li> <li>3. 00 Case-mix adjustment factor (see instructions)</li> <li>4. 00 Medicare target amount</li> <li>5. 00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>5. 00 Case-mix adjusted target amount (line 202 times line 204)</li> <li>5. 00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>7. 00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>8. 00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 0. 00 Medicare IPPS payments (see instructions)</li> </ul>	iod under t 49) first year uctions)	he 21st		ration	200 201 202 203 204 205 206 207 208 209 210
<ul> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>0. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2. 00 Medicare discharges (see instructions)</li> <li>3. 00 Case-mix adjustment factor (see instructions)</li> <li>Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4. 00 Medicare inpatient routine cost cap (line 203 times line 204)</li> <li>5. 00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>5. 00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>7. 00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>8. 00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 0. 00 Medicare IPPS payments (see instructions)</li> </ul>	iod under t 49) first year uctions)	he 21st		ration	200 201 202 203 204 205 206 207 208 209 210
<ul> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions)</li> <li>Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4.00 Medicare inpatient routine cost cap (line 202 times line 204)</li> <li>5.00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>6.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>7.00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions)</li> <li>0.00 Total adjustment to Medicare IPPS payments (see instructions)</li> </ul>	iod under t 49) first year uctions) line 59)	he 21st		ration	200 201 202 203 204 205 206 206 207 206 207 206 207 206 207 206 207
<ul> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions)</li> <li>Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4.00 Medicare target amount</li> <li>5.00 Case-mix adjustment routine cost cap (line 202 times line 204)</li> <li>5.00 Medicare part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions)</li> <li>D.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Context and ustment to Medicare IPPS payments (see instructions)</li> <li>D.00 Reserved for future use</li> <li>D.00 Total adjustment to Medicare Part A IPPS payments (from line 2</li> </ul>	iod under t 49) first year uctions) line 59)	he 21st		ration	200 201 202 203 204 205 206 207 208 209 210 211 212
<ul> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions)</li> <li>Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4.00 Medicare inpatient routine cost cap (line 202 times line 204)</li> <li>5.00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>6.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>7.00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>0.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions)</li> <li>0.00 Total adjustment to Medicare IPPS payments (see instructions)</li> </ul>	iod under t 49) first year uctions) line 59) 11)	he 21st		rati on	200 201 202 203 204 205 206 206 207 206 207 206 207 206 207 206 207

OW VO	Financial Systems		IU HEALTH ARNE	Provider C		eri od:	u of Form CMS-2 Worksheet E	
						rom 01/01/2017 o 12/31/2017	Part A Exhibi Date/Time Pre	pare
				Title	× XVIII	Hospi tal	5/25/2018 10: PPS	19 a
	· · · · · · · · · · · · · · · · · · ·	W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line 0	<u>E, Part A)</u> 1.00	Entitlement 2.00	to 10/01 3.00	0n/After 10/01 4.00	through 4) 5.00	
00	DRG amounts other than outlier	1.00	0	2.00			0	1
01	payments DRG amounts other than outlier payments for discharges	1.01	25, 125, 824	0	25, 125, 824		25, 125, 824	1.
02	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	8, 929, 246	0		8, 929, 246	8, 929, 246	1.
03	1 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to	1. 03	0	0	С		0	1
04	October 1 DRG for Federal specific operating payment for Model 4 BPCL occurring on or after	1. 04	0	0		0	0	1
00	October 1 Outlier payments for	2.00	1, 169, 057	0	1, 023, 139	145, 919	1, 169, 058	2
D1	discharges (see instructions) Outlier payments for	2.02	0	0	c	0	0	2
00	discharges for Model 4 BPCI Operating outlier	2. 01	0	0	C	0	0	3
00	reconciliation Managed care simulated payments	3.00	0	0	С	0	0	4
0	Indirect Medical Education Adju Amount from Worksheet E, Part	ustment 21.00	0,000000	0,00000	0,000000	0. 000000		
00	A, line 21 (see instructions)		0. 000000	0. 000000				5
00	IME payment adjustment (see instructions)	22.00	0	0	C	0	0	6
01	IME payment adjustment for managed care (see instructions)	22.01	0	0	C	0	0	6
	Indirect Medical Education Adju							_
00	IME payment adjustment factor (see instructions)	27.00	0. 000000	0.000000	0.000000	0.000000		7
