## PART II - CERTIFICATION

(4) Reopened (5) Amended

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

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LUTHERAN HOSPITAL OF INDIANA (15-0017) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 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.

(Si gned)\_\_\_\_\_\_Officer or Administrator of Provider(s)

SR VICE PRESIDENT-REVENUE MANAGEMENT

Title

11/30/2017

Date

|        |                               |       | Title     | XVIII    |       |           |         |
|--------|-------------------------------|-------|-----------|----------|-------|-----------|---------|
|        | Cost Center Description       |       | 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     | -293, 125 | -52, 674 | 0     | 0         | 1. 00   |
| 2.00   | Subprovi der - I PF           | 0     | 0         | 0        |       | 0         | 2. 00   |
| 3.00   | Subprovi der - IRF            | 0     | 0         | 0        |       | 0         | 3. 00   |
| 5.00   | Swing bed - SNF               | 0     | 0         | 0        |       | 0         | 5. 00   |
| 6.00   | Swing bed - NF                | 0     |           |          |       | 0         | 6. 00   |
| 200.00 | Total                         | 0     | -293, 125 | -52, 674 | 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.

|        |  | In-State   | in-State   | Out-or     | Out-or     | Medicaid | Uther      |        |
|--------|--|------------|------------|------------|------------|----------|------------|--------|
|        |  | Medi cai d | Medi cai d | State      | State      | HMO days | Medi cai d |        |
|        |  | paid days  | eligible   | Medi cai d | Medi cai d |          | days       |        |
|        |  |            | unpai d    | paid days  | eligible   |          |            |        |
|        |  |            | days       |            | unpai d    |          |            |        |
|        |  | 1.00       | 2. 00      | 3. 00      | 4. 00      | 5. 00    | 6.00       |        |
| 24. 00 | If this provider is an IPPS hospital, enter the      | 2, 845     | 1, 068     | 76         | 120        | 14, 080  | 172        | 24. 00 |
|        | in-state Medicaid paid days in column 1, in-state    |            |            |            |            |          |            |        |
|        | Medicaid eligible unpaid days in column 2,           |            |            |            |            |          |            |        |
|        | out-of-state Medicaid paid days in column 3,         |            |            |            |            |          |            |        |
|        | out-of-state Medicaid eligible unpaid days in column |            |            |            |            |          |            |        |
|        | 4, Medicaid HMO paid and eligible but unpaid days in |            |            |            |            |          |            |        |
|        | column 5, and other Medicaid days in column 6.       |            |            |            |            |          |            |        |
| 25.00  | If this provider is an IRF, enter the in-state       | 0          | 0          | o          | 0          | o        |            | 25. 00 |
|        | Medicaid paid days in column 1, the in-state         |            |            |            |            |          |            |        |
|        | Medicaid eligible unpaid days in column 2,           |            |            |            |            |          |            |        |
|        | out-of-state Medicaid days in column 3, out-of-state |            |            |            |            |          |            |        |
|        | Medicaid eligible unpaid days in column 4, Medicaid  |            |            |            |            |          |            |        |
|        | HMO paid and eligible but unpaid days in column 5.   |            |            |            |            |          |            |        |
|        |  |            |            | . '        | 1          |          |            |        |
|        |  |            |            |            |            |          |            |        |

| Health Financial Systems                          | LUTHERAN   | HOSPI T             | AL OF INDIANA                |                             | 11                       | n Lieu | ı of Fori          | m CMS-3 | 2552-10 |
|---|--|---------------------|------------------------------|-----------------------------|--------------------------|--------|--------------------|---------|---------|
|   | TH CARE COMPLEX IDENTIFICATION DA  |                     | Provider CC                  |                             | Peri od:                 |        | Workshe            |         |         |
|   |  |                     |                              |                             | From 07/01/<br>To 06/30/ |        | Part I<br>Date/Ti  | me Pre  | pared:  |
|   |  |                     |                              |                             | Urban/Rur                | al S   | 11/30/2<br>Date of |         | 03 pm   |
|   |  |                     |                              |                             | 1. 00                    |        | 2.0                |         |         |
|   | geographic classification (not wa<br>od. Enter "1" for urban or "2" for  |                     |                              | inning of the               | •                        | 1      |                    |         | 26. 00  |
| 27.00 Enter your standard                         | geographic classification (not wa  | ige) sta            | atus at the end              |                             |                          | 1      |                    |         | 27. 00  |
|   | nter in column 1, "1" for urban or<br>date of the geographic reclassifi  |                     |                              | pl i cabl e,                |                          |        |                    |         |         |
| 35.00 If this is a sole co                        | ommunity hospital (SCH), enter the                                       |                     |                              | H status in                 |                          | 0      |                    |         | 35. 00  |
| effect in the cost r                              | reporting period.  |                     |                              |                             | Begi nni                 | na.    | Endi ı             | Ja.     |         |
|   |  |                     |                              |                             | 1. 00                    |        | 2. 0               |         |         |
| '''   | ginning and ending dates of SCH st<br>s of one and enter subsequent date |                     | Subscript line               | 36 for number               | -                        |        |                    |         | 36. 00  |
| 37.00 If this is a Medicar                        | re dependent hospital (MDH), enter                                       |                     | umber of period              | s MDH status                |                          | 0      |                    |         | 37. 00  |
| •   | cost reporting period.<br>Former MDH that is eligible for th             | ne MDH <sup>.</sup> | transitional pa              | vment in                    | N                        |        |                    |         | 37. 01  |
| accordance with FY 2                              | 2016 OPPS final rule? Enter "Y" fo                                       |                     |                              |                             |                          |        |                    |         |         |
| instructions) 38.00   If line 37 is 1, ent        | ter the beginning and ending dates                                       | of MDI              | H status. If li              | ne 37 is                    |                          |        |                    |         | 38. 00  |
| greater than 1, subs                              | script this line for the number of                                       |                     |                              |                             |                          |        |                    |         |         |
| enter subsequent dat                              | .es.   |                     |                              |                             | Y/N                      |        | 1/Y                | V       |         |
| 20 00 0 this facility                             | well 6. for the impatient beneited                                       |                     | -+!:+                        |                             | 1. 00                    |        | 2.0                |         | 20.00   |
|   | qualify for the inpatient hospital<br>ance with 42 CFR §412.101(b)(2)(ii |                     |                              |                             | e N                      |        | N                  |         | 39. 00  |
| or "N" for no. Does                               | the facility meet the mileage req  | jui remei           | nts in accordan              | ce with 42                  |                          |        |                    |         |         |
|   | )? Enter in column 2 "Y" for yes<br>bject to the HAC program reduction   |                     |                              |                             | Y                        |        | Υ                  |         | 40. 00  |
|   | 1, for discharges prior to Octob   |                     |                              | es or "N" for               | -                        |        |                    |         |         |
| no in corumn 2, for                               | discharges on or after October 1.  | (See                | instructions)                |                             |                          | V      | XVIII              | XI X    |         |
| Prospective Payment                               | Systom (DDS) Capital   |                     |                              |                             |                          | 1. 00  | 2. 00              | 3. 00   |         |
| 45.00 Does this facility of                       | System (PPS)-Capital<br>qualify and receive Capital paymen               | it for (            | di sproporti onat            | e share in a                | cordance                 | N      | Υ                  | N       | 45. 00  |
|   | §412.320? (see instructions) gible for additional payment exce           | ntion :             | for ovtroording              | rv oi roumetar              | 2000                     | l N    | l N                | N       | 46. 00  |
|   | §412.348(f)? If yes, complete Wkst                                       |                     |                              |                             |                          | I IN   | IN I               | IN      | 46.00   |
| Pt. III.<br>47.00 Is this a new hospit            | tal under 42 CFR §412.300 PPS capi                                       | tal 2               | Entor "V for vo              | s or "N" for                | no                       | N      | N I                | N       | 47. 00  |
|   | cting full federal capital payment                                       |                     |                              |                             |                          | N      | N N                | N       | 48. 00  |
| Teaching Hospitals  56.00 Is this a hospital i    | nvolved in training residents in   | approvi             | od CME programs              | 2 Entor "V"                 | for yes                  | Υ      |                    |         | 56. 00  |
| or "N" for no.                                    | Tivor ved Til training residents Til                                     | аррі оч             | eu Gwil pi ogi allis         | r Liitei i                  | TOT yes                  |        |                    |         |         |
|   | s this the first cost reporting p<br>d at this facility? Enter "Y" for   |                     |                              |                             |                          | N      |                    |         | 57. 00  |
| is "Y" did residents                              | s start training in the first mont                                       | h of th             | his cost report              | ing period?                 | Enter "Y"                |        |                    |         |         |
| for yes or "N" for r                              | no in column 2.  If column 2 is "Y<br>D, Parts III & IV and D-2, Pt. II  | ifaı,"              | plete Worksheet<br>nnlicable | E-4. If colu                | umn 2 is                 |        |                    |         |         |
| 58.00   If line 56 is yes, o                      | did this facility elect cost reimb                                       | urseme              | nt for physicia              | ns' services                | as                       | N      |                    |         | 58. 00  |
|   | 15-1, chapter 21, §2148? If yes,<br>n line 100 of Worksheet A?  If yes   |                     |                              | Pt. I.                      |                          | N N    |                    |         | 59. 00  |
| 60.00 Are you claiming nur                        | rsing school and/or allied health  | costs               | for a program t              | hat meets the               |                          | Y      |                    |         | 60.00   |
| provi der-operated cr                             | riteria under §413.85? Enter "Y"   | for yes             | s or "N" for no<br>  IME     | . (see instru<br>Direct GME | uctions)<br>IME          |        | Di rect            | GME     |         |
|   |  | 1.00                |                              |                             |                          |        |                    |         |         |
| 61.00 Did your hospital re                        |  | 1. 00<br>N          | 2. 00                        | 3. 00                       | 4.00                     | 0.00   | 5. 0               |         | 61.00   |
|   | "Y" for yes or "N" for no in   |                     |                              |                             |                          |        |                    |         |         |
| 61.01 Enter the average nu                        | umber of unweighted primary care   |                     | 0.00                         | 0.                          | oo                       |        |                    |         | 61. 01  |
|   | tal's 3 most recent cost reports d before March 23, 2010. (see           |                     |                              |                             |                          |        |                    |         |         |
| i nstructi ons)                                   | •  |                     |                              |                             |                          |        |                    |         |         |
|   | ear total unweighted primary care<br>g OB/GYN, general surgery FTEs,     |                     | 0.00                         | 0.                          | 00                       |        |                    |         | 61. 02  |
| and primary care FTE                              | s added under section 5503 of  |                     |                              |                             |                          |        |                    |         |         |
| ACA). (see instructi<br>61.03 Enter the base line | ons)<br>FTE count for primary care                                       |                     | 0.00                         | 0.                          | 00                       |        |                    |         | 61. 03  |
| and/or general surge                              | ery residents, which is used for   |                     |                              | 3                           |                          |        |                    |         |         |
| determining compliar instructions)                | nce with the 75% test. (see  |                     |                              |                             |                          |        |                    |         |         |
| 61.04 Enter the number of                         | unweighted primary care/or   |                     | 0.00                         | 0.                          | od                       |        |                    |         | 61. 04  |
|   | and/or osteopathic FTEs in the ng period.(see instructions).             |                     |                              |                             |                          |        |                    |         |         |
| 61.05 Enter the difference                        | e between the baseline primary   |                     | 0. 00                        | 0. (                        | od                       |        |                    |         | 61. 05  |
|   | ery FTEs and the current year's general surgery FTE counts (line         |                     |                              |                             |                          |        |                    |         |         |
|   | 03). (see instructions)  |                     |                              |                             |                          |        |                    |         |         |

| Health Financial Systems   | LUTHERAN  | HOSPI TA  | AL OF INDIANA   |                                     | In Lie                            | u of Form CMS-2                         | 2552-10  |
|--|---|---|---|-------------------------------------|-----------------------------------|---|----------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMP   | LEX IDENTIFICATION DA   | ιTΑ   | Provider CC   |                                     | eriod:<br>rom 07/01/2016          | Worksheet S-2<br>Part I                 |          |
|  |   |   |   | To                                  |                                   | Date/Time Pre<br>11/30/2017 5:          |          |
|  |   | Y/N   | I ME  | Direct GME                          | IME                               | Direct GME                              | оз ріп   |
|  |   | 1. 00   | 2. 00   | 3. 00                               | 4.00                              | 5. 00                                   |          |
| 61.06 Enter the amount of ACA §5503 averaged for cap relief and/or FTEs care or general surgery. (see in   | that are nonprimary   |   | 0.00  |                                     |                                   |   | 61. 06   |
| jest et general genje (et e  |   | Pro   | ogram Name  | Program Code                        | Unweighted IME<br>FTE Count       | Unweighted<br>Direct GME FTE<br>Count   |          |
|  |   |   | 1. 00   | 2. 00                               | 3. 00                             | 4.00                                    |          |
| specialty, if any, and the number for each new program. (see instractions of the program of the program code, enter in column 3, unweighted count and enter in column for the program code, enter in column and enter in column an | Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.  Of the FTEs in line 61.05, specify each expanded |   |   |                                     | O. OC                             | 0.00                                    | 61. 10   |
| 61.20 Of the FTEs in line 61.05, speci<br>program specialty, if any, and t<br>residents for each expanded prog<br>instructions) Enter in column 1,<br>enter in column 2, the program c<br>3, the IME FTE unweighted count<br>4, direct GME FTE unweighted cou  | he number of FTE<br>pram. (see<br>the program name,<br>code, enter in column<br>and enter in column   |   |   |                                     | 0.00                              | 0.00                                    | 61. 20   |
|  |   |   |   |                                     |                                   | 1.00                                    |          |
| ACA Provisions Affecting the Head 62.00 Enter the number of FTE resident   |   |   |   |                                     | od for which                      | 0.00                                    | 62. 00   |
| your hospital received HRSA PCRE<br>62.01 Enter the number of FTE resident   | funding (see instructs that rotated from a  | ctions)<br>a Teachi                                     | ng Heal th Cent   | ter (THC) into                      |                                   |   | 62. 01   |
| during in this cost reporting per<br>Teaching Hospitals that Claim Re  | esidents in Nonprovid   | er Setti  | ngs   |                                     |                                   |   |          |
| 63.00 Has your facility trained reside "Y" for yes or "N" for no in col  |   |   |   |                                     | eri od? Enter                     | N                                       | 63. 00   |
| ,  | <u></u>   | 3.00 11110  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                               | Unwei ghted<br>FTEs<br>Nonprovi der | Unweighted<br>FTEs in<br>Hospital | Ratio (col. 1/<br>(col. 1 + col.<br>2)) |          |
|  |   |   |   | Si te                               | ·                                 |   |          |
| Section 5504 of the ACA Base Yea   | ar FTE Residents in No  | onprovi o   | der Settinas  | 1.00<br>This base vear              | 2.00<br>is your cost r            | 3.00<br>reportina                       |          |
| period that begins on or after of the control of th | yes, or your facilit<br>ber of unweighted nor<br>stations occurring in<br>number of unweighted<br>our hospital. Enter in  | ty trair<br>n-primar<br>all nor<br>d non-pr<br>n columr | ned residents<br>ry care<br>nprovider<br>rimary care<br>n 3 the ratio | 0.00                                | 0.00                              | 0. 000000                               | 64. 00   |
| of (column 1 divided by (column  | 1 + column 2)). (see<br>Program Name  |   | ctions)<br>ogram Code   | Unwei ghted                         | Unwei ahted                       | Ratio (col. 3/                          |          |
|  | og. a name  |   | 5g. d 55d5  | FTEs<br>Nonprovi der<br>Si te       | FTEs in<br>Hospital               | (col. 3 + col.<br>4))                   |          |
| (5.00 E. )   | 1.00  |   | 2.00  | 3. 00                               | 4.00                              | 5.00                                    | /F 22    |
| 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)   |   |   |   | 0.00                                | 0.00                              | 0. 000000                               | . 33. 00 |

| Health Financial Systems  LUTHERAN HOSPITAL OF INDIANA HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0017  | In Peri od:                  | Lieu of Form CN<br>Worksheet S |                    |
|---|------------------------------|--------------------------------|--------------------|
|   | From 07/01/20<br>To 06/30/20 | 016 Part I                     | Prepared:          |
|   | V<br>1. 00                   | XI X<br>2. 00                  |                    |
| 95.00 If line 94 is "Y", enter the reduction percentage in the applicable column. 96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.  | 0. 00<br>N                   | 0. 00<br>N                     | 95. 00<br>96. 00   |
| 97.00 If line 96 is "Y", enter the reduction percentage in the applicable column.  Rural Providers  | 0.00                         | 0.00                           | 97. 00             |
| 105.00 Does this hospital qualify as a critical access hospital (CAH)?  106.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payme  | N N                          |                                | 105. 00<br>106. 00 |
| for outpatient services? (see instructions)  107.00  f this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is co reimbursed. If yes complete Wkst. D-2, Pt. II.   |                              |                                | 107. 00            |
| 108.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 4 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.   | 2 N                          |                                | 108. 00            |
| Physical Occupation 1.00 2.00   | al Speech 3.00               | Respi rator<br>4.00            | <u>-</u> y         |
| 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.   |                              |                                | 109. 00            |
|   |                              | 1.00                           |                    |
| 110.00 Did this hospital participate in the Rural Community Hospital Demonstration project ( the current cost reporting period? Enter "Y" for yes or "N" for no.  | 410A Demo)for                | N                              | 110. 00            |
|   | -                            | 1.00 2.00 3.0                  | 00                 |
| Miscellaneous Cost Reporting Information  115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", ente 3 either "93" percent for short term hospital or "98" percent for long term care (inc psychiatric, rehabilitation and long term hospitals providers) based on the definition                              | r in column<br>ludes         | N C                            | 115. 00            |
| Pub.15-1, chapter 22, §2208.1.  116.00 s this facility classified as a referral center? Enter "Y" for yes or "N" for no.  117.00 s this facility legally-required to carry malpractice insurance? Enter "Y" for yes o   | r "N" for                    | N<br>N                         | 116. 00<br>117. 00 |
| 118.00 s the malpractice insurance a claims-made or occurrence policy? Enter 1 if the polic   claim-made. Enter 2 if the policy is occurrence.  | y is                         | 1                              | 118. 00            |
| Premi ums   | Losses                       | Insurance                      | ?                  |
| 1.00  | 2. 00                        | 3. 00                          |                    |
| 118. 01 List amounts of mal practice premiums and paid losses: 1, 226,  | 013 354,                     | 328                            | 0118.01            |
| 118.02 Are mal practice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.  | 1.00<br>N                    | 2.00                           | 118. 02            |
| 119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in AC §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatien Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no. |                              | N                              | 119. 00<br>120. 00 |
| 121.00 Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.   | Y                            |                                | 121. 00            |
| 122.00 Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.   | N                            |                                | 122. 00            |
| Transplant Center Information  125.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If  | Υ                            |                                | 125. 00            |
| yes, enter certification date(s) (mm/dd/yyyy) below.  126.00 f this is a Medicare certified kidney transplant center, enter the certification dat   |                              | 8                              | 126. 00            |
| in column 1 and termination date, if applicable, in column 2.  127.00  f this is a Medicare certified heart transplant center, enter the certification date   |                              |                                | 127. 00            |
| in column 1 and termination date, if applicable, in column 2.<br>128.00 f this is a Medicare certified liver transplant center, enter the certification date  |                              |                                | 128. 00            |
| in column 1 and termination date, if applicable, in column 2.<br>129.00 olf this is a Medicare certified lung transplant center, enter the certification date   | in                           |                                | 129. 00            |
| column 1 and termination date, if applicable, in column 2.  130.00 olf this is a Medicare certified pancreas transplant center, enter the certification   |                              |                                | 130. 00            |
| date in column 1 and termination date, if applicable, in column 2.  131.00  f this is a Medicare certified intestinal transplant center, enter the certification  |                              |                                | 131. 00            |
| date in column 1 and termination date, if applicable, in column 2.  132.00 If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.  |                              |                                | 132. 00            |

| ealth Financial Systems<br>OSPITAL AND HOSPITAL HEALTH CARE COMPLE  | LUTHERAN HOSPIT<br>X IDENTIFICATION DATA   | Provi der CCI  | N: 15-0017   | Peri od:                                |  | u of Form CMS<br>Worksheet S-<br>Part I   |  |
|---|--|--|--|---|--|---|--|
|   |  |  |  |   | 6/30/2017  | Date/Time Pr<br>11/30/2017 5  |  |
|   |  |  |  |   | 1. 00  | 2.00  |  |
| 33.00 If this is a Medicare certified of  |  |  | cation date  |   | 1.00   | 2. 00   | 133. (   |
| in column 1 and termination date,<br>34.00 If this is an organ procurement or<br>and termination date, if applicabl   | ganization (OPO), enter t  |  | n column 1   |   |  |   | 134. (   |
| All Providers   |  |  |  | · ·                                     |  |   |  |
| 40.00 Are there any related organization<br>chapter 10? Enter "Y" for yes or "<br>are claimed, enter in column 2 the  | N" for no in column 1. If  | f yes, and home  | office costs   | 5                                       | Υ  | 449008  | 140.   |
| 1.00  | 2. (   | 00   |  |   | 3. 00  |   |  |
| If this facility is part of a chain home office and enter the home off  |  |  |  | name and                                | d address  | of the  |  |
| 1.00 Name: COMMUNITY HEALTH SYSTEMS   | Contractor's Name: WI  |  |  | or's Nu                                 | mber: 1030   | 1   | 141.   |
| 2.00 Street: 4000 MERIDIAN BLVD   | PO Box:<br>State: Ti   | N I  | 7i n Code  |   | 2707   | 7   | 142.<br>143.   |
| I3.00 City: FRANKLIN  | State: Ti  | IN   | Zi p Code  | <del>)</del> :                          | 3706   | <u>/</u>  | 143.   |
|   |  |  |  |   |  | 1.00  |  |
| 4.00 Are provider based physicians' cos   | sts included in Worksheet  | A?   |  |   |  | Y   | 144.   |
|   |  |  |  |   | 1. 00  | 2. 00   |  |
| 5.00 If costs for renal services are cl   | aimed on Wkst. A, line 74  | 4, are the costs   | for  |   | Υ  |   | 145.   |
| inpatient services only? Enter "Y"<br>no, does the dialysis facility inc<br>period? Enter "Y" for yes or "N"  | clude Medicare utilization   |  |  |   |  |   |  |
| 6.00 Has the cost allocation methodolog<br>Enter "Y" for yes or "N" for no in   | gy changed from the previo<br>n column 1. (See CMS Pub.  |  |  | f                                       | N  |   | 146.   |
| yes, enter the approval date (mm/c  | id/yyyy) in column 2.  |  |  |   |  |   |  |
|   |  |  |  |   |  | 1.00  |  |
|   |  |  |  |   |  | 1.00  |  |
|   |  |  |  |   |  | N   |  |
| 8.00 Was there a change in the order of   | allocation? Enter "Y" fo   | or yes or "N" fo   | r no.  | no no                                   |  | N<br>N  | 148.   |
| 8.00 Was there a change in the order of   | allocation? Enter "Y" fo   | or yes or "N" fo   | r no.  |   | itle V   | N   | 148.   |
| 8.00 Was there a change in the order of<br>9.00 Was there a change to the simplifi  | allocation? Enter "Y" for ed cost finding method? E  | or yes or "N" fo<br>Enter "Y" for ye<br>Part A<br>1.00   | r no.<br>s or "N" foi<br>Part B<br>2.00  | Т                                       | 3.00   | N<br>N<br>N<br>Title XIX<br>4.00  | 148.   |
| 18.00 Was there a change in the order of 19.00 Was there a change to the simplification.  Does this facility contain a provi  | allocation? Enter "Y" for<br>ed cost finding method? E<br>der that qualifies for ar  | or yes or "N" fo<br>Enter "Y" for ye:<br>Part A<br>1.00<br>n exemption from  | r no. s or "N" for Part B 2.00 the applic  | ation of                                | 3.00<br>f the lowe   | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs  | 148.   |
| 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi  Does this facility contain a provi or charges? Enter "Y" for yes or '5.00 Hospital   | allocation? Enter "Y" for<br>ed cost finding method? E<br>der that qualifies for ar  | or yes or "N" fo<br>Enter "Y" for ye:<br>Part A<br>1.00<br>n exemption from<br>nent for Part A<br>N                                    | r no. s or "N" for Part B 2.00 the applic and Part B. N  | ation of                                | 3.00<br>f the lowe<br>2 CFR §413<br>N                      | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)  | 148.<br>149.<br>155.   |
| 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi  Does this facility contain a provi or charges? Enter "Y" for yes or '5.00 Hospital 6.00 Subprovider - IPF  | allocation? Enter "Y" for<br>ed cost finding method? E<br>der that qualifies for ar  | or yes or "N" for yes  Part A  1.00  n exemption from nent for Part A  N  N  | r no. s or "N" for Part B 2.00 n the applic and Part B. N  | ation of                                | 3.00<br>f the lowe<br>2 CFR §413<br>N                      | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N   | 148.<br>149.<br>155.<br>156.   |
| 18.00   Was there a change in the order of   19.00   Was there a change to the simplified   | allocation? Enter "Y" for<br>ed cost finding method? E<br>der that qualifies for ar  | or yes or "N" fo<br>Enter "Y" for ye:<br>Part A<br>1.00<br>n exemption from<br>nent for Part A<br>N                                    | r no. s or "N" for Part B 2.00 the applic and Part B. N  | ation of                                | 3.00<br>f the lowe<br>2 CFR §413<br>N                      | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)  | 148.<br>149.<br>155.<br>156.<br>157.   |
| 18.00 Was there a change in the order of 19.00 Was there a change to the simplification of the simplification | allocation? Enter "Y" for<br>ed cost finding method? E<br>der that qualifies for ar  | or yes or "N" fo<br>Enter "Y" for ye:<br>Part A<br>1.00<br>n exemption from<br>nent for Part A<br>N<br>N                               | r no. s or "N" for Part B 2.00 n the applic and Part B. N N  | ation of                                | 3.00<br>f the lowe<br>2 CFR §413<br>N<br>N                 | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N  | 148.<br>149.<br>155.<br>156.<br>157.<br>158.                                 |
| 18.00 Was there a change in the order of 19.00 Was there a change to the simplification or charges? Enter "Y" for yes or '0.00 Subprovider - IPF 19.00 Subprovider - IRF 19.00 SUBPROVIDER 19.00 SNF  | allocation? Enter "Y" for<br>ed cost finding method? E<br>der that qualifies for ar  | or yes or "N" for yes  Part A  1.00  n exemption from nent for Part A  N  N  | r no. s or "N" for Part B 2.00 n the applic and Part B. N  | ation of                                | 3.00<br>f the lowe<br>2 CFR §413<br>N                      | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N   | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.                         |
| 18.00   Was there a change in the order of   19.00   Was there a change to the simplified   | allocation? Enter "Y" for<br>ed cost finding method? E<br>der that qualifies for ar  | or yes or "N" fo<br>Enter "Y" for yes<br>Part A<br>1.00<br>n exemption from<br>nent for Part A<br>N<br>N                               | r no. s or "N" for Part B 2.00 n the applic and Part B. N N N  | ation of                                | 3.00<br>f the lowe<br>2 CFR §413<br>N<br>N                 | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N  | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.                 |
| 18.00   Was there a change in the order of   19.00   Was there a change to the simplified   | allocation? Enter "Y" for<br>ed cost finding method? E<br>der that qualifies for ar  | or yes or "N" fo<br>Enter "Y" for yes<br>Part A<br>1.00<br>n exemption from<br>nent for Part A<br>N<br>N                               | r no. s or "N" for Part B 2.00 n the applic and Part B. N N N N  | ation of                                | 3.00<br>f the lowe<br>2 CFR §413<br>N<br>N<br>N            | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N<br>N   | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.                 |
| 18.00 Was there a change in the order of 19.00 Was there a change to the simplification or charges? Enter "Y" for yes or '65.00 Hospital 66.00 Subprovider - IPF 67.00 Subprovider - IRF 88.00 SUBPROVIDER 69.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC  | allocation? Enter "Y" for ed cost finding method? Ed   | or yes or "N" for yes  Part A  1.00  nexemption from nent for Part A  N  N  N  N  N  | r no. S or "N" for Part B 2.00 In the applic and Part B. N N N N N N N N N N N N N N N N N N N   | ation of (See 42                        | 3.00<br>F the I owe<br>2 CFR §413<br>N<br>N<br>N<br>N<br>N | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N<br>N<br>N  | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.<br>161.         |
| or charges? Enter "Y" for yes or ' 55.00 Hospi tal 66.00 Subprovi der - IPF 67.00 Subprovi der - IRF 68.00 SUBPROVI DER 69.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC  Multicampus 65.00 Is this hospital part of a Multica   | allocation? Enter "Y" for ed cost finding method? Ed   | or yes or "N" for yes  Part A  1.00  nexemption from nent for Part A  N  N  N  N  N  | r no. S or "N" for Part B 2.00 In the applic and Part B. N N N N N N N N N N N N N N N N N N N   | ation of (See 42                        | 3.00<br>F the I owe<br>2 CFR §413<br>N<br>N<br>N<br>N<br>N | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N<br>N   | 147.<br>148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.<br>161. |
| 18.00 Was there a change in the order of 19.00 Was there a change to the simplification of the simplification | ampus hospital that has or   | or yes or "N" for yes  Part A  1.00  n exemption from nent for Part A  N N N N N County  | r no. s or "N" for Part B 2.00 n the applic and Part B. N N N N N Ses in diffe   | ation of (See 42                        | 3.00  F the I owe 2 CFR §413  N N N N N SSAs?              | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N<br>N<br>N<br>N<br>N  | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.<br>161.         |
| 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi  Does this facility contain a provi or charges? Enter "Y" for yes or '5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 99.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC  Multicampus  Multicampus  5.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.  | ampus hospital that has or   | or yes or "N" for yes  Part A  1.00  n exemption from nent for Part A  N N N N N N N N N N N N N N N N N N                             | r no. s or "N" for Part B 2.00 n the applic and Part B. N N N N N Ses in diffe   | ation of (See 42                        | 3.00  F the I owe 2 CFR §413  N N N N N SSAs?              | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N<br>N<br>N<br>N<br>N<br>N   | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.<br>161.         |
| 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi  Does this facility contain a provi or charges? Enter "Y" for yes or '5.00 Hospital 6.00 Subprovider - IPF 77.00 Subprovider - IRF 8.00 SUBPROVIDER 99.00 SNF 0.00 HOME HEALTH AGENCY 1.00 CMHC  Multicampus 15.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 16.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in   | ampus hospital that has or   | or yes or "N" for yes  Part A  1.00  n exemption from nent for Part A  N N N N N County  | r no. s or "N" for Part B 2.00 n the applic and Part B. N N N N N Ses in diffe   | ation of (See 42                        | 3.00  F the I owe 2 CFR §413  N N N N N SSAs?              | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N<br>N<br>N<br>N<br>N<br>N   | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.<br>161.         |
| 8.00 Was there a change in the order of 9.00 Was there a change to the simplification of 9.00 Was there a change to the simplification of 9.00 Was there a change to the simplification of 9.00 Was there a change to the simplification of 9.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 9.00 SNF 9.00 CMHC 9.00 | ampus hospital that has or   | or yes or "N" for yes Part A 1.00 In exemption from the for Part A N N N N N N N N N N N N N N N N N N                                 | r no. s or "N" for Part B 2.00 n the applic and Part B. N N N N Ses in diffe   | erent CE  p Code 3.00                   | 3.00  F the I owe 2 CFR §413  N N N N N SSAs?              | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N<br>N<br>N<br>N<br>N<br>N   | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.<br>161.         |
| 8.00 Was there a change in the order of 9.00 Was there a change to the simplifi  Does this facility contain a provi or charges? Enter "Y" for yes or '5.00 Hospital 6.00 Subprovider - IPF 7.00 Subprovider - IRF 8.00 SUBPROVIDER 9.00 SNF 9.00 SNF 9.00 SNF 9.00 CMHC  Multicampus 9.5.00 CMHC  Multicampus 9.5.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 16.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)   | ampus hospital that has or Name  O  incentive in the America   | or yes or "N" for yes or "Y" for yes or "Y" for yes Part A 1.00  n exempti on from nent for Part A N N N N N N N N N N N N N N N N N N | r no. s or "N" for Part B 2.00 n the applic and Part B. N N N N Sees in differ   | erent CE  p Code 3.00                   | 3.00  F the I owe 2 CFR §413  N N N N N SSAs?              | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>O<br>T of costs<br>.13)<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.<br>161.         |
| 18.00   Was there a change in the order of   19.00   Was there a change to the simplification   19.00   Was this facility contain a proviour charges? Enter "Y" for yes or "St. 50.00   Hospital   19.00     | ampus hospital that has or  Name  0  Output  O | can Recovery and 'Y" for yes or "Ingful user (line   | r no. s or "N" for Part B 2.00 n the applic and Part B. N N N N Ses in difference in the session of the session difference in the session difference | Tation of (See 42) erent CE p Code 3.00 | 3.00 F the I owe 2 CFR §413 N N N N SSAs? CBSA 4.00        | N<br>N<br>N<br>Title XIX<br>4.00<br>r of costs<br>.13)<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>O   | 148.<br>149.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.<br>161.         |

| Health Financial Systems   | OF INDIANA   | In Lie              | u of Form CMS-  | 2552-10       |         |  |
|--|--|---------------------|-----------------|---------------|---------|--|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I                                  | OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA  Provider CCN: 15-0017  Provider CCN: 15-0017 |                     |                 |               |         |  |
|  |  |                     | From 07/01/2016 |               |         |  |
|  |  |                     | To 06/30/2017   |               |         |  |
|  |  |                     |                 | 11/30/2017 5: | 03 pm   |  |
|  |  |                     | Begi nni ng     | Endi ng       |         |  |
|  |  |                     | 1. 00           | 2.00          |         |  |
| 170.00 Enter in columns 1 and 2 the EHR begineriod respectively (mm/dd/yyyy) | nning date and ending dat  | e for the reporting |                 |               | 170. 00 |  |
|  |  |                     |                 |               |         |  |
|  |  |                     | 1. 00           | 2.00          | 1       |  |
| 171.00 If line 167 is "Y", does this provide                                 | r have any days for indiv  | viduals enrolled in | N               | 0             | 171. 00 |  |
| section 1876 Medicare cost plans repo  |  |                     |                 |               |         |  |
| "Y" for yes and "N" for no in column   | n  |                     |                 |               |         |  |
| 1876 Medicare days in column 2. (see   | instructions)  |                     |                 |               |         |  |

|          | Financial Systems  AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE   |   | CN: 15-0017   | Peri od:                         | w of Form CMS-<br>Worksheet S-: |                |
|----------|--|---|---------------|----------------------------------|---------------------------------|----------------|
| ,,,,,    | TE THE TOOL THE TELET STATE TELEFORE TO LOCATE TO THE TELEFORE |   | J. 10 J. 17   | From 07/01/2016<br>To 06/30/2017 | Part II                         | epared         |
|          |  |   |               | Y/N                              | Date                            | . 00 pii       |
|          |  |   |               | 1.00                             | 2. 00                           |                |
|          | General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format.   | I for all NO re                             | esponses. Ent | er all dates in 1                | rne                             |                |
|          | COMPLETED BY ALL HOSPITALS Provider Organization and Operation   |   |               |                                  |                                 |                |
| . 00     | Has the provider changed ownership immediately prior to the reporting period? If yes, enter the date of the change in c  |   |               | N )                              |                                 | 1.0            |
|          |  |   | Y/N           | Date                             | V/I                             |                |
| 00       | lung the grand day to make a grant of a the Madi same D  | )   | 1.00<br>N     | 2. 00                            | 3. 00                           |                |
| .00      | Has the provider terminated participation in the Medicare P yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.  |   | IN IN         |                                  |                                 | 2. (           |
| . 00     | Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members of directors through ownership, control, or family and other relationships? (see instructions)   | offices, drug<br>der or its<br>of the board | Y             |                                  |                                 | 3. (           |
|          | Total Colonia por (coo rinoti deti ono)  |   | 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" f  | for Compiled,                               | N             |                                  |                                 | 4.0            |
| . 00     | or "R" for Reviewed. Submit complete copy or enter date ava<br>column 3. (see instructions) If no, see instructions.<br>Are the cost report total expenses and total revenues diffe  |   | N             |                                  |                                 | 5. (           |
|          | those on the filed financial statements? If yes, submit rec  |   |               |                                  |                                 |                |
|          |  |   |               | Y/N<br>1. 00                     | Legal Oper.<br>2.00             |                |
| 00       | Approved Educational Activities Column 1: Are costs claimed for nursing school? Column 2:  | If you is th                                | o providor i  | s N                              |                                 | 6.             |
| 00       | the legal operator of the program?   | ii yes, is ti                               | ie provider i | S IN                             |                                 | 0.             |
| 00<br>00 | Are costs claimed for Allied Health Programs? If "Y" see in<br>Were nursing school and/or allied health programs approved  |   | N during the  | Y<br>N                           |                                 | 7.<br>8.       |
| 00       | cost reporting period? If yes, see instructions.  Are costs claimed for Interns and Residents in an approved   |   | Ü             |                                  |                                 | 9.             |
| 0.00     | program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated o  | is.   |               | N                                |                                 | 10.            |
| 1. 00    | cost reporting period? If yes, see instructions.<br>Are GME cost directly assigned to cost centers other than I  |   |               | N                                |                                 | 11.            |
|          | Teaching Program on Worksheet A? If yes, see instructions.   |   |               |                                  | Y/N                             |                |
|          | Pad Dahts  |   |               |                                  | 1. 00                           |                |
| 2. 00    | Bad Debts Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection p  |   |               | ost reporting                    | Y<br>N                          | 12. (<br>13. ( |
| 4. 00    | period? If yes, submit copy.  If line 12 is yes, were patient deductibles and/or co-payme  Bed Complement  | ents waived? If                             | yes, see in   | structions.                      | N                               | 14.            |
| 5. 00    | Did total beds available change from the prior cost reporti  |   | yes, see ins  |                                  | Y T B                           | 15.            |
|          |  | Y/N   | Date          | Y/N                              | Date                            |                |
|          |  | 1. 00                                       | 2.00          | 3. 00                            | 4. 00                           |                |
| 6. 00    | PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through  | Y   | 09/27/2017    | Y                                | 09/27/2017                      | 16.            |
| 7. 00    | date of the PS&R Report used in columns 2 and 4 .(see instructions) Was the cost report prepared using the PS&R Report for   | N   |               | N                                |                                 | 17.            |
|          | 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)   |   |               |                                  |                                 |                |
| 3. 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   | N   |               | N                                |                                 | 18.            |
| 9. 00    | cost report? If yes, see instructions.<br>If line 16 or 17 is yes, were adjustments made to PS&R   | N   |               | N                                |                                 | 19.            |

| Report data for Other? Describe the other adjustments:    1.00   | Heal th | Financial Systems LUTHERAN HOSPI   | TAL OF INDIANA   |              | In Lie           | u of Form CMS-           | -2552-10         |
|--|---------|--|------------------|--------------|------------------|--------------------------|------------------|
| Description   Y/N  | HOSPI T | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE                  | Provider CO      | CN: 15-0017  | From 07/01/2016  | Part II<br>Date/Time Pre | epared:          |
| Report data for other? Describe the other adjustments made to PSAR   N   Date   PSAR   Report data for other? Describe the other adjustments:   Y/R   Date   Y/R   Date   PSAR   Date    |         |  | Descri           | pti on       | Y/N              | Y/N                      |                  |
| Report data for Other? Describe the other adjustments:    1.00   |         |  | (                | )            |                  |                          |                  |
| 21.00   Was the cost report prepared only using the provider's   N   2.00   3.00   4.00  | 20. 00  |  |                  |              | N                | N                        | 20.00            |
| 21.00 Was the cost report prepared only using the provider's N N 21.00 records? If yes, see instructions.    COMPLETED BY COST RELIMBURSD AND TERM HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)   1.00  |         | Report data for other? Describe the other adjustments:                   | Y/N              | Date         | Y/N              | Date                     |                  |
| 21.00 Was the cost report prepared only using the provider's N   N   21.00   |         |  |                  |              |                  |                          |                  |
| CopiteTRO BY COST RELIBBURSED AND TERRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)  Capital Related Cost  22.00 Have assets been relifed for Medicare purposes? If yes, see instructions 23.00 Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.  24.00 Where assets subject to see 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.  25.00 Were assets subject to Sec 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.  26.00 Were assets subject to Sec 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.  27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.  28.00 Were men loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 Were well const, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 Were well const, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.01 Were assets and provide a funded depreciation account? If yes, see instructions.  29.02 Well asset assets and provide a funded depreciation account? If yes, see instructions.  30.00 Has debt been recalled before scheduled maturity without Issuance of new debt? If yes, see instructions.  30.00 Has debt been recalled before scheduled maturity without Issuance of new debt? If yes, see instructions.  30.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  30.00 If I in a 31 is yes, were there equirements of Sec. 2153. 2 applied pertaining to competitive bidding? If yes, see in | 21. 00  |  | N                |              | N                |                          | 21. 00           |
| COMPLETED BY COST RETMBURSED AND TERRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)  Capital Related Cost  22.00 Have assets been relife for Medicare purposes? If yes, see instructions 23.00 Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.  24.00 Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.  25.00 Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see Instructions.  26.00 Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see Instructions.  27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.  28.00 Were well loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 If the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund)  29.01 Has very loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  30.00 Has debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  31.00 Has debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.01 If ine 31 is yes, were the requirements of Sec. 2135. 2 applied pertaining to competitive bidding? If yes, see instructions.  33.00 If ine 34 is yes, see instructions.  34.00 Mere home office Costs  35.00 If ine 34 is yes, see instructions.  36.00 Were home office Costs  37.00 If ine 34 is yes, has a home office cost statement been prepared by the home office?  38.00 If ine 36 is yes, has a home office cost statement been prepared by the home office?  39.00 If ine 36  |         |  |                  |              |                  |                          |                  |
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| Sample   S   | 22. 00  |  | e instructions   |              |                  |                          | 22. 00           |
| If yes, see instructions   |         | Have changes occurred in the Medicare depreciation expense               |                  | als made du  | ing the cost     |                          | 23. 00           |
| instructions.  26.00 Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.  27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.  Interest Expense  28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.  30.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 If ine 32 is yes, were the requirements of Sec. 2153.2 applied pertaining to competitive bidding? If no, see instructions.  34.00 If I ine 31 is yes, were the requirements or see instructions.  35.00 If Jine 31 is yes, were the reported period? If yes, see Instructions.  36.00 If I ine 31 is yes, were the reporting period? If yes, see Instructions.  37.00 If Jine 36 is yes, see Instructions.  38.00 If I ine 36 is yes, see Instructions.  39.00 If Jine 36 is yes, was the fiscal year end of the home office different from that of y 12/31/2016 yes, see instructions.  40.00 If Jine 36 is yes, was the fiscal year end of the home office different from that of y 12/31/2016 yes, see instructions.  40.00 If Jine 36 is yes, was the fiscal year end of the home office.  40.00 If Jine 36 is yes, did the provider render services to other chain components? If yes, yes instructions.  41.00 In 36 in yes, was the fiscal year end of the home office.  42.00 Enter the first name, last name and the title/position held by the cost report preparer in column 1, 2, and 3, respectively.  | 24. 00  |  | ed into during   | this cost re | eporting period? |                          | 24. 00           |
| Instructions   27.00   Ass the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.   Interest Expense   28.00   Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.   29.00   Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions   30.00   Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions   30.00   Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions   31.00   Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions   32.00   Are services or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.   32.00   If in a 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no. see instructions.   33.00   If il no 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If   33.00   If il no 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.   34.00   If il no 34 is yes, was the fiscal year end of the home office?   Y   36.00   Y/N   Date   1.00   2.00   37.00   If il no 36 is yes, has a home office cost statement been prepared by the home office?   Y   37.00   If il no 36 is yes, was the fiscal year end of the home office.   Y   12/31/2016   38.00   If il no 36 is yes, was the fiscal year end of the home office.   Y   12/31/2016   39.00   If il no 36 is yes, was the fiscal year end of the home office.   If yes, see instructions.   1.00   2.00   Cost Report Preparer Contact Information   1.00   2.00   Cost Report Preparer Contact Information   1.00   2.00   Cost Report    | 25. 00  | Have there been new capitalized leases entered into during instructions. | •                | 0.           |                  |                          | 25. 00           |
| Interest Expense   | 26. 00  |  | he cost reporti  | ng period? I | f yes, see       |                          | 26. 00           |
| 28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.  30.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  31.00 Has existing debt been recalled before scheduled maturity without issuance of new debt? If yes, see Instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians?  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.  36.00 Were home office costs claimed on the cost report?  37.00 If line 36 is yes, was the fiscal year end of the home office?  38.00 If line 36 is yes, was the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, yes enstructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see instructions.  41.00 Enter the first name, last name and the title/position held by the cost report Preparer Contact Information  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the engloyer/company name of the cost report preparer.  43.00 Enter the letelphone number and email address of the cost (615) 925-4353  44.00 Enter the letelphone number and email address of the cost (615) 925-4353                             | 27. 00  | сору.  | e cost reportin  | g period? I1 | f yes, submit    |                          | 27. 00           |
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| 30.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see   30.00   Instructions.   | 29. 00  | Did the provider have a funded depreciation account and/or               |                  | bt Service F | Reserve Fund)    |                          | 29. 00           |
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| 33.00 If line 32 is yes, were the requirements of Sec. 2135. 2 applied pertaining to competitive bidding? If no, see instructions.  Provider-Based Physicians  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.    V/N   | 32. 00  | Have changes or new agreements occurred in patient care se               |                  | d through co | ontractual       |                          | 32. 00           |
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| 35. 00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based    Y/N   Date   | 34. 00  |  | rrangement with  | provi der-ba | ased physicians? |                          | 34.00            |
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| 36.00 Were home office costs claimed on the cost report?  37.00 If line 36 is yes, has a home office cost statement been prepared by the home office?  38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 If line 36 is yes, did the provider render services to the home office.  41.00 If line 36 is yes, did the provider render services to the home office.  41.00 If line 36 is yes, did the provider render services to other chain components? If yes, yes, did the provider render services to other chain components? If yes, yes, did the provider render services to other chain components? If yes, yes, did the provider render services to other chain components? If yes, yes, did the provider render services to other chain components? If yes, yes, did the provider render services to other chain components? If yes, yes, did the provider render services to other chain components? If yes, yes, did the provider render services to other chain components? If yes, yes, did the provider render services to other chain components? If yes, yes, did the provider yes, yes,  |         |  |                  |              | 1. 00            | 2. 00                    |                  |
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| 38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  Cost Report Preparer Contact Information  Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  Enter the employer/company name of the cost report  CHS  CHS  CACHARY_GENTRY@CHS.NET  43.00 Enter the telephone number and email address of the cost  Cost Report Preparer Contact Information  And the provider? If yes, see  N  1.00  Cost Report Preparer Contact Information  And the provider render services to other chain components? If yes, see  N  40.00  Cost Report Preparer Contact Information  Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  Enter the employer/company name of the cost report  CHS  ZACHARY_GENTRY@CHS.NET  43.00  |         | If line 36 is yes, has a home office cost statement been p               | repared by the   | home office  |                  |                          | 36. 00<br>37. 00 |
| 39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N  40.00 Cost Report Preparer Contact Information  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report CHS  43.00 Enter the telephone number and email address of the cost (615) 925-4353  CACHARY_GENTRY@CHS.NET  43.00 Enter the telephone number and email address of the cost (615) 925-4353  | 38. 00  | If line 36 is yes , was the fiscal year end of the home of               |                  |              | F Y              | 12/31/2016               | 38. 00           |
| 40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  40.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  41.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  41.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  41.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  41.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  41.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  41.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  41.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  41.00 If line 36 is yes, did the provider services to the home office? If yes, see  N  41.00 If line 36 is yes, did the provider services to the home of the | 39. 00  | If line 36 is yes, did the provider render services to oth               |                  |              | s, Y             |                          | 39. 00           |
| Cost Report Preparer Contact Information  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report CHS  preparer.  43.00 Enter the telephone number and email address of the cost (615) 925-4353 ZACHARY_GENTRY@CHS.NET 43.00   | 40. 00  | If line 36 is yes, did the provider render services to the               | home office?     | If yes, see  | N                |                          | 40.00            |
| Cost Report Preparer Contact Information  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report CHS  Preparer.  43.00 Enter the telephone number and email address of the cost (615) 925-4353 ZACHARY_GENTRY@CHS.NET 43.00   |         |  |                  |              |                  |                          |                  |
| 41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparer.  43.00 Enter the telephone number and email address of the cost (615) 925-4353 ZACHARY_GENTRY@CHS.NET 43.00  |         | Cost Report Preparer Contact Information                                 | 1.               | 00           | 2.               | 00                       |                  |
| respectively. 42.00 Enter the employer/company name of the cost report preparer. 43.00 Enter the telephone number and email address of the cost (615) 925-4353 ZACHARY_GENTRY@CHS. NET 43.00   | 41. 00  | Enter the first name, last name and the title/position                   | GENTRY ZACH      |              |                  |                          | 41. 00           |
| 43.00 Enter the telephone number and email address of the cost (615) 925-4353 ZACHARY_GENTRY@CHS.NET 43.00   | 42. 00  | respecti vel y.  | CHS              |              |                  |                          | 42.00            |
| report preparer in columns 1 and 2, respectively.  | 43. 00  | Enter the telephone number and email address of the cost                 | (615) 925-4353   |              | ZACHARY_GENTRY   | @CHS. NET                | 43.00            |

| Heal th | Financial Systems LUTHERAN HO                            | OSPI TA | AL OF INDIANA  | In Lie                           | u of Form CMS- | 2552-10 |
|---------|--|---------|----------------|----------------------------------|----------------|---------|
| HOSPI 1 | TAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE |         | Provi der CCN: | Peri od:                         | Worksheet S-2  |         |
|         |  |         |                | From 07/01/2016<br>To 06/30/2017 |                |         |
|         |  |         |                |                                  |                |         |
|         |  |         | 3.00           |                                  |                |         |
|         | Cost Report Preparer Contact Information                 |         |                |                                  |                |         |
| 41.00   | Enter the first name, last name and the title/position   | 1       | MANAGER        |                                  |                | 41.00   |
|         | held by the cost report preparer in columns 1, 2, and    | 3,      |                |                                  |                |         |
|         | respecti vel y.  |         |                |                                  |                |         |
| 42.00   | Enter the employer/company name of the cost report       |         |                |                                  |                | 42.00   |
|         | preparer.  |         |                |                                  |                |         |
| 43.00   | Enter the telephone number and email address of the co   | st      |                |                                  |                | 43.00   |
|         | report preparer in columns 1 and 2, respectively.        |         |                |                                  |                |         |

| Peri od: | Worksheet S-3 | From 07/01/2016 | Part | To 06/30/2017 | Date/Time Prepared: 
 Heal th Financial
 Systems
 LUTHERAN

 HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA
 Provider CCN: 15-0017

|                  |  |             |             | To           | 06/30/2017    | Date/Time Prep<br>11/30/2017 5:0 |                  |
|------------------|--|-------------|-------------|--------------|---------------|----------------------------------|------------------|
|                  |  |             |             |              |               | I/P Days / 0/P                   | оз рііі          |
|                  |  |             |             |              |               | Visits / Trips                   |                  |
|                  | Component  | Worksheet A | No. of Beds | Bed Days     | CAH Hours     | Title V                          |                  |
|                  | 55p5.115112  | Line Number |             | Avai I abl e | 0,111 11041 0 |                                  |                  |
|                  |  | 1.00        | 2. 00       | 3.00         | 4. 00         | 5. 00                            |                  |
| 1. 00            | Hospital Adults & Peds. (columns 5, 6, 7 and                 | 30.00       | 254         | 92, 710      | 0.00          | 0                                | 1. 00            |
|                  | 8 exclude Swing Bed, Observation Bed and                     |             |             |              |               |                                  |                  |
|                  | 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 I RF Subprovi der  |             |             |              |               | _                                | 4. 00            |
| 5.00             | Hospital Adults & Peds. Swing Bed SNF                        |             |             |              |               | 0                                | 5. 00            |
| 6.00             | Hospital Adults & Peds. Swing Bed NF                         |             |             | 00.740       |               | 0                                | 6. 00            |
| 7. 00            | Total Adults and Peds. (exclude observation                  |             | 254         | 92, 710      | 0. 00         | 0                                | 7. 00            |
| 8. 00            | beds) (see instructions)<br>  INTENSIVE CARE UNIT            | 31. 00      | 0           | o            | 0.00          | o                                | 8. 00            |
| 8. 00            | PEDIATRIC INTENSIVE CARE UNIT                                | 31.00       | 10          | _            | 0.00          |                                  | 8. 00            |
| 8. 02            | NEONATAL INTENSIVE CARE UNIT                                 | 31.01       | 24          |              | 0.00          |                                  | 8. 02            |
| 8. 03            | CARDIO INTENSIVE CARE UNIT                                   | 31. 02      | 84          |              | 0.00          |                                  | 8. 03            |
| 9. 00            | CORONARY CARE UNIT   | 32.00       | 24          |              | 0.00          |                                  | 9. 00            |
| 10.00            | BURN INTENSIVE CARE UNIT                                     | 32.00       | 27          | 0, 700       | 0.00          |                                  | 10.00            |
| 11. 00           | SURGICAL INTENSIVE CARE UNIT                                 |             |             |              |               |                                  | 11. 00           |
| 12. 00           | OTHER SPECIAL CARE (SPECIFY)                                 |             |             |              |               |                                  | 12. 00           |
| 13. 00           | NURSERY  | 43. 00      |             |              |               | 0                                | 13. 00           |
| 14. 00           | Total (see instructions)                                     |             | 396         | 144, 648     | 0.00          |                                  | 14. 00           |
| 15. 00           | CAH visits   |             |             |              |               | 0                                | 15. 00           |
| 16.00            | SUBPROVIDER - IPF  | 40. 00      | 0           | 0            |               | 0                                | 16. 00           |
| 17.00            | SUBPROVI DER - I RF  |             |             |              |               |                                  | 17. 00           |
| 18. 00           | SUBPROVI DER   |             |             |              |               |                                  | 18. 00           |
| 19. 00           | SKILLED NURSING FACILITY                                     |             |             |              |               |                                  | 19. 00           |
| 20. 00           | NURSING FACILITY   |             |             |              |               |                                  | 20. 00           |
| 21. 00           | OTHER LONG TERM CARE   |             |             |              |               |                                  | 21. 00           |
| 22. 00           | HOME HEALTH AGENCY   |             |             |              |               |                                  | 22. 00           |
| 23. 00           | AMBULATORY SURGICAL CENTER (D. P.)                           |             |             |              |               |                                  | 23. 00           |
| 24. 00           | HOSPI CE   |             |             |              |               |                                  | 24. 00           |
| 24. 10           | HOSPICE (non-distinct part)                                  | 30. 00      |             |              |               |                                  | 24. 10           |
| 25. 00           | CMHC - CMHC  |             |             |              |               |                                  | 25. 00           |
| 26. 00           | RURAL HEALTH CLINIC  | 89. 00      |             |              |               | o                                | 26. 00           |
| 26. 25<br>27. 00 | FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) | 89.00       | 396         |              |               | U                                | 26. 25<br>27. 00 |
| 28. 00           | Observation Bed Days   |             | 390         |              |               | o                                | 28. 00           |
| 28.00            | Ambulance Trips  |             |             |              |               | ا                                | 28.00            |
| 30.00            | Employee discount days (see instruction)                     |             |             |              |               |                                  | 30.00            |
| 31. 00           | Employee discount days (see Histruction)                     |             |             |              |               |                                  | 31. 00           |
| 32. 00           | Labor & delivery days (see instructions)                     |             | 0           | o            |               |                                  | 32. 00           |
| 32. 01           | Total ancillary labor & delivery room                        |             |             |              |               |                                  | 32. 01           |
| 52. 51           | outpatient days (see instructions)                           |             |             |              |               |                                  | 22.0.            |
| 33. 00           | LTCH non-covered days  |             | •           |              |               |                                  | 33. 00           |
|                  | •  | •           | •           | . '          |               | •                                | •                |

Health Financial Systems LUTHERAN HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0017

Peri od: Worksheet S-3
From 07/01/2016 Part I
To 06/30/2017 Date/Time Prepared: 11/30/2017 5:03 pm

|                  |   | I/P Days    | / O/P Visits | / Trins               | Full Time E                  | <u>11/30/2017_5:</u><br> | 03 pm            |
|------------------|---|-------------|--------------|-----------------------|------------------------------|--------------------------|------------------|
|                  |   | 171 Days    | 7 071 113113 | , 111ps               | Turr rrine t                 | -qui vai circs           |                  |
|                  | Component   | Title XVIII | Title XIX    | Total All<br>Patients | Total Interns<br>& Residents | Employees On<br>Payroll  |                  |
|                  |   | 6, 00       | 7. 00        | 8. 00                 | 9. 00                        | 10.00                    |                  |
| 1. 00            | Hospital Adults & Peds. (columns 5, 6, 7 and                          | 22, 570     | 1, 232       | 64, 872               |                              |                          | 1. 00            |
|                  | 8 exclude Swing Bed, Observation Bed and                              |             |              |                       |                              |                          |                  |
|                  | Hospice days) (see instructions for col. 2                            |             |              |                       |                              |                          |                  |
|                  | for the portion of LDP room available beds)                           |             |              |                       |                              |                          |                  |
| 2.00             | HMO and other (see instructions)                                      | 19, 590     | 15, 670      |                       |                              |                          | 2. 00            |
| 3.00             | HMO IPF Subprovider   | 0           | 0            |                       |                              |                          | 3. 00            |
| 4.00             | HMO I RF Subprovi der   | 0           | 0            | _                     |                              |                          | 4. 00            |
| 5.00             | Hospital Adults & Peds. Swing Bed SNF                                 | 0           | 0            | C                     |                              |                          | 5. 00            |
| 6.00             | Hospital Adults & Peds. Swing Bed NF                                  | 00 570      | 0            | 0                     |                              |                          | 6. 00            |
| 7. 00            | Total Adults and Peds. (exclude observation                           | 22, 570     | 1, 232       | 64, 872               |                              |                          | 7. 00            |
| 8. 00            | beds) (see instructions)<br>INTENSIVE CARE UNIT                       | 0           | 0            | 0                     |                              |                          | 8.00             |
| 8. 01            | PEDIATRIC INTENSIVE CARE UNIT   | 0           | 128          | 1, 069                |                              |                          | 8. 01            |
| 8. 02            | NEONATAL INTENSIVE CARE UNIT  | 0           | 420          | 4, 115                |                              |                          | 8. 02            |
| 8. 03            | CARDIO INTENSIVE CARE UNIT  | 7, 452      | 484          | 20, 248               |                              |                          | 8. 03            |
| 9. 00            | CORONARY CARE UNIT  | 2,570       | 111          | 6, 933                |                              |                          | 9.00             |
| 10. 00           | BURN INTENSIVE CARE UNIT  | 2,370       | '''          | 0, 755                |                              |                          | 10.00            |
| 11. 00           | SURGICAL INTENSIVE CARE UNIT  |             |              |                       |                              |                          | 11.00            |
| 12. 00           | OTHER SPECIAL CARE (SPECIFY)  |             |              |                       |                              |                          | 12.00            |
| 13. 00           | NURSERY   |             | 144          | 1, 805                |                              |                          | 13. 00           |
| 14. 00           | Total (see instructions)  | 32, 592     | 2, 519       | 99, 042               |                              | 2, 071. 79               |                  |
| 15. 00           | CAH visits  | O           | 0            | C                     |                              | ,                        | 15. 00           |
| 16.00            | SUBPROVI DER - I PF   | o           | O            | Ö                     | 0.00                         | 0.00                     | 16. 00           |
| 17.00            | SUBPROVI DER - I RF   |             |              |                       |                              |                          | 17. 00           |
| 18.00            | SUBPROVI DER  |             |              |                       |                              |                          | 18. 00           |
| 19. 00           | SKILLED NURSING FACILITY  |             |              |                       |                              |                          | 19. 00           |
| 20.00            | NURSING FACILITY  |             |              |                       |                              |                          | 20. 00           |
| 21. 00           | OTHER LONG TERM CARE  |             |              |                       |                              |                          | 21. 00           |
| 22. 00           | HOME HEALTH AGENCY  |             |              |                       |                              |                          | 22. 00           |
| 23. 00           | AMBULATORY SURGICAL CENTER (D. P.)                                    |             |              |                       |                              |                          | 23. 00           |
| 24. 00           | HOSPI CE  |             |              |                       |                              |                          | 24. 00           |
| 24. 10           | HOSPICE (non-distinct part)   | 0           | 0            | C                     |                              |                          | 24. 10           |
| 25. 00           | CMHC - CMHC   |             |              |                       |                              |                          | 25. 00           |
| 26. 00           | RURAL HEALTH CLINIC   |             |              |                       |                              |                          | 26. 00           |
| 26. 25           | FEDERALLY QUALIFIED HEALTH CENTER                                     | 0           | 0            | C                     |                              | 0.00                     |                  |
| 27. 00           | Total (sum of lines 14-26)  |             |              | F04                   | 6. 07                        | 2, 071. 79               |                  |
| 28. 00           | Observation Bed Days  |             | 0            | 531                   |                              |                          | 28. 00           |
| 29. 00           | Ambul ance Trips  | 0           |              |                       |                              |                          | 29. 00           |
| 30.00            | Employee discount days (see instruction) Employee discount days - IRF |             |              | C                     |                              |                          | 30. 00<br>31. 00 |
| 31.00            | Labor & delivery days (see instructions)                              | 0           | 172          | •                     |                              |                          | 31.00            |
| 32. 00<br>32. 01 | Total ancillary labor & delivery room                                 | ١           | 172          | 363                   |                              |                          | 32.00            |
| JZ. U1           | outpatient days (see instructions)                                    |             |              | U                     |                              |                          | 32.01            |
| 33 00            | LTCH non-covered days   | o           |              |                       |                              |                          | 33. 00           |
| 55. 55           |   | ١           | 1            |                       |                              | ı                        | , 55. 55         |

 Heal th Financial
 Systems
 LUTHERAN

 HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA

Provider CCN: 15-0017

| Peri od: | Worksheet S-3 | From 07/01/2016 | Part I | Date/Time Prepared: |

|                  |   |               |         | 10          | 06/30/201/ | 11/30/2017 5: |                  |
|------------------|---|---------------|---------|-------------|------------|---------------|------------------|
|                  |   | Full Time     |         | Di sch      | arges      |               |                  |
|                  |   | Equi val ents |         |             |            |               |                  |
|                  | Component   | Nonpai d      | Title V | Title XVIII | Title XIX  | Total All     |                  |
|                  |   | Workers       |         |             |            | Pati ents     |                  |
|                  |   | 11. 00        | 12. 00  | 13. 00      | 14. 00     | 15. 00        |                  |
| 1.00             | Hospital Adults & Peds. (columns 5, 6, 7 and  |               |         | 0 6, 054    | 3, 297     | 20, 007       | 1. 00            |
|                  | 8 exclude Swing Bed, Observation Bed and  |               |         |             |            |               |                  |
|                  | Hospice days) (see instructions for col. 2  |               |         |             |            |               |                  |
| 0.00             | for the portion of LDP room available beds)   |               |         | 2 2/0       |            |               | 0.00             |
| 2.00             | HMO and other (see instructions)  |               |         | 3, 369      | 0          |               | 2.00             |
| 3.00             | HMO IPF Subprovider   |               |         |             | 0          |               | 3.00             |
| 4. 00<br>5. 00   | HMO IRF Subprovider   |               |         |             | U          |               | 4. 00<br>5. 00   |
| 6.00             | Hospital Adults & Peds. Swing Bed SNF   |               |         |             |            |               | 6.00             |
| 7. 00            | Hospital Adults & Peds. Swing Bed NF<br>Total Adults and Peds. (exclude observation |               |         |             |            |               | 7.00             |
| 7.00             | beds) (see instructions)  |               |         |             |            |               | 7.00             |
| 8. 00            | INTENSIVE CARE UNIT   |               |         |             |            |               | 8. 00            |
| 8. 01            | PEDIATRIC INTENSIVE CARE UNIT   |               |         |             |            |               | 8. 01            |
| 8. 02            | NEONATAL INTENSIVE CARE UNIT  |               |         |             |            |               | 8. 02            |
| 8. 03            | CARDIO INTENSIVE CARE UNIT  |               |         |             |            |               | 8. 03            |
| 9. 00            | CORONARY CARE UNIT  |               |         |             |            |               | 9.00             |
| 10.00            | BURN INTENSIVE CARE UNIT  |               |         |             |            |               | 10.00            |
| 11. 00           | SURGICAL INTENSIVE CARE UNIT  |               |         |             |            |               | 11. 00           |
| 12.00            | OTHER SPECIAL CARE (SPECIFY)  |               |         |             |            |               | 12.00            |
| 13.00            | NURSERY   |               |         |             |            |               | 13. 00           |
| 14.00            | Total (see instructions)  | 0. 00         |         | 6, 054      | 3, 297     | 20, 007       | 14.00            |
| 15.00            | CAH visits  |               |         |             |            |               | 15. 00           |
| 16. 00           | SUBPROVI DER - I PF   | 0. 00         |         | 0 0         | 0          | 0             | 16. 00           |
| 17. 00           | SUBPROVI DER - I RF   |               |         |             |            |               | 17. 00           |
| 18. 00           | SUBPROVI DER  |               |         |             |            |               | 18. 00           |
| 19. 00           | SKILLED NURSING FACILITY  |               |         |             |            |               | 19. 00           |
| 20. 00           | NURSING FACILITY  |               |         |             |            |               | 20. 00           |
| 21. 00           | OTHER LONG TERM CARE  |               |         |             |            |               | 21.00            |
| 22. 00           | HOME HEALTH AGENCY  |               |         |             |            |               | 22. 00           |
| 23. 00           | AMBULATORY SURGICAL CENTER (D. P. )   |               |         |             |            |               | 23. 00           |
| 24. 00           | HOSPI CE  |               |         |             |            |               | 24.00            |
| 24. 10           | HOSPICE (non-distinct part)   |               |         |             |            |               | 24. 10           |
| 25. 00<br>26. 00 | CMHC - CMHC<br>RURAL HEALTH CLINIC  |               |         |             |            |               | 25. 00<br>26. 00 |
| 26. 00           | FEDERALLY QUALIFIED HEALTH CENTER   | 0. 00         |         |             |            |               | 26. 00           |
| 27. 00           | Total (sum of lines 14-26)  | 0.00          |         |             |            |               | 27. 00           |
| 28. 00           | Observation Bed Days  | 0.00          |         |             |            |               | 28.00            |
| 29. 00           | Ambul ance Trips  |               |         |             |            |               | 29.00            |
| 30. 00           | Employee discount days (see instruction)  |               |         |             |            |               | 30.00            |
| 31. 00           | Employee discount days (see l'istruction)   |               |         |             |            |               | 31.00            |
| 32. 00           | Labor & delivery days (see instructions)  |               |         |             |            |               | 32.00            |
| 32. 00           | Total ancillary labor & delivery room   |               |         |             |            |               | 32. 00           |
| 52.51            | outpatient days (see instructions)  |               |         |             |            |               | 52.01            |
| 33. 00           | LTCH non-covered days   |               |         |             |            |               | 33. 00           |
|                  |   | '             |         |             |            |               | •                |

Provider CCN: 15-0017

| Peri od: | Worksheet S-3 | From 07/01/2016 | Part II | To 06/30/2017 | Date/Time Prepared: |

|                  |  |                            |                    |   | To                       | 06/30/2017                              | Date/Time Pre<br>11/30/2017 5:              |                  |
|------------------|--|----------------------------|--------------------|---|--------------------------|---|---|------------------|
|                  |  | Worksheet A<br>Line Number | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from | (col.2 ± col.            | Paid Hours<br>Related to<br>Salaries in | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |                  |
|                  | •  | 1. 00                      | 2.00               | <u>Worksheet A-6)</u><br>3.00             | 3)<br>4. 00              | <u>col . 4</u><br>5. 00                 | 6. 00                                       |                  |
|                  | PART II - WAGE DATA  |                            | 2, 00              | 0.00                                      | 1. 55                    | 0.00                                    | 0.00  |                  |
| 1. 00            | SALARIES Total salaries (see   | 200. 00                    | 115, 292, 424      | 0   | 115, 292, 424            | 4, 309, 327. 00                         | 26. 75                                      | 1.00             |
|                  | instructions)  | 200. 00                    | 113, 272, 424      |   | 0                        |   |   |                  |
| 2.00             | Non-physician anesthetist Part<br>A  |                            | , and a second     |   |                          | 0. 00                                   |   |                  |
| 3. 00            | Non-physician anesthetist Part<br>B  |                            | 0                  | 0   | 0                        | 0.00                                    | 0.00  | 3.00             |
| 4.00             | Physician-Part A -<br>Administrative   |                            | 0                  | 0   | 0                        | 0. 00                                   | 0. 00                                       | 4.00             |
| 4. 01<br>5. 00   | Physicians - Part A - Teaching<br>Physician and Non<br>Physician-Part B      |                            | 0                  | ·   | O<br>O                   | 0. 00<br>0. 00                          |   |                  |
| 6.00             | Non-physician-Part B for<br>hospital-based RHC and FQHC                      |                            | 0                  | 0   | 0                        | 0.00                                    | 0. 00                                       | 6. 00            |
| 7. 00            | services<br>Interns & residents (in an                                       | 21. 00                     | 7, 482             | 0   | 7, 482                   | 122. 00                                 | 61. 33                                      | 7. 00            |
| 7. 01            | approved program) Contracted interns and residents (in an approved           |                            | 0                  | 0   | 0                        | 0.00                                    | 0.00  | 7. 01            |
| 8.00             | programs) Home office and/or related organization personnel                  |                            | 0                  | 0   | О                        | 0.00                                    | 0.00  | 8. 00            |
| 9. 00<br>10. 00  | SNF Excluded area salaries (see  | 44. 00                     | 0<br>2, 473, 613   | 0<br>430, 180                             | 0<br>2. 903. 793         | 0. 00<br>114, 384. 00                   | l .   |                  |
| 10.00            | instructions)  |                            | 2, 473, 013        | 430, 160                                  | 2, 703, 773              | 114, 304. 00                            | 25. 34                                      | 10.00            |
| 11. 00           | OTHER WAGES & RELATED COSTS  Contract labor: Direct Patient                  |                            | 5, 510, 488        | 0   | 5, 510, 488              | 67, 954. 00                             | 81. 09                                      | 11. 00           |
| 12. 00           | Care<br>Contract Labor: Top Level  |                            | 547, 179           | 0   | 547, 179                 | 5, 039. 00                              | 108. 59                                     | 12.00            |
|                  | management and other<br>management and administrative<br>services            |                            |                    |   |                          |   |   |                  |
| 13. 00           | Contract Labor: Physician-Part<br>A - Administrative                         |                            | 796, 433           | 0   | 796, 433                 | 5, 481. 00                              | 145. 31                                     | 13.00            |
| 14. 00           | Home office and/or related orgainzation salaries and wage-related costs      |                            | 0                  | О   | 0                        | 0.00                                    | 0.00  | 14.00            |
| 14. 01           | Home office salaries   |                            | 12, 301, 399       | 0   | 12, 301, 399             | 357, 793. 00                            |   | 14. 01           |
| 14. 02<br>15. 00 | Related organization salaries<br>Home office: Physician Part A               |                            | 0                  | 0   | 0                        | 0. 00<br>0. 00                          | l .   |                  |
| 16. 00           | - Administrative<br>Home office and Contract<br>Physicians Part A - Teaching |                            | 0                  | 0   | 0                        | 0.00                                    | 0.00  | 16. 00           |
| 47.00            | WAGE-RELATED COSTS   |                            | 0/ 50/ 51          |   | 0, 50, 517               |   | I   | 1                |
| 17. 00           | Wage-related costs (core) (see instructions)                                 |                            | 26, 584, 517       | 0   | 26, 584, 517             |   |   | 17. 00           |
| 18. 00           | Wage-related costs (other) (see instructions)                                |                            | 0                  | 0   | 0                        |   |   | 18. 00           |
| 19. 00<br>20. 00 | Excluded areas<br>Non-physician anesthetist Part                             |                            | 726, 155<br>0      | 0   | 726, 155<br>0            |   |   | 19. 00<br>20. 00 |
| 21. 00           | Non-physician anesthetist Part   |                            | 0                  | 0   | 0                        |   |   | 21.00            |
| 22. 00           | Physician Part A -   |                            | 0                  | 0   | 0                        |   |   | 22. 00           |
| 22. 01           | Administrative<br>Physician Part A - Teaching                                |                            | 0                  | 0   | 0                        |   |   | 22. 01           |
| 23.00            | Physician Part B   |                            | 0                  | 0   | 0                        |   |   | 23. 00           |
| 24. 00<br>25. 00 | Wage-related costs (RHC/FQHC) Interns & residents (in an approved program)   |                            | 1, 188             |   | 1, 188                   |   |   | 24. 00<br>25. 00 |
| 25. 50<br>25. 51 | Home office wage-related Related orgainzation                                |                            | 0                  |   | 0                        |   |   | 25. 50<br>25. 51 |
| 25. 52           | wage-related<br>Home office: Physician Part A<br>- Administrative -          |                            | 0                  | О   | 0                        |   |   | 25. 52           |
| 25. 53           | wage-related<br>Home office & Contract<br>Physicians Part A - Teaching -     |                            | 0                  | 0   | 0                        |   |   | 25. 53           |
|                  | wage-related OVERHEAD COSTS - DIRECT SALARIE                                 | ES                         |                    |   |                          |   |   | 1                |
| 26.00            | Employee Benefits Department   | 4. 00                      | 539, 920           | l e                                       | 539, 920<br>10, 540, 761 | 20, 324. 00                             |   | 26.00            |
| 27. 00           | Administrative & General   | 5. 00                      | 11, 336, 512       | -786, 751                                 | 10, 549, 761             | 431, 777. 00                            | 24. 43                                      | 27.00            |

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0017

|        |                                |             |             |                   |               |              | 11/30/2017 5:0 | 03 pm_ |
|--------|--------------------------------|-------------|-------------|-------------------|---------------|--------------|----------------|--------|
|        |                                | Worksheet A | Amount      | Recl assi fi cati | Adj usted     | Pai d Hours  | Average Hourly |        |
|        |                                | Line Number | Reported    | on of Salaries    | Sal ari es    | Related to   | Wage (col. 4 ÷ |        |
|        |                                |             |             | (from             | (col.2 ± col. | Salaries in  | col . 5)       |        |
|        |                                |             |             | Worksheet A-6)    | 3)            | col. 4       |                |        |
|        |                                | 1.00        | 2.00        | 3.00              | 4. 00         | 5. 00        | 6. 00          |        |
| 28. 00 | Administrative & General under |             | 0           | 0                 | 0             | 0.00         | 0.00           | 28.00  |
|        | contract (see inst.)           |             |             |                   |               |              |                |        |
| 29. 00 | Maintenance & Repairs          | 6. 00       | 0           | 0                 | 0             | 0.00         | 0.00           | 29.00  |
| 30.00  | Operation of Plant             | 7. 00       | 1, 568, 414 | . 0               | 1, 568, 414   | 60, 749. 00  | 25. 82         | 30.00  |
| 31.00  | Laundry & Linen Service        | 8. 00       | 0           | 0                 | 0             | 0.00         | 0.00           | 31.00  |
| 32.00  | Housekeepi ng                  | 9. 00       | 1, 407, 478 | 0                 | 1, 407, 478   | 109, 151. 00 | 12. 89         | 32.00  |
| 33.00  | Housekeeping under contract    |             | 0           | 0                 | 0             | 0.00         | 0.00           | 33.00  |
|        | (see instructions)             |             |             |                   |               |              |                |        |
| 34.00  | Di etary                       | 10. 00      | 1, 421, 271 | -562, 665         | 858, 606      | 55, 519. 00  | 15. 47         | 34.00  |
| 35.00  | Di etary under contract (see   |             | 2, 363, 115 | 121, 123          | 2, 484, 238   | 0.00         | 0.00           | 35.00  |
|        | instructions)                  |             |             |                   |               |              |                |        |
| 36.00  | Cafeteri a                     | 11. 00      | 0           | 650, 979          | 650, 979      | 48, 936. 00  | 13. 30         | 36.00  |
| 37.00  | Maintenance of Personnel       | 12. 00      | 0           | 0                 | 0             | 0.00         | 0.00           | 37.00  |
| 38.00  | Nursing Administration         | 13. 00      | 5, 131, 109 | -3, 005, 632      | 2, 125, 477   | 67, 398. 00  | 31. 54         | 38.00  |
| 39.00  | Central Services and Supply    | 14. 00      | 1, 625, 777 | 339, 196          | 1, 964, 973   | 115, 668. 00 | 16. 99         | 39.00  |
| 40.00  | Pharmacy                       | 15. 00      | 6, 212, 051 | 0                 | 6, 212, 051   | 157, 578. 00 | 39. 42         | 40.00  |
| 41.00  | Medical Records & Medical      | 16. 00      | 1, 007, 198 | 729, 622          | 1, 736, 820   | 82, 498. 00  | 21. 05         | 41.00  |
|        | Records Library                |             |             |                   |               |              |                |        |
| 42.00  | Soci al Servi ce               | 17. 00      | 0           | 2, 205, 071       | 2, 205, 071   | 66, 245. 00  | 33. 29         | 42.00  |
| 43.00  | Other General Service          | 18. 00      | 0           | 0                 | 0             | 0.00         | 0.00           | 43.00  |

Provider CCN: 15-0017

| Peri od: | Worksheet S-3 | From 07/01/2016 | Part III | To 06/30/2017 | Date/Time Prepared:

|       |                                |             |               |                  | ''            | 0 00/30/201/    | 11/30/2017 5: 0 |       |
|-------|--------------------------------|-------------|---------------|------------------|---------------|-----------------|-----------------|-------|
|       |                                | Worksheet A | Amount        | Reclassi fi cati | Adj usted     | Pai d Hours     | Average Hourly  |       |
|       |                                | Line Number | Reported      | on of Salaries   | Sal ari es    | Related to      | Wage (col. 4 ÷  |       |
|       |                                |             |               | (from            | (col.2 ± col. | Salaries in     | col . 5)        |       |
|       |                                |             |               | Worksheet A-6)   | 3)            | col. 4          |                 |       |
|       |                                | 1. 00       | 2. 00         | 3. 00            | 4. 00         | 5. 00           | 6. 00           |       |
|       | PART III - HOSPITAL WAGE INDEX | SUMMARY     |               |                  |               |                 |                 |       |
| 1.00  | Net salaries (see              |             | 117, 648, 057 | 121, 123         | 117, 769, 180 | 4, 309, 205. 00 | 27. 33          | 1. 00 |
|       | instructions)                  |             |               |                  |               |                 |                 |       |
| 2.00  | Excluded area salaries (see    |             | 2, 473, 613   | 430, 180         | 2, 903, 793   | 114, 384. 00    | 25. 39          | 2. 00 |
|       | instructions)                  |             |               |                  |               |                 |                 |       |
| 3.00  | Subtotal salaries (line 1      |             | 115, 174, 444 | -309, 057        | 114, 865, 387 | 4, 194, 821. 00 | 27. 38          | 3. 00 |
|       | minus line 2)                  |             |               |                  |               |                 |                 |       |
| 4.00  | Subtotal other wages & related |             | 19, 155, 499  | 0                | 19, 155, 499  | 436, 267. 00    | 43. 91          | 4. 00 |
|       | costs (see inst.)              |             |               |                  |               |                 |                 |       |
| 5. 00 | Subtotal wage-related costs    |             | 26, 584, 517  | 0                | 26, 584, 517  | 0. 00           | 23. 14          | 5. 00 |
|       | (see inst.)                    |             |               |                  |               |                 |                 |       |
| 6.00  | Total (sum of lines 3 thru 5)  |             | 160, 914, 460 | -309, 057        | 160, 605, 403 | 4, 631, 088. 00 | 34. 68          | 6. 00 |
| 7.00  | Total overhead cost (see       |             | 32, 612, 845  | -309, 057        | 32, 303, 788  | 1, 215, 843. 00 | 26. 57          | 7. 00 |
|       | instructions)                  |             |               |                  |               |                 |                 |       |

| Health Financial Systems    | LUTHERAN HOSPITAL OF INDIANA | In Lie          | u of Form CMS-2552-10 |
|-----------------------------|------------------------------|-----------------|-----------------------|
| HOSPITAL WAGE RELATED COSTS | Provi der CCN: 15-0017       | Peri od:        | Worksheet S-3         |
|                             |                              | From 07/01/2016 |                       |
|                             |                              | T- 0//20/2017   | D-+- /T! D            |

|        | To 06/30/2017   | Date/Time Prep<br>11/30/2017 5:0 |        |
|--------|---|----------------------------------|--------|
|        |   | Amount                           |        |
|        |   | Reported                         |        |
|        |   | 1. 00                            |        |
|        | PART IV - WAGE RELATED COSTS  |                                  |        |
|        | Part A - Core List  |                                  |        |
|        | RETI REMENT COST  |                                  |        |
| 1.00   | 401K Employer Contributions   | 2, 283, 024                      | 1. 00  |
| 2.00   | Tax Sheltered Annuity (TSA) Employer Contribution   | 0                                | 2. 00  |
| 3.00   | Nonqualified Defined Benefit Plan Cost (see instructions)   | 0                                | 3. 00  |
| 4.00   | Qualified Defined Benefit Plan Cost (see instructions)  | 0                                | 4. 00  |
|        | PLAN ADMINISTRATIVE COSTS (Paid to External Organization)   |                                  |        |
| 5.00   | 401K/TSA Plan Administration fees   | 0                                | 5. 00  |
| 6.00   | Legal/Accounting/Management Fees-Pension Plan   | 0                                | 6. 00  |
| 7.00   | Employee Managed Care Program Administration Fees   | 0                                | 7. 00  |
|        | HEALTH AND INSURANCE COST   |                                  |        |
| 8.00   | Health Insurance (Purchased or Self Funded)   | 15, 458, 496                     | 8. 00  |
| 8. 01  | Health Insurance (Self Funded without a Third Party Administrator)                                    | 0                                | 8. 01  |
| 8. 02  | Health Insurance (Self Funded with a Third Party Administrator)                                       | 0                                | 8. 02  |
| 8. 03  | Health Insurance (Purchased)  | 0                                | 8. 03  |
| 9.00   | Prescription Drug Plan  | 0                                | 9. 00  |
| 10.00  | Dental, Hearing and Vision Plan   | 102, 124                         | 10.00  |
| 11. 00 | Life Insurance (If employee is owner or beneficiary)  | 89, 323                          | 11. 00 |
|        | Accident Insurance (If employee is owner or beneficiary)  | 1, 108                           | 12. 00 |
|        | Disability Insurance (If employee is owner or beneficiary)  | 29, 937                          |        |
| 14.00  | Long-Term Care Insurance (If employee is owner or beneficiary)  | 0                                | 14. 00 |
|        | 'Workers' Compensation Insurance  | 992, 973                         | 15. 00 |
| 16, 00 | Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.   |                                  | 16. 00 |
|        | Non cumulative portion)   |                                  |        |
|        | TAXES   | •                                |        |
| 17.00  | FICA-Employers Portion Only   | 6, 659, 052                      | 17. 00 |
| 18. 00 | Medicare Taxes - Employers Portion Only   | 1, 557, 359                      | 18. 00 |
| 19. 00 | Unemployment Insurance  | 0                                | 19. 00 |
| 20.00  | State or Federal Unemployment Taxes   | 434, 289                         | 20. 00 |
|        | OTHER   |                                  |        |
| 21.00  | Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above. (see | 0                                | 21. 00 |
|        | instructions))  |                                  |        |
| 22. 00 | Day Care Cost and Allowances  | 0                                | 22. 00 |
| 23.00  | Tuition Reimbursement   | 0                                | 23. 00 |
| 24.00  | Total Wage Related cost (Sum of lines 1 -23)  | 27, 607, 685                     | 24. 00 |
|        | Part B - Other than Core Related Cost   |                                  |        |
| 25. 00 | OTHER EMPLOYEE BENEFITS   | -295, 825                        | 25. 00 |
|        |   | •                                |        |

| Health Financial Systems                 | LUTHERAN HOSPITAL OF INDIANA | In Lie          | u of Form CMS-2552-10                    |
|--|------------------------------|-----------------|--|
| HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provi der CCN: 15-0017       | From 07/01/2016 | Worksheet S-3 Part V Date/Time Prepared: |

|        |   | 10 06/30/2017  | 11/30/2017 5:0 |         |
|--------|---|----------------|----------------|---------|
|        | Cost Center Description                               | Contract Labor |                | OS PIII |
|        |   | 1. 00          | 2. 00          |         |
|        | PART V - Contract Labor and Benefit Cost              |                |                |         |
|        | Hospital and Hospital-Based Component Identification: |                |                |         |
| 1.00   | Total facility's contract labor and benefit cost      | 5, 510, 488    | 27, 607, 685   | 1. 00   |
| 2.00   | Hospi tal   | 5, 510, 488    | 27, 607, 685   | 2. 00   |
| 3.00   | Subprovi der - I PF                                   | 0              | 0              | 3. 00   |
| 4.00   | Subprovi der - I RF                                   |                |                | 4. 00   |
| 5.00   | Subprovi der - (0ther)                                | 0              | 0              | 5. 00   |
| 6. 00  | Swing Beds - SNF                                      | 0              | 0              | 6. 00   |
| 7. 00  | Swing Beds - NF                                       | 0              | 0              | 7. 00   |
| 8. 00  | Hospi tal -Based SNF                                  |                |                | 8. 00   |
| 9. 00  | Hospi tal -Based NF                                   |                |                | 9. 00   |
| 10. 00 | Hospi tal -Based OLTC                                 |                |                | 10.00   |
| 11. 00 | Hospi tal -Based HHA                                  |                |                | 11. 00  |
| 12. 00 | Separately Certified ASC                              |                |                | 12.00   |
| 13. 00 | Hospi tal -Based Hospi ce                             |                |                | 13. 00  |
| 14. 00 | Hospital-Based Health Clinic RHC                      |                |                | 14.00   |
| 15. 00 | Hospital-Based Health Clinic FQHC                     |                |                | 15. 00  |
| 16. 00 | Hospi tal -Based-CMHC                                 |                |                | 16. 00  |
|        | Renal Di al ysi s                                     | 0              | 0              | 17. 00  |
| 18. 00 | Other   | 0              | 0              | 18. 00  |

| HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA  | Heal th | Financial Systems LUTHERAN HOSPITAL O  | F INDIANA            | In L                   | eu of Form CMS- | 2552-10 |
|--|---------|--|----------------------|------------------------|-----------------|---------|
| Uncompensated and Indigent care cost computation    Uncompensated and Indigent care cost computation   1.00  |         |  |                      | Peri od:               | Worksheet S-1   |         |
| Incompensated and Indigent care cost computation   |         |  |                      |                        |                 | narod:  |
|  |         |  |                      | 10 00/30/20            |                 |         |
|  |         |  |                      |                        | 1.00            |         |
| Medical disce   Instructions for each line   |         | Uncompensated and indigent care cost computation   |                      |                        |                 |         |
| Net revenue from Medical   S6, 665, 946   2 0.0  | 1.00    |  | ided by line 202 col | umn 8)                 | 0. 135797       | 1.00    |
| 3.00   10 you receive DSH or supplemental payments from Medicaid?   3.00   16   11 ine 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?   4.00   5.00   16   11 ine 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?   5.00   5.00   5.00   16   11 ine 4 is no, then enter DSH or supplemental payments from Medicaid?   5.00     | 0.00    |  |                      |                        | F/ //F 04/      | 0.00    |
| 4. 00   Filine 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?   30, 6.00   6.00   Medicaid charges   391, 463, 159   6.00   6.00   Medicaid charges   391, 463, 159   6.00   53, 159, 523   7.00   Medicaid charges   50, 50   Fiference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if care them enter zero)   8.00   Fiference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if care them enter zero)   8.00   Fiference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if care them enter zero)   8.00   Fiference between net revenue and costs for Stand-alone CHIP (line 11 minus line 9)   9.00   10.00      |         |  |                      |                        |                 |         |
|  |         |  | avments from Medicai | d?                     | IN              | 1       |
| Medical d charges  |         | 1 1  | ,                    | <b>.</b>               | 0               | 1       |
| 0.00   0.1   0.00   0   | 6.00    | Medi cai d charges   |                      |                        | 391, 463, 159   | 6. 00   |
| Children's Healt insurance Program (CHIP) (see instructions for each line)   |         |  |                      |                        |                 |         |
| Children's Health Insurance Program (CHIP) (see Instructions for each Line)  | 8. 00   | 1 9 ,  | line 7 minus sum of  | lines 2 and 5; if      | 0               | 8. 00   |
| 9.00   Not revenue from stand-alone CHIP   0   0,00  |         | <pre>&lt; Zero then enter zero) Children's Health Insurance Program (CHIP) (see instructions for</pre> | r each line)         |                        |                 |         |
| 10.00   Stand-al one CHIP Cost (line 1 times line 10)   0.10.00    | 9. 00   |  | r eden rine)         |                        | 0               | 9.00    |
| 12.00   Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then   0   12.00  |         |  |                      |                        | 0               | 1       |
| Section  | 11. 00  |  |                      |                        | 0               | 11. 00  |
| Other state or local government indigent care program (See instructions for each line)   115,552   13.00   14.00   15.552   13.00   15.0   | 12. 00  |  | line 11 minus line 9 | ; if < zero then       | 0               | 12. 00  |
| 13.00   Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)   115, 552   13.00   |         |  | ructions for each Li | no)                    |                 |         |
| 14. 00 Charges for patients covered under state or local indigent care program (Not included in lines 6 or 100) 15. 00 State or local indigent care program cost (line 1 times line 14) 16. 00 Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13: If < zero then enter zero)  Grants, donations and total unrelmbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line) 17. 00 Private grants, donations, or endowment income restricted to funding charity care 18. 00 Government grants, appropriations or transfers for support of hospit all operations 19. 00 Total unrelmbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 305, 338 19.00  19. 00 Total unrelmbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 305, 338 19.00  19. 00 Total unrelmbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 305, 338 19.00  19. 00 Total unrelmbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 305, 338 19.00  19. 00 Charity care charges and uninsured discounts for the entire facility 1.00 2.00 3.00  10. 00 Charity care charges and uninsured discounts for the entire facility 1.00 2.00 3.00  10. 00 Cost of patients approved for charity care and uninsured discounts (see 2, 124, 936 3, 039, 933 5, 164, 869 21.00 instructions)  10. 00 Cost of patients approved for matients for amounts previously written off as 2, 280 183, 182 185, 462 22.00 283.00 Cost of patients covered by Medicaid or other indigent care program?  10. 00 Cost of charity care (line 21 minus line 22) 2, 122, 656 2, 856, 751 4, 979, 407 23.00 25.00 180, 180, 180, 180, 180, 180, 180, 18  | 13 00   |  |                      |                        | 115 552         | 13 00   |
| 15.00 State or local indigent care program cost (line 1 times line 14) 16.00 Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)  Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)  17.00 Private grants, donations, or endowment income restricted to funding charity care  Private grants, donations or transfers for support of hospital operations  18.00 Covernment grants, appropriations or transfers for support of hospital operations  19.00 Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)    Uninsured patients patients   Insured patients   Health   |         |  |                      |                        |                 |         |
| 16.00 Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13: if < zero then enter zero) Grants, donations and total unrelmbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)  17.00 Private grants, donations, or endowment income restricted to funding charity care 0 17.00 Covernment grants, appropriations or transfers for support of hospital operations 0 18.00 18.00 19.00 Total unrelmbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 305, 338 19.00 19.00 Total unrelmbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 305, 338 19.00 1 |         | 10)  | , ,                  |                        |                 |         |
| 13: If < zero then enter zero)   Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)   17:00   Private grants, donations, or endowment income restricted to funding charity care   0   17:00   18:00   18:00   19:00   Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines   305, 338   19:00    |         |  |                      |                        |                 |         |
| Crants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)  17.00   Private grants, donations, or endowment income restricted to funding charity care   0   17.00   18.00   Government grants, appropriations or transfers for support of hospital operations   0   18.00   19.00   Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines   305, 338   19.00   305, 338   19.00   | 16. 00  |  | igent care program ( | line 15 minus lir      | e 305, 338      | 16.00   |
| 17.00 Private grants, donations, or endowment income restricted to funding charity care Covernment grants, appropriations or transfers for support of hospital operations Total unrelimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines)    Uninsured patients (see instructions)   |         |  | P and state/local in | digent care progr      | ams (see        |         |
| 18.00 Government grants, appropriations or transfers for support of hospital operations 19.00 Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 305, 338 19.00      Uninsured patients patients   Total (col. 1 patients patients   Loo. 2.00   3.00  |         |  |                      | J 1 3                  | `               |         |
| Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)    Uninsured patients   Insured patients   Hobbit   Local 1   Hobbit   Local 2    |         |  | 9                    |                        | ı               | 1       |
| B. 12 and 16)   Uninsured patients   Data (col. 1   Patients   P   |         |  |                      | came (sum of lines     |                 |         |
| Uncompensated Care (see instructions for each line)  20.00 Charity care charges and uninsured discounts for the entire facility (see instructions)  21.00 Cost of patients approved for charity care and uninsured discounts (see instructions)  22.00 Payments received from patients for amounts previously written off as 2, 280 183, 182 185, 462 22.00 charity care  23.00 Cost of charity care (line 21 minus line 22) 2, 122, 656 2, 856, 751 4, 979, 407 23.00  24.00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit or line 20 total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare allowable bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare bad debt expense (line 26 minus line 27.01)  29.00 Cost of uncompensated care (line 23 column 3 plus line 29)  20.00 Sature of the stay limit complex (see instructions)  20.00 Cost of uncompensated care (line 23 column 3 plus line 29)  20.00 Cost of uncompensated care (line 23 column 3 plus line 29)  20.00 Cost of uncompensated care (line 23 column 3 plus line 29)   | 19.00   |  | That gent care progr | allis (Sulli OI TITIES | 303, 330        | 1 7. 00 |
| Uncompensated Care (see instructions for each line)  20.00   Chari ty care charges and uninsured discounts for the entire facility   15,647,884   3,039,933   18,687,817   20.00   (see instructions)   21.00   (see instructions)   22.00   (see instructions)   23.00   (see instructions)   24.00   (see instructions)   25.00   (see instructions)   26.00   (see instructions)   27.00   (see instructions)   28.00   (see instructions)   3,235,147   29.00   (see instructions)   3,241,554   30.00   (see instructions)   3,241,554   30.00   (see instructions)   3,241,554   (see instructions)  |         |  |                      |                        |                 |         |
| Uncompensated Care (see instructions for each line)  20.00 Chari ty care charges and uninsured discounts for the entire facility (see instructions)  21.00 Cost of patients approved for charity care and uninsured discounts (see 2, 124, 936 3, 039, 933 5, 164, 869 21.00 instructions)  22.00 Payments received from patients for amounts previously written off as 2, 280 183, 182 185, 462 22.00 charity care  23.00 Cost of charity care (line 21 minus line 22) 2, 122, 656 2, 856, 751 4, 979, 407 23.00  24.00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit to 10 25.00 stay limit to 10 25.00 Medicare reimbursable bad debts for the entire hospital complex (see instructions) 22,042,261 26.00 27.00 Medicare lallowable bad debts for the entire hospital complex (see instructions) 1,129,179 27.01 Medicare allowable bad debts for the entire hospital complex (see instructions) 1,129,179 27.01 20,913,082 28.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions) 3,235,147 29.00 30.00 Cost of uncompensated care (line 23 column 3 plus line 29) 8,214,554 30.00  |         |  |                      |                        |                 |         |
| 20.00 Charity care charges and uninsured discounts for the entire facility (see instructions)  21.00 Cost of patients approved for charity care and uninsured discounts (see instructions)  22.00 Payments received from patients for amounts previously written off as charity care  23.00 Cost of charity care (line 21 minus line 22)  24.00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit  N 24.00 In line 24 is yes, enter the charges for patient days beyond the indigent care program?  25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit  26.00 Total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare lowable bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare bad debt expense (line 26 minus line 27.01)  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30.00 Cost of uncompensated care (line 23 column 3 plus line 29)  20.00 Cost of uncompensated care (line 23 column 3 plus line 29)   |         | Uncompensated Care (see instructions for each line)  | 1.00                 | 2.00                   | 3.00            |         |
| (see instructions)  21. 00 Cost of patients approved for charity care and uninsured discounts (see 2, 124, 936 3, 039, 933 5, 164, 869 21. 00 instructions)  22. 00 Payments received from patients for amounts previously written off as 2, 280 183, 182 185, 462 22. 00 charity care  23. 00 Cost of charity care (line 21 minus line 22) 2, 122, 656 2, 856, 751 4, 979, 407 23. 00  24. 00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit N 24. 00 imposed on patients covered by Medicaid or other indigent care program?  25. 00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit  26. 00 Total bad debt expense for the entire hospital complex (see instructions) 22, 042, 261 26. 00 27. 01 Medicare reimbursable bad debts for the entire hospital complex (see instructions) 733, 966 27. 00 27. 01 Medicare lallowable bad debts for the entire hospital complex (see instructions) 1, 129, 179 27. 01 28. 00 Non-Medicare bad debt expense (line 26 minus line 27. 01) 29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions) 3, 235, 147, 29. 00 30. 00 Cost of uncompensated care (line 23 column 3 plus line 29) 8, 214, 554 30. 00  | 20. 00  |  | ility 15,647         | 7, 884 3, 039, 93      | 18, 687, 817    | 20.00   |
| instructions) Payments received from patients for amounts previously written off as 2,280 183,182 185,462 22.00 charity care  23.00 Cost of charity care (line 21 minus line 22) 2,122,656 2,856,751 4,979,407 23.00  24.00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit imposed on patients covered by Medicaid or other indigent care program?  26.00 Total bad debt expense for the entire hospital complex (see instructions) 22,042,261 26.00 27.00 Medicare reimbursable bad debts for the entire hospital complex (see instructions) 733,966 27.00 27.01 Medicare allowable bad debts for the entire hospital complex (see instructions) 1,129,179 27.01 28.00 Non-Medicare bad debt expense (line 26 minus line 27.01) 20,913,082 28.00 29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions) 3,235,147 29.00 30.00 Cost of uncompensated care (line 23 column 3 plus line 29) 8,214,554 30.00   |         |  |                      |                        |                 |         |
| 22. 00 Payments received from patients for amounts previously written off as charity care 23. 00 Cost of charity care (line 21 minus line 22)  24. 00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25. 00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit  26. 00 Total bad debt expense for the entire hospital complex (see instructions)  27. 01 Medicare allowable bad debts for the entire hospital complex (see instructions)  27. 01 Medicare allowable bad debts for the entire hospital complex (see instructions)  28. 00 Non-Medicare bad debt expense (line 26 minus line 27.01)  29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  183, 182  4, 979, 407  23. 00  1. 00  24. 00  2, 122, 656  2, 856, 751  4, 979, 407  23. 00  1. 00  24. 00  25. 00  27. 00  27. 00  27. 01  28. 00 Non-Medicare allowable bad debts for the entire hospital complex (see instructions)  29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30. 00  20. 00  21. 00  22. 042, 261  23. 00  24. 00  25. 00  27. 00  27. 01  28. 00  29. 00  29. 00  20.  | 21. 00  |  | nts (see 2, 124      | 3, 039, 9              | 5, 164, 869     | 21. 00  |
| charity care  Cost of charity care (line 21 minus line 22)  2, 122, 656  2, 856, 751  4, 979, 407  23.00  24.00  Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00  If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit  26.00  Total bad debt expense for the entire hospital complex (see instructions)  27.00  Medicare reimbursable bad debts for the entire hospital complex (see instructions)  27.01  Medicare allowable bad debts for the entire hospital complex (see instructions)  28.00  Non-Medicare bad debt expense (line 26 minus line 27.01)  29.00  Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  3, 235, 147  29.00  30.00  Cost of uncompensated care (line 23 column 3 plus line 29)  8, 214, 554  30.00  | 22 00   | ,  | off as               | 200 102 10             | 105 462         | 22.00   |
| 23. 00 Cost of charity care (line 21 minus line 22)  24. 00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25. 00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit  26. 00 Total bad debt expense for the entire hospital complex (see instructions)  27. 00 Medicare reimbursable bad debts for the entire hospital complex (see instructions)  28. 00 Non-Medicare bad debt expense (line 26 minus line 27. 01)  29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  4, 979, 407  2, 122, 656  2, 856, 751  4, 979, 407  2, 856, 751  4, 979, 407  2, 856, 751  4, 979, 407  24. 00  1. 00  24. 00  25. 00  27. 00  28. 00 Verification (see instructions)  10. 02 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  3, 235, 147  29. 00  30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  | 22.00   | 1 3  | UII as               | 103, 10                | 105, 402        | 22.00   |
| 24.00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit  26.00 Total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare reimbursable bad debts for the entire hospital complex (see instructions)  27.01 Medicare allowable bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare bad debt expense (line 26 minus line 27.01)  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30.00 Cost of uncompensated care (line 23 column 3 plus line 29)  | 23. 00  |  | 2, 122               | 2, 656 2, 856, 7       | 4, 979, 407     | 23. 00  |
| 24.00 Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?  25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit  26.00 Total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare reimbursable bad debts for the entire hospital complex (see instructions)  27.01 Medicare allowable bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare bad debt expense (line 26 minus line 27.01)  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30.00 Cost of uncompensated care (line 23 column 3 plus line 29)  |         | •  | ·                    |                        |                 |         |
| imposed on patients covered by Medicaid or other indigent care program?  25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit  26.00 Total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare reimbursable bad debts for the entire hospital complex (see instructions)  27.01 Medicare allowable bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare bad debt expense (line 26 minus line 27.01)  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30.00 Cost of uncompensated care (line 23 column 3 plus line 29)  25.00 25.00  22,042,261 26.00  733,966 27.00  733,966 27.00  1,129,179 27.01  20,913,082 28.00  3,235,147 29.00  8,214,554 30.00   | 0.4.00  |  |                      |                        |                 | 04.00   |
| 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit  26.00 Total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare reimbursable bad debts for the entire hospital complex (see instructions)  27.01 Medicare allowable bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare bad debt expense (line 26 minus line 27.01)  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30.00 Cost of uncompensated care (line 23 column 3 plus line 29)  25.00  26.00 27.00  27.01 10 22,042,261 26.00  28.00 27.00  18.20,913,082 28.00  29.00 30.00 Cost of uncompensated care (line 23 column 3 plus line 29)   | 24. 00  |  |                      | n of stay limit        | N               | 24.00   |
| 26.00 Total bad debt expense for the entire hospital complex (see instructions)  27.00 Medicare reimbursable bad debts for the entire hospital complex (see instructions)  27.01 Medicare allowable bad debts for the entire hospital complex (see instructions)  28.00 Non-Medicare bad debt expense (line 26 minus line 27.01)  29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30.00 Cost of uncompensated care (line 23 column 3 plus line 29)  20.00 20.0 | 25. 00  |  |                      | ram's length of        | 0               | 25. 00  |
| 27. 00 Medicare reimbursable bad debts for the entire hospital complex (see instructions)  27. 01 Medicare allowable bad debts for the entire hospital complex (see instructions)  28. 00 Non-Medicare bad debt expense (line 26 minus line 27. 01)  29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)  30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  30. 00  37. 00  1, 129, 179  20, 913, 082  28. 00  3, 235, 147  29. 00  8, 214, 554  30. 00   | 24 00   |  | tructions)           |                        | 22 042 274      | 24 00   |
| 27. 01 Medicare allowable bad debts for the entire hospital complex (see instructions)  1, 129, 179 28. 00 Non-Medicare bad debt expense (line 26 minus line 27. 01) 29. 00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions) 30. 00 Cost of uncompensated care (line 23 column 3 plus line 29)  1, 129, 179 20, 01 20, 913, 082 28. 00 3, 235, 147 29. 00 8, 214, 554 30. 00   |         |  |                      |                        |                 |         |
| 28.00 Non-Medicare bad debt expense (line 26 minus line 27.01) 29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions) 30.00 Cost of uncompensated care (line 23 column 3 plus line 29) 20, 913, 082 20, 913, 082 21, 900 3, 235, 147 29.00 8, 214, 554 30.00   |         | ·  |                      |                        |                 |         |
| 29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions) 3, 235, 147 29.00 30.00 Cost of uncompensated care (line 23 column 3 plus line 29) 8, 214, 554 30.00  |         |  |                      |                        |                 |         |
|  | 29. 00  | Cost of non-Medicare and non-reimbursable Medicare bad debt exp  | ense (see instructio | ns)                    | 3, 235, 147     | 29. 00  |
| 31.00   Total unreimbursed and uncompensated care cost (line 19 plus line 30)   8,519,892   31.00  |         |  | 0.0)                 |                        |                 |         |
|  | 31.00   | liotal unreimbursed and uncompensated care cost (line 19 plus li                                       | ne 30)               |                        | 8, 519, 892     | 31.00   |

| ECLAS          | Financial Systems<br>SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C                              | LUTHERAN HOSPITA<br>OF EXPENSES | Provi der CO                |                             | eri od:                                   | u of Form CMS-2<br>Worksheet A              | 2002 1  |
|----------------|---|---------------------------------|-----------------------------|-----------------------------|---|---|---------|
|                |   |                                 |                             |                             | rom 07/01/2016<br>o 06/30/2017            | Date/Time Pre<br>11/30/2017 5:              |         |
|                | Cost Center Description   | Sal ari es                      | Other                       | Total (col. 1<br>+ col. 2)  | Reclassificati<br>ons (See A-6)           | Reclassified<br>Trial Balance<br>(col. 3 +- | OS pin  |
|                |   | 1.00                            | 2. 00                       | 3. 00                       | 4. 00                                     | col . 4)<br>5.00                            |         |
|                | GENERAL SERVICE COST CENTERS  |                                 |                             |                             |   |   |         |
| 00             | 00100 CAP REL COSTS-BLDG & FIXT<br>00200 CAP REL COSTS-MVBLE EQUIP                              |                                 | 7, 088, 943<br>12, 697, 705 | 7, 088, 943<br>12, 697, 705 |   | 11, 869, 335<br>18, 783, 528                |         |
| 00             | 00400 EMPLOYEE BENEFITS DEPARTMENT  | 539, 920                        | 1, 197, 627                 | 1, 737, 547                 |   | 20, 321, 766                                |         |
| 01             | 00540 ADMI TTI NG   | 11, 336, 512                    | 76, 015, 460                |                             | -76, 792, 837                             | 10, 559, 135                                | 5.0     |
| 02             | 00560 OTHER ADMINISTRATIVE AND GENERAL  | 0                               | 0                           | 12 (27 (02                  |   | 48, 930, 717                                |         |
| 00             | 00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE                                       | 1, 568, 414                     | 11, 069, 278<br>1, 649, 882 | 12, 637, 692<br>1, 649, 882 |   | 12, 636, 899<br>1, 649, 882                 |         |
| 00             | 00900 HOUSEKEEPI NG   | 1, 407, 478                     | 1, 433, 799                 | 2, 841, 277                 |   | 2, 835, 277                                 |         |
| 0. 00          | 01000 DI ETARY  | 1, 421, 271                     | 4, 185, 338                 |                             |   | 2, 864, 489                                 |         |
| 1.00           | 01100  CAFETERI A<br>  01300  NURSI NG ADMI NI STRATI ON  | 0<br>E 131 100                  | 1 517 472                   | 0<br>4 440 E93              | 2, 70 ., .0 .                             | 2, 934, 401                                 |         |
| 3. 00<br>4. 00 | 01400 CENTRAL SERVICES & SUPPLY   | 5, 131, 109<br>1, 625, 777      | 1, 517, 473<br>47, 551, 484 | 6, 648, 582<br>49, 177, 261 |   | 2, 357, 315<br>7, 098, 474                  |         |
| 5. 00          | 01500 PHARMACY  | 6, 212, 051                     | 31, 321, 087                | 37, 533, 138                |   | 8, 107, 375                                 |         |
|                | 01600 MEDICAL RECORDS & LIBRARY   | 1, 007, 198                     | 3, 266, 418                 | 4, 273, 616                 |   | 5, 901, 104                                 |         |
|                | 01700 SOCIAL SERVICES SALARY & EDINCES ADDRY  | 7 492                           | 0 440 597                   | 2 477 040                   | 2, 100, 110                               | 2, 463, 140                                 |         |
|                | 02100   1 & R SERVI CES-SALARY & FRINGES APPRV   02200   1 & R SERVI CES-OTHER PRGM COSTS APPRV | 7, 482                          | 2, 669, 587<br>0            | 2, 677, 069<br>0            |   | 8, 039<br>2, 669, 030                       |         |
|                | 02300 PARAMED ED PRGM-(SPECIFY)   | 109, 455                        | 155, 090                    | _                           |   | 263, 542                                    |         |
| 3. 01          | 02301 PHARMACY RESIDENCY PROGRAM  | 202, 733                        | 24, 091                     | 226, 824                    | 0   | 226, 824                                    | 23. 0°  |
| 0. 00          | INPATI ENT ROUTI NE SERVI CE COST CENTERS<br>  03000   ADULTS & PEDI ATRI CS                    | 19, 110, 289                    | 7, 606, 880                 | 26, 717, 169                | -1, 991, 554                              | 24, 725, 615                                | 30.00   |
|                | 03100 INTENSIVE CARE UNIT   | 15, 966, 315                    | 5, 273, 677                 | 21, 239, 992                |   | 24, 725, 015                                | 1       |
|                | 02080 PEDIATRIC INTENSIVE CARE UNIT   | 2, 284, 957                     | 557, 386                    | 2, 842, 343                 |   | 1, 171, 367                                 |         |
| 1. 02          | 02060 NEONATAL INTENSIVE CARE UNIT  | 0                               | 0                           | 0                           | 2, 832, 592                               | 2, 832, 592                                 |         |
|                | 03101 CARDIO INTENSIVE CARE UNIT<br>03200 CORONARY CARE UNIT                                    | 0                               | 0                           | 0                           | , ,                                       | 14, 871, 189                                |         |
|                | 04000 SUBPROVI DER – I PF   |                                 | 0                           | 0                           | 5, 197, 274<br>0                          | 5, 197, 274<br>0                            |         |
|                | 04300 NURSERY   | 0                               | 67, 023                     | 67, 023                     | 267, 442                                  | 334, 465                                    |         |
|                | ANCILLARY SERVICE COST CENTERS  |                                 |                             |                             |   |   | 1       |
| 0. 00<br>1. 00 | 05000   OPERATING ROOM   05100   RECOVERY ROOM  | 9, 783, 846<br>3, 043, 680      | 12, 629, 161<br>823, 712    | 22, 413, 007<br>3, 867, 392 |   | 18, 355, 865<br>0                           | 1       |
|                | 05200 DELIVERY ROOM & LABOR ROOM  | 3,043,680                       | 023, 712                    | 3, 007, 392                 |   | 1, 682, 484                                 |         |
|                | 05300 ANESTHESI OLOGY   | 77, 065                         | 3, 495, 891                 | 3, 572, 956                 |   | 3, 484, 319                                 |         |
|                | 05400 RADI OLOGY-DI AGNOSTI C   | 4, 801, 592                     | 3, 223, 538                 |                             |   | 8, 089, 461                                 |         |
| 4. 01<br>5. 00 | 05401   PET   SCAN     05600   RADI OI SOTOPE   | 747, 543<br>517, 296            | 236, 364<br>1, 651, 227     | 983, 907<br>2, 168, 523     |   | 112, 809<br>1, 378, 945                     |         |
| 7. 00          | 05700 CT SCAN   | 893, 898                        | 424, 463                    |                             |   | 1, 378, 945                                 |         |
| 3. 00          | 05800 MRI   | 406, 868                        | 46, 591                     | 453, 459                    |   | 0   |         |
| 0.00           | 06000 LABORATORY  | 4, 354, 048                     | 10, 048, 158                |                             |   | 14, 037, 838                                |         |
|                | 06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY   | 3, 961, 539<br>2, 581, 545      | 2, 637, 636<br>605, 110     |                             |   | 6, 174, 594<br>4, 346, 364                  |         |
|                | 06700 OCCUPATIONAL THERAPY  | 919, 056                        | 70, 271                     | 3, 160, 655<br>989, 327     |   | 5, 736                                      |         |
|                | 06800 SPEECH PATHOLOGY  | 444, 222                        | 40, 600                     | 484, 822                    |   | 9, 922                                      |         |
|                | 06900 ELECTROCARDI OLOGY  | 4, 625, 801                     | 2, 490, 986                 | 7, 116, 787                 |   | 2, 428, 839                                 |         |
|                | 07000  ELECTROENCEPHALOGRAPHY<br>  07100  MEDICAL SUPPLIES CHARGED TO PATIENT                   | 0                               | 0                           | 0                           | 1, 548, 467<br>14, 709, 864               | 1, 548, 467<br>14, 709, 864                 |         |
| 2. 00          | 07200 I MPL. DEV. CHARGED TO PATIENTS   |                                 | 0                           | 0                           | 27, 314, 779                              | 27, 314, 779                                |         |
|                | 07300 DRUGS CHARGED TO PATIENTS   | 0                               | 0                           | 0                           | 28, 926, 155                              | 28, 926, 155                                |         |
|                | 07400   RENAL DI ALYSI S<br>  03140   CARDI O CATH LAB  | 0                               | 2, 458, 157                 |                             |   | 2, 458, 157                                 |         |
| 6. 00<br>6. 01 | 03050 ENDOSCOPY   | 478, 345                        | 93, 823                     | 0<br>572, 168               |   | 2, 995, 937<br>5, 083, 866                  |         |
|                | 03950 CARDI AC REHAB  | 27, 671                         | 2, 079                      |                             |   | 544, 857                                    |         |
|                | OUTPATIENT SERVICE COST CENTERS   |                                 |                             |                             |   |   | ļ       |
|                | 09000   CLI NI C<br>  09100   EMERGENCY   | 2, 285, 287<br>5, 250, 736      | 956, 332<br>5, 827, 200     |                             |   | 4, 608, 072<br>10, 968, 534                 |         |
|                | 09200 OBSERVATION BEDS (NON-DISTINCT PART   | 5, 250, 750                     | 5, 627, 200                 | 11,077,930                  | - 109, 402                                | 10, 900, 554                                | 92.00   |
|                | OTHER REIMBURSABLE COST CENTERS   | 1                               |                             |                             |   |   | 1       |
|                | 09500 AMBULANCE SERVICES  | 2, 118, 122                     | 7, 348, 589                 |                             |   | 9, 324, 547                                 |         |
| 5. 00          | O9600  DURABLE MEDICAL EQUIP-RENTED   SPECIAL PURPOSE COST CENTERS                              | 0                               | 1, 823, 305                 | 1, 823, 305                 | -24, 120                                  | 1, 799, 185                                 | 96.00   |
| 05. 00         | 10500 KIDNEY ACQUISITION  | 0                               | 0                           | 0                           | 1, 178, 110                               | 1, 178, 110                                 | 105. 0  |
|                | 10600 HEART ACQUISITION   | 0                               | 0                           | 0                           | 501, 951                                  | 501, 951                                    |         |
| 18. 00         |   | 115, 249, 121                   | 272, 281, 421               | 387, 530, 542               | -2, 519, 876                              | 385, 010, 666                               | J118. 0 |
| 90. nn         | NONREI MBURSABLE COST CENTERS   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN                     | l nl                            | 0                           | 0                           | ol  | 0   | 190. 0  |
|                | 19200 PHYSI CI ANS' PRI VATE OFFI CES   | 600                             | 415, 680                    | 416, 280                    | o   | 416, 280                                    |         |
| 94.00          | 07950 CLOSED PSYCH UNIT   | 0                               | 0                           | 0                           | 0   | 0   | 194. 0  |
|                | 07951 MARKETI NG  | 0                               | 0                           | 71 051                      | _, -, -, -, -, -, -, -, -, -, -, -, -, -, | 2, 394, 817                                 |         |
|                | 07952 SENIOR CIRCLE<br>07953 OTHER NONREIMBURSABLE COST CENTERS                                 | 42, 703                         | 29, 248                     | 71, 951                     | -703<br>125, 762                          | 71, 248<br>125, 762                         | 194. 0  |
| 14 114         |   |                                 |                             |                             |   |   |         |

 Health Financial
 Systems
 LUTHERAN HOR

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provi der CCN: 15-0017

Period: Worksheet A From 07/01/2016 To 06/30/2017 Date/Time Prepared: 11/30/2017 5:03 pm

|   |   |                | 11/30/2017 5: | 03 pm   |
|---|---|----------------|---------------|---------|
| Cost Center Description   |   | Net Expenses   |               |         |
|   |   | For Allocation |               |         |
| CENEDAL SEDVICE COST CENTERS  | 6.00                                    | 7. 00          |               |         |
| 1. 00 GENERAL SERVICE COST CENTERS  1. 00 O0100 CAP REL COSTS-BLDG & FLXT | 2, 751, 230                             | 14, 620, 565   |               | 1.00    |
| 2. 00   00200 CAP REL COSTS-MVBLE EQUIP                                   | 1, 363, 536                             | 20, 147, 064   |               | 2.00    |
| 4. 00   00400 EMPLOYEE BENEFITS DEPARTMENT                                | -140, 045                               | 20, 147, 004   |               | 4. 00   |
| 5. 01   00540  ADMI TTI NG  | -576, 849                               | 9, 982, 286    |               | 5. 01   |
| 5. 02 00560 OTHER ADMINISTRATIVE AND GENERAL                              | 6, 652, 691                             | 55, 583, 408   |               | 5. 02   |
| 7. 00 00700 OPERATION OF PLANT  | -67, 671                                | 12, 569, 228   |               | 7. 00   |
| 8. 00   00800   LAUNDRY & LINEN SERVICE                                   | -275, 853                               | 1, 374, 029    |               | 8. 00   |
| 9. 00   00900   HOUSEKEEPI NG   | 0                                       | 2, 835, 277    |               | 9. 00   |
| 10. 00 01000 DI ETARY   | 0                                       | 2, 864, 489    | l .           | 10.00   |
| 11. 00   01100   CAFETERI A   | -1, 024, 252                            | 1, 910, 149    |               | 11.00   |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON                                   | 0                                       | 2, 357, 315    |               | 13. 00  |
| 14. 00   01400   CENTRAL SERVI CES & SUPPLY                               | 0                                       | 7, 098, 474    |               | 14. 00  |
| 15. 00   01500   PHARMACY   | 0                                       | 8, 107, 375    |               | 15. 00  |
| 16. 00   01600 MEDI CAL RECORDS & LI BRARY                                | -314, 486                               | 5, 586, 618    |               | 16. 00  |
| 17. 00   01700   SOCIAL SERVICE   | -314, 400                               | 2, 463, 140    |               | 17. 00  |
| 21. 00   02100   1 &R SERVICES-SALARY & FRINGES APPRV                     | 0                                       | 8, 039         |               | 21.00   |
| 22. 00   02200   &R SERVICES-OTHER PRGM COSTS APPRV                       |   | 2, 669, 030    |               | 22. 00  |
| 23. 00   02300   PARAMED ED PRGM-(SPECIFY)                                |   | 263, 542       |               | 23. 00  |
| 23. 01   02301   PHARMACY RESI DENCY PROGRAM                              |   | 226, 824       | ·             | 23. 01  |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS                                | <u> </u>                                | 220, 024       |               | 25.01   |
| 30. 00 03000 ADULTS & PEDIATRICS  | -1, 041, 674                            | 23, 683, 941   |               | 30.00   |
| 31. 00 03100 I NTENSI VE CARE UNI T                                       | 0                                       | 20,000,711     |               | 31.00   |
| 31. 01   02080   PEDIATRIC   INTENSIVE CARE UNIT                          | 0                                       | 1, 171, 367    |               | 31. 01  |
| 31. 02 02060 NEONATAL INTENSIVE CARE UNIT                                 | 0                                       | 2, 832, 592    |               | 31. 02  |
| 31. 03   03101   CARDIO   INTENSIVE CARE UNIT                             | 0                                       | 14, 871, 189   | l .           | 31. 03  |
| 32. 00 03200 CORONARY CARE UNIT   | 0                                       | 5, 197, 274    |               | 32. 00  |
| 40. 00   04000   SUBPROVI DER -   PF                                      | 0                                       | 0, 177, 271    |               | 40.00   |
| 43. 00 04300 NURSERY  | -2, 585                                 | 331, 880       |               | 43. 00  |
| ANCI LLARY SERVI CE COST CENTERS  | 2,000                                   | 001,000        |               | 10.00   |
| 50. 00 05000 OPERATI NG ROOM  | -797, 093                               | 17, 558, 772   |               | 50.00   |
| 51. 00 05100 RECOVERY ROOM  | 0                                       | 0              |               | 51.00   |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM                                   | 0                                       | 1, 682, 484    |               | 52. 00  |
| 53. 00   05300   ANESTHESI OLOGY  | -3, 324, 516                            | 159, 803       |               | 53. 00  |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                                      | -353                                    | 8, 089, 108    |               | 54. 00  |
| 54. 01   05401 PET SCAN   | 0                                       | 112, 809       |               | 54. 01  |
| 56. 00   05600 RADI OI SOTOPE   | 0                                       | 1, 378, 945    |               | 56. 00  |
| 57. 00   05700 CT SCAN  | 0                                       | 1, 328, 235    |               | 57. 00  |
| 58. 00   05800 MRI  | 0                                       | 0,020,200      |               | 58. 00  |
| 60. 00 06000 LABORATORY   | 0                                       | 14, 037, 838   |               | 60.00   |
| 65. 00 06500 RESPIRATORY THERAPY  | -706, 520                               | 5, 468, 074    |               | 65. 00  |
| 66. 00 06600 PHYSI CAL THERAPY  | 0                                       | 4, 346, 364    |               | 66. 00  |
| 67. 00 06700 OCCUPATI ONAL THERAPY  | 0                                       | 5, 736         |               | 67. 00  |
| 68. 00 06800 SPEECH PATHOLOGY   | 0                                       | 9, 922         |               | 68. 00  |
| 69. 00 06900 ELECTROCARDI OLOGY   | 0                                       | 2, 428, 839    |               | 69. 00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                                       | 900                                     | 1, 549, 367    | ·             | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                           | 0                                       | 14, 709, 864   | ·             | 71.00   |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS                              | 0                                       | 27, 314, 779   | ·             | 72. 00  |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS                                    | o                                       | 28, 926, 155   |               | 73. 00  |
| 74. 00   07400   RENAL DI ALYSI S   | o                                       | 2, 458, 157    |               | 74. 00  |
| 76. 00 03140 CARDIO CATH LAB  | -421, 299                               | 2, 574, 638    | ·             | 76. 00  |
| 76. 01 03050 ENDOSCOPY  | -98, 550                                | 4, 985, 316    |               | 76. 01  |
| 76. 02 03950 CARDI AC REHAB   | 0                                       | 544, 857       | l .           | 76. 02  |
| OUTPATIENT SERVICE COST CENTERS   | <u> </u>                                | 3, 307         |               | 1 52    |
| 90. 00 09000 CLINIC   | -632, 157                               | 3, 975, 915    |               | 90.00   |
| 91. 00 09100 EMERGENCY  | -3, 335, 123                            | 7, 633, 411    |               | 91.00   |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART                          | 2,220,.20                               | ,,             |               | 92. 00  |
| OTHER REIMBURSABLE COST CENTERS   | <u> </u>                                |                |               |         |
| 95. 00 09500 AMBULANCE SERVICES   | -4, 579, 397                            | 4, 745, 150    |               | 95. 00  |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED                                 | -1, 799, 185                            | 0              |               | 96. 00  |
| SPECIAL PURPOSE COST CENTERS  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u>       |               | 1       |
| 105. 00 10500 KI DNEY ACQUISITION   | 0                                       | 1, 178, 110    |               | 105. 00 |
| 106. 00 10600 HEART ACQUISITION   |   | 501, 951       |               | 106.00  |
| 118. 00 SUBTOTALS (SUM OF LINES 1-117)                                    | -8, 369, 251                            | 376, 641, 415  |               | 118. 00 |
| NONREI MBURSABLE COST CENTERS   | 5,007,201                               | 3,3,311,110    |               | 1       |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                         | n                                       | 0              |               | 190. 00 |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES                             |   | 416, 280       | l .           | 192. 00 |
| 194.00 07950  CLOSED PSYCH UNIT   | 0                                       | +10, 200<br>N  |               | 194. 00 |
| 194. 01 07951  MARKETI NG   | 0                                       | 2, 394, 817    |               | 194. 00 |
| 194. 02 07952 SENI OR CI RCLE   | 0                                       | 71, 248        | ·             | 194. 01 |
| 194. 03 07953 OTHER NONREI MBURSABLE COST CENTERS                         | 0                                       | 125, 762       | ·             | 194. 02 |
| 200.00 TOTAL (SUM OF LINES 118-199)                                       | -8, 369, 251                            | 379, 649, 522  | ·             | 200.00  |
| 200.00   101/12 (00m of EINES 110 177)                                    | 3,307,231                               | 577, 547, 522  | I             | I=00.00 |
|   |   |                |               |         |