00	IME adjustment (see instructions)	28.00	0	0	C	0	0	8
1	IME payment adjustment add on for managed care (see	28.01	0	0	С	0	0	8
00	instructions) Total IME payment (sum of	29.00	0	0	C	0	0	Ģ
)1	lines 6 and 8) Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	С	0	0	ç
	Disproportionate Share Adjustme							
00	Allowable disproportionate share percentage (see instructions)	33.00	0. 0962	0. 0962	0. 0962	0. 0962		10
00	Disproportionate share adjustment (see instructions)	34.00	819, 024	0	604, 276	214, 748	819, 024	11
01	Uncompensated care payments	36.00	1, 158, 352		843, 295	315, 057	1, 158, 352	11
00	Additional payment for high per Total ESRD additional payment	centage of ESI 46.00	beneficiary 0	di scharges 0	C	0	0	12
00	(see instructions) Subtotal (see instructions)	47.00	37, 201, 503	0	27, 596, 533	9, 604, 970	37, 201, 503	1.3
00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	48.00	0	0	c	0	0	
00	(see instructions) Total payment for inpatient operating costs (see instructions)	49.00	37, 201, 503	0	27, 596, 533	9, 604, 970	37, 201, 503	15
00	Payment for inpatient program capital (from Wkst. L, Pt. I,	50.00	3, 259, 568	0	2, 439, 316	820, 252	3, 259, 568	16
00	if applicable) Special add-on payments for new technologies	54.00	3, 107	0	3, 107	0	3, 107	
. 01 . 02	Net organ aquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	с	0	0	17 17

Heal th	Financial Systems		IU HEALTH ARNE	TT_HOSPITAL		In Lie	u of Form CMS-2	2552-10
LOW VO	LUME CALCULATION EXHIBIT 4			Provider C	-	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibi Date/Time Pre 5/25/2018 10:	pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A		Pre/Post	Period Prior		Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01		
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0 0	0	18.00
19 00	SUBTOTAL			0	30, 038, 95	6 10, 425, 222	40, 464, 178	19.00
17100	100010112	W/S L, line	(Amounts from L)		00,000,70	10, 120, 222		17100
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier		2, 758, 061	0				20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	0		0 0	0	20. 01
21.00	Capital DRG outlier payments	2.00	359, 743	0	303, 44	7 56, 296	359, 743	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0		0 0	0	21.01
22. 00	Indirect medical education percentage (see instructions)	5.00	0. 0000	0.0000	0.000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0		0 0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0514	0. 0514	0. 051	4 0. 0514		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	141, 764	0	104, 41	6 37, 348	141, 764	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3, 259, 568	0	2, 439, 31	6 820, 252	3, 259, 568	26.00
		W/S E, Part A						
		line	Part A)					
		0	1.00	2.00	3.00	4.00	5.00	07.5
27. 00 28. 00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E,	70. 96			0. 00000	0.00000 0	0	27.00 28.00
29. 00	Pt. A, line) Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. 00

OSPI 1	TAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5			Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit Date/Time Prep 5/25/2018 10:	pared:
				XVIII	Hospi tal	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
. 00	DRG amounts other than outlier payments	1.00					1.00
. 01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25, 125, 824	25, 125, 82	24	25, 125, 824	1. 01
. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8, 929, 246		8, 929, 246	8, 929, 246	1. 02
. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0		0	0	1. 03
. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
. 00	Outlier payments for discharges (see instructions)	2.00	1, 169, 057	1, 023, 13	145, 919	1, 169, 058	2.00
. 01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0 0	0	2. 01
. 00	Operating outlier reconciliation	2.01	0		0 0	0	3.00
. 00	Managed care simulated payments	3.00	0		0 0		4.00
	Indirect Medical Education Adjustment			·			
. 00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 000000	0. 00000	0.00000		5.00
. 00	IME payment adjustment (see instructions)	22.00	0		0 0	0	6.00
. 01	IME payment adjustment for managed care (see instructions)	22.01	0		0 0	0	6. 01
	Indirect Medical Education Adjustment for the						
. 00	IME payment adjustment factor (see instructions)	27.00	0. 000000				7.00
. 00	IME adjustment (see instructions)	28.00	0		0 0	0	8.00
. 01	IME payment adjustment add on for managed care (see instructions)	28.01	0		0 0	0	8. 01
. 00	Total IME payment (sum of lines 6 and 8)	29.00	0		0 0	0	9.00
. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0		0 0	0	9. 01
0. 00	Disproportionate Share Adjustment Allowable disproportionate share percentage	33.00	0. 0962	0.096	0. 0962		10.00
0.00	(see instructions)	33.00	0.0902	0.090	0. 0902		10.00
1. 00	Disproportionate share adjustment (see instructions)	34.00	819, 024	604, 27	214, 748	819, 024	11.00