Provider CCN: 15-0017

Period: Worksheet A-o From 07/01/2016 To 06/30/2017 Date/Time Prepared: 11/30/2017 5:03 pm

|    |   |                 |                           |   | 11/30/2017 5: 03 p |
|----|---|-----------------|---------------------------|---|--------------------|
|    | 0 1 0 1                                       | Increases       | 6.1                       | 011   |                    |
|    | Cost Center<br>2.00                           | Li ne #<br>3.00 | Sal ary<br>4.00           | 0ther<br>5.00                                     |                    |
| /  | A - EMPLOYEE BENEFITS                         | 3.00            | 4.00                      | 5.00  |                    |
|    | EMPLOYEE BENEFITS DEPARTMENT                  | 4. 00           | 0                         | 18, 589, 162                                      | 1.                 |
|    | OPERATION OF PLANT                            | 7. 00           | Ö                         | 365   | 2.                 |
|    | NURSING ADMINISTRATION                        | 13.00           | 0                         | 3, 764  | 3.                 |
|    | TOTALS  | +               |                           | 18, 593, 291                                      |                    |
|    | B - OXYGEN                                    |                 |                           |   |                    |
|    | MEDICAL SUPPLIES CHARGED TO                   | 71. 00          | 0                         | 549, 039  | 1.                 |
|    | PATI ENT                                      | 0.00            |                           |   |                    |
| 0  |   | 0.00            | 0                         | 0   | 2.                 |
| 0  | TOTALS — — — —                                | 0.00            | 0                         | <u>0</u><br>549, 039                              | 3.                 |
| -  | C - RENTAL AND LEASE                          |                 | U_                        | 549, 039  |                    |
|    | CAP REL COSTS-MVBLE EQUIP                     | 2.00            | O                         | 6, 006, 008                                       | 1.                 |
|    | OTHER ADMINISTRATIVE AND                      | 5. 02           | Ö                         | 85, 489   | 2.                 |
|    | GENERAL                                       | 0.02            |                           | 33, 137   |                    |
|    | CT SCAN                                       | 57. 00          | 0                         | 9, 874  | 3.                 |
| )  |   | 0.00            | 0                         | О   | 4.                 |
|    |   | 0.00            | 0                         | О   | 5.                 |
|    |   | 0.00            | 0                         | 0   | 6.                 |
|    |   | 0.00            | 0                         | 0   | 7.                 |
|    |   | 0.00            | 0                         | 0   | 8.                 |
|    |   | 0. 00           | 0                         | 0   | 9.                 |
| 0  |   | 0.00            | 0                         | 0   | 10.                |
| 00 |   | 0.00            | 0                         | 0   | 11.                |
| 00 |   | 0.00            | 0                         | 0   | 12.                |
| 00 |   | 0. 00<br>0. 00  | 0                         | 0   | 13.<br>14.         |
| 00 |   | 0.00            | o                         | o   | 15.                |
| 00 |   | 0.00            | Ö                         | o   | 16.                |
| 00 |   | 0.00            | o                         | o   | 17.                |
| 00 |   | 0.00            | o                         | o   | 18.                |
| 0  |   | 0.00            | 0                         | 0   | 19                 |
| 00 |   | 0.00            | o                         | О   | 20.                |
| 0  |   | 0.00            | 0                         | 0   | 21.                |
| 0  |   | 0. 00           | 0                         | 0   | 22.                |
| 00 |   | 0.00            | 0                         | 0   | 23.                |
| 0  |   | 0.00            | 0                         | 0   | 24.                |
| 00 |   | 0.00            | 0                         | 0   | 25.                |
| 0  |   | 0.00            | 0                         | 0   | 26.                |
| 0  |   | 0. 00<br>0. 00  | 0                         | 0   | 27.<br>28.         |
|    | TOTALS — — — — —                              |                 |                           | <u></u>   | 20.                |
|    | D - OTHER CAPITAL COSTS                       |                 | <u> </u>                  | 0, 101, 371                                       |                    |
|    | CAP REL COSTS-BLDG & FLXT                     | 1.00            | 0                         | 185, 641  | 1.                 |
|    | CAP REL COSTS-BLDG & FIXT                     | 1.00            | 0                         | 4, 709, 276                                       | 2.                 |
|    | CAP REL COSTS-MVBLE EQUIP                     | 2. 00           | O                         | 79, 815   | 3.                 |
| 7  | TOTALS  |                 |                           | 4, 974, 732                                       |                    |
| E  | E - MARKETING DEPARTMENT                      |                 |                           |   |                    |
|    | MARKETING                                     | 194. 01         | 316, 323                  | <u>2, 078, 4</u> 94                               | 1.                 |
|    | TOTALS  |                 | 316, 323                  | 2, 078, 494                                       |                    |
|    | F - CNO RECLASS                               | 10.00           | 2/0 244                   |   |                    |
|    | NURSING ADMINISTRATION                        | 1300            | 36 <u>9, 311</u> 369, 311 | 0   | 1.                 |
|    | TOTALS  G - MEDICAL SUPPLIES                  |                 | 369, 311                  | U   |                    |
|    | MEDICAL SUPPLIES  MEDICAL SUPPLIES CHARGED TO | 71.00           | o                         | 14, 160, 825                                      | 1.                 |
|    | PATI ENT                                      | 71.00           |                           | 14, 100, 623                                      | '                  |
|    | IMPL. DEV. CHARGED TO                         | 72. 00          | o                         | 27, 314, 779                                      | 2.                 |
|    | PATI ENTS                                     | , 2, 00         | Ĭ                         | 27,011,777  |                    |
|    | OPERATING ROOM                                | 50.00           | 0                         | 637, 717  | 3.                 |
| l  |   | 0.00            | 0                         | 0   | 4.                 |
|    |   | 0.00            | 0                         | 0   | 5.                 |
| -  | TOTALS  |                 | 0                         | 42, 113, 321                                      |                    |
|    | H - DRUGS / IVS                               |                 |                           | 00.007.155  |                    |
|    | DRUGS CHARGED TO PATIENTS                     |                 | •                         | <u>28, 926, 155</u>                               | 1.                 |
|    | TOTALS  |                 | 0                         | 28, 926, 155                                      |                    |
|    | I - A&G COSTS                                 | F 00            | 4 412 050                 | 4E 00/ 3/4  |                    |
|    | OTHER ADMINISTRATIVE AND GENERAL              | 5. 02           | 6, 413, 958               | 65, 886, 264                                      | 1.                 |
|    | JENEKAL<br>DI ETARY                           | 10.00           | 88, 314                   | 133, 963  | 2.                 |
|    | CENTRAL SERVICES & SUPPLY                     | 14.00           | 339, 196                  | 1, 403, 182                                       | 3.                 |
|    | OTHER NONREIMBURSABLE COST                    | 194.00          | 339, 196<br>113, 857      | 1, 403, 182                                       | 3.                 |
|    | CENTERS                                       | 174.03          | 113,037                   | 11, 703   | 4.                 |
| 11 |   | +               | +                         | — <del>,                                   </del> |                    |
|    | TOTALS  | 1               | 6, 955, 325               | 67, 435, 314                                      | l l                |

|  | From 07/01/2016 |                     |
|--|-----------------|---------------------|
|  | To 06/30/2017   | Date/Time Prepared: |
|  |                 | 11/30/2017 5:03 pm  |

|                |  |                       |                                    |                            | 10 0 |     | 11/30/2017 5:03 pm    |
|----------------|--|-----------------------|------------------------------------|----------------------------|------|-----|-----------------------|
|                |  | Increases             |                                    |                            |      | - 1 | 117 307 2017 0. 00 pm |
|                | Cost Center  | Li ne #               | Sal ary                            | Other                      |      |     |                       |
|                | 2. 00  | 3.00                  | 4.00                               | 5. 00                      |      |     |                       |
|                | J - RADIOLOGY COSTS  |                       |                                    |                            |      |     |                       |
| 1.00           | RADI OLOGY-DI AGNOSTI C  | 54.00                 | 1, 154, 410                        | 241, 746                   |      |     | 1.00                  |
| 2.00           | PET SCAN   | 54. 01                | 25, 652                            | 87, 156                    |      |     | 2. 00                 |
| 3.00           |  | 0.00                  | O                                  | 0                          |      |     | 3.00                  |
|                | TOTALS   |                       | 1, 180, 062                        | 328, 902                   |      |     |                       |
|                | K - DIETARY  |                       |                                    |                            |      |     |                       |
| 1.00           | CAFETERI A   | 11. 00                | 650, 979                           | 2, 283, 422                |      |     | 1. 00                 |
|                | TOTALS   |                       | 650, 979                           | 2, 283, 422                |      |     |                       |
|                | L - MISC DEPARTMENT  |                       |                                    |                            |      |     |                       |
| 1.00           | OTHER ADMINISTRATIVE AND   | 5. 02                 | 440, 250                           | 41, 387                    |      |     | 1. 00                 |
| 2. 00          | GENERAL MEDICAL RECORDS & LIBRARY  | 16. 00                | 729, 622                           | 950, 518                   |      |     | 2. 00                 |
| 3.00           | SOCIAL SERVICE   | 17.00                 | 2, 205, 071                        | 258, 069                   |      |     | 3.00                  |
| 3. 00<br>4. 00 | OPERATING ROOM   | 50.00                 |                                    | 823, 562                   |      |     | 4. 00                 |
| 4. 00<br>5. 00 | CARDI AC REHAB   | 76. 02                | 3, 043, 680<br>457, 043            | 58, 064                    |      |     | 5.00                  |
|                | The state of the s |                       |                                    |                            |      |     |                       |
| 6.00           | PHYSI CAL THERAPY  | 66.00                 | 1, 363, 278                        | 95, 213                    |      |     | 6.00                  |
| 7. 00<br>8. 00 | ELECTROENCEPHALOGRAPHY   | 70. 00<br>76. 00      | 1, 075, 905                        | 472, 562                   |      |     | 7. 00<br>8. 00        |
| 9. 00          | CARDIO CATH LAB<br>ENDOSCOPY   | 76. 00<br>76. 01      | 1, 453, 094                        | 1, 542, 843<br>2, 126, 150 |      |     | 9. 00                 |
| 9.00           | TOTALS   | — — <del>76.</del> 01 | <u>2, 965, 266</u><br>13, 733, 209 | 6, 368, 368                |      |     | 9.00                  |
|                | M - ORGAN ACQUISITION  |                       | 13, 733, 209                       | 0, 300, 300                |      |     |                       |
| 1.00           | KI DNEY ACQUISITION  | 105.00                | 0                                  | 1, 178, 110                |      |     | 1, 00                 |
| 2.00           | HEART ACQUISITION  | 106.00                | 0                                  | 501, 951                   |      |     | 2. 00                 |
| 3.00           | CLINIC   | 90.00                 | 777. 531                           | 605, 526                   |      |     | 3. 00                 |
| 3.00           | TOTALS   |                       | 777, 531                           | 2, 285, 587                |      |     | 3.00                  |
|                | N - ICU COSTS  |                       | 777, 331                           | 2, 203, 301                |      |     |                       |
| 1.00           | PEDIATRIC INTENSIVE CARE   | 31. 01                | 926, 919                           | 244, 110                   |      |     | 1. 00                 |
|                | UNIT   | 0                     | 720, 7.17                          | 211,110                    |      |     |                       |
| 2.00           | NEONATAL INTENSIVE CARE UNIT   | 31. 02                | 2, 284, 957                        | 547, 635                   |      |     | 2. 00                 |
| 3.00           | CARDIO INTENSIVE CARE UNIT   | 31. 03                | 10, 983, 670                       | 3, 887, 519                |      |     | 3. 00                 |
| 4.00           | CORONARY CARE UNIT   | 32.00                 | 4, 055, 726                        | <u>1, 141, 5</u> 48        |      |     | 4. 00                 |
|                | TOTALS   |                       | 18, 251, 272                       | 5, 820, 812                |      |     |                       |
|                | O - LABOR AND DELIVERY   |                       |                                    |                            |      |     |                       |
| 1.00           | NURSERY  | 43. 00                | 273, 129                           | 0                          |      |     | 1.00                  |
| 2.00           | DELIVERY ROOM & LABOR ROOM   | 52. 00                | <u>1, 384, 6</u> 38                | <u>297, 8</u> 46           |      |     | 2. 00                 |
|                | TOTALS   |                       | 1, 657, 767                        | 297, 846                   |      |     |                       |
|                | P - INTERNS AND RESIDENTS  |                       |                                    |                            |      |     |                       |
| 1.00           | I&R SERVICES-OTHER PRGM  | 22. 00                | 0                                  | 2, 669, 030                |      |     | 1. 00                 |
|                | COSTS APPRV  | +                     | +                                  |                            |      |     |                       |
| E00.00         | TOTALS   |                       | 0                                  | 2, 669, 030                |      |     | 500.00                |
| 500.00         | Grand Total: Increases   |                       | 43, 891, 779                       | 190, 825, 684              |      |     | 500.00                |

RECLASSI FI CATIONS

Provider CCN: 15-0017

Peri od: Worksheet A-6 From 07/01/2016 06/30/2017

Date/Time Prepared:

11/30/2017 5:03 pm Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 - EMPLOYEE BENEFITS 1.00 OTHER ADMINISTRATIVE AND 5. 02 18, 592, 588 0 1.00 GENERAL 2.00 SENIOR CIRCLE 194.02 0 703 0 2.00 3.00 0.00 0 0 3.00 18, 593, 291 TOTALS ō B - OXYGEN 1.00 CENTRAL SERVICES & SUPPLY 14. 00 0 48, 224 0 1.00 ANESTHESI OLOGY 0 2.00 53.00 88.637 0 2.00 3.00 RESPIRATORY THERAPY 65.00 412, 178 0 3.00 **TOTALS** ō 549, 039 C - RENTAL AND LEASE 1.00 CAP REL COSTS-BLDG & FIXT 1.00 0 114, 525 10 1.00 2.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 0 4,943 0 2.00 ADMITTING 5. 01 0 7, 381 0 3.00 3.00 ol 0 OPERATION OF PLANT 7.00 4.00 1, 158 4 00 6,000 5.00 HOUSEKEEPI NG 9.00 0 0 5.00 0 29, 996 0 6.00 DI FTARY 10.00 6.00 0 NURSING ADMINISTRATION 0 39, 425 7.00 13.00 7.00 CENTRAL SERVICES & SUPPLY 0 0 8.00 14.00 1,883,013 8 00 9.00 PHARMACY 15.00 0 499, 608 0 9.00 MEDICAL RECORDS & LIBRARY o 0 10.00 16.00 52, 652 10.00 O PARAMED ED PRGM-(SPECIFY) 0 11.00 23.00 1,003 11.00 12.00 ADULTS & PEDIATRICS 30.00 o 41, 616 12.00 13.00 INTENSIVE CARE UNIT 31.00 0 500 0 13.00 PEDIATRIC INTENSIVE CARE 0 9, 413 14.00 31.01 14.00 UNIT OPERATING ROOM 0 15.00 50.00 0 407, 567 15.00 RECOVERY ROOM 51.00 0 0 16.00 16.00 150 RADI OLOGY-DI AGNOSTI C 0 17.00 54.00 0 1, 200, 405 17.00 0 18 00 PET SCAN 54 01 41, 209 0 18 00 0 19.00 RADI OI SOTOPE 56.00 0 605, 059 19.00 20.00 LABORATORY 60.00 o 364, 368 0 20.00 0 21.00 RESPIRATORY THERAPY 65.00 0 12, 403 21.00 0 Ol 66.00 22.00 PHYSI CAL THERAPY 298.782 22.00 23.00 ELECTROCARDI OLOGY 69.00 0 180, 355 0 23.00 ENDOSCOPY o 0 24.00 76.01 7,550 24.00 25.00 CLINIC 90.00 0 16, 604 0 25.00 91.00 EMERGENCY 0 109, 402 26.00 26.00 0 27.00 AMBULANCE SERVICES 95.00 0 142, 164 0 27.00 28.00 DURABLE MEDICAL EQUIP-RENTED 96.00 24, 120 0 28.00 ō TOTALS 6, 101, 371 D - OTHER CAPITAL COSTS 1.00 OTHER ADMINISTRATIVE AND 5. 02 0 4, 974, 732 12 1.00 GENERAL 2.00 0.00 0 2.00 0 13 3.00 0.00 12 3.00 TOTALS 0 4, 974, 732 E - MARKETING DEPARTMENT ADMITTI NG 1 00 5. 01 316, 323 2 078 494 0 1 00 T0TALS 316, 323 2, 078, 494 - CNO RECLASS OTHER ADMINISTRATIVE AND 5.02 369, 311 0 0 1.00 1.00 GENERAL 369, 311 o ITOTALS G - MEDICAL SUPPLIES 1.00 CENTRAL SERVICES & SUPPLY 14.00 41, 889, 928 0 1.00 2.00 ADULTS & PEDIATRICS 30.00 0 0 2.00 12 RADI OLOGY-DLAGNOSTI C 3.00 54 00 0 18.612 0 3.00 4.00 ELECTROCARDI OLOGY 69.00 0 20, 250 0 4.00 5.00 RADI OI SOTOPE <u>56.</u>00 184, 519 5.00 0 TOTALS 42, 113, 321 H - DRUGS / IVS PHARMACY 28, 926, 155 1.00 15.00 0 1.00 TOTALS 28, 926, 155 - A&G COSTS 1.00 ADMITTING 5.01 6, 955, 325 67, 435, 314 0 1.00 2.00 0.00 0 2.00 0 3.00 0.00 3.00 0 0 4.00 0.00 4.00 TOTALS 6, 955, 325 67, 435, 314

| Peri od: | From 07/01/2016 | To 06/30/2017 | Date/Ti me Prepared:

|        |                                |                       |              |                              |                | 10 06/30/201/ | 11/30/2017 5:03 pm |
|--------|--------------------------------|-----------------------|--------------|------------------------------|----------------|---------------|--------------------|
|        |                                | Decreases             |              | '                            | <u>'</u>       |               | 1170072017 0100 p  |
|        | Cost Center                    | Li ne #               | Sal ary      |                              | Wkst. A-7 Ref. |               |                    |
|        | 6. 00                          | 7. 00                 | 8. 00        | 9. 00                        | 10. 00         |               |                    |
|        | J - RADIOLOGY COSTS            |                       |              |                              |                |               |                    |
| 1.00   | RADI OLOGY-DI AGNOSTI C        | 54.00                 | 25, 652      | 87, 156                      |                |               | 1. 00              |
| 2.00   | PET SCAN                       | 54. 01                | 747, 542     | 195, 155                     |                | )             | 2. 00              |
| 3.00   | MRI                            | 58. 00                | 406, 868     | 4 <u>6, 5</u> 91             |                | <u>)</u>      | 3. 00              |
|        | TOTALS                         |                       | 1, 180, 062  | 328, 902                     |                |               |                    |
|        | K - DIETARY                    |                       |              |                              |                | _             |                    |
| 1.00   | DI ETARY                       | 1000                  | 650, 979     | 2, 283, 422                  |                | )             | 1. 00              |
|        | TOTALS                         |                       | 650, 979     | 2, 283, 422                  |                |               |                    |
|        | L - MISC DEPARTMENT            |                       |              |                              | T              |               |                    |
| 1.00   | OPERATING ROOM                 | 50.00                 | 2, 965, 266  | 2, 126, 150                  |                | 1             | 1. 00              |
| 2.00   | ENDOSCOPY                      | 76. 01                | 478, 345     | 93, 823                      |                |               | 2. 00              |
| 3.00   | RECOVERY ROOM                  | 51.00                 | 3, 043, 680  | 823, 562                     |                | )             | 3. 00              |
| 4.00   | ELECTROCARDI OLOGY             | 69. 00                | 2, 507, 697  | 1, 979, 646                  |                | )             | 4. 00              |
| 5.00   | OCCUPATI ONAL THERAPY          | 67.00                 | 919, 056     | 64, 535                      |                | )             | 5. 00              |
| 6.00   | SPEECH PATHOLOGY               | 68. 00                | 444, 222     | 30, 678                      |                | )             | 6. 00              |
| 7.00   | NURSING ADMINISTRATION         | 13. 00                | 3, 374, 943  | 1, 249, 974                  | C              | )             | 7. 00              |
| 8.00   |                                | 0.00                  | 0            | 0                            | C              | )             | 8. 00              |
| 9.00   |                                | 0.00_                 |              | 0                            |                | )             | 9. 00              |
|        | TOTALS                         |                       | 13, 733, 209 | 6, 368, 368                  |                |               |                    |
|        | M - ORGAN ACQUISITION          |                       |              |                              |                |               |                    |
| 1.00   | OPERATING ROOM                 | 50.00                 | 777, 531     | 2, 285, 587                  |                |               | 1. 00              |
| 2.00   |                                | 0.00                  | 0            | 0                            | C              | )             | 2. 00              |
| 3.00   |                                | 0.00                  | •            | 0                            |                | <u>)</u>      | 3. 00              |
|        | TOTALS                         |                       | 777, 531     | 2, 285, 587                  |                |               |                    |
|        | N - ICU COSTS                  |                       |              |                              |                |               |                    |
| 1. 00  | PEDIATRIC INTENSIVE CARE       | 31. 01                | 2, 284, 957  | 547, 635                     | C              | )             | 1. 00              |
|        | UNI T                          |                       |              |                              | _              |               |                    |
| 2.00   | INTENSIVE CARE UNIT            | 31.00                 | 15, 966, 315 | 5, 273, 177                  |                | )             | 2.00               |
| 3.00   |                                | 0.00                  | 0            | 0                            |                | )             | 3.00               |
| 4.00   |                                | 0.00                  | 0            | 0                            | <u> </u>       | )             | 4. 00              |
|        | TOTALS                         |                       | 18, 251, 272 | 5, 820, 812                  |                |               |                    |
|        | O - LABOR AND DELIVERY         | 00.00                 | 4 (55 5/5    | 000 150                      | 1              |               |                    |
| 1.00   | ADULTS & PEDIATRICS            | 30.00                 | 1, 657, 767  | 292, 159                     |                |               | 1.00               |
| 2.00   | NURSERY                        | 43.00                 |              | <u>5, 687</u>                |                | <u>)</u>      | 2. 00              |
|        | TOTALS                         |                       | 1, 657, 767  | 297, 846                     |                |               |                    |
| 4 00   | P - INTERNS AND RESIDENTS      | 04.00                 |              | 0 ((0 000                    |                | <u></u>       | 1 22               |
| 1. 00  | I &R SERVICES-SALARY &         | 21. 00                | 0            | 2, 669, 030                  | C              | ון            | 1.00               |
|        | FRI NGES APPRV                 | $\vdash \!\!\!\!\! +$ |              |                              | <del> </del>   | -             |                    |
| E00 00 | TOTALS  Orand Total: Decreases |                       | 43, 891, 779 | 2, 669, 030<br>190, 825, 684 |                | -             | F00 00             |
| 500. U | plei and Total: Decreases      | ı l                   | 43, 891, 779 | 170, 825, 684                | l              | I             | 500.00             |

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS Provider CCN: 15-0017

|        |   |                          |              | T                            | o 06/30/2017 |                           |        |
|--------|---|--------------------------|--------------|------------------------------|--------------|---------------------------|--------|
|        |   |                          |              | Acqui ci ti onc              |              | 11/30/2017 5:             | J3 pm  |
|        |   | Doginaing                | Durohoooo    | Acqui si ti ons<br>Donati on | Total        | Di anggal a and           |        |
|        |   | Begi nni ng<br>Bal ances | Purchases    | Donation                     | Total        | Disposals and Retirements |        |
|        |   | 1.00                     | 2.00         | 3. 00                        | 4. 00        | 5. 00                     |        |
|        | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET |                          | 2.00         | 3.00                         | 4.00         | 3.00                      |        |
| 1.00   | Land  | 9, 046, 915              | 455, 414     | 0                            | 455, 414     | 0                         | 1. 00  |
| 2.00   | Land Improvements                             | 11, 112, 974             | 25, 169      | 0                            | 25, 169      | 0                         | 2. 00  |
| 3.00   | Buildings and Fixtures                        | 147, 516, 114            | 6, 571, 993  | 0                            | 6, 571, 993  |                           | 3. 00  |
| 4. 00  | Building Improvements                         | 26, 223, 004             | 8, 359, 038  | 0                            | 8, 359, 038  |                           | 4. 00  |
| 5. 00  | Fixed Equipment                               | 50, 641, 017             | 561, 890     | 0                            | 561, 890     |                           | 5. 00  |
| 6.00   | Movable Equipment                             | 145, 330, 233            | 7, 982, 737  | 0                            | 7, 982, 737  | 12, 964, 850              | 6. 00  |
| 7.00   | HIT designated Assets                         | 2, 905, 310              | 114, 772     | 0                            | 114, 772     | 20, 382                   | 7. 00  |
| 8.00   | Subtotal (sum of lines 1-7)                   | 392, 775, 567            | 24, 071, 013 | 0                            | 24, 071, 013 | 12, 985, 232              | 8. 00  |
| 9.00   | Reconciling Items                             | 0                        | О            | 0                            | 0            | 0                         | 9. 00  |
| 10.00  | Total (line 8 minus line 9)                   | 392, 775, 567            | 24, 071, 013 | 0                            | 24, 071, 013 | 12, 985, 232              | 10.00  |
|        |   | Endi ng Bal ance         | Fully        |                              |              |                           |        |
|        |   |                          | Depreciated  |                              |              |                           |        |
|        |   |                          | Assets       |                              |              |                           |        |
|        |   | 6. 00                    | 7. 00        |                              |              |                           |        |
|        | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET |                          |              |                              |              |                           |        |
| 1.00   | Land  | 9, 502, 329              | 0            |                              |              |                           | 1. 00  |
| 2.00   | Land Improvements                             | 11, 138, 143             | 0            |                              |              |                           | 2. 00  |
| 3.00   | Buildings and Fixtures                        | 154, 088, 107            | 0            |                              |              |                           | 3. 00  |
| 4.00   | Building Improvements                         | 34, 582, 042             | 0            |                              |              |                           | 4. 00  |
| 5.00   | Fixed Equipment                               | 51, 202, 907             | 0            |                              |              |                           | 5. 00  |
| 6.00   | Movable Equipment                             | 140, 348, 120            | 0            |                              |              |                           | 6. 00  |
| 7.00   | HIT designated Assets                         | 2, 999, 700              | 0            |                              |              |                           | 7. 00  |
| 8.00   | Subtotal (sum of lines 1-7)                   | 403, 861, 348            | 0            |                              |              |                           | 8. 00  |
| 9.00   | Reconciling Items                             | 0                        | 0            |                              |              |                           | 9. 00  |
| 10. 00 | Total (line 8 minus line 9)                   | 403, 861, 348            | 0            |                              |              |                           | 10. 00 |

| Hool +b | Financial Systems                            | LUTHERAN HOSPIT  | AL OF INDIANA   |               | In Lie                           | eu of Form CMS-2         | DEE2 10 |
|---------|--|------------------|-----------------|---------------|----------------------------------|--------------------------|---------|
|         | CILIATION OF CAPITAL COSTS CENTERS           | LUTHERAN HUSPIT  | Provider CO     | CN: 15-0017   | Peri od:                         | Worksheet A-7            |         |
|         |  |                  |                 |               | From 07/01/2016<br>To 06/30/2017 |                          |         |
|         |  |                  | SU              | JMMARY OF CAF | TAL                              | 11170072017 0.           | рш      |
|         | Cost Center Description                      | Depreciation     | Lease           | Interest      | Insurance (see instructions)     | Taxes (see instructions) |         |
|         |  | 9.00             | 10.00           | 11. 00        | 12.00                            | 13. 00                   |         |
|         | PART II - RECONCILIATION OF AMOUNTS FROM WOR | KSHEET A, COLUM  | IN 2, LINES 1 a | nd 2          |                                  |                          |         |
| 1.00    | CAP REL COSTS-BLDG & FLXT                    | 7, 088, 943      | 0               |               | 0 0                              | 0                        | 1.00    |
| 2.00    | CAP REL COSTS-MVBLE EQUIP                    | 12, 697, 705     | 0               |               | 0 0                              | 0                        | 2. 00   |
| 3.00    | Total (sum of lines 1-2)                     | 19, 786, 648     | 0               |               | 0 0                              | 0                        | 3. 00   |
|         |  | SUMMARY O        | F CAPITAL       |               |                                  |                          |         |
|         | Cost Center Description                      | Other            | Total (1) (sum  |               |                                  |                          |         |
|         |  | Capi tal -Relate | of cols. 9      |               |                                  |                          |         |
|         |  | d Costs (see     | through 14)     |               |                                  |                          |         |
|         |  | instructions)    |                 |               |                                  |                          |         |
|         |  | 14.00            | 15. 00          |               |                                  |                          |         |
|         | PART II - RECONCILIATION OF AMOUNTS FROM WOR | KSHEET A, COLUM  | IN 2, LINES 1 a | nd 2          |                                  |                          |         |
| 1.00    | CAP REL COSTS-BLDG & FLXT                    | 0                | 7, 088, 943     |               |                                  |                          | 1. 00   |
| 2.00    | CAP REL COSTS-MVBLE EQUIP                    | 0                | 12, 697, 705    |               |                                  |                          | 2. 00   |
| 3 00    | Total (sum of lines 1-2)                     | 1                | 10 706 610      | ĺ.            |                                  |                          | 2 00    |

0 0 0

7, 088, 943 12, 697, 705 19, 786, 648

1. 00 2. 00 3. 00

1.00 CAP REL COSTS-BLDG & FLX1
2.00 CAP REL COSTS-MVBLE EQUIP
3.00 Total (sum of lines 1-2)

| Heal th  | n Financial Systems  | LUTHERAN HOSPIT            | AL OF INDIANA    |                            | In Lie                                      | eu of Form CMS-2 | 2552-10 |
|--|--|----------------------------|------------------|----------------------------|---|------------------|---------|
| RECON  | CILIATION OF CAPITAL COSTS CENTERS   |                            | Provider CO      |                            | Period:<br>From 07/01/2016<br>To 06/30/2017 |                  | pared:  |
|  |  | COM                        | PUTATION OF RAT  | TI 0S                      | ALLOCATION OF                               | OTHER CAPITAL    | JJ pili |
|  | Cost Center Description  | Gross Assets               | Capi tal i zed   | Gross Assets               |   | Insurance        |         |
|  |  |                            | Leases           | for Ratio                  | instructions)                               |                  |         |
|  |  |                            |                  | (col . 1 - col<br>2)       | •   |                  |         |
|  |  | 1.00                       | 2.00             | 3.00                       | 4. 00                                       | 5. 00            |         |
|  | PART III - RECONCILIATION OF CAPITAL COSTS C                                 |                            |                  |                            | Ţ.  |                  |         |
| 1.00   | CAP REL COSTS-BLDG & FLXT  | 209, 310, 621              |                  |                            |   |                  | 1. 00   |
| 2.00   | CAP REL COSTS-MVBLE EQUIP  | 194, 550, 727              |                  | ,                          |   | 0                | 2. 00   |
| 3.00   | Total (sum of lines 1-2)   | 403, 861, 348              |                  | 100/001/01                 |   |                  | 3. 00   |
| ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL |  |                            |                  |                            |   |                  |         |
|  | Cost Center Description  | Taxes                      | 0ther            | Total (sum of              | Depreciation                                | Lease            |         |
|  |  |                            | Capi tal -Relate |                            |   |                  |         |
|  |  |                            | d Costs          | through 7)                 |   |                  |         |
|  | DART LLL DESCRIPTION OF CARLEY COOTS   | 6.00                       | 7. 00            | 8. 00                      | 9. 00                                       | 10. 00           |         |
| 4 00   | PART III - RECONCILIATION OF CAPITAL COSTS C                                 | ENTERS                     |                  |                            | 5 40F 407                                   | 444 505          | 4 00    |
| 1.00   | CAP REL COSTS-BLDG & FIXT  | 0                          | 0                |                            | 0 5, 425, 107                               |                  | 1.00    |
| 2.00   | CAP REL COSTS-MVBLE EQUIP  | 0                          | 0                |                            | 0 12, 901, 331                              |                  | 2.00    |
| 3.00   | Total (sum of lines 1-2)   | 0                          | U                | <u>l</u><br>JMMARY OF CAPI | 0 18, 326, 438                              | 5, 891, 483      | 3. 00   |
|  |  |                            | SL               | JIMIMARY OF CAPI           |   |                  |         |
|  | Cost Center Description  | Interest                   | Insurance (see   |                            |   | Total (2) (sum   |         |
|  |  |                            | instructions)    | instructions)              | Capi tal -Rel ate                           |                  |         |
|  |  |                            |                  |                            | d Costs (see                                | through 14)      |         |
|  |  | 11.00                      | 10.00            | 10.00                      | instructions)                               | 45.00            |         |
|  | DART III DECONCILIATION OF CARLES COCTO OF                                   | 11.00                      | 12.00            | 13.00                      | 14.00                                       | 15. 00           |         |
| 1. 00  | PART III - RECONCILIATION OF CAPITAL COSTS CONTROL CAP REL COSTS-BLDG & FIXT |                            | 185, 641         | 4 700 27                   | 4   | 14 420 545       | 1. 00   |
| 2. 00  | CAP REL COSTS-BLDG & FTXT  | 4, 415, 066<br>1, 159, 910 |                  |                            | 6 0<br>0 0                                  | ,,               |         |
| 3.00   | Total (sum of lines 1-2)   | 5, 574, 976                |                  |                            | 0   |                  |         |
| 3.00   | Total (suil of Titles 1-2)   | 3,374,970                  | 205, 450         | 4, 107, 21                 | υ <sub> </sub> υ                            | ] 34,707,029     | 3.00    |

Peri od: Worksheet A-From 07/01/2016

|                  |  |                         |                | To To                            | om 07/01/2016<br>o 06/30/2017 | Date/Time Prep         |                  |
|------------------|--|-------------------------|----------------|----------------------------------|-------------------------------|------------------------|------------------|
|                  |  |                         |                | Expense Classification on        |                               | 11/30/2017 5:0         | 03 pm            |
|                  |  |                         |                | To/From Which the Amount is      | to be Adjusted                |                        |                  |
|                  |  |                         |                |                                  |                               |                        |                  |
|                  |  |                         |                |                                  |                               |                        |                  |
|                  | Cost Center Description  | Basi s/Code (2)<br>1.00 | Amount<br>2.00 | Cost Center<br>3.00              | Li ne #<br>4. 00              | Wkst. A-7 Ref.<br>5.00 |                  |
| 1. 00            | Investment income - CAP REL                                      | 1.00                    |                | CAP REL COSTS-BLDG & FIXT        | 1.00                          | 0                      | 1. 00            |
| 2. 00            | COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL        |                         | 0              | CAP REL COSTS-MVBLE EQUIP        | 2. 00                         | 0                      | 2. 00            |
| 3. 00            | COSTS-MVBLE EQUIP (chapter 2) Investment income - other          |                         | 0              |                                  | 0.00                          | 0                      | 3. 00            |
|                  | (chapter 2)  |                         | 0              |                                  |                               |                        |                  |
| 4. 00            | Trade, quantity, and time discounts (chapter 8)                  |                         | 0              |                                  | 0.00                          | 0                      | 4. 00            |
| 5. 00            | Refunds and rebates of expenses (chapter 8)                      |                         | 0              |                                  | 0. 00                         | 0                      | 5. 00            |
| 6. 00            | Rental of provider space by suppliers (chapter 8)                | В                       | -926, 662      | CAP REL COSTS-BLDG & FIXT        | 1. 00                         | 9                      | 6. 00            |
| 7. 00            | Tel ephone servi ces (pay  |                         | 0              |                                  | 0. 00                         | 0                      | 7. 00            |
|                  | stations excluded) (chapter 21)                                  |                         |                |                                  |                               |                        |                  |
| 8. 00            | Television and radio service (chapter 21)                        |                         | 0              |                                  | 0. 00                         | 0                      | 8. 00            |
| 9. 00            | Parking Lot (chapter 21)   |                         | 0              |                                  | 0. 00                         | 0                      | 9. 00            |
| 10. 00           | Provi der-based physician adjustment                             | A-8-2                   | -18, 069, 545  |                                  |                               | 0                      | 10. 00           |
| 11. 00           | Sale of scrap, waste, etc. (chapter 23)                          | В                       | -353           | RADI OLOGY-DI AGNOSTI C          | 54. 00                        | 0                      | 11. 00           |
| 12. 00           | Related organization   | A-8-1                   | 12, 939, 411   |                                  |                               | 0                      | 12. 00           |
| 13. 00           | transactions (chapter 10) Laundry and linen service              |                         | 0              |                                  | 0. 00                         | 0                      | 13. 00           |
| 14. 00<br>15. 00 | Cafeteria-employees and guests<br>Rental of quarters to employee |                         | -1, 024, 252   | CAFETERI A                       | 11. 00<br>0. 00               | 0                      |                  |
|                  | and others   |                         | 0              |                                  |                               |                        |                  |
| 16. 00           | Sale of medical and surgical supplies to other than              |                         | 0              |                                  | 0.00                          | 0                      | 16. 00           |
| 17. 00           | patients Sale of drugs to other than                             |                         | 0              |                                  | 0. 00                         | 0                      | 17. 00           |
| 18. 00           | patients Sale of medical records and                             |                         | 0              |                                  | 0. 00                         | 0                      | 18. 00           |
|                  | abstracts  |                         | 0              |                                  |                               |                        |                  |
| 19. 00           | Nursing school (tuition, fees, books, etc.)                      |                         | 0              |                                  | 0.00                          | 0                      | 19. 00           |
| 20. 00           | Vending machines   | В                       | -30, 605       | OTHER ADMINISTRATIVE AND GENERAL | 5. 02                         | 0                      | 20. 00           |
| 21. 00           | Income from imposition of interest, finance or penalty           |                         | 0              | 1                                | 0. 00                         | 0                      | 21. 00           |
|                  | charges (chapter 21)   |                         |                |                                  |                               |                        |                  |
| 22. 00           | Interest expense on Medicare overpayments and borrowings to      |                         | 0              |                                  | 0. 00                         | 0                      | 22. 00           |
| 23. 00           | repay Medicare overpayments Adjustment for respiratory           | A-8-3                   | 0              | RESPIRATORY THERAPY              | 65. 00                        |                        | 23. 00           |
| 23.00            | therapy costs in excess of                                       | A-0-3                   | O              | RESITION MENAIT                  | 03.00                         |                        | 23.00            |
| 24. 00           | limitation (chapter 14)<br>Adjustment for physical               | A-8-3                   | 0              | PHYSI CAL THERAPY                | 66. 00                        |                        | 24. 00           |
|                  | therapy costs in excess of limitation (chapter 14)               |                         |                |                                  |                               |                        |                  |
| 25. 00           | Utilization review -   |                         | 0              | *** Cost Center Deleted ***      | 114. 00                       |                        | 25. 00           |
| 0                | physicians' compensation<br>(chapter 21)                         |                         | 00-            | OAD DEL COCTO SUBS : TITLE       |                               |                        | 0                |
| 26. 00           | Depreciation - CAP REL<br>COSTS-BLDG & FIXT                      | A                       | -808, 131      | CAP REL COSTS-BLDG & FIXT        | 1. 00                         | 9                      | 26. 00           |
| 27. 00           | Depreciation - CAP REL<br>COSTS-MVBLE EQUIP                      | A                       | 304, 261       | CAP REL COSTS-MVBLE EQUIP        | 2. 00                         | 9                      | 27. 00           |
| 28. 00           | Non-physician Anesthetist  |                         | 0              | *** Cost Center Deleted ***      | 19.00                         |                        | 28. 00           |
| 29. 00<br>30. 00 | Physicians' assistant<br>Adjustment for occupational             | A-8-3                   | 0              | OCCUPATIONAL THERAPY             | 0. 00<br>67. 00               | 0                      | 29. 00<br>30. 00 |
|                  | therapy costs in excess of limitation (chapter 14)               |                         |                |                                  |                               |                        |                  |
| 30. 99           | Hospice (non-distinct) (see instructions)                        |                         | 0              | ADULTS & PEDIATRICS              | 30.00                         |                        | 30. 99           |
| 31. 00           | Adjustment for speech  | A-8-3                   | 0              | SPEECH PATHOLOGY                 | 68. 00                        |                        | 31. 00           |
|                  | pathology costs in excess of limitation (chapter 14)             |                         |                |                                  |                               |                        |                  |
| 32. 00           | CAH HIT Adjustment for Depreciation and Interest                 |                         | 0              |                                  | 0.00                          | 0                      | 32. 00           |
| 33. 00           | SPECIAL EVENTS   | A                       | -108, 066      | EMPLOYEE BENEFITS DEPARTMENT     | 4. 00                         | О                      | 33. 00           |

|        |                                |                |              |                              |                | 11/30/2017 5: 0 | 03 pm_ |
|--------|--------------------------------|----------------|--------------|------------------------------|----------------|-----------------|--------|
|        |                                |                |              | Expense Classification on    | Worksheet A    |                 |        |
|        |                                |                |              | To/From Which the Amount is  | to be Adjusted |                 |        |
|        |                                |                |              |                              | •              |                 |        |
|        |                                |                |              |                              |                |                 |        |
|        |                                |                |              |                              |                |                 |        |
|        |                                |                |              |                              |                |                 |        |
|        | Cost Center Description        | Basis/Code (2) | Amount       | Cost Center                  | Li ne #        | Wkst. A-7 Ref.  |        |
|        | 0001 0011101 D0001 1 p 1 1 011 | 1.00           | 2.00         | 3.00                         | 4. 00          | 5. 00           |        |
| 33. 01 | OTHER MISC REVENUES            | В              |              | OTHER ADMINISTRATIVE AND     | 5. 02          | 0.00            | 33. 01 |
| 33. 01 | OTTIER WITSO REVENUES          |                | , ,          | GENERAL                      | 5.02           |                 | 33.01  |
| 33. 02 | PATIENT PHONES WAGE COST       | l A            |              | OTHER ADMINISTRATIVE AND     | 5. 02          | 0               | 33. 02 |
| 33. 02 | FATTENT FHONES WAGE COST       | _ ^            |              | GENERAL                      | 5.02           | U               | 33.02  |
| 33. 03 | PATIENT PHONEES BENEFITS COST  | A              |              | EMPLOYEE BENEFITS DEPARTMENT | 4.00           | 0               | 33. 03 |
| 33. 04 | PATIENT PHONES EXPENSE         | A              | · ·          | OTHER ADMINISTRATIVE AND     | 5. 02          |                 | 33. 03 |
| 33. 04 | PATTENT PHONES EXPENSE         | A              | · ·          |                              | 5. 02          | U               | 33.04  |
| 22.05  | CDECLAL EVENTS                 |                |              | GENERAL                      | 05.00          |                 | 22.05  |
| 33. 05 | SPECIAL EVENTS                 | A              |              | AMBULANCE SERVICES           | 95.00          | 0               | 33. 05 |
| 33. 06 | PATIENT TV - CABLE EXPENSE     | A              | · ·          | OPERATION OF PLANT           | 7. 00          |                 | 33. 06 |
| 33. 07 | MARKETI NG                     | A              |              | OTHER ADMINISTRATIVE AND     | 5. 02          | 0               | 33. 07 |
|        |                                |                |              | GENERAL                      |                |                 |        |
| 33. 08 | LEGAL FEES                     | A              |              | OTHER ADMINISTRATIVE AND     | 5. 02          | 9               | 33. 08 |
|        |                                |                |              | GENERAL                      |                |                 |        |
| 33. 09 | PHYSICIAN RECRUITING           | Α              |              | OTHER ADMINISTRATIVE AND     | 5. 02          | 0               | 33. 09 |
|        |                                |                |              | GENERAL                      |                |                 |        |
| 33. 10 | LOBBYING IN ASSOCIATION DUES   | A              |              | OTHER ADMINISTRATIVE AND     | 5. 02          | 0               | 33. 10 |
|        |                                |                |              | GENERAL                      |                |                 |        |
| 33. 11 | CHARITABLE CONTRIBUTIONS       | A              |              | OTHER ADMINISTRATIVE AND     | 5. 02          | 0               | 33. 11 |
|        |                                |                |              | GENERAL                      |                |                 |        |
| 33. 12 | PENALTI ES                     | A              |              | OTHER ADMINISTRATIVE AND     | 5. 02          | 0               | 33. 12 |
|        |                                |                |              | GENERAL                      |                |                 |        |
| 33. 13 | SPECIAL EVENTS                 | A              | -2, 016      | OTHER ADMINISTRATIVE AND     | 5. 02          | 0               | 33. 13 |
|        |                                |                |              | GENERAL                      |                |                 |        |
| 33. 14 | INTERCOMPANY LEASE RECEIPTS    | A              | 2, 421, 890  | OTHER ADMINISTRATIVE AND     | 5. 02          | 0               | 33. 14 |
|        |                                |                |              | GENERAL                      |                |                 |        |
| 33. 15 |                                |                | 0            |                              | 0.00           | 0               | 33. 15 |
| 33. 16 |                                |                | 0            |                              | 0.00           | 0               | 33. 16 |
| 33. 17 |                                |                | 0            |                              | 0.00           | 0               | 33. 17 |
| 33. 18 |                                |                | 0            |                              | 0.00           | o               | 33. 18 |
| 50. 00 | TOTAL (sum of lines 1 thru 49) |                | -8, 369, 251 |                              | 0.00           |                 | 50.00  |
| 55.50  | (Transfer to Worksheet A,      |                | 0,007,201    |                              |                |                 | 50.00  |
|        | column 6, line 200.)           |                |              |                              |                |                 |        |
| (1) D- | ecription all chapter referen  |                |              | OHC D 1 45 4                 |                |                 |        |

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

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

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

B. 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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Prov

Provi der CCN: 15-0017 | Peri od: | From 07/01/2016

Worksheet A-8-1

|       |  |                               |                              | Го 06/30/2017  | Date/Time Pre 11/30/2017 5: |       |
|-------|--|-------------------------------|------------------------------|----------------|-----------------------------|-------|
|       | Li ne No.  | Cost Center                   | Expense Items                | Amount of      | Amount                      | 00 p  |
|       |  |                               |                              | Allowable Cost |                             |       |
|       |  |                               |                              |                | Wks. A, column              |       |
|       |  |                               |                              |                | 5                           |       |
|       | 1. 00  | 2.00                          | 3. 00                        | 4. 00          | 5. 00                       |       |
|       | A. COSTS INCURRED AND ADJUSTM HOME OFFICE COSTS: | MENTS REQUIRED AS A RESULT OF | TRANSACTIONS WITH RELATED OR | GANIZATIONS OR | CLAI MED                    |       |
| 1.00  |  | CAP REL COSTS-BLDG & FIXT     | DIRECT CAPITAL INTEREST      | 4, 228, 994    | 0                           | 1. 00 |
| 2.00  | 1.00   | CAP REL COSTS-BLDG & FIXT     | PASI CAPITAL - BLDG          | 70, 957        | 0                           | 2.00  |
| 3.00  | 2. 00  | CAP REL COSTS-MVBLE EQUIP     | PASI CAPITAL - EQUIP         | 19, 866        | 0                           | 3.00  |
| 3.01  | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | FRANCHI SE TAXES             | 1, 000         | 2, 150                      | 3. 01 |
| 3.02  | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | CORPORATE OVERHEAD ALLOCATIO | o              | 2, 496, 067                 | 3. 02 |
| 3.03  | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | SHARED SERVICE CENTER ALLOCA | 5, 495, 922    | 0                           | 3. 03 |
| 4.00  | 5. 01  | ADMITTING                     | PASI OPERATING               | 1, 044, 882    | 0                           | 4.00  |
| 4.01  | 1.00   | CAP REL COSTS-BLDG & FIXT     | POOLED CAPITAL - BLDG        | 186, 072       | 0                           | 4. 01 |
| 4.02  | 2. 00  | CAP REL COSTS-MVBLE EQUIP     | POOLED CAPITAL - EQUIP       | 1, 159, 910    | 0                           | 4. 02 |
| 4.03  | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | POOLED HOME OFFICE COSTS     | 10, 755, 616   | 0                           | 4. 03 |
| 4.04  | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | MALPRACTI CE                 | 1, 580, 341    | 2, 836, 739                 | 4.04  |
| 4.05  | 2. 00  | CAP REL COSTS-MVBLE EQUIP     | CIG ASSETS                   | 614, 667       | 735, 168                    | 4. 05 |
| 4.06  | 8.00   | LAUNDRY & LINEN SERVICE       | HLS - CAPITAL                | 118, 126       | 0                           | 4.06  |
| 4.07  | 8.00   | LAUNDRY & LINEN SERVICE       | HLS - OPERATING              | 1, 176, 750    | 1, 570, 729                 | 4. 07 |
| 4.08  | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | MANAGEMENT FEES              | o              | 2, 444, 995                 | 4. 08 |
| 4.09  | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | 401K FEES                    | o              | 8, 989                      | 4. 09 |
| 4.10  | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | AUDIT FEES                   | 0              | 99, 445                     | 4. 10 |
| 4. 16 | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | PPSI FEES                    | 0              | 34, 863                     | 4. 16 |
| 4. 19 | 5. 01  | ADMITTING                     | PASI COLLECTION FEES         | o              | 1, 251, 763                 | 4. 19 |
| 4. 20 | 0.00   |                               |                              | o              | 0                           | 4. 20 |
| 4. 21 | 0.00   |                               |                              | o              | 0                           | 4. 21 |
| 4. 22 | 5. 01  | ADMITTING                     | PASI LIEN UNIT COLLECTION FE | o              | 369, 968                    | 4. 22 |
| 4. 23 | 5. 02  | OTHER ADMINISTRATIVE AND GEN  | INTEREST EXPENSE             | 0              | 1, 662, 816                 | 4. 23 |
| 5.00  | TOTALS (sum of lines 1-4).                       |                               |                              | 26, 453, 103   | 13, 513, 692                | 5.00  |
|       | Transfer column 6, line 5 to                     |                               |                              |                |                             |       |
|       | Worksheet A-8, column 2,                         |                               |                              |                |                             |       |
|       | line 12.   |                               |                              |                |                             |       |