1. 01	Uncompensated care payments	36.00	1, 158, 352	843, 29	315, 057	1, 158, 352	11.01
2 00	Additional payment for high percentage of ESR Total ESRD additional payment (see				0 0	0	12.00
2.00	instructions)	46.00	0		0 0	0	12.00
		47.00	37, 201, 503				
4.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0		0 0	0	14.00
5.00	Total payment for inpatient operating costs (see instructions)	49.00	37, 201, 503	27, 596, 53	9, 604, 970	37, 201, 503	15.00
6. 00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3, 259, 568	2, 439, 31	6 820, 252	3, 259, 568	16.00
7.00	Special add-on payments for new technologies	54.00	3, 107	3, 10	07 0	3, 107	17.00
7.01	Net organ acquisition cost						17.01
7. 02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0		0 0	0	17. 02
8. 00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0		0 0	0	18.00
0 00	SUBTOTAL			30, 038, 95	10, 425, 222	40, 464, 178	10 00

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	eu of Form CMS-	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CC		Period: From 01/01/2017 To 12/31/2017	Date/Time Pre 5/25/2018 10:	pared:
		Title	XVIII	Hospi tal	PPS	
	Wkst. L, line	(Amt. from Wkst. L)				
	0	1.00	2.00	3.00	4.00	
20.00 Capital DRG other than outlier	1.00	2, 758, 061	2,031,4	53 726, 608	2, 758, 061	20.00
20.01 Model 4 BPCI Capital DRG other than outlier	1.01	0		0 0	0	20.01
21.00 Capital DRG outlier payments	2.00	359, 743	303, 4	47 56, 296	359, 743	21.00
21.01 Model 4 BPCI Capital DRG outlier payments	2.01	0		0 0	0	
22.00 Indirect medical education percentage (see instructions)	5.00	0. 0000	0.00	0.0000		22.00
23.00 Indirect medical education adjustment (see instructions)	6.00	0		0 0	0	23.00
24.00 Allowable disproportionate share percentage (see instructions)	10.00	0. 0514	0.05	0. 0514		24.00
25.00 Disproportionate share adjustment (see instructions)	11.00	141, 764	104, 4	16 37, 348	141, 764	25.00
26.00 Total prospective capital payments (see instructions)	12.00	3, 259, 568	2, 439, 3	16 820, 252	3, 259, 568	26.00
	Wkst. E. Pt.	(Amt. from				
	A, Line	Wkst. E, Pt. A)				
	0	1.00	2.00	3.00	4.00	
27.00	U U		2.00	0.00	11 00	27.00
28.00 Low volume adjustment prior to October 1	70, 96	0		0	0	28.00
29.00 Low volume adjustment on or after October 1	70, 97	0		0	0	
30.00 HVBP payment adjustment (see instructions)	70, 93	-54, 726	-13, 7	-40, 975	-	
30.01 HVBP payment adjustment for HSP bonus	70.90	01,720	10, 7	0 0	01,720	
payment (see instructions)	/0./0	0		0	, °	00.01
31.00 HRR adjustment (see instructions)	70, 94	-1, 786		0 -1, 786	-1, 786	31.00
31.01 HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0 0	0	
					(Amt. to Wkst.	
					E, Pt. A)	
	0	1.00	2.00	3.00	4.00	
32.00 HAC Reduction Program adjustment (see instructions)	70.99			0 0		32.00
100.00 Transfer HAC Reduction Program adjustment to		Ν				100.00

ALCUL	Financial Systems IU HEALTH ARNETT ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0173	Peri od:	eu of Form CMS-2 Worksheet E	
			From 01/01/2017 To 12/31/2017	Part B Date/Time Pre	pared
		Title XVIII		5/25/2018 10: PPS	19 an
			Hospi tal	FF3	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
. 00	Medical and other services (see instructions)			31, 807	1. (
. 00	Medical and other services reimbursed under OPPS (see instruc	ctions)		33, 043, 887	2. (
. 00	OPPS payments			28, 896, 401	
. 00 . 01	Outlier payment (see instructions) Outlier reconciliation amount (see instructions)			204, 226 0	
. 00	Enter the hospital specific payment to cost ratio (see instru	uctions)		0.000	
. 00	Line 2 times line 5			0	6.
. 00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	
. 00	Transitional corridor payment (see instructions)	IV col 12 Line 200		0	
. 00 0. 00	Ancillary service other pass through costs from Wkst. D, Pt. Organ acquisitions	TV, COL. 13, TTHE 200		0	9. 10.
1.00	Total cost (sum of lines 1 and 10) (see instructions)			31, 807	
	COMPUTATION OF LESSER OF COST OR CHARGES				
2.00	Reasonable charges Ancillary service charges			113, 765	12
3.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 69)		0	
	Total reasonable charges (sum of lines 12 and 13)			113, 765	
	Customary charges			_	
5.00	Aggregate amount actually collected from patients liable for			-	15.
6. 00	Amounts that would have been realized from patients liable fo had such payment been made in accordance with 42 CFR §413.13(	1 3	on a chargebasis	0	16.
7.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17.
8.00	Total customary charges (see instructions)			113, 765	18.
9.00	Excess of customary charges over reasonable cost (complete on	nly if line 18 exceeds li	ne 11) (see	81, 958	19.
0. 00	instructions) Excess of reasonable cost over customary charges (complete on	ly if line 11 exceeds li	ne 18) (see	0	20.
0.00	instructions)	iry if the freeds fr	16 10) (366	0	20.
1.00	Lesser of cost or charges (see instructions)			31, 807	
2.00	Interns and residents (see instructions)			0	
3.00 4.00	Cost of physicians' services in a teaching hospital (see inst Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	ructions)		0 29, 100, 627	23.
4.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			27, 100, 027	24.
5.00	Deductibles and coinsurance (for CAH, see instructions)			5, 051	25.
6.00	Deductibles and Coinsurance relating to amount on line 24 (fo	· · · · · · · · · · · · · · · · · · ·		5, 232, 787	
7.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) instructions)	plus the sum of lines 22	2 and 23] (see	23, 894, 596	27.
8.00	Direct graduate medical education payments (from Wkst. E-4, I	ine 50)		0	28.
9.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	
0.00	5,			23, 894, 596	
1.00 2.00	Primary payer payments Subtotal (line 30 minus line 31)			8, 485 23, 886, 111	
2.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI	CES)		23, 000, 111	52.
	Composite rate ESRD (from Wkst. I-5, line 11)				33.
4.00	Allowable bad debts (see instructions)			1, 198, 430	
5.00 6.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see inst	tructions)		778, 980 646, 738	
7.00	Subtotal (see instructions)			24, 665, 091	
	MSP-LCC reconciliation amount from PS&R			-23	
9.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
9.50	Pioneer ACO demonstration payment adjustment (see instruction	is)			39.
0 07	Demonstration payment adjustment amount before sequestration Partial or full credits received from manufacturers for repla	aced devices (see instruc	rtions)	0 21, 700	
			50 0137	0	39.
9. 98	RECOVERY OF ACCELERATED DEPRECIATION			24, 665, 114	40.
9. 98 9. 99	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			493, 302	
9. 98 9. 99 0. 00 0. 01	Subtotal (see instructions) Sequestration adjustment (see instructions)				
9. 98 9. 99 0. 00 0. 01 0. 02	Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			0	
9. 98 9. 99 0. 00 0. 01 0. 02 1. 00	Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration Interim payments			0 23, 962, 507	41.
9.97 9.98 9.99 0.00 0.01 0.02 1.00 2.00 3.00	Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			0	41. 42.
9. 98 9. 99 0. 00 0. 01 0. 02 1. 00 2. 00 3. 00	Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration Interim payments Tentative settlement (for contractors use only) Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub. 15-2,	chapter 1,	0 23, 962, 507 0	41. 42. 43.
9. 98 9. 99 0. 00 0. 01 0. 02 1. 00 2. 00	Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration Interim payments Tentative settlement (for contractors use only) Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accorda §115.2	ance with CMS Pub. 15-2,	chapter 1,	0 23, 962, 507 0 209, 305	41. 42. 43.
9. 98 9. 99 0. 00 0. 01 0. 02 1. 00 2. 00 3. 00 4. 00	Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration Interim payments Tentative settlement (for contractors use only) Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accorda §115.2 TO BE COMPLETED BY CONTRACTOR	ance with CMS Pub. 15-2,	chapter 1,	0 23, 962, 507 0 209, 305 2, 601	41. 42. 43. 44.
9. 98 9. 99 0. 00 0. 01 0. 02 1. 00 2. 00 3. 00	Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration Interim payments Tentative settlement (for contractors use only) Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accorda §115.2 TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions)	ance with CMS Pub. 15-2,	chapter 1,	0 23, 962, 507 0 209, 305 2, 601	41. 42. 43. 44. 90.
9. 98 9. 99 0. 00 0. 01 0. 02 1. 00 2. 00 3. 00 4. 00	Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration Interim payments Tentative settlement (for contractors use only) Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accorda §115.2 TO BE COMPLETED BY CONTRACTOR	ance with CMS Pub. 15-2,	chapter 1,	0 23, 962, 507 0 209, 305 2, 601 0 0 0 0	41. 42. 43. 44. 90. 91.

NALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC		Period: From 01/01/2017 To 12/31/2017	Date/Time Pre	pared
			XVIII	lloopi tol	5/25/2018 10:	19 an
		Inpatien		Hospi tal Par	PPS 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		35, 991, 78		23, 892, 807 0	1. 2.
. 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.
01	ADJUSTMENTS TO PROVIDER			0 07/24/2017	69, 700	3.
. 02				0	0	3.
. 03				0	0	3.
04				0	0	3.
05	Dravidar to Dragram			0	0	3.
50	Provider to Program ADJUSTMENTS TO PROGRAM			0	0	3
51				0	0	3
52				0	0	3
53				0	0	3
54				0	0	3
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	69, 700	3.