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

| 1103 1101 | . been posted to norkaneet A, | cor anno r anazor 2, tric anioar | it arrowabic si | oura de marcatea m coranin 4 | or this part.  |  |
|-----------|-------------------------------|----------------------------------|-----------------|------------------------------|----------------|--|
|           |                               |                                  |                 | Related Organization(s) and/ | or Home Office |  |
|           |                               |                                  |                 |                              |                |  |
|           |                               |                                  |                 |                              |                |  |
|           |                               |                                  |                 |                              |                |  |
|           | Symbol (1)                    | Name                             | Percentage of   | Name                         | Percentage of  |  |
|           |                               |                                  | Ownershi p      |                              | Ownershi p     |  |
|           | 1. 00                         | 2. 00                            | 3.00            | 4. 00                        | 5. 00          |  |
|           | B. INTERRELATIONSHIP TO RELAT | TED ORGANIZATION(S) AND/OR HO    | ME 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.

|        | Comort under tritio mini |                                |        |
|--------|--------------------------|--------------------------------|--------|
| 6.00   | В                        | 0. 00 COMMUNI TY HEALT 100. 00 | 6.00   |
| 7.00   | В                        | 0. 00 PASI 100. 00             | 7.00   |
| 8.00   | Е                        | 0.00 HOSPI TAL LAUNDR 100.00   | 8. 00  |
| 9. 00  |                          | 0.00                           | 9.00   |
| 10.00  |                          | 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.

| OFFICE | 00515          |                |                                   |                           | To 06/30/2017     | Date/Time Pre<br>11/30/2017 5: |       |
|--------|----------------|----------------|-----------------------------------|---------------------------|-------------------|--------------------------------|-------|
|        | Net            | Wkst. A-7 Ref. |                                   |                           |                   |                                |       |
|        | Adjustments    |                |                                   |                           |                   |                                |       |
|        | (col. 4 minus  |                |                                   |                           |                   |                                |       |
|        | col. 5)*       |                |                                   |                           |                   |                                |       |
|        | 6. 00          | 7. 00          |                                   |                           |                   |                                |       |
|        |                |                | MENTS REQUIRED AS A RESULT OF TRA | ANSACTIONS WITH RELATED O | RGANIZATIONS OR ( | CLAIMED                        |       |
|        | HOME OFFICE CO |                |                                   |                           |                   |                                |       |
| 1.00   | 4, 228, 994    |                |                                   |                           |                   |                                | 1. 00 |
| 2.00   | 70, 957        |                |                                   |                           |                   |                                | 2. 00 |
| 3.00   | 19, 866        |                |                                   |                           |                   |                                | 3. 00 |
| 3. 01  | -1, 150        |                |                                   |                           |                   |                                | 3. 01 |
| 3.02   | -2, 496, 067   |                |                                   |                           |                   |                                | 3. 02 |
| 3.03   | 5, 495, 922    |                |                                   |                           |                   |                                | 3. 03 |
| 4.00   | 1, 044, 882    |                |                                   |                           |                   |                                | 4. 00 |
| 4.01   | 186, 072       |                |                                   |                           |                   |                                | 4. 01 |
| 4.02   | 1, 159, 910    | 11             |                                   |                           |                   |                                | 4. 02 |
| 4.03   | 10, 755, 616   | 0              |                                   |                           |                   |                                | 4. 03 |
| 4.04   | -1, 256, 398   | 0              |                                   |                           |                   |                                | 4. 04 |
| 4.05   | -120, 501      |                |                                   |                           |                   |                                | 4. 05 |
| 4.06   | 118, 126       | 9              |                                   |                           |                   |                                | 4. 06 |
| 4.07   | -393, 979      |                |                                   |                           |                   |                                | 4. 07 |
| 4.08   | -2, 444, 995   |                |                                   |                           |                   |                                | 4. 08 |
| 4.09   | -8, 989        | 0              |                                   |                           |                   |                                | 4. 09 |
| 4. 10  | -99, 445       | 0              |                                   |                           |                   |                                | 4. 10 |
| 4. 16  | -34, 863       |                |                                   |                           |                   |                                | 4. 16 |
| 4. 19  | -1, 251, 763   | 0              |                                   |                           |                   |                                | 4. 19 |
| 4. 20  | 0              | 9              |                                   |                           |                   |                                | 4. 20 |
| 4. 21  | 0              | 0              |                                   |                           |                   |                                | 4. 21 |
| 4. 22  | -369, 968      | 0              |                                   |                           |                   |                                | 4. 22 |
| 4. 23  | -1, 662, 816   |                |                                   |                           |                   |                                | 4. 23 |
| 5 00   | 12 030 /11     |                |                                   |                           |                   |                                | 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)<br>and/or Home Office |   |  |
|---|---|--|
| Type of Business                              |   |  |
| 6. 00   |   |  |
| B. INTERRELATIONSHIP TO RELAT                 | TED ORGANIZATION(S) AND/OR HOME OFFICE: |  |

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

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

| 6.00                       | HOSP COMPANY | 6. 00  |
|----------------------------|--------------|--------|
| 7.00                       | COLLECTI ONS | 7. 00  |
| 8.00                       | LAUNDRY      | 8. 00  |
| 9.00                       |              | 9. 00  |
| 10.00                      |              | 10.00  |
| 9. 00<br>10. 00<br>100. 00 |              | 100.00 |

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0017

Peri od: Worksheet A-8-2 From 07/01/2016 To 06/30/2017 Date/Time Prepared:

11/30/2017 5:03 pm Wkst. A Line # Cost Center/Physician Total Professi onal Provi der RCE Amount Physi ci an/Prov Identi fi er ider Component Remuneration Component Component Hours 1. 00 2.00 3. 00 4.00 5. 00 6. 00 7. 00 5. 02 OTHER ADMINISTRATIVE AND 1, 021, 746 1. 00 1.00 1,016,363 5, 383 211, 500 36 GENERAL 2.00 16.00 MEDICAL RECORDS & LIBRARY 335, 026 302, 998 32,028 211,500 202 2.00 30. 00 ADULTS & PEDIATRICS 3.00 1, 041, 674 1,041,674 0 3.00 0 4.00 43. 00 NURSERY 2,585 2, 585 0 0 4.00 50.00 OPERATING ROOM 5.00 797, 093 797, 093 0 C 5.00 6.00 53. 00 ANESTHESI OLOGY 3, 324, 516 0 0 3, 324, 516 0 6.00 7.00 65. 00 RESPIRATORY THERAPY 706, 520 0 0 706, 520 7.00 70. 00 ELECTROENCEPHALOGRAPHY 0 0 8.00 -900 -900 8.00 9.00 76. 00 CARDIO CATH LAB 421, 299 421, 299 0 0 9.00 10.00 76. 01 ENDOSCOPY 98, 550 98, 550 0 0 0 10.00 0 0 0 90. OOLLI NI C 11 00 632 157 632 157 11 00 91. 00 EMERGENCY 0 0 12.00 3, 335, 123 3, 335, 123 0 12.00 13.00 95. 00 AMBULANCE SERVICES 4, 579, 172 4, 579, 172 0 13.00 1, 799, 185 0 14.00 96. 00 DURABLE MEDICAL EQUIP-RENTED 1, 799, 185 14.00 18, 093, 746 18, 056, 335 37 411 238 200.00 200.00 Wkst. A Line # Cost Center/Physician Unadjusted RCE 5 Percent of Cost of Provi der Physician Cost I denti fi er Unadjusted RCE Memberships & Component of Malpractice Li mi t Limit Conti nui ng Share of col. Insurance Educati on 12 14. 00 1.00 2.00 8.00 9.00 12.00 13.00 1.00 5. 02 OTHER ADMINISTRATIVE AND 3,661 183 0 1.00 GENERAL 2.00 16.00 MEDICAL RECORDS & LIBRARY 20, 540 1,027 2.00 0 3.00 30. 00 ADULTS & PEDIATRICS 0 0 0 3.00 43 OO NURSERY 0 0 4.00 0 0 4 00 5.00 50.00 OPERATING ROOM 0 0 0 0 5.00 6.00 53. 00 ANESTHESI OLOGY 0 0 0 6.00 7.00 65. 00 RESPIRATORY THERAPY 0 0 0 0 0 0 7.00 0 70. OO ELECTROENCEPHALOGRAPHY 0 8.00 0 8.00 9.00 76.00 CARDIO CATH LAB 0 0 9.00 10.00 76. 01 ENDOSCOPY 0 10.00 90. 00 CLI NI C 0 0 0 11.00 0 11.00 0 12.00 91. 00 EMERGENCY 0 0 0 12.00 13.00 95. 00 AMBULANCE SERVICES 0 13.00 96. 00 DURABLE MEDICAL EQUIP-RENTED 0 14.00 C 14.00 0 200.00 24, 201 1 210 200.00 Adjusted RCE Wkst. A Line # Cost Center/Physician Provi der RCE Adjustment Identi fi er Component Limit Di sal I owance Share of col. 14 1.00 18.00 2.00 17. 00 15.00 16.00 1.00 5. 02 OTHER ADMINISTRATIVE AND 3, 661 1, 722 1, 018, 085 1.00 0 GENERAL 16.00 MEDICAL RECORDS & LIBRARY 2.00 20, 540 11, 488 314, 486 2.00 3.00 30.00 ADULTS & PEDIATRICS 0 1, 041, 674 0 3.00 43. 00 NURSERY 0 4.00 0 0 2,585 4.00 5.00 50. 00 OPERATING ROOM 0 0 0 797, 093 5.00 53. 00 ANESTHESI OLOGY 6.00 0 0 0 3, 324, 516 6.00 7.00 65. 00 RESPIRATORY THERAPY 0 706, 520 7.00 8.00 70. 00 ELECTROENCEPHALOGRAPHY 0 -900 8.00 76. 00 CARDIO CATH LAB o 421, 299 9.00 9.00 o 10.00 76. 01 ENDOSCOPY 98, 550 10.00 90. 00 CLI NI C 0 0 632, 157 11.00 11.00 12.00 91. 00 EMERGENCY 0 0 3, 335, 123 12.00 95. 00 AMBULANCE SERVICES 13.00 0 4, 579, 172 13.00 14 00 96. 00 DURABLE MEDICAL EQUIP-RENTED 0 1, 799, 185 14 00 Ω 200.00 24, 201 13, 210 18, 069, 545 200.00

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0017 Peri od: Worksheet B From 07/01/2016 Part I 06/30/2017 Date/Time Prepared: 11/30/2017 5:03 pm CAPITAL RELATED COSTS Cost Center Description Net Expenses BLDG & FIXT MVBLE EQUIP **EMPLOYEE** ADMI TTI NG for Cost **BENEFITS** DEPARTMENT Allocation (from Wkst A col. 7) 1.00 2.00 4. 00 5. 01 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 14, 620, 565 14, 620, 565 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 20, 147, 064 20, 147, 064 2 00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 20, 181, 721 382, 989 22, 358 20, 587, 068 4.00 00540 ADMITTING 729, 253 5 01 9, 982, 286 318, 510 11, 066, 707 5 01 36, 658 00560 OTHER ADMINISTRATIVE AND GENERAL 5.02 55, 583, 408 619, 126 9, 270, 223 1, 163, 416 0 5.02 7.00 00700 OPERATION OF PLANT 12, 569, 228 3, 165, 013 516, 833 281, 380 0 7.00 00800 LAUNDRY & LINEN SERVICE 1, 374, 029 18, 364 8.00 8.00 0 00900 HOUSEKEEPI NG 29, 089 252, 507 9 00 2.835.277 9 00 61, 657 0 10.00 01000 DI ETARY 2, 864, 489 593, 379 78, 127 154, 037 0 10.00 01100 CAFETERI A 1, 910, 149 116, 788 11.00 11.00 01300 NURSING ADMINISTRATION 2, 357, 315 140, 308 19, 862 381, 319 13.00 13.00 0 01400 CENTRAL SERVICES & SUPPLY 7, 098, 474 223, 193 14.00 256, 239 352, 524 0 14.00 15.00 01500 PHARMACY 8, 107, 375 146, 688 140, 337 1, 114, 467 15.00 0 01600 MEDICAL RECORDS & LIBRARY 16.00 5, 586, 618 156, 668 17, 493 311, 592 16.00 01700 SOCIAL SERVICE 2, 463, 140 395, 599 105, 543 0 17.00 17.00 0 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 8.039 0 1, 342 0 21 00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 2, 669, 030 22.00 22.00 0 23.00 02300 PARAMED ED PRGM-(SPECIFY) 263, 542 59, 142 282 19, 637 0 23.00 02301 PHARMACY RESIDENCY PROGRAM 226, 824 23.01 23.01 36, 371 0 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 23, 683, 941 507, 079 30.00 2, 038, 994 809, 699 3, 131, 061 30.00 03100 INTENSIVE CARE UNIT 31.00 31.00 Ω 02080 PEDIATRIC INTENSIVE CARE UNIT 31.01 1.171.367 134, 868 29, 180 166, 293 16, 181 31.01 02060 NEONATAL INTENSIVE CARE UNIT 31.02 2, 832, 592 226, 341 694, 109 409, 930 58, 293 31.02 03101 CARDIO INTENSIVE CARE UNIT 14, 871, 189 808, 759 1, 970, 514 31.03 293, 773 294, 103 31.03 5, 197, 274 32.00 03200 CORONARY CARE UNIT 314.931 33, 695 727, 613 115, 863 32.00 40.00 04000 SUBPROVI DER - I PF 40.00 Λ 331, 880 04300 NURSERY 49,000 43.00 11, 166 1,063 6, 846 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50.00 17, 558, 772 2, 162, 328 2, 126, 510 1, 629, 837 1, 903, 502 51.00 05100 RECOVERY ROOM 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 248, 410 52.00 1, 682, 484 0 34, 704 52.00 05300 ANESTHESI OLOGY 159, 803 229, 692 53.00 1.636 13.826 53.00 0 8, 089, 108 529, 321 05400 RADI OLOGY-DI AGNOSTI C 1, 535, 124 54.00 324, 072 1, 063, 929 54.00 54.01 05401 PET SCAN 112,809 35, 276 32, 920 4,602 24, 503 54.01 56.00 05600 RADI OI SOTOPE 1, 378, 945 82, 168 45, 228 92, 805 147, 681 56.00 1, 328, 235 05700 CT SCAN 160, 369 474, 250 57 00 40,634 88, 330 57 00 05800 MRI 58.00 Λ 58.00 60.00 06000 LABORATORY 14, 037, 838 345, 667 347, 933 781, 134 878, 050 60.00 65.00 06500 RESPIRATORY THERAPY 5, 468, 074 117, 486 174, 940 710, 716 312, 591 65.00 06600 PHYSI CAL THERAPY 66 00 4.346.364 20, 858 707, 717 108,003 66 00 248, 673 67.00 06700 OCCUPATI ONAL THERAPY 5,736 1, 147 67.00 06800 SPEECH PATHOLOGY 9,922 68.00 0 2, 245 68.00 69.00 06900 ELECTROCARDI OLOGY 2, 428, 839 294, 317 385, 869 379, 996 338, 862 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 1, 549, 367 30, 757 339, 216 193, 022 39, 200 70 00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 14, 709, 864 871,036 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 27, 314, 779 72.00 0 830, 737 72.00 07300 DRUGS CHARGED TO PATIENTS 1, 970, 366 73.00 28, 926, 155 0 73.00  $\cap$ 07400 RENAL DIALYSIS 162, 373 2, 519 74.00 2, 458, 157 0 44, 968 74 00 76.00 03140 CARDIO CATH LAB 2, 574, 638 132, 353 771, 453 260, 691 422, 434 76.00 03050 ENDOSCOPY 76.01 4, 985, 316 142, 251 809, 075 531, 981 272, 035 76 01 03950 CARDI AC REHAB 544.857 86, 960 76.02 15,854 16, 943 76.02 OUTPATIENT SERVICE COST CENTERS 3, 975, 915 549, 482 90.00 09000 CLI NI C 417, 836 45.244 15, 476 90.00 09100 EMERGENCY 91.00 7, 633, 411 412, 539 246, 266 942, 003 547, 105 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 95 00 09500 AMBULANCE SERVICES 4, 745, 150 9,448 769, 759 380, 000 33, 492 95.00 09600 DURABLE MEDICAL EQUIP-RENTED 96.00 0 96.00 0 SPECIAL PURPOSE COST CENTERS 6, 007 105. 00 105.00 10500 KIDNEY ACQUISITION 1, 178, 110 52, 904 13, 992 106. 00 106.00 10600 HEART ACQUISITION 501, 951 C 20, 502, 123 11, 066, 707 118. 00 SUBTOTALS (SUM OF LINES 1-117) 376, 641, 415 19, 973, 072 118.00 14, 571, 403 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 49, 162 0 190. 00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 416, 280 162, 646 108 0 192. 00 C 194.00 07950 CLOSED PSYCH UNIT 0 194.00 0 194. 01 07951 MARKETI NG 2, 394, 817 0 4, 971 56, 750 0 194. 01

| Health Financial Systems                        | LUTHERAN HOSPITAL OF INDIANA                                      |                       |             | In Lieu of Form CMS-2552-10        |                             |         |  |
|---|---|-----------------------|-------------|------------------------------------|-----------------------------|---------|--|
| COST ALLOCATION - GENERAL SERVICE COSTS         |   | Provi der CO          |             | Period:<br>From 07/01/2016         | Worksheet B<br>Part I       |         |  |
|   |   |                       |             | To 06/30/2017                      | Date/Time Pre 11/30/2017 5: |         |  |
|   |   | CAPITAL RELATED COSTS |             |                                    |                             | ·       |  |
| Cost Center Description                         | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | BLDG & FIXT           | MVBLE EQUIP | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | ADMI TTI NG                 |         |  |
|   | 0   | 1.00                  | 2. 00       | 4. 00                              | 5. 01                       |         |  |
| 194. 02 07952 SENI OR CIRCLE                    | 71, 248   | 0                     |             | 0 7, 661                           | 0                           | 194. 02 |  |
| 194.03 07953 OTHER NONREIMBURSABLE COST CENTERS | 125, 762  | 0                     | 6, 37       | 5 20, 426                          | 0                           | 194. 03 |  |
| 200.00 Cross Foot Adjustments                   |   |                       |             |                                    |                             | 200. 00 |  |
| 201.00 Negative Cost Centers                    |   | 0                     |             | 0 0                                | 0                           | 201. 00 |  |
| 202.00 TOTAL (sum lines 118-201)                | 379, 649, 522   | 14, 620, 565          | 20, 147, 06 | 4 20, 587, 068                     | 11, 066, 707                | 202. 00 |  |

Provider CCN: 15-0017

| Control Centre Prescription  |                                       |               |              | 1            | 0 06/30/201/  | Date/lime Pre<br>11/30/2017 5: |         |
|--|---------------------------------------|---------------|--------------|--------------|---------------|--------------------------------|---------|
| SAID STREAM   SAID COST STREAM   SAID COST STREAM   S. 00      | Cost Center Description               |               |              |              |               |                                | •       |
|  |                                       |               |              | PLANT        | LINEN SERVICE |                                |         |
| 1.00   001000   CAP REL DOSTS-BULDE & FLIX   |                                       | 5A. 01        |              | 7. 00        | 8. 00         | 9. 00                          |         |
| 2.00 000000 LORDER FOR PET OWNERS OF TOPICS  |                                       |               |              |              |               |                                |         |
| 4.00   00000  PARI OVER ERIFET TS REPARTMENT   6.00   00000  DAM THING TEST TYPE AND THE SERVICE   5.01   00000  DAM THING THE SERVICE   5.02   5.00   00000  DAM THING THE SERVICE   5.00   5.00   00000  DAM THING THING THE SERVICE   5.00   00000  DAM THING THING THE SERVICE   5.00   00000  DAM THING TH |                                       |               |              |              |               |                                |         |
| 5.01 DOUSSIGNAMENT TIMES AND CENERAL 16.5.32, 454 S. 3.179, 282 20, 05.1 992 1.00 00 00 00 00 00 00 00 00 00 00 00 00  |                                       |               |              |              |               |                                | l       |
| 5. D. D. ODGOG CHIER ADMINISTRATI VIT. AND EPINEMA. 6. 6. C. S. T. 73. 464   |                                       |               |              |              |               |                                |         |
| 7.00   000000  |                                       |               |              |              |               |                                |         |
| 8.00   000000   LUMROPY AS LINEN SERVICE   1,392, 393   206, 421   36,334   1,725,148   8,000   10.00  | · · · · · · · · · · · · · · · · · · · |               |              |              |               |                                |         |
| 9.00   00000   UNISHEKTPH INS  | + I                                   |               |              |              |               |                                |         |
| 10.00   01000   DIETARY   3,690,032   785,556   1,174,002   0   224,709   10.00   10.1 |                                       | 1 ' '         |              |              |               |                                | •       |
| 11.00   01100   CAFETERIA   2,026,977   431,507   0   0   5.4   131,000   13 | + I                                   |               |              |              |               |                                |         |
| 13.00   01300   NURSING ARMIN ISTRATION   2, 898, 804   017, 115   277, 000   0   150, 498   13.00   1310   150, 00   150, 497   13.00   130, 00   150, 497   13.00   130, 00    | + I                                   |               |              |              |               |                                |         |
| 14.00   01400  CENTRAL SERVICES & SUPPLY   7, 930, 430   1, 688, 278   50.6, 970   0   101, 355   14.00   101, 101, 101, 101, 101, 101, 101,   |                                       |               |              |              |               |                                | 1       |
| 15.00   01500   PHABBACY   9,508,867   2,024,305   290,223   0   59,022   15,00   16,00   17,0 | + I                                   |               |              |              |               |                                | 1       |
| 16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   17.00  |                                       |               |              |              |               |                                | 1       |
| 17.00 0   1700   SCOLAL SERVICE   2, 941, 282   631, 054   208, 817   0   41, 747   17.00   22.00   2200   188 SERVICES-CHER PROM COSTS APPREV   2, 699, 030   588, 199   0   0   0   0   22.00   22.00   2230   188 SERVICES-CHER PROM COSTS APPREV   2, 699, 030   588, 199   0   0   0   0   22.00   22.00   2230   17.00   22.00   22.00   2230   17.00   22.00   22.00   2230   17.00   22.00   22.00   2230   17.00   22.00   22.00   2230   17.00   22.00   22.00   2230   17.00   22.00   22.00   2230   17.00   22.00 | + I                                   |               |              |              |               |                                | 1       |
| 21.00   0200   148 SERVICES-SALARY & FRINCES APPRY   9, 881   1,997   0   0   0   21.00   0   22.00   0200   0300   PARAMED FED PROMICES APPRY   342, 463   72, 935   117, 012   5, 199   23, 393   23, 00   23.01   0230   PARAMED FED PROMICES FED PROMICE |                                       |               |              |              | 0             |                                | 1       |
| 22.00   0200   LAR SERVICES-OTHER PROM COSTS APPREV   2,669,030   568,199   0   0   0   22.00   23.01   23.0   |                                       |               |              |              | 0             |                                | 1       |
| 23.00   02300   PARAMED ED PREWY CREATE IFY   342,003   72,935   117,012   5,199   22,393   23.00   23.01   02300   PARAMED ED RENY PROCRAM   263,195   56,031   0.0   0.0   0.0   23.01   0.0   |                                       |               |              | ľ            | 0             |                                |         |
| 23.01  |                                       | 1 ' '         |              |              | F 100         |                                |         |
| IMPATI ENT ROUTI NE SERVICE COST CENTERS   1,000 AUDITS & PEDIATRIC IS NO.00   000 AUDITS & PEDIATRIC IS NO.00 A   |                                       |               |              |              |               |                                | ł       |
| 30.00   3000   ADULTS & PEDIATRICS   30,170,774   6,422,935   4,034,155   661,461   80,577   30,00   31.00   31.00   31.00   32.00   3200      |                                       | 203, 195      | 50, 031      | <u> </u>     | U             | U                              | 23.01   |
| 31.00   03100   INTENSIVE CARE UNIT   1, 517, 889   323, 137   266, 837   47, 464   53, 347   31.01   02060   PEDIATRIC INTENSIVE CARE UNIT   4, 221, 265   898, 648   447, 817   8, 158   89, 528   31.02   03200     | 20 00 02000 ADULTS & DEDIATRICS       | 20 170 774    | 6 422 025    | 1 024 155    | 661 /61       | 906 517                        | 20 00   |
| 13.10  |                                       |               | 0, 422, 933  |              |               | '                              | ł       |
| 31.02   02000   NEONATAL INTENSIVE CARE UNIT   4,221,265   899, 648   4.47,817   8,158   899,528   31.02   03101   CARDIO INTENSIVE CARE UNIT   6,389,376   1,360,209   623,092   71,040   124,570   32,001   00   040,001   040   |                                       | -             | 222 127      | 1            |               |                                | ı       |
| 31.03   03101   CARDIO I NITENSIVE CARE UNIT   18, 238, 338   3, 882, 687   1, 600, 132   219, 297   319, 902   31.03  |                                       | 1 ' '         |              |              |               |                                |         |
| 32 00   03200C COROMARY CARE UNIT   6, 389, 376   1, 360, 209   0, 0   0   0   0, 0   0   0   0   0  |                                       |               |              |              |               |                                |         |
| A0. 00   040000   SUBPROVI DER - I PF   399, 555   85, 145   22, 09   0, 0, 4, 477   42, 00  |                                       | 1 ' '         |              |              |               |                                |         |
| 43.00   04300   NURSERY   43.00   04.417   43.00   |                                       | 0, 389, 370   | 1, 360, 209  | 023, 092     | 71,040        |                                | ı       |
| MACILLARY SERVICE COST CENTERS   5.00   0500   0PERATIN ROOM   25, 380, 949   5, 403, 249   4, 278, 170   281, 049   855, 301   50. 00   51. 00   0510   0   0   0   0   0   0   51. 00   52. 00   0520   0   0EVERY ROOM & LABOR ROOM   1, 965, 598   418, 448   40   0   0   0   0   52. 00   0520   0   0EVERY ROOM & LABOR ROOM   1, 965, 598   418, 448   40   0   0   0   0   652, 00   05300   0EVI VERY ROOM & LABOR ROOM   1, 965, 598   418, 448   40   0   0   0   0   0   62. 00   64.00   6400   620   |                                       | 200 055       | 05 145       | 22 001       | 0             |                                | l       |
| 50.00  |                                       | 399, 955      | 85, 145      | 22, 091      | U             | 4, 417                         | 43.00   |
| 51.00   05100   RECOVERY ROOM   0   0   0   0   0   51.00   52.00   0520   0   0540   0   0540   0   0540   0   0540   0   0540   0   0540   0   0540   0   0540   0   0   0   0   0   0   0   0   0   |                                       | 25 200 040    | E 402 240    | 4 270 170    | 201 040       | 0EE 201                        | FO 00   |
| 52.00   05200   05200   05200   05200   0540   | · · · · · · · · · · · · · · · · · · · |               |              |              |               |                                | •       |
| 53.00   OS300   ANESTHESI OLOGY   404, 957   86, 210   3, 237   0   647   53.00   54.00   05400   RADI OLOGY-DI JACNOSTI C   1541, 554   2, 457, 035   641, 178   76, 830   128, 186   54.00   05400   RADI OLOGY-DI JACNOSTI C   13, 953   54.01   156.00   OS600   RADI OLOGY-DI JACNOSTI C   17, 46, 827   371, 875   162, 570   0   32, 501   56.00   05600   RADI OLOGY-DI JACOSTI C   17, 46, 827   371, 875   162, 570   0   0   0   0   0   0   0   0   0  | + I                                   | 1             | · ·          |              | 0             |                                | •       |
| 54 00   05400   RADIO LOGY-DIAGNOSTIC   11, 541, 554   2, 457, 035   641, 178   76, 830   128, 186   54, 00   05600   RADIO IPET SCAN   210, 110   44, 729   69, 794   0   33, 553   54, 01   056, 00   05600   RADIO I SOTOPE   1, 746, 827   371, 875   162, 570   0   32, 501   56, 00   05700   CT SCAN   2, 091, 818   445, 319   80, 395   29, 608   16, 073   57, 00   05800   MRI   0   0   0   0   0   0   0   0   0  |                                       |               |              |              | 0             |                                |         |
| 54.01   05401   PET SCAN   2.10, 110   44, 729   69, 794   0   13, 953   54, 01   56.00   05600   RADIOI SOTOPE   1,746, 827   371, 875   0   0.2, 201   56.00   05700   075   | + I                                   |               |              |              |               |                                |         |
| 56. 00   05600   RADI OI SOTOPE   1,746,827   371,875   162,570   0   32,501   56. 00   0570   05700   CT SCAN   2,091,818   445,319   80,395   29,608   16,073   57. 00   58. 00   0500   0   0   0   0   0   0   0   | + I                                   |               |              |              |               |                                |         |
| 57 00   05700   CT SCAM   2,091,818   445,319   80,395   29,608   16,073   57,00   |                                       | 1             |              |              |               | '                              | 1       |
| S8 00   05800 MR   | + I                                   |               |              |              |               |                                | 1       |
| 60.00   06000   LABORATORY   10.390, 622   3.489, 334   683, 904   1, 168   136, 728   60.00   65.00   06500   RESPIRATORY THERAPY   6, 783, 807   1, 444, 178   232, 446   6, 871   46, 471   65.00   66.00   06600   PHYSI CAL THERAPY   6, 883   1, 465   0   0   0   0   0   0   67.00   0   0   0   0   0   0   0   0   0   | + I                                   | 1             | 445, 319     |              | 29, 608       |                                |         |
| 65.00   06500   RESPI RATORY THERAPY   |                                       |               | 2 400 224    | l ~          | 1 140         |                                | 1       |
| 66.00   06600   PNSI CAL THERAPY   5, 431, 615   1, 156, 315   492, 000   0   98, 362   66, 00   67.00   67.00   06700   0CCUPATI ONAL THERAPY   6, 883   1, 465   0   0   0   0   0   68.00   68.00   06800   SPEECH PATHOLOGY   12, 167   2, 590   0   0   0   0   68.00   69.00   06900   ELECTROCARDI OLOGY   3, 827, 883   814, 903   582, 308   7, 254   116, 416   69, 00   0   0   0   0   0   0   0   0   0   |                                       |               |              |              |               | '                              | 1       |
| 67. 00   06700   05CUPATI ONAL THERAPY   6, 883   1, 465   0   0   0   0   0   68. 00   06800   06800   SPEECH PATHOLOGY   12, 167   2, 590   0   0   0   0   068. 00   06900   ELECTROCARDI OLOGY   3, 827, 883   814, 903   582, 308   7, 254   116, 416   69, 00   070. 00   07000   ELECTROCARDI OLOGY   2, 151, 562   458, 037   60, 853   0   12, 166   70. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENT   15, 580, 900   3, 316, 955   0   0   0   0   0   0   71. 00   072. 00   07200   IMPL DEV. CHARGED TO PATI ENTS   28, 145, 516   5, 991, 786   0   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   28, 145, 516   5, 991, 786   0   0   0   0   0   0   0   0   0  |                                       |               |              |              |               |                                | ł       |
| 68.00   06800   SPEECH PATHOLOGY   12, 167   2,590   0   0   0   68.00   69.00   06900   LECTROCARDIOLOGY   3, 827, 883   814, 903   582, 308   7, 254   116, 416   69.00   70.00   70.00   70.00   CLECTROENCEPHALOGRAPHY   2, 151, 562   458, 037   60, 853   0   12, 166   70.00   71.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   28, 148, 516   5, 991, 786   0   0   0   0   72.00   72.00   DRUGS CHARGED TO PATI ENTS   30, 896, 521   6, 577, 448   0   0   0   0   0   73.00   74.00   07400   RENAL DIALYSIS   2, 668, 017   567, 983   321, 256   0   0   64, 226   74.00   76.00   3740   CARDIO CATH LAB   4, 161, 569   885, 940   261, 860   15, 769   52, 352   76.00   76.00   30350   CARDIA CARDIA CREHAB   664, 614   141, 487   0   0   0   0   0   0   0   0   0   | + I                                   |               |              |              | 0             |                                | ł       |
| 69.00   66900   ELECTROCARDI OLOGY   3, 827, 883   814, 903   582, 308   7, 254   116, 416   69, 00   70.00   07000   ELECTROENCEPHALOGRAPHY   2, 151, 562   458, 037   60, 853   0   12, 166   70. 00   71. 00   72. 00   72. 00   73. 00   73. 00   74. 00    |                                       |               |              |              | 0             |                                | ł       |
| 70.00   07000   ELECTROENCEPHALOGRAPHY   2, 151, 562   458, 037   60, 853   0   12, 166   70, 00   71. 00   0710   MEDI CAL SUPPLIES CHARGED TO PATI ENT   15, 580, 900   3, 316, 955   0   0   0   0   72. 00   72. 00   72. 00   72. 00   72. 00   73. 00   73. 00   7300   DRUGS CHARGED TO PATI ENTS   28, 145, 516   5, 991, 786   0   0   0   0   73. 00   74. 00     | · · · · · · · · · · · · · · · · · · · |               |              |              | 7 254         |                                | ł       |
| 77. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENT   15,580,900   3,316,955   0   0   0   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   28,145,516   5,991,786   0   0   0   0   73. 00   72. 00   07300   DRUGS CHARGED TO PATIENTS   30,896,521   6,577,448   0   0   0   0   73. 00   73. 00   74. 00   07400   RENAL DIALYSIS   2,668,017   567,983   321,256   0   64,226   74. 00   76. 00   03100   CATH LAB   4,161,569   885,940   261,860   15,769   52.352   76. 00   76. 01   03050   ENDOSCOPY   6,740,658   1,434,992   281,443   40,187   56,267   76. 01   76. 02   03950   CARDI AC REHAB   664,614   141,487   0   0   0   0   76. 02   03950   CARDI AC REHAB   664,614   141,487   0   0   0   0   0   76. 02   03950   CARDI AC REHAB   664,614   141,487   0   0   0   0   0   0   0   0   0   | · · · · · · · · · · · · · · · · · · · |               |              |              |               |                                | 1       |
| 72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   28, 145, 516   5, 991, 786   0   0   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   30, 896, 521   5, 577, 448   0   0   0   0   73. 00   74. 00   07400 RENAL DIALYSIS   2, 668, 017   567, 983   321, 256   0   64, 226   74. 00   03140   CARDI O CATH LAB   4, 161, 569   885, 940   261, 860   15, 769   52, 352   76. 00   76. 01   03050   ENDOSCOPY   6, 740, 658   1, 434, 992   281, 443   40, 187   56, 267   76. 01   76. 02   03950   CARDI AC REHAB   664, 614   141, 487   0   0   0   0   76. 02   0UTPATIENT SERVICE COST CENTERS  90. 00   09900   CLI NI C   5, 003, 953   1, 065, 272   826, 689   30, 881   165, 273   91. 00   91. 00   09100   EMERGENCY   9, 781, 324   2, 082, 307   816, 210   222, 912   163, 178   91. 00   92. 00   09500   AMBURJANCE SERVICES   5, 937, 849   1, 264, 085   18, 693   0   3, 737   95. 00   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   96. 00   95ECI AL PURPOSE COST CENTERS  190. 00   10600   HEART ACQUI SITI ON   515, 943   109, 837   0   0   0   0   0   0   118. 00   SUBTOTALS (SUM OF LINES 1-117)   376, 333, 316   65, 930, 198   19, 954, 715   1, 725, 148   3, 957, 737   118. 00   190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   49, 162   10, 466   97, 267   0   0   194. 00   194. 00   19750   LOSED PSYCH UNIT   0   0   0   0   0   0   194. 00   19751   MARKETI NG   2, 456, 538   522, 963   0   0   0   0   194. 00   07952   SENIOR CILE MEDINES   152, 563   32, 479   0   0   0   194. 00   07953   OTHER MONREI MBURSABLE COST CENTERS   152, 563   32, 479   0   0   0   200. 00   Cross Foot Adjustments   0   194. 00  |                                       |               |              |              |               |                                |         |
| 73. 00   07300   0RUGS CHARGED TO PATIENTS   30, 896, 521   6, 577, 448   0   0   0   0   73. 00   74. 00   07400   07400   07400   07400   07400   07400   07400   07400   07400   76. 00   03140   CARDIA C REHAB   4, 161, 569   885, 940   261, 860   15, 769   52, 352   76. 00   76. 01   03050   ENDOSCOPY   6, 740, 658   1, 434, 992   281, 443   40, 187   56, 267   76. 01   76. 02   03950   CARDIA C REHAB   664, 614   141, 487   0   0   0   0   00   07400   07400   07400   07400   07400   07400   0750   07500   07500   07500   07500   07500   07500   0750   07500   07500   07500   07500   07500   07500   0750   07500   07500   07500   07500   07500   07500   0750   07500   07500   07500   07500   07500   07500   0750   07500   07500   07500   07500   07500   07500   0750   07500   07500   07500   07500   07500   07500   07500   0750   07500   07500   07500   07500   07500   07500   0750   07500   07500   07500   07500   07500   07500   07500   0750   07500   07 |                                       |               |              |              | 0             |                                |         |
| 74. 00   07400   RENAL DI ALYSI S   2, 668, 017   567, 983   321, 256   0   64, 226   74. 00   76. 00   03140   CARDI O CATH LAB   4, 161, 569   885, 940   261, 860   15, 769   52, 352   76. 00   76. 01   03050   ENDOSCOPY   6, 740, 658   1, 434, 992   281, 443   40, 187   56, 267   76. 01   76. 02   03950   CARDI AC REHAB   664, 614   141, 487   0   0   0   0   0   76. 02   76. |                                       |               |              |              | 0             |                                | 1       |
| 76. 00   |                                       |               |              |              | 0             |                                |         |
| 76. 01   03050   ENDOSCOPY   6, 740, 658   1, 434, 992   281, 443   40, 187   56, 267   76. 01   76. 02   03950   CARDI AC REHAB   664, 614   141, 487   0   0   0   0   76. 02   00   00   0   0   0   0   0   0  |                                       |               |              |              |               | '                              |         |
| 76. 02   03950   CARDI AC REHAB   664, 614   141, 487   0   0   0   0   76. 02   |                                       |               |              |              |               |                                | ı       |
| OUTPATIENT SERVICE COST CENTERS   90.00   09000   CLINIC   5,003,953   1,065,272   826,689   30,881   165,273   90.00   91.00   99100   EMERGENCY   9,781,324   2,082,307   816,210   222,912   163,178   91.00   92.00   095ERVATION BEDS (NON-DISTINCT PART   0   0   0   0   0   0   0   0   0  | 1 I                                   |               |              |              | 40, 187       |                                | ı       |
| 90. 00   |                                       | 004, 014      | 141,487      |              |               |                                | 70.02   |
| 91. 00   09100   EMERGENCY   09200   OBSERVATI ON BEDS (NON-DISTINCT PART   0   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   92. 00   OTHER REI MBURSABLE COST CENTERS   5, 937, 849   1, 264, 085   18, 693   0   3, 737   95. 00   Op500   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   0   0   0   0   |                                       | E 002 0E2     | 1 045 272    | 024 400      | 20 001        | 145 272                        | 00 00   |
| 92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART   0   0   0   0   0   0   0   0   0  |                                       | 1 ' '         |              |              | · ·           |                                | •       |
| 95. 00   | · · · · · · · · · · · · · · · · · · · |               | 2,002,307    | 010, 210     | 222, 912      | 103, 176                       | •       |
| 95. 00   |                                       |               |              |              |               |                                | 92.00   |
| 96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   0   0   96. 00   |                                       | 5 037 8/0     | 1 264 085    | 18 603       | 0             | 3 737                          | 05 00   |
| SPECIAL PURPOSE COST CENTERS   105.00   10500   KI DNEY ACQUI SI TI ON   1, 237, 021   263, 344   104, 671   0 20, 926   105.00   106.00   106.00   10600   HEART ACQUI SI TI ON   515, 943   109, 837   0 0 0   106.00   106.00   106.00   SUBTOTALS (SUM OF LI NES 1-117)   376, 333, 316   65, 930, 198   19, 954, 715   1, 725, 148   3, 957, 737   118.00   NONREI MBURSABLE COST CENTERS   190.00   19200   GI FT, FLOWER, COFFEE SHOP & CANTEEN   49, 162   10, 466   97, 267   0   19, 446   190.00   192.00   19200   PhySi Ci Ans' PRI VATE OFFI CES   579, 034   123, 268   0 0 0 0   192.00   194.00   194.00   194.01   107951   MARKETI NG   2, 456, 538   522, 963   0 0 0 0   194.01   194.00   |                                       |               | 1, 204, 003  |              |               |                                |         |
| 105. 00 10500 KI DNEY ACQUI SI TI ON 1, 237, 021 263, 344 104, 671 0 20, 926 105. 00 106. 00 106. 00 106. 00 106. 00 106. 00 118. 00 SUBTOTALS (SUM OF LINES 1-117) 376, 333, 316 65, 930, 198 19, 954, 715 1, 725, 148 3, 957, 737 118. 00 NONREI MBURSABLE COST CENTERS  190. 00 19200 GI FT, FLOWER, COFFEE SHOP & CANTEEN 49, 162 10, 466 97, 267 0 19, 446 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 579, 034 123, 268 0 0 0 192. 00 194. 00 194. 00 194. 01 194. 01 07951 MARKETI NG 2, 456, 538 522, 963 0 0 0 194. 01 194. 02 07952 SENI OR CI RCLE 78, 909 16, 799 0 0 0 194. 01 194. 03 07953 OTHER NONREI MBURSABLE COST CENTERS 152, 563 32, 479 0 0 0 194. 03 200. 00 Cross Foot Adjustments 0 0 200. 00  |                                       |               | 0            |              | U             | U                              | 70.00   |
| 106. 00 10600   HEART ACQUI SI TI ON   S15, 943   109, 837   0   0   106. 00   106. 00   118. 00     SUBTOTALS (SUM OF LINES 1-117)   376, 333, 316   65, 930, 198   19, 954, 715   1, 725, 148   3, 957, 737   118. 00     NONREI MBURSABLE COST CENTERS  |                                       | 1 227 021     | 262 244      | 104 671      | 0             | 20, 026                        | 105 00  |
| 18. 00   SUBTOTALS (SUM OF LINES 1-117)   376, 333, 316   65, 930, 198   19, 954, 715   1, 725, 148   3, 957, 737   118. 00  |                                       |               |              |              |               |                                |         |
| NONRE   MBURSABLE COST CENTERS   190. 00   19000   GI FT, FLOWER, COFFEE SHOP & CANTEEN   49, 162   10, 466   97, 267   0   19, 446   190. 00   192. 00   192. 00   19200   PHYSI CI ANS' PRI VATE OFFI CES   579, 034   123, 268   0   0   0   192. 00   194. 00   194. 00   194. 01   194. 01   195. 00   0   0   0   194. 01   194. 01   195. 01   19   |                                       |               |              |              |               |                                |         |
| 190. 00     19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN     49, 162     10, 466     97, 267     0     19, 446     190. 00       192. 00     19200 PHYSI CI ANS' PRI VATE OFFI CES     579, 034     123, 268     0     0     0     0     192. 00       194. 01 07950 CLOSED PSYCH UNIT     0     0     0     0     0     0     194. 00       194. 01 07951 MARKETI NG     2, 456, 538     522, 963     0     0     0     0     194. 01       194. 02 07952 SENI OR CI RCLE     78, 909     16, 799     0     0     0     194. 03       194. 03 07953 OTHER NONREI MBURSABLE COST CENTERS     152, 563     32, 479     0     0     0 194. 03       200. 00     Cross Foot Adj ustments     0     200. 00   |                                       | 310, 333, 310 | 05, 750, 170 | 17, 734, 713 | 1, 720, 140   | 5, 751, 151                    | 1110.00 |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 579, 034 123, 268 0 0 0 192. 00 194. 00 194. 01 07950 CLOSED PSYCH UNI T 0 0 0 0 194. 00 194. 01 194. 01 07951 MARKETI NG 2, 456, 538 522, 963 0 0 0 194. 01 194. 02 07952 SENI OR CI RCLE 78, 909 16, 799 0 0 0 194. 02 194. 03 07953 OTHER NONREI MBURSABLE COST CENTERS 200. 00 Cross Foot Adjustments 0 200. 00  |                                       | 40 162        | 10 466       | 97 267       | n             | 10 1/16                        | 190 00  |
| 194. 00   07950   CLOSED PSYCH UNIT   0   0   0   194. 00   194. 01   194. 01   194. 02   07951   MARKETI NG   2, 456, 538   522, 963   0   0   194. 01   194. 02   194. 03   07952   SENI OR CIRCLE   78, 909   16, 799   0   0   194. 02   194. 03   07953   OTHER NONREI MBURSABLE COST CENTERS   152, 563   32, 479   0   0   194. 03   200. 00   200. 00   0   0   0   0   0   0   0   0  |                                       |               |              |              |               |                                |         |
| 194. 01 07951 MARKETI NG 2, 456, 538 522, 963 0 0 0 194. 01 194. 02 194. 03 07952 SENI OR CI RCLE 78, 909 16, 799 0 0 0 194. 02 194. 03 07953 OTHER NONREI MBURSABLE COST CENTERS 152, 563 32, 479 0 0 0 194. 03 200. 00   |                                       | 377,034       | 123, 200     |              |               |                                |         |
| 194. 02 07952 SENI OR CIRCLE     78, 909     16, 799     0     0     0 194. 02       194. 03 07953 OTHER NONREI MBURSABLE COST CENTERS     152, 563     32, 479     0     0     0 194. 03       200. 00 Cross Foot Adjustments     0     0     0     194. 03   |                                       | 2 454 520     | 522 042      | 0            | 0             |                                |         |
| 194. 03 07953 OTHER NONREIMBURSABLE COST CENTERS 152, 563 32, 479 0 0 194. 03 200. 00 Cross Foot Adjustments 0 200. 00   |                                       |               |              |              |               |                                |         |
| 200.00   Cross Foot Adjustments   0   200.00   | 1 I                                   |               |              |              |               |                                |         |
|  |                                       |               | 32, 4/9      | I            |               |                                |         |
| 201.00    negative cost centers   0  0  0  0 201.00  |                                       |               | ^            | ^            | _             | _                              |         |
|  | 201.00    megative cost centers       | 1 0           | ı            | 1 0          | ı U           | <u> </u>                       | 1201.00 |

| Health Financial Systems                | LUTHERAN HOSPIT | AL OF INDIANA     |              | In Lie                                    | u of Form CMS-2 | 2552-10 |
|---|-----------------|-------------------|--------------|---|-----------------|---------|
| COST ALLOCATION - GENERAL SERVICE COSTS |                 | Provider CC       | F            | reriod:<br>rom 07/01/2016<br>o 06/30/2017 | Date/Time Pre   |         |
|   |                 |                   |              |   | 11/30/2017 5:   | 03 pm_  |
| Cost Center Description                 | Subtotal        | OTHER             | OPERATION OF | LAUNDRY &                                 | HOUSEKEEPI NG   |         |
|   |                 | ADMI NI STRATI VE | PLANT        | LINEN SERVICE                             |                 |         |
|   |                 | AND GENERAL       |              |   |                 |         |
|   | 5A. 01          | 5. 02             | 7. 00        | 8. 00                                     | 9. 00           |         |
| 202.00 TOTAL (sum lines 118-201)        | 379, 649, 522   | 66, 636, 173      | 20, 051, 982 | 1, 725, 148                               | 3, 977, 183     | 202. 00 |