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		35, 991, 78	33	23, 962, 507	4
	TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5
01	Program to Provider TENTATIVE TO PROVIDER			0	0	5
02				0	0	5
03				0	0	5
	Provider to Program					
50	TENTATI VE TO PROGRAM			0	0	5
51 52				0	0	5
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5
	5. 50-5. 98)					
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
01	SETTLEMENT TO PROVIDER		380, 20	04	209, 305	6
02	SETTLEMENT TO PROGRAM		0/ 074	0	0	6
00	Total Medicare program liability (see instructions)		36, 371, 98	Contractor	24, 171, 812 NPR Date	7
				Number	(Mo/Day/Yr)	
			)	1.00	2.00	_

Heal th	Financial Systems	IU HEALTH ARNETT	HOSPI TAL		In Lie	u of Form CMS	-2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provi der	CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017		epared:
			Ti tl	e XVIII	Hospi tal	PPS	
					-	1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDAR	RD COST REPORTS			I		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTIO	ON AND CALCULATION					
1.00	Total hospital discharges as defined in AARA	A §4102 from Wkst.	S-3, Pt. I	col. 15 line	14		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6	sum of lines 1, 8-	12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col	. 6. line 2					3.00
4.00	Total inpatient days from S-3, Pt. I col. 8	sum of lines 1, 8-	12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, c						5.00
6.00	Total hospital charity care charges from Wks						6.00
7.00	CAH only - The reasonable cost incurred for line 168 $$	the purchase of ce	ertified HI	T technol ogy	Wkst. S-2, Pt. I		7.00
8.00	Calculation of the HIT incentive payment (se	ee instructions)					8.00
9.00	Sequestration adjustment amount (see instruct	ctions)					9.00
10.00	Calculation of the HIT incentive payment aft	ter sequestration (	see instru	uctions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS 8	a CAH					
30.00	Initial/interim HIT payment adjustment (see	instructions)					30.00
	Other Adjustment (specify)						31.00
32.00	Balance due provider (line 8 (or line 10) mi	nus line 30 and li	ne 31) (se	ee instruction	s)		32.00

	ID         HEALTH         ARNE           SHEET         (If you are nonproprietary and do not maintain	Provider C		Peri od:	u of Form CMS-2 Worksheet G	
ınd-typ ıly)	be accounting records, complete the General Fund column			From 01/01/2017 To 12/31/2017	Date/Time Pre	
		General Fund	Specific Purpose Fund	Endowment Fund	5/25/2018 10: Plant Fund	19 8
		1.00	2.00	3.00	4.00	
	URRENT ASSETS		1		-	
	ash on hand in banks	156, 227, 363		0 0	0	1
	emporary investments	024 574		0 0	0	
		834, 574		0 0	0	
	Accounts recei vabl e Other recei vabl e	58, 761, 749 -11, 877, 446		0 0	0	
	I lowances for uncollectible notes and accounts receivable	-11, 077, 440		0 0	0	
	nventory	5, 270, 768		0 0	0	
	Prepaid expenses	2, 853, 679		0 0	0	8
	)ther current assets	0		0 0	0	
	Due from other funds	0		0 0	0	10
I. 00 T	otal current assets (sum of lines 1-10)	212, 070, 687		0 0	0	11
F	I XED ASSETS					
2.00 L	and	3, 921, 268		0 0	0	12
	and improvements	107, 468		0 0	0	
	ccumulated depreciation	-34, 420		0 0	0	14
	Buildings	192, 489, 550		0 0	0	
	Accumulated depreciation	-42, 559, 314		0 0	0	16
	easehold improvements	83, 982		0 0	0	1
	Accumulated depreciation	-78, 932		0 0	0	18
	ixed equipment	0		0 0	0	19
	Accumulated depreciation	154 220		0 0	0	20
1	Automobiles and trucks Accumulated depreciation	156, 229 -110, 429		0 0	0	2
	lajor movable equipment	76, 834, 111		0 0	0	23
	Accumulated depreciation	-64, 670, 389		0 0	0	24
1	li nor equipment depreciable	04,070,007		0 0	0	25
	Accumulated depreciation	0		0 0	0	26
	IIT designated Assets	0		0 0	0	27
	Accumulated depreciation	0		0 0	0	
	li nor equi pment-nondepreci abl e	0		0 0	0	
	otal fixed assets (sum of lines 12–29)	166, 139, 124		0 0	0	30
0	THER ASSETS					
1.00 I	nvestments	2, 563, 983		0 0	0	31
	Deposits on Leases	0		0 0	0	32
3.00 D	Due from owners/officers	0		0 0	0	33
	other assets	31, 663, 106		0 0	0	34
1	otal other assets (sum of lines 31-34)	34, 227, 089		0 0	0	35
	otal assets (sum of lines 11, 30, and 35)	412, 436, 900		0 0	0	36
	URRENT LI ABI LI TI ES	15 100 101				
	Accounts payable	15, 433, 631		0 0	0	37
	alaries, wages, and fees payable	26, 432, 998		0 0	0	
	Payroll taxes payable	-260		0 0	0	
	lotes and Loans payable (short term) Deferred income	4, 787, 903			0	
	Accelerated payments	0		0 0	0	42
	Due to other funds	1, 511, 694		0 0	0	
	Other current liabilities	0		0 0	0	
	otal current liabilities (sum of lines 37 thru 44)	48, 165, 966		0 0	0	