Provider CCN: 15-0017

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2016 Part I
To 06/30/2017 Date/Time Prepared:
11/30/2017 5:03 pm

|                  |  |                |                  |                   | 06/30/201/      | 11/30/2017 5: |                    |
|------------------|--|----------------|------------------|-------------------|-----------------|---------------|--------------------|
|                  | Cost Center Description  | DI ETARY       | CAFETERI A       | NURSI NG          | CENTRAL         | PHARMACY      |                    |
|                  |  |                |                  | ADMI NI STRATI ON | SERVICES &      |               |                    |
|                  |  | 10.00          | 11. 00           | 13.00             | SUPPLY<br>14.00 | 15. 00        |                    |
|                  | GENERAL SERVICE COST CENTERS                                       | 10.00          | 11.00            | 13.00             | 14.00           | 13.00         |                    |
| 1.00             | 00100 CAP REL COSTS-BLDG & FLXT                                    |                |                  |                   |                 |               | 1.00               |
| 2.00             | 00200 CAP REL COSTS-MVBLE EQUIP                                    |                |                  |                   |                 |               | 2. 00              |
| 4.00             | 00400 EMPLOYEE BENEFITS DEPARTMENT                                 |                |                  |                   |                 |               | 4. 00              |
| 5. 01            | 00540 ADMITTING  |                |                  |                   |                 |               | 5. 01              |
| 5.02             | 00560 OTHER ADMINISTRATIVE AND GENERAL                             |                |                  |                   |                 |               | 5. 02              |
| 7.00             | 00700 OPERATION OF PLANT   |                |                  |                   |                 |               | 7. 00              |
| 8.00             | 00800 LAUNDRY & LINEN SERVICE                                      |                |                  |                   |                 |               | 8. 00              |
| 9.00             | 00900 HOUSEKEEPI NG  |                |                  |                   |                 |               | 9. 00              |
| 10. 00           | 01000 DI ETARY   | 5, 884, 299    |                  |                   |                 |               | 10.00              |
| 11.00            | 01100 CAFETERI A   | 0              | 2, 458, 444      |                   |                 |               | 11.00              |
| 13. 00           | 01300 NURSI NG ADMI NI STRATI ON                                   | 0              | 46, 241          |                   | 40.00/.400      |               | 13.00              |
| 14. 00           | 01400 CENTRAL SERVI CES & SUPPLY                                   | 0              | 79, 367          |                   | 10, 306, 400    | 10 004 000    | 14.00              |
| 15.00            | 01500 PHARMACY   | 0              | 108, 125         |                   | 244, 660        | 12, 234, 202  | 15.00              |
| 16. 00<br>17. 00 | 01600 MEDI CAL RECORDS & LI BRARY                                  | 0              | 56, 603          |                   | 2, 279          | 0             | 16. 00<br>17. 00   |
| 21. 00           | 01700 SOCIAL SERVICE<br>02100 I&R SERVICES-SALARY & FRINGES APPRV  | 0              | 45, 456<br>86    |                   | 5, 552          | 0             | 21.00              |
| 22. 00           | 02200 I &R SERVICES-OTHER PRGM COSTS APPRV                         | 0              | 0                |                   | 0               | 0             | 22.00              |
| 23. 00           | 02300 PARAMED ED PRGM-(SPECIFY)                                    | 0              | 2, 412           | 1                 | 159             | 0             | 23. 00             |
| 23. 01           | 02301 PHARMACY RESIDENCY PROGRAM                                   | o              | 4, 196           |                   | 0               | 0             | 23. 01             |
| 20.01            | INPATIENT ROUTINE SERVICE COST CENTERS                             | o <sub>l</sub> | 1, 170           | ,                 | <u> </u>        |               | 20.01              |
| 30. 00           | 03000 ADULTS & PEDIATRICS  | 1, 579, 665    | 485, 680         | 1, 014, 205       | 334, 905        | 0             | 30.00              |
| 31. 00           | 03100 I NTENSI VE CARE UNI T                                       | 0              | 0                | 0                 | 0               | 0             | 31. 00             |
| 31. 01           | 02080 PEDIATRIC INTENSIVE CARE UNIT                                | 35, 919        | 20, 537          | 53, 865           | 28, 017         | 0             | 31. 01             |
| 31. 02           | 02060 NEONATAL INTENSIVE CARE UNIT                                 | 35, 418        | 47, 826          |                   | 36, 325         | 0             | 31. 02             |
| 31. 03           | 03101 CARDIO INTENSIVE CARE UNIT                                   | 120, 737       | 247, 220         | 638, 283          | 244, 195        | 0             | 31. 03             |
| 32.00            | 03200 CORONARY CARE UNIT   | 0              | 84, 819          | 235, 686          | 86, 994         | 0             | 32. 00             |
| 40.00            | 04000 SUBPROVI DER - I PF  | 0              | 0                | 0                 | o               | 0             | 40.00              |
| 43.00            | 04300 NURSERY  | 0              | 5, 880           | 15, 872           | 10, 424         | 0             | 43. 00             |
|                  | ANCILLARY SERVICE COST CENTERS                                     |                |                  |                   |                 |               |                    |
| 50.00            | 05000 OPERATING ROOM   | 0              | 222, 687         | 527, 932          | 1, 087, 541     | 0             | 50. 00             |
| 51.00            | 05100 RECOVERY ROOM  | 0              | 0                | 0                 | 0               | 0             | 51. 00             |
| 52.00            | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0              | 29, 800          | 80, 464           | 0               | 0             | 52. 00             |
| 53. 00           | 05300 ANESTHESI OLOGY  | 0              | 3, 725           |                   | 12, 434         | 0             | 53. 00             |
| 54. 00           | 05400 RADI OLOGY-DI AGNOSTI C                                      | 0              | 150, 641         |                   | 117, 667        | 0             | 54. 00             |
| 54. 01           | 05401 PET SCAN   | 0              | 599              |                   | 0               | 0             | 54. 01             |
| 56. 00           | 05600 RADI OI SOTOPE   | 0              | 10, 818          |                   | 60, 193         | 0             | 56. 00             |
| 57. 00           | 05700 CT SCAN  | 0              | 23, 249          | 51, 946           | 34, 640         | 0             | 57. 00             |
| 58. 00           | 05800 MRI  | 0              | 404.450          | 0                 | 000 500         | 0             | 58. 00             |
| 60.00            | 06000 LABORATORY   | 0              | 124, 452         |                   | 922, 508        | 0             | 60.00              |
| 65. 00           | 06500 RESPIRATORY THERAPY  | 0              | 95, 908          |                   | 148, 269        | 0             | 65. 00             |
| 66. 00<br>67. 00 | 06600 PHYSI CAL THERAPY<br>06700 OCCUPATI ONAL THERAPY             | 0              | 75, 942          |                   | 12, 642         | 0             | 66. 00<br>67. 00   |
| 68. 00           | 06800 SPEECH PATHOLOGY   | 0              | 0                |                   | 419             | 0             | 68. 00             |
| 69. 00           | 06900 ELECTROCARDI OLOGY   | 0              | 70, 689          |                   | 11, 275         | 0             | 69. 00             |
| 70. 00           | 07000 ELECTROENCEPHALOGRAPHY                                       | 0              | 26, 032          |                   | 69, 660         | 0             | 70.00              |
| 71. 00           | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                          | Ö              | 20, 002          |                   | 2, 191, 616     | 0             | 1                  |
| 72. 00           | 07200 IMPL. DEV. CHARGED TO PATIENTS                               | 0              | 0                |                   | 3, 867, 672     | 0             | 72. 00             |
| 73. 00           | 07300 DRUGS CHARGED TO PATIENTS                                    | o              | 0                | o                 | 0               | 12, 234, 202  | 73. 00             |
| 74. 00           | 07400 RENAL DIALYSIS   | 0              | 0                | o                 | 8, 479          | 0             | 74. 00             |
| 76.00            | 03140 CARDIO CATH LAB  | 0              | 28, 458          | 84, 442           | 184, 338        | 0             | 76. 00             |
| 76. 01           | 03050 ENDOSCOPY  | 0              | 74, 928          | 172, 318          | 254, 941        | 0             | 76. 01             |
| 76. 02           | 03950 CARDI AC REHAB   | 0              | 14, 657          |                   | 0               | 0             | 76. 02             |
|                  | OUTPATIENT SERVICE COST CENTERS                                    |                |                  |                   |                 |               |                    |
| 90.00            | 09000 CLI NI C   | 0              | 69, 576          |                   | 70, 414         | 0             | 90. 00             |
| 91.00            | 09100 EMERGENCY  | 0              | 129, 933         | 305, 131          | 228, 614        | 0             | 91. 00             |
| 92.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART                          |                |                  |                   |                 |               | 92. 00             |
|                  | OTHER REIMBURSABLE COST CENTERS                                    |                |                  |                   |                 |               |                    |
|                  | 09500 AMBULANCE SERVICES   | 0              | 60, 670          |                   | 28, 233         | 0             |                    |
| 96. 00           | 09600 DURABLE MEDICAL EQUIP-RENTED                                 | 0              | 0                | 0                 | 0               | 0             | 96. 00             |
| 405.00           | SPECIAL PURPOSE COST CENTERS                                       |                |                  |                   | al              |               |                    |
|                  | 10500 KIDNEY ACQUISITION   | 0              | Ü                | 0                 | 0               |               | 105.00             |
|                  | 10600 HEART ACQUISITION  | 0              | 0 447 040        | 0 005 050         | 0               |               | 106. 00            |
| 118.00           |  | 1, 771, 739    | 2, 447, 212      | 3, 895, 258       | 10, 305, 065    | 12, 234, 202  | 1118.00            |
| 100.00           | NONREI MBURSABLE COST CENTERS                                      |                |                  | 1                 | ما              |               | 100 00             |
|                  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                          | 4 110 540      | 0<br>29          |                   | O               |               | 190.00             |
|                  | 19200   PHYSICIANS' PRIVATE OFFICES<br>  07950   CLOSED PSYCH UNIT | 4, 112, 560    | 29               |                   | o<br>o          |               | 192. 00<br>194. 00 |
|                  | 07950 CLOSED PSYCH UNIT  |                | 7, 250           | 1                 | 1, 116          |               | 194. 00            |
|                  | 07951 MARKETING<br>07952 SENIOR CIRCLE                             | 0              | 7, 250<br>1, 427 |                   | 98              |               | 194. 01            |
|                  | 07953 OTHER NONREIMBURSABLE COST CENTERS                           | 0              | 2, 526           |                   | 121             |               | 194. 02            |
| 200.00           |  | ٩              | 2, 320           | 1                 | 121             | U             | 200.00             |
| 201.00           |  | 0              | 0                |                   | 0               | n             | 201.00             |
|                  | 1 13   | , <u> </u>     |                  | . 9               | <u> </u>        |               |                    |

| Health Financial Systems L              | u of Form CMS-: | 2552-10     |                   |   |               |         |
|---|-----------------|-------------|-------------------|---|---------------|---------|
| COST ALLOCATION - GENERAL SERVICE COSTS |                 | Provider CO | 1                 | Period:<br>From 07/01/2016<br>Fo 06/30/2017 | Date/Time Pre |         |
|   |                 |             |                   |   | 11/30/2017 5: | 03 pm   |
| Cost Center Description                 | DI ETARY        | CAFETERI A  | NURSI NG          | CENTRAL                                     | PHARMACY      |         |
|   |                 |             | ADMI NI STRATI OI | SERVICES &                                  |               |         |
|   |                 |             |                   | SUPPLY                                      |               |         |
|   | 10.00           | 11.00       | 13.00             | 14.00                                       | 15. 00        |         |
| 202.00 TOTAL (sum lines 118-201)        | 5, 884, 299     | 2, 458, 444 | 3, 895, 258       | 10, 306, 400                                | 12, 234, 202  | 202. 00 |

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 07/01/2016 | Part I | To 06/30/2017 | Date/Time Prepared: 11/30/2017 5: 03 pm

|                  |   |                         |                        |                     | LATERNO         | DECLIDENTS       | 11/30/2017 5:       | 03 pm              |
|------------------|---|-------------------------|------------------------|---------------------|-----------------|------------------|---------------------|--------------------|
|                  |   |                         |                        |                     | INTERNS &       | RESIDENTS        |                     |                    |
|                  | Cost Center D                                   | Description             | MEDI CAL               | SOCIAL SERVICE      | SERVI CES-SALAR | SERVI CES-OTHER  | PARAMED ED          |                    |
|                  |   | P. C.                   | RECORDS &              |                     | Y & FRINGES     | PRGM COSTS       | PRGM                |                    |
|                  |   |                         | LI BRARY               |                     | APPRV           | APPRV            |                     |                    |
|                  | CENEDAL CEDVICE COO                             | CT OFNITEDS             | 16.00                  | 17. 00              | 21.00           | 22. 00           | 23. 00              |                    |
| 1. 00            | GENERAL SERVICE COS                             |                         |                        |                     | I               |                  |                     | 1. 00              |
| 2.00             | 00200 CAP REL COSTS                             |                         |                        |                     |                 |                  |                     | 2. 00              |
| 4.00             | 00400 EMPLOYEE BENE                             | FITS DEPARTMENT         |                        |                     |                 |                  |                     | 4. 00              |
| 5. 01            | 00540 ADMITTING                                 |                         |                        |                     |                 |                  |                     | 5. 01              |
| 5.02             | 1 1   | STRATIVE AND GENERAL    |                        |                     |                 |                  |                     | 5. 02              |
| 7. 00<br>8. 00   | 00700 OPERATION OF 00800 LAUNDRY & LIN          |                         |                        |                     |                 |                  |                     | 7. 00<br>8. 00     |
| 9. 00            | 00900 HOUSEKEEPING                              | ZEN SERVI GE            |                        |                     |                 |                  |                     | 9. 00              |
| 10.00            | 01000 DI ETARY                                  |                         |                        |                     |                 |                  |                     | 10. 00             |
| 11. 00           | 01100 CAFETERI A                                |                         |                        |                     |                 |                  |                     | 11. 00             |
| 13.00            | 01300 NURSI NG ADMI N                           |                         |                        |                     |                 |                  |                     | 13.00              |
| 14. 00<br>15. 00 | 01400 CENTRAL SERVI<br>01500 PHARMACY           | CES & SUPPLY            |                        |                     |                 |                  |                     | 14. 00<br>15. 00   |
| 16. 00           | 01600 MEDI CAL RECOR                            | RDS & LIBRARY           | 7, 795, 913            |                     |                 |                  |                     | 16. 00             |
| 17.00            | 01700 SOCIAL SERVIC                             |                         | 0                      | 3, 896, 908         |                 |                  |                     | 17. 00             |
| 21. 00           |   | SALARY & FRINGES APPRV  | 0                      | 0                   | 11, 464         |                  |                     | 21. 00             |
| 22. 00           |   | OTHER PRGM COSTS APPRV  | 0                      | 0                   |                 | 3, 237, 229      | E ( 0 - 74 0        | 22. 00             |
| 23. 00<br>23. 01 | 02300 PARAMED ED PR<br>02301 PHARMACY RESI      |                         | 0                      | 0                   | 1               |                  | 563, 713            | 23. 00<br>23. 01   |
| 23.01            |   | SERVICE COST CENTERS    | <u> </u>               |                     |                 |                  |                     | 23.01              |
| 30.00            | 03000 ADULTS & PEDI                             |                         | 357, 266               | 178, 509            | 1, 315          | 371, 242         | 360, 909            | 30. 00             |
| 31. 00           | 03100 INTENSIVE CAR                             |                         | 0                      | 0                   |                 | 0                | 0                   | 31. 00             |
| 31. 01           | 02080 PEDIATRIC INT                             |                         | 11, 400                | 5, 696              |                 | 14, 850          | 5, 124              |                    |
| 31. 02<br>31. 03 | 02060 NEONATAL INTE<br>03101 CARDIO INTENS      |                         | 41, 071<br>207, 212    | 20, 521<br>103, 534 | •               | 282, 144<br>0    | 28, 348<br>117, 563 |                    |
| 32. 00           | 03200 CORONARY CARE                             |                         | 81, 632                | 40, 788             |                 | 0                | 40, 429             | 32. 00             |
| 40. 00           | 04000 SUBPROVI DER -                            |                         | 0 0                    | 0                   | 1               | Ö                | 0                   | 40. 00             |
| 43.00            | 04300 NURSERY                                   |                         | 4, 823                 | 2, 410              | 0               | 0                | 11, 340             | 43. 00             |
| F0 00            | ANCILLARY SERVICE (                             |                         | 4 044 405              | /70.00/             | 1 0 400         | 07/ 404          | -                   | F0 00              |
| 50. 00<br>51. 00 | 05000 OPERATING ROC<br>05100 RECOVERY ROOM      |                         | 1, 341, 125            | 670, 096<br>0       |                 | 876, 131<br>0    | 0                   | 50. 00<br>51. 00   |
| 52. 00           | 05200 DELIVERY ROOM                             |                         | 24, 451                | 12, 217             |                 | 0                | 0                   | 52. 00             |
| 53.00            | 05300 ANESTHESI OLOG                            |                         | 161, 831               | 80, 859             |                 | o                | 0                   | 53. 00             |
| 54.00            | 05400 RADI OLOGY-DI A                           | AGNOSTI C               | 372, 937               | 186, 339            |                 | 0                | 0                   | 54. 00             |
| 54. 01           | 05401 PET SCAN                                  |                         | 17, 264                | 8, 626              |                 | 0                | 0                   | 54. 01             |
| 56. 00<br>57. 00 | 05600 RADI 01 SOTOPE<br>05700 CT SCAN           |                         | 104, 050<br>334, 136   | 51, 989<br>166, 952 |                 | 0                | 0                   | 56. 00<br>57. 00   |
| 58. 00           | 05800 MRI                                       |                         | 0                      | 0                   |                 | o                | 0                   | 58. 00             |
| 60.00            | 06000 LABORATORY                                |                         | 618, 636               | 309, 103            | 0               | О                | 0                   | 60. 00             |
| 65.00            | 06500 RESPIRATORY T                             |                         | 220, 238               | 110, 042            |                 | 29, 699          | 0                   | 65. 00             |
| 66.00            | 06600 PHYSI CAL THER                            |                         | 76, 094                | 38, 021             |                 | 0                | 0                   | 66. 00             |
| 67. 00<br>68. 00 | 06700 OCCUPATI ONAL<br>06800 SPEECH PATHOL      |                         | 808<br>1, 582          | 404<br>790          |                 | 0                | 0                   | 67. 00<br>68. 00   |
| 69. 00           | 06900 ELECTROCARDI O                            |                         | 238, 747               | 119, 291            |                 | Ö                | 0                   | 69. 00             |
| 70.00            | 07000 ELECTROENCEPH                             |                         | 27, 619                | 13, 800             |                 | o                | 0                   |                    |
| 71. 00           |   | IES CHARGED TO PATIENT  | 613, 694               | 306, 634            |                 | 0                | 0                   |                    |
| 72. 00           | 07200 I MPL. DEV. CH                            |                         | 585, 301               | 292, 447            |                 | 0                | 0                   | 72. 00             |
| 73. 00<br>74. 00 | 07400 RENAL DI ALYSI                            |                         | 1, 387, 028<br>31, 682 | 694, 691<br>15, 830 |                 | 0                | 0                   | 73. 00<br>74. 00   |
| 76. 00           | 03140 CARDIO CATH L                             |                         | 297, 628               | 148, 711            |                 | 118, 797         | 0                   | 76. 00             |
| 76. 01           | 03050 ENDOSCOPY                                 |                         | 191, 664               | 95, 765             |                 | О                | 0                   | 76. 01             |
| 76. 02           | 03950 CARDI AC REHAB                            |                         | 11, 937                | 5, 965              | 0               | 0                | 0                   | 76. 02             |
| 90. 00           | OUTPATIENT SERVICE<br>09000 CLINIC              | COST CENTERS            | 10.004                 | E 440               | 1 4 042         | 1 205 040        | 0                   | 00 00              |
| 90.00            | 09100 EMERGENCY                                 |                         | 10, 904<br>385, 466    | 5, 448<br>192, 599  |                 | 1, 395, 869<br>0 | 0                   | 90. 00<br>91. 00   |
| 92. 00           |   | BEDS (NON-DISTINCT PART | 000, 100               | 1,2,0,,             |                 |                  | O.                  | 92. 00             |
|                  | OTHER REIMBURSABLE                              |                         |                        |                     |                 |                  |                     |                    |
| 95.00            | 09500 AMBULANCE SER                             |                         | 23, 597                | 11, 790             |                 |                  | 0                   | 95. 00             |
| 96. 00           | 09600 DURABLE MEDIC                             |                         | 0                      | 0                   | 0               | 0                | 0                   | 96. 00             |
| 105 00           | SPECIAL PURPOSE COS<br>10500 KIDNEY ACQUIS      |                         | 4, 232                 | 2, 115              | 0               | ol               | 0                   | 105. 00            |
|                  | 10600 HEART ACQUISI                             |                         | 9, 858                 | 4, 926              |                 | o                |                     | 106. 00            |
| 118.00           |   | M OF LINES 1-117)       | 7, 795, 913            | 3, 896, 908         |                 | 3, 088, 732      | 563, 713            |                    |
|                  | NONREI MBURSABLE COS                            | ST CENTERS              |                        |                     |                 |                  |                     |                    |
|                  |   | COFFEE SHOP & CANTEEN   | 0                      | 0                   |                 | 149 407          |                     | 190.00             |
|                  | 0 19200 PHYSI CI ANS' P<br>0 07950 CLOSED PSYCH |                         | 0                      | 0                   | 526<br>0        | 148, 497<br>0    |                     | 192. 00<br>194. 00 |
|                  | 07951 MARKETI NG                                |                         |                        | 0                   | Ö               | ol               |                     | 194. 00            |
| 194. 02          | 07952 SENIOR CIRCLE                             |                         | o                      | 0                   |                 | o                | 0                   | 194. 02            |
| 194. 03          | 3 07953 OTHER NONREIN                           | IBURSABLE COST CENTERS  | 0                      | 0                   | 0               | o                | 0                   | 194. 03            |
|                  |   |                         |                        |                     |                 |                  |                     |                    |

| Heal th Financial | Systems                 | LUTHERAN HOSPITAL | OF INDIANA    |         | In Lie                                       | u of Form CMS-2552-10                  |
|-------------------|-------------------------|-------------------|---------------|---------|--|--|
| COST ALLOCATION   | - GENERAL SERVICE COSTS |                   | Provider CCN: | 15-0017 | Peri od:<br>From 07/01/2016<br>To 06/30/2017 | Worksheet B Part I Date/Time Prepared: |

|         |                           |             |                |                 |                 | 11/30/2017 5: | 03 pm_  |
|---------|---------------------------|-------------|----------------|-----------------|-----------------|---------------|---------|
|         |                           |             |                | INTERNS &       | RESI DENTS      |               |         |
|         | Cost Center Description   | MEDI CAL    | SOCIAL SERVICE | SERVI CES-SALAR | SERVI CES-OTHER | PARAMED ED    |         |
|         | oost conten beschiptron   | RECORDS &   | SOOTAL SERVICE | Y & FRINGES     | PRGM COSTS      | PRGM          |         |
|         |                           | LI BRARY    |                | APPRV           | APPRV           |               |         |
|         |                           | 16.00       | 17. 00         | 21.00           | 22. 00          | 23. 00        |         |
| 200.00  | Cross Foot Adjustments    |             |                | 0               | 0               | C             | 200.00  |
| 201. 00 | Negative Cost Centers     | C           | 0              | 0               | 0               | C             | 201. 00 |
| 202. 00 | TOTAL (sum lines 118-201) | 7, 795, 913 | 3, 896, 908    | 11, 464         | 3, 237, 229     | 563, 713      | 202.00  |

|  | ALLOCATION - GENERAL SERVICE COSTS   | LOTTIENAN HOST TA   | Provider CO   | CN: 15-0017 Pe<br>Fr<br>To  | riod:<br>om 07/01/2016  | Worksheet B Part I Date/Time Prepared: 11/30/2017 5:03 pm  |
|--|--|---|---|---|---|--|
|  | Cost Center Description  | PHARMACY<br>RESI DENCY<br>PROGRAM   | Subtotal  | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments   | Total   | 7,7 GG, ZG, 7 G, GG, p   |
|  | JOSUSTAL OSDINOS OSOT OSUTEDO  | 23. 01  | 24. 00  | 25. 00  | 26. 00  |  |
| 1. 00<br>2. 00<br>4. 00<br>5. 01<br>5. 02<br>7. 00<br>8. 00<br>9. 00<br>10. 00<br>11. 00<br>13. 00<br>14. 00<br>15. 00<br>16. 00<br>17. 00<br>22. 00<br>23. 00                   | GENERAL SERVICE COST CENTERS  00100 CAP REL COSTS-BLDG & FIXT  00200 CAP REL COSTS-BLDG & FIXT  00200 CAP REL COSTS-MVBLE EQUIP  00400 EMPLOYEE BENEFITS DEPARTMENT  00540 ADMITTING  00560 OTHER ADMINISTRATIVE AND GENERAL  00700 OPERATION OF PLANT  00800 LAUNDRY & LINEN SERVICE  00900 HOUSEKEEPING  01000 DIETARY  01100 CAFETERIA  01300 NURSING ADMINISTRATION  01400 CENTRAL SERVICES & SUPPLY  01500 PHARMACY  01600 MEDICAL RECORDS & LIBRARY  01700 SOCIAL SERVICE  02100 I &R SERVICES-SALARY & FRINGES APPRV  02200 I &R SERVICES-OTHER PRGM COSTS APPRV      | 23.01   | 21.00   | 20.00   | 20.00   | 1. 00<br>2. 00<br>4. 00<br>5. 01<br>5. 02<br>7. 00<br>8. 00<br>9. 00<br>10. 00<br>11. 00<br>13. 00<br>14. 00<br>15. 00<br>16. 00<br>17. 00<br>21. 00<br>22. 00 |
| 23. 01   | 02301 PHARMACY RESIDENCY PROGRAM   | 323, 422  |   |   |   | 23. 01   |
| 30. 00<br>31. 00<br>31. 01<br>31. 02<br>31. 03<br>32. 00<br>40. 00<br>43. 00   | INPATI ENT ROUTINE SERVICE COST CENTERS  03000 ADULTS & PEDIATRICS  03100 INTENSIVE CARE UNIT  02080 PEDIATRIC INTENSIVE CARE UNIT  02060 NEONATAL INTENSIVE CARE UNIT  03101 CARDIO INTENSIVE CARE UNIT  03200 CORONARY CARE UNIT  04000 SUBPROVIDER - IPF  04300 NURSERY   | 0<br>0<br>0<br>0<br>0<br>0  | 46, 779, 538<br>0<br>2, 384, 135<br>6, 290, 851<br>25, 939, 100<br>9, 138, 635<br>0<br>562, 357   | 0<br>-14, 903<br>-283, 143  | 46, 406, 981<br>0<br>2, 369, 232<br>6, 007, 708<br>25, 939, 100<br>9, 138, 635<br>0<br>562, 357   | 30. 00<br>31. 00<br>31. 01<br>31. 02<br>31. 03<br>32. 00<br>40. 00<br>43. 00   |
| F0 00  | ANCILLARY SERVICE COST CENTERS   |   | 40.007.000  | 070 004   | 10.010.000  | 50.00  |
| 50. 00<br>51. 00<br>52. 00<br>53. 00<br>54. 01<br>56. 00<br>60. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>76. 01<br>76. 02 | 05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 PET SCAN 05600 RADI OI SOTOPE 05700 CT SCAN 05800 MRI 06000 LABORATORY 06500 RESPIRATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06700 OCCUPATI ONAL THERAPY 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 03140 CARDI AC REHAB 00UTPATI ENT SERVI CE COST CENTERS | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 40, 927, 333<br>0<br>2, 530, 978<br>753, 900<br>16, 016, 992<br>366, 566<br>2, 570, 884<br>3, 274, 136<br>0<br>22, 676, 455<br>9, 118, 034<br>7, 380, 991<br>9, 560<br>17, 548<br>5, 788, 766<br>2, 819, 729<br>22, 009, 799<br>38, 882, 722<br>52, 113, 312<br>3, 677, 473<br>6, 240, 285<br>9, 343, 163<br>866, 828 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>-29, 804<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 40, 048, 099<br>0<br>2, 530, 978<br>753, 900<br>16, 016, 992<br>366, 566<br>2, 570, 884<br>3, 274, 136<br>0<br>22, 676, 455<br>9, 088, 230<br>7, 380, 991<br>9, 560<br>17, 548<br>5, 788, 766<br>2, 819, 729<br>22, 009, 799<br>38, 882, 722<br>52, 113, 312<br>3, 677, 473<br>6, 121, 067<br>9, 343, 163<br>866, 828 | 50. 00 51. 00 52. 00 53. 00 54. 00 54. 01 56. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 74. 00 76. 01 76. 02             |
| 91. 00<br>92. 00   | 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS  | 0   | 14, 307, 674  | 0   | 14, 307, 674  | 91. 00<br>92. 00   |
| 95. 00<br>96. 00   | 09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS   | 0 0   | 7, 348, 654<br>0  |   | 7, 348, 654<br>0  | 95. 00<br>96. 00   |
|  | 10500 KIDNEY ACQUISITION<br>10600 HEART ACQUISITION  | 0<br>0<br>323, 422  | 1, 632, 309<br>640, 564<br>371, 236, 478  | 0   | 1, 632, 309<br>640, 564<br>368, 136, 808  | 105. 00<br>106. 00<br>118. 00  |
| 192. 00<br>194. 00<br>194. 02<br>194. 02   | 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSI CI ANS' PRI VATE OFFI CES 07950 CLOSED PSYCH UNIT 07951 MARKETI NG 07952 SENI OR CI RCLE 07953 OTHER NONREI MBURSABLE COST CENTERS  | 0<br>0<br>0<br>0<br>0<br>0  | 176, 341<br>4, 963, 914<br>0<br>2, 987, 867<br>97, 233<br>187, 689  | 0 0   | 176, 341<br>4, 814, 891<br>0<br>2, 987, 867<br>97, 233<br>187, 689  | 190. 00<br>192. 00<br>194. 00<br>194. 01<br>194. 02<br>194. 03   |

| Health Financial Systems                | u of Form CMS-2552-10 |               |               |                             |  |
|---|-----------------------|---------------|---------------|-----------------------------|--|
| COST ALLOCATION - GENERAL SERVICE COSTS |                       | Provi der Co  |               | Peri od:<br>From 07/01/2016 | Worksheet B<br>Part I                  |
|   |                       |               |               | To 06/30/2017               | Date/Time Prepared: 11/30/2017 5:03 pm |
| Cost Center Description                 | PHARMACY              | Subtotal      | Intern &      | Total                       |  |
|   | RESI DENCY            |               | Residents Cos | st                          |  |
|   | PROGRAM               |               | & Post        |                             |  |
|   |                       |               | Stepdown      |                             |  |
|   |                       |               | Adjustments   |                             |  |
|   | 23. 01                | 24.00         | 25. 00        | 26.00                       |  |
| 200.00 Cross Foot Adjustments           | 0                     | 0             |               | 0                           | 200. 00                                |
| 201.00 Negative Cost Centers            | 0                     | 0             |               | 0                           | 201. 00                                |
| 202.00 TOTAL (sum lines 118-201)        | 323, 422              | 379, 649, 522 | -3, 248, 69   | 376, 400, 829               | 202. 00                                |

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0017

| Control Description  |         |                      |  |                         |              | Io           | 06/30/2017   | Date/lime Pre<br>  11/30/2017 5: |         |
|--|---------|----------------------|--|-------------------------|--------------|--------------|--------------|----------------------------------|---------|
| CEMERAL SERVICE COST CENTERS   1.00   2.00   2A   4.00   1.00     |         |                      |  |                         | CAPI TAL REI | LATED COSTS  |              |                                  |         |
| SEMINDAL SERVICE COST CENTERS   1   1   1   1   1   1   1   1   1  |         |                      | Cost Center Description  | Assigned New<br>Capital | BLDG & FIXT  | MVBLE EQUIP  | Subtotal     | BENEFITS                         |         |
| CREATION SERVICE COST CERTERS  |         |                      |  |                         | 1 00         | 2.00         | 2Δ           | 4 00                             |         |
| 1.00   001000   CAP   REL COSIS-BLIES & FINT   |         | GENER                | AL SERVICE COST CENTERS  | 0 1                     | 1.00         | 2.00         | 2/1          | 4.00                             |         |
| 4.00   00000   IMPLOYED HERELTIS DEPARMENT   0   3815, 999   72, 2588   405, 347   403, 347   4.00   |         |                      |  |                         |              |              |              |                                  |         |
| 5.01   0.0040 ABM TTINO   0   316, 570   36, 658   305, 166   14, 377   5, 01   20, 207, 207, 208, 208, 305, 166   14, 377   5, 01   20, 207, 207, 208, 208, 305, 166   22, 305, 506   22, 306, 508, 207, 207, 208, 208, 308, 308, 308, 308, 308, 308, 308, 3  |         |                      |  |                         |              |              | 405 047      | 405 047                          |         |
| 5.02   0.00560   OTHER ADMINISTRATI VE AND CENERAL   0   619, 126   0, 270, 223   9, 89, 349   22, 905   5, 02   |         |                      |  | 0                       |              |              |              |                                  |         |
| 0,000   0,00   |         |                      | l .  | 0                       |              | ,            |              |                                  |         |
| 9.00   0.000   |         | 1                    | l .  | 0                       |              |              |              | •                                |         |
| 10.00   010000   DETARY  |         | 1                    | l control of the cont | 0                       |              |              |              |                                  |         |
| 11.00   01100   CAFFERIA   0   |         | 1                    | •  | 0                       |              | ·            |              |                                  |         |
| 13.00   01300  MIRSH NG ADMIN STRATION   0   140. 308   19.66   160. 170   7. 507   13. 00   |         | 1                    | •  | 0                       |              |              | ·            |                                  |         |
| 15.00   01500   PHABMACY   0   146, 688   140, 337   227, 025   21, 941   15, 00   170   00   0  |         | 1                    | •  | O                       | 140, 308     | 19, 862      | 160, 170     |                                  | •       |
| 10.00   01600   MEDICAL RECORDS & LIBRARY   0   156, 668   17, 473   174, 161   6, 134   10, 00   1700   1700   01700   1700   01700   1700   01700   187 SERVI CES-SALARY & FRINCES APPRY   0   0   0   0   0   0   22   10. 00   2 |         |                      |  | 0                       |              |              |              |                                  |         |
| 17.00   01700   SOCIAL SERVICE   0   105, 543   0   105, 543   7,788   77.00   22.01   00   200   188 SERVICES-SALARY & FRI NGES APPRV   0   0   0   0   0   0   0   0   26   21.00   20.00    |         |                      |  | 0                       |              |              |              |                                  |         |
| 21.00   0200   LAR SERVICES-SMARY & FRINGES APPRY   0   0   0   0   0   0   0   0   0  |         | 1                    | •  | o                       |              |              |              |                                  | •       |
| 23.00  | 21. 00  | 02100                | I&R SERVICES-SALARY & FRINGES APPRV  | O                       | 0            | 0            |              |                                  | 21. 00  |
| 0301   PHARMACY RESIDENCY PROCRAM   0   0   0   0   0   716   23.01  |         |                      |  | 0                       | -            | _            | 9            |                                  |         |
| INPATI ENT ROUTINE SERVICE COST CENTERS   0   2,038,994   809,699   2,848,693   61,886   30 00   0   0   0   0   0   0   0   0   |         |                      |  | 0                       |              | 1            | ·            |                                  |         |
| 30.00   30000   ADULTS & PEDIATRICS   0   2,038,994   809,699   2,848,693   61,686   30.00   31.00   31.00   31.00   10   0   0   0   0   0   31.00   31.00   31.00   0   0   0   0   0   0   0   31.00   31.00   31.00   0   0   0   0   0   0   0   0   0  | 20.01   | I NPAT               | I ENT ROUTI NE SERVI CE COST CENTERS   | <u> </u>                |              | <u> </u>     | <sub>0</sub> | 710                              | 20.01   |
| 31. 01   02080   PEDIATRIC INTENSIVE CARE UNIT   0   134,868   29,180   164,048   3,274   31. 01   31. 02   02080   NEONATAL INTENSIVE CARE UNIT   0   262,541   694,109   292,450   8,070   31. 03   31. 03   03101 CARDIO INTENSIVE CARE UNIT   0   808,759   293,773   1.02,532   38,794   31. 03   30. 00   0300 CORROMARY CARE UNIT   0   314,931   33. 695   348,626   41.325   32. 04. 00   04000 CORROMARY CARE UNIT   0   31. 03   3. 695   348,626   41.325   32. 04. 00   04000 SUBPROVIDER - IPF   0   0   0   0   0   0   0   0   0   |         | 03000                | ADULTS & PEDIATRICS  | 0                       |              |              | 2, 848, 693  |                                  | •       |
| 31.02   02000   NEOMATAL INTENSIVE CARE UNIT   0   226, 341   694, 109   920, 450   8, 070   31, 02   31, 03   331, 03   331, 030   3310, 0310   CARDIO INTENSIVE CARE UNIT   0   314, 931   33, 695   348, 626   14, 325   32, 00   0   0   0   0   0   0   0   0   0   |         |                      |  | 0                       |              |              | 1/4 049      |                                  |         |
| 31.03   03101   CARDIO I NITERISI VE CARE UNIT   0   808,759   293,773   1, 102,532   38,794   31.03   20.00   20200   CROMARY CARE UNIT   0   314,931   33,995   348,626   14,325   32.00   40.00     |         | 1                    | •  | 0                       |              |              |              |                                  | •       |
| 40. 00   04000 SUBPROVIDER - IPF   0   0   0   0   0   0   0   0   0   |         |                      |  | o                       |              |              |              |                                  |         |
| 43.00   04300   NURSERY   0   0   11.66   1.063   12.229   955   43.00   |         |                      |  | 0                       |              |              | 348, 626     |                                  | •       |
| MOLILLARY SERVICE COST CENTERS   |         |                      |  | 0                       | -            | -            | 12 220       |                                  |         |
| 50. 00   | 43.00   |                      |  | <u> </u>                | 11, 100      | 1,003        | 12, 227      | 703                              | 43.00   |
| 52 00   0520   |         | 05000                | OPERATING ROOM   | 0                       | 2, 162, 328  | 2, 126, 510  | 4, 288, 838  | 32, 087                          |         |
| 53.00   06500   ABDITLOSCOPY   0   1, 636   0   1, 636   272   53.00   |         |                      |  | 0                       |              |              | ۰            | -                                |         |
| 54, 00   05400   RADIO LOGY-DI AGNOSTI C   0   324, 072   1,535, 124   1,859, 196   20,946   54, 00   54, 01   65, 00   05400   RADIO ISOTOPE   0   82,168   45,228   127,396   1,827   56, 00   57, 00   05700   CT SCAN   0   40,634   88,330   128,964   3,157   57,00   05700   CT SCAN   0   40,634   88,330   128,964   3,157   57,00   05700   CT SCAN   0   40,634   88,330   128,964   3,157   57,00   05700   CT SCAN   0   40,634   88,330   128,964   3,157   57,00   0   0   0   0   0   0   0   0   0  |         |                      |  | 0                       |              | -            | ۰            |                                  |         |
| 56.00   0.5600   RADI OI SOTOPE   0   82, 168   45, 228   127, 396   1, 827   56. 00   |         | 1                    | •  | o o                     |              |              |              |                                  |         |
| 57.00   05700   CT SCAN   0   40,634   88,330   128,964   3,157   57.00   58.00   0   0   0   0   0   0   0   58.00   58.00   05800   MRI   0   0   0   0   0   0   58.00   58.00   66.00   05000   LABORATORY   0   345,667   347,933   693,600   15,378   60.00   66.00   05000   RESPIRATORY THERAPY   0   117,486   174,940   292,426   13,992   65.00   66.00   05000   PKPSI CAL THERAPY   0   248,673   20,858   269,531   13,933   66.00   0   0   0   0   0   0   0   0   0   |         | 1                    | •  | O                       |              |              |              |                                  |         |
| 58 00   05800   NR   |         |                      |  | 0                       |              |              |              |                                  |         |
| 60 00   06000   LABORATORY   0   345, 667   347, 933   693, 600   15, 378   60. 00   |         | 1                    | •  | 0                       |              |              | 128, 964     |                                  |         |
| 66. 00   06600   PHYSICAL THERAPY   0   248, 673   20, 858   269, 531   13, 933   66. 00   67. 00   0   0   0   0   0   0   0   0   0  |         |                      |  | o                       | 345, 667     | 347, 933     | 693, 600     |                                  |         |
| 67. 00   06700   06CUPATI ONAL THERAPY   0   0   0   0   0   0   0   67.0 0   68. 00   06800   SPEECH PATHOLOGY   0   0   0   0   0   0   0   0   68. 00   06900   SPEECH PATHOLOGY   0   0   0   0   0   0   0   70. 00   07000   ELECTROCARDI OLOGY   0   294, 317   385, 869   680, 186   7, 481   69. 00   71. 00   07100   MEDICAL SUPPLIES   CHARGED TO PATIENT   0   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74. 00   07400   ERLAC IDLA LYSIS   0   162, 373   2, 519   164, 892   0   74. 00   76. 00   03140   CARDIO CATH LAB   0   132, 353   771, 453   903, 806   5, 132   76. 01   76. 01   03350   ENDOSCOPY   0   142, 251   899, 075   951, 326   10, 473   76. 01   76. 02   03950   CARDI AC REHAB   0   0   0   15, 854   15, 854   1, 712   76. 02   03950   CARDI AC REHAB   0   412, 539   246, 266   658, 805   18, 546   91. 00   79. 00   09100   EMERGENCY   0   412, 539   246, 266   658, 805   18, 546   91. 00   79. 00   09200   OSERVATI ON BEDS (NON-DISTINCT PART   0   0   0   0   0   0   0   70. 00   09500   AMBULANCE SERVICES   0   94, 488   769, 759   779, 207   7, 481   95. 00   70. 00   09500   AMBULANCE SERVICES   0   94, 488   769, 759   779, 207   7, 481   95. 00   70. 00   09500   AMBULANCE SERVICES   0   94, 488   769, 759   779, 207   7, 481   95. 00   70. 00   09500   AMBULANCE SERVICES   0   94, 488   769, 759   779, 207   7, 481   95. 00   70. 00   09500   AMBULANCE SERVICES   0   94, 488   769, 759   779, 207   7, 481   95. 00   70. 00   09500   00   00   00   00   00   0   |         |                      |  | 0                       |              |              |              |                                  |         |
| 68. 00   06800   SPECH PATHOLOGY   0   0   0   0   0   0   0   68. 00   69. 00   06900   ELECTROCARDIOLOGY   0   294, 317   385, 869   680, 186   7, 481   69. 00   71. 00   07000   ELECTROENCEPHALOGRAPHY   0   30, 757   339, 216   369, 973   3, 800   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENT   0   0   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74. 00   07400   RENAL DIALYSIS   0   162, 373   2, 519   164, 892   0   74. 00   76. 00   03140   CARDIO CATH LAB   0   132, 353   771, 453   90.3, 806   5, 132   76. 00   76. 01   03050   ENDOSCOPY   0   142, 251   809, 075   951, 326   10, 473   76. 01   76. 02   03950   CARDIA C REHAB   0   0   15, 854   15, 854   1, 712   76. 02   77. 00   09000   CLI NI C   0   417, 836   45, 244   463, 080   10, 818   90. 00   79. 00   09000   CLI NI C   0   412, 539   246, 266   658, 805   18, 546   91. 00   79. 00   09000   MBULANCE SERVICES   0   9, 448   769, 759   779, 207   7, 481   95. 00   79. 00   09500   AMBULANCE SERVICES   0   9, 448   769, 759   779, 207   7, 481   95. 00   79. 00   09000   DIARBLE MEDI CAL EQUI PI-RENTED   0   0   0   0   0   70. 00   09000   DIARBLE MEDI CAL EQUI PI-RENTED   0   0   0   0   0   70. 00   09000   DIARBLE MEDI CAL EQUI PI-RENTED   0   0   0   0   0   70. 00   09000   0500   KI DNEY ACQUI SI TI ON   0   0   0   0   0   70. 00   09000   0500   KI DNEY ACQUI SI TI ON   0   0   0   0   0   70. 00   09000   0500   KI DNEY ACQUI SI TI ON   0   0   0   0   0   70. 00   09000   0500   CLI NICE   COST CENTERS   70. 00   09000   0500   CLI NICE   COST CENTERS   70. 00   09000   0500    |         |                      |  | 0                       |              |              |              |                                  |         |
| 70. 00   07000   ELECTROENCEPHALOGRAPHY   0   30,757   339,216   369,973   3,800   70. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   74. 00     |         |                      |  | 0                       |              |              | -1           |                                  |         |
| 71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENT   0   0   0   0   0   0   71. 00   72. 00   72. 00   72. 00   72. 00   72. 00   73. 00   73. 00   73. 00   74. 00   0   0   0   0   0   0   0   0   0   |         | 06900                | ELECTROCARDI OLOGY   | o                       | 294, 317     |              | 680, 186     |                                  |         |
| 72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00   73.00   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   73.00   74. 00 |         |                      |  | 0                       | 30, 757      | 339, 216     | 369, 973     |                                  |         |
| 73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   73. 00   74. 00   07400   RENAL DI ALYSIS   0   162, 373   2, 519   164, 892   0   74. 00   76. 00   03140   CARDIO CATH LAB   0   132, 353   771, 453   903, 806   5, 132   76. 00   76. 01   03050   ENDOSCOPY   0   142, 251   809, 075   951, 326   10, 473   76. 01   76. 02   03950   CARDI AC REHAB   0   0   0   15, 854   15, 854   1, 712   76. 02   0010   TOUTPATI ENT SERVI CE COST CENTERS    90. 00   09000   CLI NI C   0   417, 836   45, 244   463, 080   10, 818   90. 00   91. 00   09100   EMERGENCY   0   412, 539   246, 266   658, 805   18, 546   91. 00   92. 00   09200   DRSERVATI ON BEDS (NON-DI STI NCT PART   0   0   0   0   0   0   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   106. 00   10500   KI DNEY ACQUI SI TI ON   0   52, 904   0   52, 904   0   105. 00   106. 00   10600   HEART ACQUI SI TI ON   0   0   0   0   0   0   108. 00   10900   GIFT, FLOWER, COFFEE SHOP & CANTEEN   190. 00   19000   PHYSI CI ANS' PRI VATE OFFI CES   0   0   49, 162   0   49, 162   0   194. 00   19750   LINSEY ING   0   0   0   0   0   0   194. 00   107951   MARKETI NG   0   0   0   0   0   0   194. 01   107951   MARKETI NG   0   0   0   0   0   194. 01   107951   MARKETI NG   0   0   0   0   0   194. 01   107951   MARKETI NG   0   0   0   0   0   174. 00   107951   MARKETI NG   0   0   0   0   0   175. 00   0   0   0   0   0   0   177. 00   0   0   0   0   0   178. 00   0   0   0   0   0   180. 00   0   0   0   0   0   194. 01   07951   MARKETI NG   0   0   0   0   195. 00   0   0   0   0   0   0   196. 00   0   0   0   0   0   197. 01   07951   MARKETI NG   0   0   0   0   198. 00   0   0   0   0   0   0   199. 00   0   0   0   0   0   0   190. 00   0   0   0   0   0   190. 00   0   0   0   0   0   190. 00   0   0   0   0   0   0   190. 00   0   0   0   0   0   0   190. 00   0   0   0   0   0   190. 00   0   0   0   0   0   0   190. 00   0   0   0   0   0   190. 00    |         | 1                    | i e  | 0                       | 0            | 0            | 0            |                                  |         |
| 76. 00   |         |                      |  | o o                     | 0            | Ö            | o            |                                  |         |
| 76. 01 03050   ENDOSCOPY   0 142, 251   809, 075   951, 326   10, 473   76. 01   76. 02   03950   CARDI AC REHAB   0 0 0 15, 854   15, 854   1, 712   76. 02   03950   CARDI AC REHAB   0 0 0 0 15, 854   15, 854   1, 712   76. 02   03950   CARDI AC REHAB   0 0 0 0 0 0 15, 854   15, 854   1, 712   76. 02   03950   CARDI AC REHAB   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |         |                      |  | o                       |              |              |              |                                  |         |
| 76. 02   03950   CARDI AC REHAB   0   0   15,854   15,854   1,712   76. 02   |         |                      |  | 0                       |              |              |              |                                  |         |
| OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE SERVICES   OUTPATIENT SERVICE SER   |         |                      |  | 0                       |              |              |              |                                  |         |
| 91. 00   |         |                      |  | -1                      | <u>-</u>     | ,            | ,            | ., =                             |         |
| 92. 00   09200   0BSERVATI ON BEDS   (NON-DI STI NCT PART   0   0   0   0   0   0   0   0   0  |         |                      |  | 0                       |              |              |              |                                  |         |
| 95. 00   09500   AMBULANCE SERVI CES   0   9, 448   769, 759   779, 207   7, 481   95. 00   96. 00   9 |         | 1                    | •  | 0                       | 412, 539     | 246, 266     |              | 18, 546                          |         |
| 95. 00   | 72.00   | OTHER                | REIMBURSABLE COST CENTERS  |                         |              |              | <u> </u>     |                                  | 72.00   |
| SPECIAL PURPOSE COST CENTERS   105.00   10500   KI DNEY ACQUI SI TI ON   0   52,904   0   52,904   0   105.00   106.00   | 95. 00  | 09500                | AMBULANCE SERVICES   | 0                       | 9, 448       | 769, 759     | 779, 207     | 7, 481                           | 95. 00  |
| 105. 00  | 96. 00  |                      |  | 0                       | 0            | 0            | 0            | 0                                | 96. 00  |
| 106. 00  | 105.00  |                      |  |                         | 52 904       |              | 52 904       | 0                                | 105 00  |
| NONREI MBURSABLE COST CENTERS   190.00   19000   GI FT, FLOWER, COFFEE SHOP & CANTEEN   0   49, 162   0   190.00   192.00   19200      |         |                      |  | o o                     |              | 1            | 0            |                                  |         |
| 190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   49, 162   0   190. 00   192. 00   192.00   |         |                      | SUBTOTALS (SUM OF LINES 1-117)   | 0                       | 14, 571, 403 | 19, 973, 072 | 34, 544, 475 |                                  |         |
| 192.00   19200   PHYSI CI ANS' PRI VATE OFFI CES 0 0 162, 646 2   192.00 194.00   07950   CLOSED PSYCH UNI T 0 0 0 0 0 194.00 194.01   07951   MARKETI NG 0 0 4, 971 4, 971 1, 117   194.01  | 100.00  |                      |  |                         | 40 143       |              | 40 143       | ^                                | 100 00  |
| 194. 00 07950 CLOSED PSYCH UNIT 0 0 0 0 0 194. 00 194. 00 194. 01 07951 MARKETING 0 0 4, 971 4, 971 1, 117 194. 01   |         |                      |  |                         |              |              |              |                                  |         |
| 194. 01 07951 MARKETI NG<br>194. 02 07952 SENI OR CI RCLE<br>194. 02 07952 SENI OR CI RCLE<br>194. 02 07952 SENI OR CI RCLE  | 194.00  | 07950                | CLOSED PSYCH UNIT  | 0                       | Ö            | 0            | 0            | 0                                | 194. 00 |
| 194. UZ U/932  SENI UK CI KCLE   U  U  U  U  151   194. UZ   | 194. 01 | 07951                | MARKETI NG   | 0                       |              |              | ·            |                                  |         |
|  | 194.02  | 4 <sub> </sub> 07952 | SEINLOK CLKCLE   | ı O                     | 0            | 1 0          | ol           | 151                              | 194. 02 |

| Health Financial Systems                        | LUTHERAN HOSPIT | AL OF INDIANA |             | In Lieu of Form CMS-2552-10      |                          |         |  |
|---|-----------------|---------------|-------------|----------------------------------|--------------------------|---------|--|
| ALLOCATION OF CAPITAL RELATED COSTS             |                 | Provi der CO  |             | Peri od:                         | Worksheet B              |         |  |
|   |                 |               |             | From 07/01/2016<br>To 06/30/2017 | Part II<br>Date/Time Pre | pared:  |  |
|   |                 |               |             |                                  | 11/30/2017 5:            | 03 pm   |  |
|   |                 | CAPI TAL REI  | LATED COSTS |                                  |                          |         |  |
|   |                 |               |             |                                  |                          |         |  |
| Cost Center Description                         | Directly        | BLDG & FIXT   | MVBLE EQUIP | Subtotal                         | EMPLOYEE                 |         |  |
|   | Assigned New    |               |             |                                  | BENEFITS                 |         |  |
|   | Capi tal        |               |             |                                  | DEPARTMENT               |         |  |
|   | Related Costs   |               |             |                                  |                          |         |  |
|   | 0               | 1.00          | 2. 00       | 2A                               | 4. 00                    |         |  |
| 194.03 07953 OTHER NONREIMBURSABLE COST CENTERS | 0               | 0             | 6, 37       | 5 6, 375                         | 402                      | 194. 03 |  |
| 200.00 Cross Foot Adjustments                   |                 |               |             | 0                                |                          | 200. 00 |  |
| 201.00 Negative Cost Centers                    |                 | 0             |             | 0                                | 0                        | 201. 00 |  |
| 202.00 TOTAL (sum lines 118-201)                | 0               | 14, 620, 565  | 20, 147, 06 | 4 34, 767, 629                   | 405, 347                 | 202. 00 |  |

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 15-0017

|                  |   |                    |                               | 1                   | 0 00/30/201/  | Date/lime Pre<br>11/30/2017 5: |                    |
|------------------|---|--------------------|-------------------------------|---------------------|---------------|--------------------------------|--------------------|
|                  | Cost Center Description   | ADMITTI NG         | OTHER                         | OPERATION OF        | LAUNDRY &     | HOUSEKEEPI NG                  |                    |
|                  |   |                    | ADMINISTRATIVE<br>AND GENERAL | PLANT               | LINEN SERVICE |                                |                    |
|                  |   | 5. 01              | 5. 02                         | 7.00                | 8. 00         | 9. 00                          |                    |
|                  | GENERAL SERVICE COST CENTERS  |                    |                               |                     |               |                                |                    |
| 1.00             | 00100 CAP REL COSTS-BLDG & FIXT   |                    |                               |                     |               |                                | 1.00               |
| 2.00             | 00200 CAP REL COSTS-MVBLE EQUI P  |                    |                               |                     |               |                                | 2.00               |
| 4. 00<br>5. 01   | 00400 EMPLOYEE BENEFITS DEPARTMENT<br>00540 ADMITTING                             | 369, 525           |                               |                     |               |                                | 4. 00<br>5. 01     |
| 5. 02            | 00560 OTHER ADMINISTRATIVE AND GENERAL  | 309, 525           | 9, 912, 254                   |                     |               |                                | 5. 02              |
| 7. 00            | 00700 OPERATION OF PLANT  | 0                  | 523, 533                      | 4, 210, 919         |               |                                | 7. 00              |
| 8. 00            | 00800 LAUNDRY & LINEN SERVICE   | 0                  | 44, 093                       |                     |               |                                | 8. 00              |
| 9.00             | 00900 HOUSEKEEPI NG   | 0                  | 100, 655                      | 1                   |               | 221, 990                       | 9. 00              |
| 10.00            | 01000 DI ETARY  | 0                  | 116, 852                      | 246, 541            | 0             | 13, 100                        | 10. 00             |
| 11. 00           | 01100 CAFETERI A  | 0                  | 64, 187                       | 0                   | 0             | 0                              | 11. 00             |
| 13. 00           | 01300 NURSING ADMINISTRATION  | 0                  | 91, 796                       |                     | 0             | 3, 098                         | 13. 00             |
| 14.00            | 01400 CENTRAL SERVICES & SUPPLY   | 0                  | 251, 133                      |                     | 0             | 5, 657                         | 14. 00             |
| 15. 00<br>16. 00 | 01500 PHARMACY<br>01600 MEDICAL RECORDS & LIBRARY                                 | 0                  | 301, 117                      | 60, 947<br>65, 093  | 0             | 3, 239                         |                    |
| 17. 00           | 01700 SOCIAL SERVICE  | 0                  | 192, 294<br>93, 870           |                     | 0             | 3, 459<br>2, 330               |                    |
| 21. 00           | 02100 I &R SERVI CES-SALARY & FRI NGES APPRV                                      | 0                  | 297                           | 45, 652             | 0             | 2, 330                         | 21. 00             |
| 22. 00           | 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV                                       | 0                  | 84, 520                       | Ö                   | 0             | Ö                              | 22. 00             |
| 23. 00           | 02300 PARAMED ED PRGM-(SPECIFY)   | 0                  | 10, 849                       |                     | 211           | 1, 306                         | 23. 00             |
| 23. 01           | 02301 PHARMACY RESIDENCY PROGRAM  | 0                  | 8, 335                        | 0                   | 0             | 0                              | 23. 01             |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS  |                    |                               |                     | <u> </u>      |                                |                    |
| 30. 00           | 03000 ADULTS & PEDI ATRI CS   | 16, 894            | 955, 418                      | 847, 173            |               | 45, 016                        | 1                  |
| 31.00            | 03100 I NTENSI VE CARE UNI T  | 0                  | 0                             | 0                   | _             | 0                              | 31.00              |
| 31. 01<br>31. 02 | 02080 PEDIATRIC INTENSIVE CARE UNIT   | 539                | 48, 067                       | 56, 036             |               | 2, 978                         |                    |
| 31. 02           | 02060 NEONATAL INTENSIVE CARE UNIT<br>03101 CARDIO INTENSIVE CARE UNIT            | 1, 942<br>9, 799   | 133, 675<br>577, 553          | 94, 042<br>336, 028 |               | 4, 997<br>17, 856              | 31. 02<br>31. 03   |
| 32. 00           | 03200 CORONARY CARE UNIT  | 3, 860             | 202, 332                      |                     | · ·           | 6, 953                         |                    |
| 40. 00           | 04000 SUBPROVI DER - I PF   | 3,000              | 202, 332                      | 130, 047            | 2,000         | 0, 733                         | 40.00              |
| 43. 00           | 04300 NURSERY   | 228                | 12, 665                       | 4, 639              | 0             | 247                            |                    |
|                  | ANCILLARY SERVICE COST CENTERS  |                    | ,                             |                     |               |                                |                    |
| 50.00            | 05000 OPERATING ROOM  | 63, 419            | 803, 739                      | 898, 415            | 11, 418       | 47, 737                        | 50.00              |
| 51. 00           | 05100 RECOVERY ROOM   | 0                  | 0                             | 0                   | 0             | 0                              | 51. 00             |
| 52.00            | 05200 DELIVERY ROOM & LABOR ROOM  | 1, 156             | 62, 245                       | 0                   | 0             | 0                              | 52. 00             |
| 53. 00           | 05300 ANESTHESI OLOGY   | 7, 653             | 12, 824                       | 680                 |               | 36                             | 53. 00             |
| 54.00            | 05400 RADI OLOGY-DI AGNOSTI C   | 17, 635            | 365, 486                      | 134, 647            | 3, 121        | 7, 155                         | 54.00              |
| 54. 01<br>56. 00 | 05401   PET   SCAN     05600   RADI OI SOTOPE                                     | 816<br>4, 920      | 6, 654<br>55, 317             | 14, 657<br>34, 140  | 0             | 779<br>1, 814                  | 54. 01<br>56. 00   |
| 57. 00           | 05700 CT SCAN   | 15, 801            | 66, 242                       | 16, 883             |               | 897                            | 57. 00             |
| 58. 00           | 05800 MRI   | 0                  | 00, 242                       | 10,000              | 1, 203        | 0                              | 58.00              |
| 60. 00           | 06000 LABORATORY  | 29, 254            | 519, 042                      | 143, 620            | 47            | 7, 632                         |                    |
| 65.00            | 06500 RESPI RATORY THERAPY  | 10, 415            | 214, 823                      |                     |               | 2, 594                         | 65. 00             |
| 66.00            | 06600 PHYSI CAL THERAPY   | 3, 598             | 172, 003                      | 103, 320            | 0             | 5, 490                         | 66. 00             |
| 67. 00           | 06700 OCCUPATI ONAL THERAPY   | 38                 | 218                           | 0                   | 0             | 0                              | 67. 00             |
| 68. 00           | 06800 SPEECH PATHOLOGY  | 75                 | 385                           | 0                   | 0             | 0                              | 68. 00             |
| 69. 00           | 06900 ELECTROCARDI OLOGY  | 11, 290            | 121, 218                      |                     |               | 6, 498                         |                    |
| 70.00            | 07000 ELECTROENCEPHALOGRAPHY  | 1, 306             | 68, 134                       |                     |               | 679<br>0                       |                    |
| 71.00            | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT<br>07200 IMPL. DEV. CHARGED TO PATIENTS | 29, 020<br>27, 678 |                               |                     | 0             | 0                              |                    |
| 73. 00           | 07300 DRUGS CHARGED TO PATIENTS   | 66, 464            | 978, 461                      | 0                   | 0             | 0                              | 73.00              |
| 74. 00           | 07400 RENAL DIALYSIS  | 1, 498             | 84, 488                       | 67, 464             | 0             | 3, 585                         | 1                  |
| 76. 00           | 03140 CARDIO CATH LAB   | 14, 074            | 131, 784                      | 54, 991             | 641           | 2, 922                         | 76. 00             |
| 76. 01           | 03050 ENDOSCOPY   | 9, 063             | 213, 456                      | 59, 103             | 1, 633        | 3, 141                         | 76. 01             |
| 76. 02           | 03950 CARDI AC REHAB  | 564                | 21, 046                       | 0                   | 0             | 0                              | 76. 02             |
|                  | OUTPATIENT SERVICE COST CENTERS   |                    |                               |                     |               |                                |                    |
| 90.00            | 09000 CLI NI C  | 516                |                               |                     |               |                                |                    |
| 91.00            | 09100 EMERGENCY   | 18, 228            | 309, 745                      | 171, 404            | 9, 056        | 9, 108                         | 1                  |
| 92. 00           | 09200 OBSERVATION BEDS (NON-DISTINCT PART<br>OTHER REIMBURSABLE COST CENTERS      |                    |                               |                     |               |                                | 92.00              |
| 95. 00           | 09500 AMBULANCE SERVICES  | 1, 116             | 188, 034                      | 3, 925              | 0             | 209                            | 95. 00             |
|                  | 09600 DURABLE MEDICAL EQUIP-RENTED  | 0,110              | 100,034                       | 0, 723              |               |                                | 96.00              |
| 70. 00           | SPECIAL PURPOSE COST CENTERS  |                    |                               |                     |               |                                | 70.00              |
| 105.00           | 10500 KIDNEY ACQUISITION  | 200                | 39, 173                       | 21, 981             | 0             | 1, 168                         | 105. 00            |
| 106.00           | 10600 HEART ACQUISITION   | 466                | 16, 338                       | 0                   | 0             | 0                              | 106. 00            |
| 118.00           | ,   | 369, 525           | 9, 807, 240                   | 4, 190, 493         | 70, 087       | 220, 905                       | 118. 00            |
|                  | NONREI MBURSABLE COST CENTERS   |                    |                               |                     |               |                                |                    |
|                  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0                  | 1, 557                        |                     | 0             |                                | 190.00             |
|                  | 19200 PHYSI CLANS' PRI VATE OFFI CES  | 0                  | 18, 336                       | 0                   | 0             |                                | 192.00             |
|                  | 07950 CLOSED PSYCH UNIT   | 0                  | 0                             | 0                   | 0             |                                | 194.00             |
|                  | 07951   MARKETI NG<br>  07952   SENI OR CI RCLE                                   | 0                  | 77, 791<br>2, 499             | 0                   | 0             |                                | 194. 01<br>194. 02 |
|                  | 307953 OTHER NONREIMBURSABLE COST CENTERS   | 0                  | 2, 499<br>4, 831              | 0                   | 0             |                                | 194. 02            |
| 200.00           |   |                    | 4,031                         |                     |               |                                | 200. 00            |
| 201.00           |   | 0                  | 0                             | 0                   | 0             | О                              | 201.00             |
|                  |   |                    |                               |                     | '             | •                              | ·                  |

| Health Financial Systems L          | _UTHERAN HOSPIT | AL OF INDIANA          |              | In Lieu of Form CMS-2552-1 |               |         |
|-------------------------------------|-----------------|------------------------|--------------|----------------------------|---------------|---------|
| ALLOCATION OF CAPITAL RELATED COSTS |                 | Provi der CCN: 15-0017 |              | Period: Worksheet B        |               |         |
|                                     |                 |                        |              | rom 07/01/2016             |               |         |
|                                     |                 |                        | -            | Γo 06/30/2017              | Date/Time Pre |         |
|                                     |                 |                        |              |                            | 11/30/2017 5: | 03 pm_  |
| Cost Center Description             | ADMI TTI NG     | OTHER                  | OPERATION OF | LAUNDRY &                  | HOUSEKEEPI NG |         |
|                                     |                 | ADMI NI STRATI VE      | PLANT        | LINEN SERVICE              |               |         |
|                                     |                 | AND GENERAL            |              |                            |               |         |
|                                     | 5. 01           | 5. 02                  | 7. 00        | 8. 00                      | 9. 00         |         |
| 202.00 TOTAL (sum lines 118-201)    | 369, 525        | 9, 912, 254            | 4, 210, 91   | 70, 087                    | 221, 990      | 202. 00 |
|                                     |                 |                        |              |                            |               |         |

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | From 07/01/2016 | Part II |
| To 06/30/2017 | Date/Time Prepared: | 11/30/2017 | 5:03 pm

|                  |  |                   |                  |                   | 06/30/201/         | 11/30/2017 5: |                    |
|------------------|--|-------------------|------------------|-------------------|--------------------|---------------|--------------------|
|                  | Cost Center Description  | DI ETARY          | CAFETERI A       | NURSI NG          | CENTRAL            | PHARMACY      |                    |
|                  |  |                   |                  | ADMI NI STRATI ON | SERVI CES & SUPPLY |               |                    |
|                  |  | 10.00             | 11. 00           | 13. 00            | 14. 00             | 15. 00        |                    |
|                  | GENERAL SERVICE COST CENTERS   |                   |                  |                   |                    |               |                    |
| 1.00             | 00100 CAP REL COSTS-BLDG & FIXT  |                   |                  |                   |                    |               | 1.00               |
| 2.00             | 00200 CAP REL COSTS-MVBLE EQUI P                                       |                   |                  |                   |                    |               | 2.00               |
| 4. 00<br>5. 01   | OO4OO  |                   |                  |                   |                    |               | 4. 00<br>5. 01     |
| 5. 01            | 00560 OTHER ADMINISTRATIVE AND GENERAL                                 |                   |                  |                   |                    |               | 5. 02              |
| 7. 00            | 00700 OPERATION OF PLANT   |                   |                  |                   |                    |               | 7. 00              |
| 8. 00            | 00800 LAUNDRY & LINEN SERVICE  |                   |                  |                   |                    |               | 8.00               |
| 9.00             | 00900 HOUSEKEEPI NG  |                   |                  |                   |                    |               | 9. 00              |
| 10.00            | 01000 DI ETARY   | 1, 051, 032       |                  |                   |                    |               | 10.00              |
| 11. 00           | 01100 CAFETERI A   | 0                 | 66, 486          |                   |                    |               | 11. 00             |
| 13.00            | 01300 NURSING ADMINISTRATION   | 0                 | 1, 251           |                   |                    |               | 13. 00             |
| 14. 00           | 01400 CENTRAL SERVICES & SUPPLY  | 0                 | 2, 146           |                   | 851, 772           |               | 14. 00             |
| 15.00            | 01500 PHARMACY   | 0                 | 2, 924           |                   | 20, 220            | 697, 413      | 1                  |
| 16. 00<br>17. 00 | 01600 MEDICAL RECORDS & LIBRARY<br>01700 SOCIAL SERVICE                | 0                 | 1, 531<br>1, 229 |                   | 188<br>459         | 0             | 16. 00<br>17. 00   |
| 21. 00           | 02100 I &R SERVICES-SALARY & FRINGES APPRV                             | 0                 | 1, 227           |                   | 437                | 0             | 21. 00             |
| 22. 00           | 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV                            | 0                 | 0                | 1 1               | Ö                  | 0             | 1                  |
| 23. 00           | 02300 PARAMED ED PRGM-(SPECIFY)  | o                 | 65               | o o               | 13                 | 0             | 1                  |
| 23. 01           | 02301 PHARMACY RESIDENCY PROGRAM                                       | 0                 | 113              | 0                 | 0                  | 0             | 23. 01             |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS                                 |                   |                  |                   |                    |               |                    |
| 30. 00           | 03000 ADULTS & PEDIATRICS  | 282, 154          | 13, 134          | 1                 | 27, 678            | 0             |                    |
| 31. 00           | 03100 I NTENSI VE CARE UNI T   | 0                 | 0                | _                 | 0                  | 0             |                    |
| 31. 01           | 02080 PEDIATRIC INTENSIVE CARE UNIT                                    | 6, 416            | 555              |                   | 2, 315             | 0             | 31. 01             |
| 31. 02<br>31. 03 | 02060 NEONATAL INTENSIVE CARE UNIT<br>03101 CARDIO INTENSIVE CARE UNIT | 6, 326<br>21, 566 | 1, 293<br>6, 686 |                   | 3, 002<br>20, 181  | 0             | 31. 02<br>31. 03   |
| 32. 00           | 03200 CORONARY CARE UNIT   | 21, 300           | 2, 294           |                   | 7, 190             | 0             | 1                  |
| 40. 00           | 04000 SUBPROVI DER - I PF  | ő                 | 2, 2, 7          | 0                 | 7, 170             | 0             |                    |
| 43. 00           | 04300 NURSERY  | Ö                 | 159              | 1, 313            | 861                | 0             | 43. 00             |
|                  | ANCILLARY SERVICE COST CENTERS   |                   |                  |                   |                    |               |                    |
| 50.00            | 05000 OPERATING ROOM   | 0                 | 6, 022           | 43, 661           | 89, 879            | 0             |                    |
| 51. 00           | 05100 RECOVERY ROOM  | 0                 | 0                | 1                 | 0                  | 0             |                    |
| 52. 00           | 05200 DELIVERY ROOM & LABOR ROOM                                       | 0                 | 806              |                   | 0                  | 0             | 52. 00             |
| 53. 00           | 05300 ANESTHESI OLOGY  | 0                 | 101              |                   | 1, 028             | 0             | 53.00              |
| 54. 00<br>54. 01 | 05400   RADI OLOGY-DI AGNOSTI C<br>  05401   PET   SCAN                | 0                 | 4, 074<br>16     |                   | 9, 724<br>0        | 0             | 54. 00<br>54. 01   |
| 56. 00           | 05600 RADI OI SOTOPE   | 0                 | 293              |                   | 4, 975             | 0             | 56.00              |
| 57. 00           | 05700 CT SCAN  | o                 | 629              |                   | 2, 863             | 0             | 57. 00             |
| 58. 00           | 05800 MRI  | o                 | 0                |                   | 0                  | 0             | 58. 00             |
| 60.00            | 06000 LABORATORY   | o                 | 3, 366           | 0                 | 76, 240            | 0             | 60.00              |
| 65.00            | 06500 RESPI RATORY THERAPY   | 0                 | 2, 594           | 0                 | 12, 253            | 0             | 65. 00             |
| 66. 00           | 06600 PHYSI CAL THERAPY  | 0                 | 2, 054           | 0                 | 1, 045             | 0             | 66. 00             |
| 67. 00           | 06700 OCCUPATI ONAL THERAPY  | 0                 | 0                | 0                 | 0                  | 0             | 67. 00             |
| 68. 00           | 06800 SPEECH PATHOLOGY   | 0                 | 1 013            | 0                 | 35                 | 0             |                    |
| 69. 00<br>70. 00 | 06900 ELECTROCARDI OLOGY<br>07000 ELECTROENCEPHALOGRAPHY               | 0                 | 1, 912<br>704    |                   | 932<br>5, 757      | 0             | 69. 00<br>70. 00   |
| 71. 00           | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                              | 0                 | 704              |                   | 181, 123           | 0             | 1                  |
| 72. 00           | 07200 IMPL. DEV. CHARGED TO PATIENTS                                   | 0                 | Ö                |                   | 319, 651           | 0             | 1                  |
| 73. 00           | 07300 DRUGS CHARGED TO PATIENTS  | Ö                 | 0                | Ö                 | 0                  | 697, 413      | 1                  |
| 74.00            | 07400 RENAL DIALYSIS   | O                 | 0                | 0                 | 701                | 0             | 74.00              |
| 76. 00           | 03140 CARDIO CATH LAB  | 0                 | 770              |                   | 15, 234            | 0             | 76. 00             |
|                  | 03050 ENDOSCOPY  | 0                 | 2, 026           |                   | 21, 069            | 0             |                    |
| 76. 02           | 03950 CARDI AC REHAB   | 0                 | 396              | 2, 330            | 0                  | 0             | 76. 02             |
| 00.00            | OUTPATIENT SERVICE COST CENTERS  | ما                | 1 000            | 14 700            | F 010              |               | 00.00              |
| 90. 00<br>91. 00 | 09000 CLI NI C<br>09100 EMERGENCY                                      | 0                 | 1, 882           |                   | 5, 819             | 0             | 1                  |
| 91.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART                              | U                 | 3, 514           | 25, 235           | 18, 894            | U             | 91. 00<br>92. 00   |
| 72.00            | OTHER REIMBURSABLE COST CENTERS  |                   |                  |                   |                    |               | 72.00              |
| 95. 00           | 09500 AMBULANCE SERVICES   | 0                 | 1, 641           | 0                 | 2, 333             | 0             | 95. 00             |
| 96.00            | 09600 DURABLE MEDICAL EQUIP-RENTED                                     | O                 | 0                |                   | 0                  | 0             | 1                  |
|                  | SPECIAL PURPOSE COST CENTERS   |                   |                  |                   |                    |               |                    |
| 105.00           | 10500 KIDNEY ACQUISITION   | 0                 | 0                | 0                 | 0                  | 0             | 105. 00            |
|                  | 10600 HEART ACQUISITION  | 0                 | 0                | 0                 | 0                  |               | 106. 00            |
| 118.00           |  | 316, 462          | 66, 182          | 322, 118          | 851, 662           | 697, 413      | 118. 00            |
| 400.00           | NONREI MBURSABLE COST CENTERS  | ما                |                  | J                 | ما                 |               | 100.00             |
|                  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                              | 724 570           | 1                |                   | 0                  |               | 190.00             |
|                  | 19200   PHYSICIANS' PRIVATE OFFICES<br>  07950   CLOSED PSYCH UNIT     | 734, 570<br>0     | 0                | - T               | 0                  |               | 192. 00<br>194. 00 |
|                  | 07951 MARKETI NG   | 0                 | 196              | 1                 | 92                 |               | 194. 00            |
|                  | 07952 SENI OR CI RCLE  | ol ol             | 39               |                   | 8                  |               | 194. 02            |
|                  | 07953 OTHER NONREIMBURSABLE COST CENTERS                               | Ö                 | 68               |                   | 10                 |               | 194. 03            |
| 200.00           | Cross Foot Adjustments   |                   |                  |                   |                    |               | 200. 00            |
| 201.00           | Negative Cost Centers  | 0                 | 0                | 0                 | 0                  | 0             | 201. 00            |
|                  |  |                   |                  |                   |                    |               |                    |

| Health Financial Systems            | LUTHERAN HOSPITAL OF INDIANA |              |                  | In Lieu of Form CMS-2552-10 |               |         |
|-------------------------------------|------------------------------|--------------|------------------|-----------------------------|---------------|---------|
| ALLOCATION OF CAPITAL RELATED COSTS |                              | Provi der CO | CN: 15-0017      | Peri od:                    | Worksheet B   |         |
|                                     |                              |              |                  | From 07/01/2016             |               |         |
|                                     |                              |              |                  | To 06/30/2017               | Date/Time Pre |         |
|                                     |                              |              |                  |                             | 11/30/2017 5: | 03 pm_  |
| Cost Center Description             | DI ETARY                     | CAFETERI A   | NURSI NG         | CENTRAL                     | PHARMACY      |         |
|                                     |                              |              | ADMI NI STRATI O | N SERVICES &                |               |         |
|                                     |                              |              |                  | SUPPLY                      |               |         |
|                                     | 10.00                        | 11. 00       | 13.00            | 14. 00                      | 15. 00        |         |
| 202.00 TOTAL (sum lines 118-201)    | 1, 051, 032                  | 66, 486      | 322, 11          | 8 851, 772                  | 697, 413      | 202. 00 |
| 202.00   TOTAL (sum lines 118-201)  |                              | 11. 00       | 13. 00           | SUPPLY<br>14. 00            |               | 202. 00 |

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 07/01/2016 Part II | To 06/30/2017 Date/Time Prepared: 11/30/2017 5: 03 pm

|                  |  |                    |                |                 | 0 00/30/201/    | 11/30/2017 5: |                    |
|------------------|--|--------------------|----------------|-----------------|-----------------|---------------|--------------------|
|                  |  |                    |                | INTERNS &       | RESI DENTS      |               |                    |
|                  | Cost Center Description  | MEDI CAL           | SOCIAL SERVICE | SERVI CES-SALAR | SERVI CES-OTHER | PARAMED ED    |                    |
|                  | <b>'</b>   | RECORDS &          |                | Y & FRINGES     | PRGM COSTS      | PRGM          |                    |
|                  |  | LI BRARY           | 47.00          | APPRV           | APPRV           | 00.00         |                    |
|                  | GENERAL SERVICE COST CENTERS   | 16. 00             | 17. 00         | 21.00           | 22. 00          | 23. 00        |                    |
| 1. 00            | 00100 CAP REL COSTS-BLDG & FLXT  |                    |                |                 |                 |               | 1.00               |
| 2.00             | 00200 CAP REL COSTS-MVBLE EQUIP  |                    |                |                 |                 |               | 2. 00              |
| 4.00             | 00400 EMPLOYEE BENEFITS DEPARTMENT   |                    |                |                 |                 |               | 4. 00              |
| 5. 01            | 00540 ADMITTING  |                    |                |                 |                 |               | 5. 01              |
| 5. 02<br>7. 00   | 00560 OTHER ADMINISTRATIVE AND GENERAL<br>00700 OPERATION OF PLANT                 |                    |                |                 |                 |               | 5. 02<br>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<br>14. 00 |  |                    |                |                 |                 |               | 13. 00<br>14. 00   |
| 15. 00           |  |                    |                |                 |                 |               | 15.00              |
| 16. 00           |  | 442, 860           |                |                 |                 |               | 16.00              |
| 17. 00           |  | 0                  | 255, 071       |                 |                 |               | 17. 00             |
| 21. 00           |  | 0                  | 0              | 325             | l I             |               | 21.00              |
| 22. 00<br>23. 00 |  | 0                  | 0              |                 | 84, 520         | 96, 827       | 22. 00<br>23. 00   |
| 23. 00           | , ,  | 0                  |                |                 |                 | 70, 027       | 23. 00             |
|                  | I NPATIENT ROUTINE SERVICE COST CENTERS  |                    | _              |                 |                 |               |                    |
| 30. 00           |  | 20, 248            | 1              |                 |                 |               | 30. 00             |
| 31.00            | l i  | 0                  | 0              |                 |                 |               | 31.00              |
| 31. 01<br>31. 02 |  | 646<br>2, 328      | 373<br>1, 342  |                 |                 |               | 31. 01<br>31. 02   |
| 31. 02           |  | 11, 744            | 1              |                 |                 |               | 31.02              |
| 32. 00           | l i  | 4, 627             | 2, 668         |                 |                 |               | 32. 00             |
| 40. 00           | l i  | 0                  | 0              |                 |                 |               | 40. 00             |
| 43. 00           |  | 273                | 158            |                 |                 |               | 43. 00             |
| 50. 00           | ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM                                | 76, 010            | 43, 834        |                 |                 |               | 50.00              |
| 51. 00           | l i  | 0                  | 0              |                 |                 |               | 51.00              |
| 52.00            | 1  | 1, 386             |                |                 |                 |               | 52. 00             |
| 53. 00           |  | 9, 172             | 1              |                 |                 |               | 53. 00             |
| 54.00            | 05400 RADI OLOGY-DI AGNOSTI C<br>05401 PET SCAN                                    | 21, 137            | 12, 189        |                 |                 |               | 54.00              |
| 54. 01<br>56. 00 |  | 978<br>5, 897      | 564<br>3, 401  |                 |                 |               | 54. 01<br>56. 00   |
| 57. 00           |  | 18, 937            | 10, 921        |                 |                 |               | 57.00              |
| 58. 00           |  | 0                  | 0              |                 |                 |               | 58. 00             |
| 60. 00           |  | 35, 062            |                |                 |                 |               | 60.00              |
| 65. 00           |  | 12, 482            | 1              |                 |                 |               | 65.00              |
| 66. 00<br>67. 00 |  | 4, 313<br>46       | l              |                 |                 |               | 66. 00<br>67. 00   |
| 68. 00           |  | 90                 | 52             |                 |                 |               | 68. 00             |
| 69. 00           | 06900 ELECTROCARDI OLOGY   | 13, 531            | 7, 803         |                 |                 |               | 69. 00             |
| 70. 00           |  | 1, 565             |                |                 |                 |               | 70.00              |
| 71. 00<br>72. 00 |  | 34, 782            |                |                 |                 |               | 71. 00<br>72. 00   |
| 73. 00           |  | 33, 172<br>79, 629 | l ·            |                 |                 |               | 73.00              |
| 74. 00           |  | 1, 796             | l ·            |                 |                 |               | 74. 00             |
| 76. 00           |  | 16, 868            | 9, 728         |                 |                 |               | 76. 00             |
| 76. 01           |  | 10, 863            |                |                 |                 |               | 76. 01             |
| 76. 02           | 03950 CARDI AC REHAB  OUTPATI ENT SERVI CE COST CENTERS                            | 677                | 390            |                 |                 |               | 76. 02             |
| 90. 00           |  | 618                | 356            |                 |                 |               | 90.00              |
| 91. 00           |  | 21, 847            |                |                 |                 |               | 91.00              |
| 92. 00           | 09200 OBSERVATION BEDS (NON-DISTINCT PART  |                    |                |                 |                 |               | 92. 00             |
|                  | OTHER REIMBURSABLE COST CENTERS  |                    | I              | <b>.</b>        |                 |               |                    |
| 95.00            |  | 1, 337             |                |                 |                 |               | 95.00              |
| 96. 00           | 09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS                    | 0                  | 0              |                 |                 |               | 96. 00             |
| 105. 0           | 0 10500 KI DNEY ACQUISITION  | 240                | 138            |                 |                 |               | 105. 00            |
| 106.0            | 0 10600 HEART ACQUISITION  | 559                | 322            |                 |                 |               | 106. 00            |
| 118. 0           | ,  | 442, 860           | 255, 071       | 0               | 0               | 0             | 118. 00            |
| 100 0            | NONREI MBURSABLE COST CENTERS  | _                  | _              |                 |                 |               | 100.00             |
|                  | 0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>0 19200 PHYSICIANS' PRIVATE OFFICES | 0                  | 0              |                 |                 |               | 190. 00<br>192. 00 |
|                  | 007950 CLOSED PSYCH UNIT   | 0                  | l              |                 |                 |               | 194. 00            |
| 194.0            | 1 07951 MARKETI NG   | 0                  |                |                 |                 |               | 194. 01            |
|                  | 2 07952 SENI OR CI RCLE  | 0                  | ŀ              | l               |                 |               | 194. 02            |
| 194.0            | 3 07953 0THER NONREIMBURSABLE COST CENTERS   | 0                  | 0              | l               |                 |               | 194. 03            |

| Health Financial Systems            | LUTHERAN HOSPITAL OF INDIANA | In Lieu of Form CMS-2552-10  |
|-------------------------------------|------------------------------|--|
| ALLOCATION OF CAPITAL RELATED COSTS | Provi der CCN: 15-0017       | Peri od: Worksheet B<br>From 07/01/2016 Part II<br>To 06/30/2017 Date/Time Prepared:<br>11/30/2017 5:03 pm |

|        |                           |           |                |                 |                 | 11/30/201/ 5: | 03 pm   |
|--------|---------------------------|-----------|----------------|-----------------|-----------------|---------------|---------|
|        |                           |           |                | INTERNS &       | RESI DENTS      |               |         |
|        | Cost Center Description   |           | SOCIAL SERVICE | SERVI CES-SALAR | SERVI CES-OTHER | PARAMED ED    |         |
|        |                           | RECORDS & |                | Y & FRINGES     | PRGM COSTS      | PRGM          |         |
|        |                           | LI BRARY  |                | APPRV           | APPRV           |               |         |
|        |                           | 16.00     | 17. 00         | 21. 00          | 22. 00          | 23.00         |         |
| 200.00 | Cross Foot Adjustments    |           |                | 325             | 84, 520         | 96, 827       | 200.00  |
| 201.00 | Negative Cost Centers     | 0         | 0              | 0               | 0               | 0             | 201. 00 |
| 202.00 | TOTAL (sum lines 118-201) | 442, 860  | 255, 071       | 325             | 84, 520         | 96, 827       | 202. 00 |