	ONG TERM LIABILITIES	,		-	-	
	lortgage payable	0		0 0	0	46
	lotes payable	198, 825, 591		0 0	0	47
	Insecured Loans	0		0 0	0	48
9.00 0	)ther long term liabilities	1, 332, 350		0 0	0	49
D. 00 T	otal long term liabilities (sum of lines 46 thru 49)	200, 157, 941		0 0	0	50
	otal liabilities (sum of lines 45 and 50)	248, 323, 907		0 0	0	51
	API TAL ACCOUNTS					
	General fund balance	164, 112, 993				52
	Specific purpose fund			0		53
	Donor created - endowment fund balance - restricted			0		54
	Donor created - endowment fund balance - unrestricted			0		55
	Governing body created - endowment fund balance			0	_	56
	Plant fund balance - invested in plant				0	
	Plant fund balance - reserve for plant improvement,				0	58
	replacement, and expansion	164 112 002		0 0	0	59
	otal fund balances (sum of lines 52 thru 58) otal liabilities and fund balances (sum of lines 51 and	164, 112, 993 412, 436, 900		0 0	0	
	Utar manifices and rund barances (Sum OF FINES ST AND	I 41∠,430,900	1	U U	0	1 0(

Heal th	Financial Systems	IU HEALTH ARNET	T HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
STATEN	ENT OF CHANGES IN FUND BALANCES		Provider CC		Period: From 01/01/2017 To 12/31/2017	Date/Time Pre 5/25/2018 10:	pared: 19 am
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
1.00		1.00	2.00	3.00	4.00	5.00	1.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) INTERCO TRANSACTIONS ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance	31, 100 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	146, 983, 055 17, 098, 837 164, 081, 892 31, 101 164, 112, 993 0 164, 112, 993				6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00
	sheet (line 11 minus line 18)	Endowment Fund	PI ant	Fund			
		( 00	7.00	0.00			
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) INTERCO TRANSACTIONS ROUNDING	6.00 0	7.00 0 0 0 0	8.00	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) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0 0 0	0 0 0 0 0 0		0 0 0		10.00         10.00         11.00         12.00         13.00         14.00         15.00         16.00         17.00         18.00         19.00

Heal th	Financial Systems IU HEALTH ARNETT	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider C	CN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet G-2 Parts I & II	pared:
	Cost Center Description		Inpati ent	Outpati ent	Total	
			1.00	2.00	3.00	
	PART I - PATIENT REVENUES General Inpatient Routine Services					
1.00	Hospi tal		89, 564, 4	12	89, 564, 402	1.00
2.00	SUBPROVIDER - IPF			52	07,001,102	2.00
3.00	SUBPROVIDER - IRF					3.00
4.00	SUBPROVI DER					4.00
5.00	Swing bed - SNF			0	0	5.00
6.00	Swing bed - NF			0	0	6.00
7.00	SKILLED NURSING FACILITY					7.00
8.00	NURSING FACILITY					8.00
9.00	OTHER LONG TERM CARE		00 574 4	~~	00 574 400	9.00
10.00	Total general inpatient care services (sum of lines 1-9) Intensive Care Type Inpatient Hospital Services		89, 564, 4	J2	89, 564, 402	10.00
11.00	INTENSIVE CARE UNIT		12, 323, 5	28	12, 323, 588	11.00
12.00	CORONARY CARE UNIT		12, 525, 5	50	12, 323, 300	12.00
13.00	BURN INTENSIVE CARE UNIT			0	0	13.00
13.01	BURN INTENSIVE CARE UNIT			0	0	13.01
14.00	SURGI CAL I NTENSI VE CARE UNI T					14.00
15.00	NEONATAL INTENSIVE CARE UNIT		14, 902, 7	D4	14, 902, 704	15.00
16.00	Total intensive care type inpatient hospital services (sum of	lines	27, 226, 2	92	27, 226, 292	16.00
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and 16)	)	116, 790, 6		116, 790, 694	17.00
18.00	Ancillary services		368, 398, 8		1, 045, 200, 781	
19.00 20.00	Outpatient services RURAL HEALTH CLINIC		2, 329, 5	32 40, 704, 307 0 0		19.00 20.00
20.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	-	20.00
22.00	HOME HEALTH AGENCY			0	, v	22.00
23.00	AMBULANCE SERVICES					23.00
24.00	СМНС					24.00
25.00	AMBULATORY SURGICAL CENTER (D. P. )					25.00
26.00	HOSPICE					26.00
27.00	OTHER - PHYSICIAN, RETAIL PHARMACY			32 307, 461, 397		27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to Wkst.	487, 519, 5	43 1, 024, 967, 600	1, 512, 487, 143	28.00
	G-3, line 1) PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1	416, 726, 598		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 (SPECI FY)			0		37.00
38.00				0		38.00
39.00 40.00				0		39.00 40.00
40.00				0		40.00
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 4.	2)(transfer		416, 726, 598		43.00
	to Wkst. G-3, line 4)					

Heal th	Financial Systems	IU HEALTH ARNETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
STATE	IENT OF REVENUES AND EXPENSES	Provider C	CN: 15-0173	Period: From 01/01/2017	Worksheet G-3	a na di
				To 12/31/2017	Date/Time Prep 5/25/2018 10:	
1 00	Tatal anti-ant movement (from What C 2, Daw				1.00	1 00
1.00 2.00	Total patient revenues (from Wkst. G-2, Par- Less contractual allowances and discounts of				1, 512, 487, 143	1.00 2.00
2.00		i patrents accounts			1, 084, 111, 960	2.00
3.00 4.00	Net patient revenues (line 1 minus line 2) Less total operating expenses (from Wkst. G	2 Doct 11 Line (2)			428, 375, 183 416, 726, 598	3.00 4.00
4.00 5.00	Net income from service to patients (line 3				11, 648, 585	4.00 5.00
5.00	OTHER INCOME	minus inne 4)			11, 040, 303	5.00
6.00	Contributions, donations, bequests, etc				0	6.00
7.00	Income from investments				0	7.00
8.00	Revenues from telephone and other miscelland	eous communication services			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 gue	ests			0	14.00
15.00	Revenue from rental of living quarters				0	15.00
16.00	Revenue from sale of medical and surgical su		;		0	16.00
17.00	Revenue from sale of drugs to other than part				0	17.00
18.00	Revenue from sale of medical records and ab				0	18.00
19.00					0	19.00
20.00	Revenue from gifts, flowers, coffee shops, a	and canteen			0	20.00
21.00	Rental of vending machines				0	21.00
22.00	Rental of hospital space				0	22.00
23.00	Governmental appropriations				0	23.00
24.00	MI SCELLANEOUS I NCOME				5, 450, 252	
25.00	Total other income (sum of lines 6-24)				5, 450, 252	
	Total (line 5 plus line 25)				17, 098, 837	26.00
	OTHER EXPENSES (SPECIFY)				0	27.00
	Total other expenses (sum of line 27 and sul				0	28.00
29.00	Net income (or loss) for the period (line 20	b minus line 28)		I	17, 098, 837	29.00

	Financial Systems IU HEALTH ARNETT HOSPITAL			u of Form CMS-2	
CALCUL	ATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B Provider C	CN: 15-0173	Peri od:	Worksheet I-5	
			From 01/01/2017 To 12/31/2017	Date/Time Pre	nared
			10 12/31/2017	5/25/2018 10:	
			1.00	2.00	
			1.00	2.00	
1 00	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	2)	0		1 00
1.00	Total expenses related to care of program beneficiaries (see instructions	5)	0	0	1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)		0	0	2.00 2.01
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)	)			
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			0	2.02
2.03	Total payment due (see instructions)		0	0	
2.04	Outlier payments		0	0	2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)		0	0	0.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)				3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			_	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	)	0	0	
4.00	Coinsurance billed to Medicare (Part B) patients		0	0	
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	)	0	0	
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries		0	0	
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance ne		t 0	0	5.01
	recoveries for services rendered on or after 1/1/2011 but before 1/1/2012				
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance ne		t 0	0	5.02
	recoveries for services rendered on or after 1/1/2012 but before 1/1/2013				
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance ne		t 0	0	5.03
	recoveries for services rendered on or after 1/1/2013 but before 1/1/2014				
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recover	eries for	0	0	5.04
	services rendered on or after 1/1/2014				
5.05	Allowable bad debts (sum of lines 5 through line 5.04)		0	0	0.00
6.00	Adjusted reimbursable bad debts (see instructions)		0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see	e	0	0	8.00
	instructions)				
9.00	Program payment (see instructions)		0	0	9.00
	Unrecovered from Medicare (Part B) patients (see instructions)				10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part	B, line 33)	0		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
	Total allowable expenses (see instructions)		0		12.00
	Total composite costs (from Wkst. I-4, col. 2, line 11)		0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		0.000000		14.00

ALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0173 Period: From 01/01/ To 12/31/			
	10 12/31/	5/25/2018 10: 1		
	Title XVIII Hospital			
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
00 Capital DRG other than outlier		2, 758, 061	1.	
01 Model 4 BPCI Capital DRG other than outlier		0	1.	
00 Capital DRG outlier payments	359, 743	2.		
01 Model 4 BPCI Capital DRG outlier payments				
	s in the cost reporting period (see instructions)	107.12	3.	
00 Number of interns & residents (see instruction				
00 Indirect medical education percentage (see i	0.00	5.		
1.01) (see instructions)	ly line 5 by the sum of lines 1 and 1.01, columns 1 a		6	
00 Percentage of SSI recipient patient days to 30) (see instructions)	e 3. 82 20. 91	7		
) Percentage of Medicaid patient days to total days (see instructions)				
) Sum of lines 7 and 8			9	
00 Allowable disproportionate share percentage	5.14			
. 00 Disproportionate share adjustment (see instr		141, 764		
. 00 Total prospective capital payments (see inst	uctions)	3, 259, 568	12	
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
00 Program inpatient routine capital cost (see 00 Program inpatient ancillary capital cost (se		0	1	
Program inpatient ancillary capital cost (see instructions)			2	
Total inpatient program capital cost (line 1 plus line 2)			3	
	Capital cost payment factor (see instructions)			
00 Total inpatient program capital cost (line 3	x line 4)	0	5	
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS	i ang)		4	
00 Program inpatient capital costs (see instruc	,	0	1	
5 1 1	Program inpatient capital costs for extraordinary circumstances (see instructions)			
	Net program inpatient capital costs (line 1 minus line 2)			
00 Applicable exception percentage (see instruc 00 Capital cost for comparison to payments (lin	0.00	4 5		
	Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see instructions)			
	for extraordinary circumstances (line 2 x line 6)	0.00	6	
		0	8	
		0	9	
00 Capital minimum payment level (line 5 plus l		1 01	10	
00 Capital minimum payment level (line 5 plus l 00 Current year capital payments (from Part I,	ine 12, as applicable)	0	1 10	
00Capital minimum payment level (line 5 plus l00Current year capital payments (from Part I,00Current year comparison of capital minimum pay.00Carryover of accumulated capital minimum pay		0 0	11.	
<ul> <li>Capital minimum payment level (line 5 plus l Current year capital payments (from Part I, Current year comparison of capital minimum p Carryover of accumulated capital minimum pay Worksheet L, Part III, line 14)</li> </ul>	ine 12, as applicable) yment level to capital payments (line 8 less line 9) ent level over capital payment (from prior year	0		
<ul> <li>Capital minimum payment level (line 5 plus l Current year capital payments (from Part I, Current year comparison of capital minimum payments)</li> <li>Cond Current year comparison of capital minimum payment level</li> <li>Cond Current year comparison of capital minimum payment level</li> <li>Cond Current year comparison of capital minimum payment level</li> </ul>	ine 12, as applicable) yment level to capital payments (line 8 less line 9) ent level over capital payment (from prior year el to capital payments (line 10 plus line 11)	0	12	
<ul> <li>Capital minimum payment level (line 5 plus I Current year capital payments (from Part I, Current year comparison of capital minimum p Carryover of accumulated capital minimum pay Worksheet L, Part III, line 14)</li> <li>Net comparison of capital minimum payment le Current year exception payment (if line 12 i)</li> </ul>	ine 12, as applicable) yment level to capital payments (line 8 less line 9) ent level over capital payment (from prior year rel to capital payments (line 10 plus line 11) positive, enter the amount on this line)	0 0 0	12 13	
<ul> <li>Capital minimum payment level (line 5 plus l Current year capital payments (from Part I, Current year comparison of capital minimum p Carryover of accumulated capital minimum pay Worksheet L, Part III, line 14)</li> <li>Cond Net comparison of capital minimum payment le Current year exception payment (if line 12 i Carryover of accumulated capital minimum pay</li> </ul>	ine 12, as applicable) yment level to capital payments (line 8 less line 9) ent level over capital payment (from prior year el to capital payments (line 10 plus line 11) positive, enter the amount on this line) ent level over capital payment for the following per	0 0 0	12 13	
<ul> <li>Capital minimum payment level (line 5 plus I Current year capital payments (from Part I, Current year comparison of capital minimum payments) (from Part I, Comparison of capital minimum payment generation of capital minimum payment Level (Line 12) (Current year exception payment (if line 12)) (Carryover of accumulated capital minimum payment) (if line 12 is negative, enter the amount on Carryone (comparison of capital minimum payment) (comparison of capital minimum payment) (comparison of capital minimum payment) (comparison of accumulated capital minimum payment) (comparison) (compariso</li></ul>	ine 12, as applicable) yment level to capital payments (line 8 less line 9) ent level over capital payment (from prior year el to capital payments (line 10 plus line 11) positive, enter the amount on this line) ent level over capital payment for the following per this line)	0 0 0	11. 12. 13. 14. 15.	
<ul> <li>Capital minimum payment level (line 5 plus I Current year capital payments (from Part I, Current year comparison of capital minimum p Carryover of accumulated capital minimum pay Worksheet L, Part III, line 14)</li> <li>Net comparison of capital minimum payment le</li> <li>Current year exception payment (if line 12 i</li> <li>Carryover of accumulated capital minimum pay</li> </ul>	<pre>ine 12, as applicable) yment level to capital payments (line 8 less line 9) ent level over capital payment (from prior year el to capital payments (line 10 plus line 11) positive, enter the amount on this line) ent level over capital payment for the following per this line) payment (see instructions)</pre>	0 0 0 0 0	12 13 14	