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0017 Peri od: Worksheet B From 07/01/2016 Part II 06/30/2017 Date/Time Prepared: 11/30/2017 5:03 pm Cost Center Description **PHARMACY** Subtotal Total Intern & RESI DENCY Residents Cost **PROGRAM** & Post Stepdown Adjustments 23.01 24.00 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00540 ADMITTING 5.01 5. 01 00560 OTHER ADMINISTRATIVE AND GENERAL 5.02 5.02 00700 OPERATION OF PLANT 7.00 7 00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10 00 10 00 01100 CAFETERI A 11.00 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15 00 15 00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17.00 17.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 21 00 21 00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 22.00 22.00 02300 PARAMED ED PRGM-(SPECIFY) 23.00 23.00 02301 PHARMACY RESIDENCY PROGRAM 9, 164 23.01 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 5, 240, 491 0 5, 240, 491 30.00 03100 INTENSIVE CARE UNIT 31.00 31.00 02080 PEDIATRIC INTENSIVE CARE UNIT 31.01 291, 630 0 291, 630 31.01 02060 NEONATAL INTENSIVE CARE UNIT 1, 188, 780 0 1, 188, 780 31 02 31 02 0 31.03 03101 CARDIO INTENSIVE CARE UNIT 2, 211, 209 2, 211, 209 31.03 03200 CORONARY CARE UNIT 0 32.00 746, 102 746, 102 32.00 04000 SUBPROVI DER - I PF 0 40.00 40.00 04300 NURSERY 0 43.00 33, 737 33.737 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 6, 405, 059 6, 405, 059 50 00 51.00 05100 RECOVERY ROOM 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 77, 938 77, 938 52 00 52 00 53.00 05300 ANESTHESI OLOGY 38, 691 38, 691 53.00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 2, 483, 811 2, 483, 811 54.00 05401 PET SCAN 0 54.01 92, 874 92, 874 54.01 05600 RADI OI SOTOPE 56.00 242, 466 242, 466 56.00 270, 793 57.00 05700 CT SCAN 270, 793 0 57.00 58.00 05800 MRI 0 58.00 0 60.00 06000 LABORATORY 1, 543, 461 1, 543, 461 60.00 65.00 06500 RESPIRATORY THERAPY 617, 870 617, 870 65.00 66.00 06600 PHYSI CAL THERAPY 577, 774 577, 774 66.00 06700 OCCUPATI ONAL THERAPY 0 67.00 328 328 67.00 0 68.00 06800 SPEECH PATHOLOGY 637 637 68.00 69.00 06900 ELECTROCARDI OLOGY 973, 431 973, 431 69.00 0 70.00 07000 ELECTROENCEPHALOGRAPHY 70.00 465, 600 465, 600 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 758. 383 758.383 71 00 71 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 1, 290, 915 1, 290, 915 72.00 07300 DRUGS CHARGED TO PATIENTS 1, 867, 569 0 73.00 1,867,569 73.00 07400 RENAL DIALYSIS 0 325, 460 74.00 325, 460 74.00 03140 CARDIO CATH LAB 0 76.00 1, 162, 934 1, 162, 934 76.00 76.01 03050 ENDOSCOPY 1, 302, 668 0 1, 302, 668 76.01 03950 CARDI AC REHAB 76.02 42, 969 0 42, 969 76.02 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 840, 354 0 840, 354 90.00 09100 EMERGENCY 1, 276, 981 0 1, 276, 981 91.00 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 986, 054 0 986, 054 95.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 96.00 SPECIAL PURPOSE COST CENTERS 105. 00 10500 KI DNEY ACQUI SI TI ON 105 00 115, 804 0 115, 804 106.00 10600 HEART ACQUISITION 17, 685 0 17, 685 106.00 SUBTOTALS (SUM OF LINES 1-117) 33, 490, 458 33, 490, 458 118.00 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 72, 230 0 72, 230 190.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 192.00 915, 555 915, 555 194.00 07950 CLOSED PSYCH UNIT 0 0 194.00 194. 01 07951 MARKETI NG 0 84, 167 194 01 84, 167 194. 02 07952 SENI OR CIRCLE 2, 697 2, 697 194. 02 194. 03 07953 OTHER NONREIMBURSABLE COST CENTERS 11,686 11, 686 194.03

| Health Financial Systems            | AL OF INDIANA | OF INDIANA In Lie |               |                     | 52-10            |        |
|-------------------------------------|---------------|-------------------|---------------|---------------------|------------------|--------|
| ALLOCATION OF CAPITAL RELATED COSTS |               | Provi der Co      |               | Period: Worksheet B |                  |        |
|                                     |               |                   |               | From 07/01/2016     | Part II          |        |
|                                     |               |                   |               | To 06/30/2017       | Date/Time Prepa  |        |
|                                     |               |                   |               |                     | 11/30/2017 5: 03 | 3 pm   |
| Cost Center Description             | PHARMACY      | Subtotal          | Intern &      | Total               |                  |        |
|                                     | RESI DENCY    |                   | Residents Cos | t                   |                  |        |
|                                     | PROGRAM       |                   | & Post        |                     |                  |        |
|                                     |               |                   | Stepdown      |                     |                  |        |
|                                     |               |                   | Adjustments   |                     |                  |        |
|                                     | 23. 01        | 24.00             | 25. 00        | 26.00               |                  |        |
| 200.00 Cross Foot Adjustments       | 9, 164        | 190, 836          |               | 0 190, 836          | 20               | 00.00  |
| 201.00 Negative Cost Centers        | 0             | 0                 |               | 0 0                 | 20               | 01.00  |
| 202.00 TOTAL (sum lines 118-201)    | 9, 164        | 34, 767, 629      |               | 0 34, 767, 629      | 20               | 02. 00 |

|                  | HI DOATION STATISTICAL PAGES  | LUTHERAN HUSPIT    |                  | ON 15 0017 5           |                                | Wassissian D. 1 |                    |
|------------------|---|--------------------|------------------|------------------------|--------------------------------|-----------------|--------------------|
| COST A           | ILLOCATION - STATISTICAL BASIS  |                    | Provi der CO     |                        | eriod:<br>rom 07/01/2016       | Worksheet B-1   |                    |
|                  |   |                    |                  |                        | o 06/30/2017                   | Date/Time Pre   |                    |
|                  |   | CADITAL DE         | L<br>LATED COSTS |                        |                                | 11/30/2017 5:   | 03 pm              |
|                  |   | CALLIAL KE         | LATED COSTS      |                        |                                |                 |                    |
|                  | Cost Center Description   | BLDG & FIXT        | MVBLE EQUIP      | EMPLOYEE               | ADMITTI NG                     | Reconciliation  |                    |
|                  |   | (SQUARE FEET)      | (DOLLAR VALUE)   |                        | (GROSS CHAR                    |                 |                    |
|                  |   |                    |                  | DEPARTMENT             | GES)                           |                 |                    |
|                  |   |                    |                  | (GROSS                 |                                |                 |                    |
|                  |   | 1.00               | 2.00             | SALARI ES)<br>4. 00    | 5. 01                          | 5A. 02          |                    |
|                  | GENERAL SERVICE COST CENTERS  | 1100               | 2.00             | 11.00                  | 0.0.                           | 07.11.02        |                    |
| 1.00             | 00100 CAP REL COSTS-BLDG & FIXT   | 714, 940           | )                |                        |                                |                 | 1. 00              |
| 2.00             | 00200 CAP REL COSTS-MVBLE EQUIP   |                    | 13, 511, 206     | 1                      |                                |                 | 2. 00              |
| 4.00             | 00400 EMPLOYEE BENEFITS DEPARTMENT  | 18, 728            | 1                |                        |                                |                 | 4.00               |
| 5. 01<br>5. 02   | OO540   ADMITTING<br>  OO560   OTHER ADMINISTRATIVE AND GENERAL                   | 15, 575<br>30, 275 | 1                |                        | 2, 710, 936, 516               | -66, 636, 173   | 5. 01<br>5. 02     |
| 7. 00            | 00700 OPERATION OF PLANT  | 154, 768           |                  |                        |                                | -00, 030, 173   | 7. 00              |
| 8.00             | 00800 LAUNDRY & LINEN SERVICE   | 898                | 1                | 1, 555, 111            | Ö                              | ő               | 8. 00              |
| 9.00             | 00900 HOUSEKEEPI NG   | 3, 015             | 19, 508          | 1, 407, 478            | 0                              | 0               | 9. 00              |
| 10. 00           | 01000 DI ETARY  | 29, 016            | l .              |                        |                                | 0               | 10.00              |
| 11.00            | 01100 CAFETERI A  | 0                  | 1                |                        |                                | 0               | 11.00              |
| 13. 00<br>14. 00 | O1300   NURSI NG   ADMI NI STRATI ON   O1400   CENTRAL   SERVI CES & SUPPLY       | 6, 861<br>12, 530  | 1                |                        |                                | 0               | 13. 00<br>14. 00   |
| 15. 00           | 01500 PHARMACY  | 7, 173             |                  |                        |                                | 0               | 15. 00             |
| 16. 00           | 01600 MEDI CAL RECORDS & LI BRARY   | 7, 661             |                  |                        |                                | Ö               | 16. 00             |
| 17. 00           | 01700 SOCIAL SERVICE  | 5, 161             | 0                | 2, 205, 071            | 0                              | 0               | 17. 00             |
| 21. 00           | 02100 I &R SERVICES-SALARY & FRINGES APPRV  | 0                  | 0                | 7, 482                 | . 0                            | 0               | 21. 00             |
| 22. 00           | 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV                                       | 0                  | 0                | 0                      | 0                              | 0               | 22. 00             |
| 23. 00<br>23. 01 | O2300   PARAMED ED PRGM-(SPECIFY)<br>  O2301   PHARMACY RESI DENCY PROGRAM        | 2, 892             |                  | 1                      |                                |                 |                    |
| 23.01            | I NPATI ENT ROUTI NE SERVI CE COST CENTERS  |                    | ıl O             | 202, 733               | 0                              | 0               | 23.01              |
| 30. 00           | 03000 ADULTS & PEDIATRICS   | 99, 706            | 543, 008         | 17, 452, 522           | 124, 223, 130                  | 0               | 30.00              |
| 31.00            | 03100 INTENSIVE CARE UNIT   | 0                  | 0                | c c                    | 0                              | 0               | 31.00              |
| 31. 01           | 02080 PEDIATRIC INTENSIVE CARE UNIT   | 6, 595             | •                |                        |                                |                 |                    |
| 31. 02           | 02060 NEONATAL INTENSIVE CARE UNIT  | 11, 068            | •                |                        |                                |                 | 31. 02             |
| 31. 03           | O3101   CARDIO INTENSIVE CARE UNIT<br>  O3200   CORONARY CARE UNIT                | 39, 548            | •                |                        |                                |                 | 31. 03<br>32. 00   |
| 32. 00<br>40. 00 | 04000 SUBPROVI DER - I PF   | 15, 400            | 1                |                        |                                | 0               | 40.00              |
| 43. 00           | 04300 NURSERY   | 546                | 1                | 1                      | _                              | _               | 1                  |
|                  | ANCILLARY SERVICE COST CENTERS  |                    |                  | ·                      |                                |                 |                    |
| 50.00            | 05000 OPERATING ROOM  | 105, 737           | 1, 426, 100      | 1                      |                                |                 |                    |
| 51. 00           | 05100 RECOVERY ROOM   | 0                  | 0                | 1 204 (20              | _                              | 0               | 51.00              |
| 52. 00<br>53. 00 | 05200   DELI VERY ROOM & LABOR ROOM   05300   ANESTHESI OLOGY                     | 80                 |                  | 1, 384, 638<br>77, 065 |                                | l .             | 52. 00<br>53. 00   |
| 54. 00           | 05400 RADI OLOGY-DI AGNOSTI C   | 15, 847            | ł                |                        |                                |                 | 54.00              |
| 54. 01           | 05401 PET SCAN  | 1, 725             |                  |                        |                                |                 | 54. 01             |
| 56.00            | 05600 RADI 0I SOTOPE  | 4, 018             | 30, 331          | 517, 296               | 36, 178, 553                   | 0               | 56. 00             |
| 57. 00           | 05700 CT SCAN   | 1, 987             | 59, 237          | 893, 898               | 116, 180, 696                  | 0               | 57. 00             |
| 58. 00           | 05800 MRI   | 1, 000             | 0                | 0                      | 0                              | 0               | 58.00              |
|                  | 06000   LABORATORY   06500   RESPI RATORY   THERAPY                               | 16, 903<br>5, 745  | 1                | 1                      |                                | l .             |                    |
| 66. 00           | 06600 PHYSI CAL THERAPY   | 12, 160            |                  |                        |                                |                 | ı                  |
| 67. 00           | 06700 OCCUPATI ONAL THERAPY   | 0                  | 1                | 0,711,626              | 281, 049                       |                 | 67. 00             |
| 68. 00           | 06800 SPEECH PATHOLOGY  | 0                  | 0                | c                      | 550, 078                       |                 | 68. 00             |
| 69. 00           | 06900 ELECTROCARDI OLOGY  | 14, 392            | •                |                        |                                |                 | 69. 00             |
| 70.00            | 07000 ELECTROENCEPHALOGRAPHY  | 1, 504             | 227, 488         | 1, 075, 905            |                                |                 | 70.00              |
| 71. 00<br>72. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT<br>07200 IMPL. DEV. CHARGED TO PATIENTS |                    |                  |                        | 213, 384, 511<br>203, 512, 249 |                 | 71. 00<br>72. 00   |
| 73. 00           | 07300 DRUGS CHARGED TO PATIENTS   |                    |                  |                        | 482, 533, 684                  |                 | 73.00              |
| 74. 00           | 07400 RENAL DIALYSIS  | 7, 940             | 1, 689           |                        | 11, 016, 050                   |                 | 74. 00             |
| 76.00            | 03140 CARDIO CATH LAB   | 6, 472             |                  |                        |                                | 0               | 76. 00             |
| 76. 01           | 03050 ENDOSCOPY   | 6, 956             | 542, 589         | 2, 965, 266            |                                |                 |                    |
| 76. 02           | 03950 CARDI AC REHAB  | 0                  | 10, 632          | 484, 714               | 4, 150, 728                    | 0               | 76. 02             |
| 90. 00           | OUTPATIENT SERVICE COST CENTERS O9000 CLINIC                                      | 20, 422            | 30, 342          | 2 0/2 010              | 2 701 270                      | 0               | 00.00              |
| 91.00            | 09100 EMERGENCY   | 20, 432<br>20, 173 |                  |                        |                                |                 |                    |
| 92. 00           | 09200 OBSERVATION BEDS (NON-DISTINCT PART   | 20,170             | 100, 100         | 0,200,700              | 101,020,000                    |                 | 92.00              |
|                  | OTHER REIMBURSABLE COST CENTERS   | ·                  | '                | •                      | <b>'</b>                       | '               |                    |
| 95.00            | 09500 AMBULANCE SERVI CES   | 462                |                  | 2, 118, 122            | 8, 204, 817                    |                 |                    |
| 96. 00           | 09600 DURABLE MEDICAL EQUIP-RENTED  | 0                  | 0                | <u>C</u>               | 0                              | 0               | 96. 00             |
| 105.00           | SPECIAL PURPOSE COST CENTERS   10500 KIDNEY ACQUISITION                           | 2 507              | 1 0              |                        | 1 471 500                      | 1 0             | 105 00             |
|                  | 10500 REDNEY ACQUISITION  | 2, 587             | l                | C                      |                                |                 | 105. 00<br>106. 00 |
| 118.00           |   | 712, 536           | 1                |                        | 2, 710, 936, 516               |                 |                    |
|                  | NONREI MBURSABLE COST CENTERS   |                    |                  |                        |                                |                 |                    |
|                  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 2, 404             |                  | C                      |                                |                 | 190. 00            |
|                  | 19200 PHYSI CLANS' PRI VATE OFFI CES  | 0                  |                  | 600                    |                                |                 | 192.00             |
|                  | 07950 CLOSED PSYCH UNIT<br> 07951 MARKETING                                       | 0                  |                  | 316, 323               | 0                              |                 | 194. 00<br>194. 01 |
| 194.01           | O/ 75 I WALL I ING  | 1                  | 3, 334           | 310, 323               | ·i U                           | <u> </u>        | 1174. UT           |
|                  |   |                    |                  |                        |                                |                 |                    |

| Health Financial Systems                           | LUTHERAN HOSPITAL OF INDIANA |                               |  | In Lieu of Form CMS-2552-10        |                |         |  |
|--|------------------------------|-------------------------------|--|------------------------------------|----------------|---------|--|
| COST ALLOCATION - STATISTICAL BASIS                |                              | Provi der CCN: 15-0017        |  |                                    | Worksheet B-1  |         |  |
|  |                              |                               |  | From 07/01/2016<br>To 06/30/2017   |                |         |  |
|  | CAPITAL RE                   | LATED COSTS                   |  |                                    |                |         |  |
| Cost Center Description                            | BLDG & FLXT<br>(SQUARE FEET) | MVBLE EQUIP<br>(DOLLAR VALUE) | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS | ADMI TTI NG<br>(GROSS CHAR<br>GES) | Reconciliation |         |  |
|  |                              |                               | SALARI ES)                                   |                                    |                |         |  |
|  | 1.00                         | 2.00                          | 4. 00  | 5. 01                              | 5A. 02         |         |  |
| 194. 02 07952 SENI OR CI RCLE                      | 0                            | 0                             | 42, 70                                       | 3 0                                |                | 194. 02 |  |
| 194.03 07953 OTHER NONREIMBURSABLE COST CENTERS    | 0                            | 4, 275                        | 113, 85                                      | 7 0                                |                | 194. 03 |  |
| 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)  | 14, 620, 565                 | 20, 147, 064                  | 20, 587, 06                                  | 11, 066, 707                       |                | 202. 00 |  |
| 203.00 Unit cost multiplier (Wkst. B, Part I)      | 20. 450059                   | 1. 491137                     | 0. 17940                                     | 0. 004082                          |                | 203. 00 |  |
| 204.00 Cost to be allocated (per Wkst. B, Part II) |                              |                               | 405, 34                                      | 7 369, 525                         |                | 204. 00 |  |
| 205.00 Unit cost multiplier (Wkst. B, Part         |                              |                               | 0. 00353.                                    | 0. 000136                          |                | 205. 00 |  |

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS LUTHERAN HOSPITAL OF INDIANA In Lieu of Form CMS-2552-10 Provider CCN: 15-0017 | Peri od: | From 07/01/2016 | To 06/30/2017 | Date/Time Prepared:

|                  |       |   |                                     |  | 11                                   | 0 06/30/2017                  | Date/lime Pre<br>11/30/2017 5: |                  |
|------------------|-------|---|-------------------------------------|--|--------------------------------------|-------------------------------|--------------------------------|------------------|
|                  |       | Cost Center Description   | OTHER ADMI NI STRATI VE AND GENERAL | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY & LI NEN SERVI CE (POUNDS OF | HOUSEKEEPING<br>(SQUARE FEET) | DI ETARY<br>(MEALS SERVED)     | у р              |
|                  |       |   | (ACCUM. COST)<br>5.02               | 7. 00                                  | LAUNDRY)<br>8. 00                    | 9. 00                         | 10. 00                         |                  |
|                  | GENER | AL SERVICE COST CENTERS   |                                     |  |                                      |                               |                                |                  |
| 1.00             | 00100 | CAP REL COSTS-BLDG & FIXT                                       |                                     |  |                                      |                               |                                | 1. 00            |
| 2.00             |       | CAP REL COSTS-MVBLE EQUIP                                       |                                     |  |                                      |                               |                                | 2. 00            |
| 4.00             |       | EMPLOYEE BENEFITS DEPARTMENT                                    |                                     |  |                                      |                               |                                | 4. 00            |
| 5. 01            | 1     | ADMITTING   | 040 040 040                         |  |                                      |                               |                                | 5. 01            |
| 5. 02            |       | OTHER ADMINISTRATIVE AND GENERAL OPERATION OF PLANT             | 313, 013, 349                       | 40E E04                                |                                      |                               |                                | 5. 02<br>7. 00   |
| 7. 00<br>8. 00   |       | LAUNDRY & LINEN SERVICE   | 16, 532, 454<br>1, 392, 393         | 495, 594<br>898                        |                                      |                               |                                | 8.00             |
| 9. 00            | 1     | HOUSEKEEPI NG   | 3, 178, 530                         | 3, 015                                 |                                      | 491, 681                      |                                | 9. 00            |
| 10.00            | 1     | DI ETARY  | 3, 690, 032                         | 29, 016                                |                                      | 29, 016                       | 634, 648                       |                  |
| 11. 00           | 01100 | CAFETERI A  | 2, 026, 937                         | 0                                      | 0                                    | 0                             | 0                              | 11. 00           |
| 13.00            | 1     | NURSING ADMINISTRATION  | 2, 898, 804                         | 6, 861                                 |                                      | 6, 861                        | 0                              | 13. 00           |
| 14.00            |       | CENTRAL SERVICES & SUPPLY                                       | 7, 930, 430                         | 12, 530                                |                                      | 12, 530                       | 0                              | 14. 00           |
| 15. 00<br>16. 00 | 1     | PHARMACY MEDICAL RECORDS & LIBRARY                              | 9, 508, 867<br>6, 072, 371          | 7, 173<br>7, 661                       |                                      | 7, 173<br>7, 661              | 0<br>0                         | 15. 00<br>16. 00 |
| 17. 00           |       | SOCIAL SERVICE  | 2, 964, 282                         | 5, 161                                 |                                      | 5, 161                        | 0                              | 17. 00           |
| 21. 00           |       | I&R SERVICES-SALARY & FRINGES APPRV                             | 9, 381                              | 0, 101                                 |                                      | 0, 101                        | Ö                              | 21. 00           |
| 22. 00           | 1     | I&R SERVICES-OTHER PRGM COSTS APPRV                             | 2, 669, 030                         | 0                                      | 0                                    | 0                             | 0                              | 22. 00           |
| 23. 00           | 02300 | PARAMED ED PRGM-(SPECIFY)                                       | 342, 603                            | 2, 892                                 | 6, 269                               | 2, 892                        | 0                              | 23. 00           |
| 23. 01           |       | PHARMACY RESIDENCY PROGRAM                                      | 263, 195                            | 0                                      | 0                                    | 0                             | 0                              | 23. 01           |
| 20.00            |       | ENT ROUTINE SERVICE COST CENTERS                                | 30, 170, 774                        | 00.704                                 | 797, 553                             | 99, 706                       | 170 274                        | 20.00            |
| 30. 00<br>31. 00 | 1     | ADULTS & PEDIATRICS INTENSIVE CARE UNIT                         | 30, 170, 774                        | 99, 706<br>0                           |                                      | 99, 706<br>0                  | 170, 374<br>0                  | 30. 00<br>31. 00 |
| 31. 00           |       | PEDIATRIC INTENSIVE CARE UNIT                                   | 1, 517, 889                         | 6, 595                                 | _                                    | 6, 595                        | 3, 874                         |                  |
| 31. 02           | 1     | NEONATAL INTENSIVE CARE UNIT                                    | 4, 221, 265                         | 11, 068                                |                                      | 11, 068                       | 3, 820                         | 31. 02           |
| 31. 03           | 03101 | CARDIO INTENSIVE CARE UNIT                                      | 18, 238, 338                        | 39, 548                                | 264, 416                             | 39, 548                       | 13, 022                        | 31. 03           |
| 32. 00           |       | CORONARY CARE UNIT  | 6, 389, 376                         | 15, 400                                | 85, 656                              | 15, 400                       | 0                              | 32. 00           |
| 40. 00           | 1     | SUBPROVI DER - I PF   | 0                                   | 0                                      |                                      | 0                             | 0                              | 40. 00           |
| 43. 00           |       | NURSERY  _ARY SERVICE COST CENTERS                              | 399, 955                            | 546                                    | 0                                    | 546                           | 0                              | 43. 00           |
| 50. 00           |       | OPERATING ROOM  | 25, 380, 949                        | 105, 737                               | 338, 873                             | 105, 737                      | 0                              | 50.00            |
| 51.00            |       | RECOVERY ROOM   | 0                                   | 0                                      | 1                                    | 0                             | 0                              | 51.00            |
| 52.00            |       | DELIVERY ROOM & LABOR ROOM                                      | 1, 965, 598                         | 0                                      | 0                                    | 0                             | 0                              | 52. 00           |
| 53. 00           |       | ANESTHESI OLOGY   | 404, 957                            | 80                                     |                                      | 80                            | 0                              | 53. 00           |
| 54.00            | 1     | RADI OLOGY-DI AGNOSTI C   | 11, 541, 554                        | 15, 847                                |                                      | 15, 847                       | 0                              | 54.00            |
| 54. 01<br>56. 00 |       | PET SCAN<br>RADI OI SOTOPE                                      | 210, 110<br>1, 746, 827             | 1, 725<br>4, 018                       |                                      | 1, 725<br>4, 018              | 0<br>0                         | 54. 01<br>56. 00 |
| 57. 00           | 1     | CT SCAN   | 2, 091, 818                         | 1, 987                                 |                                      |                               | 0                              | 57. 00           |
| 58. 00           | 05800 |   | 0                                   | 0                                      |                                      | 0                             | 0                              | 58. 00           |
| 60.00            |       | LABORATORY  | 16, 390, 622                        | 16, 903                                |                                      |                               | 0                              | 60.00            |
| 65. 00           |       | RESPIRATORY THERAPY   | 6, 783, 807                         | 5, 745                                 |                                      | 5, 745                        | 0                              | 65. 00           |
| 66. 00<br>67. 00 | 1     | PHYSI CAL THERAPY<br>OCCUPATI ONAL THERAPY                      | 5, 431, 615<br>6, 883               | 12, 160<br>0                           |                                      | 12, 160<br>0                  | 0<br>0                         | 66. 00<br>67. 00 |
| 68. 00           |       | SPEECH PATHOLOGY  | 12, 167                             | 0                                      | 0                                    | 0                             | 0                              | 68. 00           |
| 69. 00           |       | ELECTROCARDI OLOGY  | 3, 827, 883                         | 14, 392                                | 8, 747                               | 14, 392                       | 0                              |                  |
| 70. 00           | 07000 | ELECTROENCEPHALOGRAPHY  | 2, 151, 562                         | 1, 504                                 | 0                                    |                               | 0                              | 70. 00           |
|                  |       | MEDICAL SUPPLIES CHARGED TO PATIENT                             | 15, 580, 900                        |  |                                      | 0                             | 0                              |                  |
| 72.00            | 1     | IMPL. DEV. CHARGED TO PATIENTS                                  | 28, 145, 516                        | 0                                      |                                      | 0                             | 0                              | 72.00            |
| 73. 00<br>74. 00 |       | DRUGS CHARGED TO PATIENTS RENAL DIALYSIS                        | 30, 896, 521<br>2, 668, 017         | 0<br>7, 940                            | _                                    | 7, 940                        | 0                              | 73. 00<br>74. 00 |
| 76. 00           | 1     | CARDIO CATH LAB   | 4, 161, 569                         |  |                                      |                               | 0                              | 76.00            |
| 76. 01           |       | ENDOSCOPY   | 6, 740, 658                         |  |                                      | 6, 956                        |                                | 76. 01           |
| 76. 02           |       | CARDI AC REHAB  | 664, 614                            | 0                                      | 0                                    | 0                             | 0                              | 76. 02           |
| 00.00            |       | TIENT SERVICE COST CENTERS  CLINIC                              | 5, 003, 953                         | 20, 422                                | 27.224                               | 20, 422                       | 0                              | 00.00            |
| 90. 00<br>91. 00 |       | EMERGENCY   | 9, 781, 324                         | 20, 432<br>20, 173                     |                                      | 20, 432<br>20, 173            | 0<br>0                         |                  |
| 92. 00           |       | OBSERVATION BEDS (NON-DISTINCT PART                             | 7,701,021                           | 20, 170                                | 200,771                              | 20, 170                       |                                | 92. 00           |
|                  |       | REIMBURSABLE COST CENTERS                                       |                                     |  |                                      |                               |                                |                  |
| 95.00            |       | AMBULANCE SERVICES  | 5, 937, 849                         | 462                                    |                                      | 462                           | 0                              |                  |
| 96. 00           |       | DURABLE MEDICAL EQUIP-RENTED AL PURPOSE COST CENTERS            | 0                                   | 0                                      | 0                                    | 0                             | 0                              | 96. 00           |
| 105 00           |       | KIDNEY ACQUISITION  | 1, 237, 021                         | 2, 587                                 | 0                                    | 2, 587                        | 0                              | 105. 00          |
|                  |       | HEART ACQUISITION   | 515, 943                            |  |                                      | 0                             |                                | 106. 00          |
| 118.00           |       | SUBTOTALS (SUM OF LINES 1-117)                                  | 309, 697, 143                       | 493, 190                               | 2, 080, 084                          | 489, 277                      | 191, 090                       | 118. 00          |
| 400.00           |       | MBURSABLE COST CENTERS  | 10.460                              |  | 1                                    |                               |                                |                  |
|                  |       | GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES | 49, 162<br>579, 034                 | 2, 404                                 | 0                                    | 2, 404                        | 0<br>443, 558                  | 190.00           |
|                  |       | CLOSED PSYCH UNIT   | 0.77, 0.34                          | 0                                      | 1 0                                  | 0                             |                                | 194. 00          |
|                  |       | MARKETI NG  | 2, 456, 538                         | Ö                                      | Ö                                    | 0                             |                                | 194. 01          |
| 194. 02          | 07952 | SENI OR CIRCLE  | 78, 909                             | 0                                      | 0                                    | 0                             | 0                              | 194. 02          |
|                  |       | OTHER NONREIMBURSABLE COST CENTERS                              | 152, 563                            | 0                                      | 0                                    | 0                             |                                | 194. 03          |
| 200.00           | )     | Cross Foot Adjustments  |                                     |  |                                      |                               |                                | 200. 00          |
|                  |       |   |                                     |  |                                      |                               |                                |                  |

| Health Financial Syst | ems L           | UTHERAN HOSPITA | OF INDIAN  | ΙA         |       | In Lie                     | u of Form CMS- | 2552-10 |
|-----------------------|-----------------|-----------------|------------|------------|-------|----------------------------|----------------|---------|
| COST ALLOCATION - STA | ATISTICAL BASIS |                 | Provi der  | CCN: 15-00 |       | Period:<br>From 07/01/2016 | Worksheet B-1  |         |
|                       |                 |                 |            |            | 7     | Го 06/30/2017              | Date/Time Pre  |         |
| Cost Can              | ter Description | OTHER           | DEDATION O | E LAUND    | DV 8. | HOUSEKEEDING               | DIFTARY        |         |

|        |  |                   |               |               |               | 11/30/2017 5: ( | 03 pm   |
|--------|--|-------------------|---------------|---------------|---------------|-----------------|---------|
|        | Cost Center Description                | OTHER             | OPERATION OF  | LAUNDRY &     | HOUSEKEEPI NG | DI ETARY        |         |
|        |  | ADMI NI STRATI VE | PLANT         | LINEN SERVICE | (SQUARE FEET) | (MEALS SERVED)  |         |
|        |  | AND GENERAL       | (SQUARE FEET) | (POUNDS OF    |               |                 |         |
|        |  | (ACCUM. COST)     |               | LAUNDRY)      |               |                 |         |
|        |  | 5. 02             | 7. 00         | 8. 00         | 9. 00         | 10.00           |         |
| 201.00 | Negative Cost Centers                  |                   |               |               |               |                 | 201. 00 |
| 202.00 | Cost to be allocated (per Wkst. B,     | 66, 636, 173      | 20, 051, 982  | 1, 725, 148   | 3, 977, 183   | 5, 884, 299     | 202. 00 |
|        | Part I)                                |                   |               |               |               |                 |         |
| 203.00 | Unit cost multiplier (Wkst. B, Part I) | 0. 212886         | 40. 460502    | 0. 829365     | 8. 088950     | 9. 271752       | 203. 00 |
| 204.00 | Cost to be allocated (per Wkst. B,     | 9, 912, 254       | 4, 210, 919   | 70, 087       | 221, 990      | 1, 051, 032     | 204. 00 |
|        | Part II)                               |                   |               |               |               |                 |         |
| 205.00 | Unit cost multiplier (Wkst. B, Part    | 0. 031667         | 8. 496711     | 0. 033694     | 0. 451492     | 1. 656087       | 205. 00 |
|        |  |                   |               |               |               |                 |         |

|                  |        |  | LUTHERAN HUSPI   |                   | N. 15 0017 D        |                          | Washabaat D 1                  |                    |
|------------------|--------|--|------------------|-------------------|---------------------|--------------------------|--------------------------------|--------------------|
| COST A           | ILLUCA | TION - STATISTICAL BASIS   |                  | Provi der CO      |                     | eriod:<br>rom 07/01/2016 | Worksheet B-1                  |                    |
|                  |        |  |                  |                   |                     | o 06/30/2017             | Date/Time Pre                  |                    |
|                  |        | Cost Center Description  | CAFETERI A       | NURSI NG          | CENTRAL             | PHARMACY                 | 11/30/2017 5:<br>MEDI CAL      | 03 pm              |
|                  |        | cost center bescription  | (FTE'S)          | ADMI NI STRATI ON |                     | (COSTED                  | RECORDS &                      |                    |
|                  |        |  | ( )              |                   | SUPPLY              | REQUIS.)                 | LI BRARY                       |                    |
|                  |        |  |                  | (DI RECT NRS      | (COSTED             | ŕ                        | (GROSS CHAR                    |                    |
|                  |        |  | 11.00            | ING SALAR)        | REQUIS.)            | 45.00                    | GES)                           |                    |
|                  | CENED  | AL SERVICE COST CENTERS  | 11.00            | 13. 00            | 14. 00              | 15. 00                   | 16. 00                         |                    |
| 1.00             |        | CAP REL COSTS-BLDG & FIXT  |                  |                   |                     |                          |                                | 1. 00              |
| 2. 00            |        | CAP REL COSTS-MVBLE EQUIP  |                  |                   |                     |                          |                                | 2. 00              |
| 4.00             | 00400  | EMPLOYEE BENEFITS DEPARTMENT   |                  |                   |                     |                          |                                | 4. 00              |
| 5. 01            | 1      | ADMITTING  |                  |                   |                     |                          |                                | 5. 01              |
| 5. 02            |        | OTHER ADMINISTRATIVE AND GENERAL   |                  |                   |                     |                          |                                | 5. 02              |
| 7. 00<br>8. 00   |        | OPERATION OF PLANT<br>LAUNDRY & LINEN SERVICE  |                  |                   |                     |                          |                                | 7. 00<br>8. 00     |
| 9. 00            |        | HOUSEKEEPI NG  |                  |                   |                     |                          |                                | 9. 00              |
| 10.00            | 1      | DIETARY  |                  |                   |                     |                          |                                | 10.00              |
| 11. 00           | 1      | CAFETERI A   | 172, 256         |                   |                     |                          |                                | 11. 00             |
| 13.00            |        | NURSI NG ADMI NI STRATI ON   | 3, 240           |                   |                     |                          |                                | 13.00              |
| 14. 00<br>15. 00 |        | CENTRAL SERVICES & SUPPLY<br>  PHARMACY  | 5, 561<br>7, 576 |                   |                     |                          |                                | 14. 00<br>15. 00   |
| 16. 00           | 1      | MEDICAL RECORDS & LIBRARY  | 3, 966           |                   | ,                   |                          | 2, 710, 936, 516               | l                  |
| 17. 00           | 1      | SOCIAL SERVICE   | 3, 185           |                   | 34, 230             |                          | 0                              | 17. 00             |
| 21. 00           |        | I&R SERVICES-SALARY & FRINGES APPRV  | 6                |                   | 0                   |                          | 0                              | 21. 00             |
| 22. 00           |        | I&R SERVICES-OTHER PRGM COSTS APPRV  | C                | _                 | 0                   | -                        | 0                              | 22. 00             |
| 23. 00           | 1      | PARAMED ED PRGM-(SPECIFY)  | 169              |                   | 983                 |                          | 0                              | 23. 00             |
| 23. 01           |        | PHARMACY RESIDENCY PROGRAM   | 294              | . 0               | 0                   | 0                        | 0                              | 23. 01             |
| 30. 00           |        | I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS   | 34, 030          | 17, 452, 522      | 2, 064, 895         | 0                        | 124, 223, 130                  | 30. 00             |
| 31. 00           |        | INTENSIVE CARE UNIT  | 34, 030          |                   |                     |                          | 124, 223, 130                  | 31.00              |
| 31. 01           |        | PEDIATRIC INTENSIVE CARE UNIT  | 1, 439           | 926, 919          | 172, 741            | 0                        | 3, 963, 878                    | •                  |
| 31. 02           |        | NEONATAL INTENSIVE CARE UNIT   | 3, 351           |                   | 223, 968            | 0                        | 14, 280, 494                   |                    |
| 31. 03           |        | CARDIO INTENSIVE CARE UNIT   | 17, 322          |                   | 1, 505, 609         |                          | 72, 048, 846                   |                    |
| 32.00            |        | CORONARY CARE UNIT   | 5, 943           |                   |                     |                          | 28, 383, 945                   |                    |
| 40. 00<br>43. 00 | 1      | SUBPROVIDER - IPF<br> NURSERY  | 412              | _                 |                     | 0                        | 0<br>1, 677, 041               | 40. 00<br>43. 00   |
| 43.00            |        | LARY SERVICE COST CENTERS  | 712              | 275,127           | 04, 271             | J                        | 1,077,041                      | 1 43.00            |
| 50.00            |        | OPERATING ROOM   | 15, 603          | 9, 084, 729       | 6, 705, 351         | 0                        | 466, 316, 094                  | 50. 00             |
| 51. 00           |        | RECOVERY ROOM  | C                | 0                 | _                   | -                        | 0                              | 51. 00             |
| 52.00            |        | DELIVERY ROOM & LABOR ROOM   | 2, 088           |                   |                     | 0                        | 8, 501, 822                    | 1                  |
| 53. 00<br>54. 00 | 1      | ANESTHESI OLOGY<br>RADI OLOGY-DI AGNOSTI C   | 261<br>10, 555   | 1                 | 76, 663<br>725, 490 |                          | 56, 269, 497<br>129, 671, 987  | •                  |
| 54. 00           |        | PET SCAN   | 10, 555          |                   | 723, 490            | 0                        | 6, 002, 817                    | 1                  |
| 56. 00           |        | RADI OI SOTOPE   | 758              |                   | 371, 124            | _                        | 36, 178, 553                   | 1                  |
| 57. 00           | 1      | CT SCAN  | 1, 629           | 893, 898          | 213, 575            | 0                        | 116, 180, 696                  |                    |
| 58. 00           | 05800  | l control of the cont | C                | _                 |                     |                          | 0                              |                    |
| 60. 00<br>65. 00 | 1      | LABORATORY   | 8, 720           |                   |                     | 0                        | 215, 102, 948                  | •                  |
| 66. 00           |        | RESPI RATORY THERAPY PHYSI CAL THERAPY   | 6, 720<br>5, 321 |                   |                     | J                        | 76, 577, 823<br>26, 458, 318   | 1                  |
| 67. 00           |        | OCCUPATIONAL THERAPY   | 3, 321           | Ö                 | 77, 743             | 0                        | 281, 049                       |                    |
| 68. 00           |        | SPEECH PATHOLOGY   | C                | 0                 | 2, 581              | 0                        | 550, 078                       |                    |
| 69. 00           |        | ELECTROCARDI OLOGY   | 4, 953           |                   | 69, 516             |                          | 83, 013, 730                   | 1                  |
| 70.00            |        | ELECTROENCEPHALOGRAPHY   | 1, 824           | 1                 | 429, 497            |                          | 9, 603, 125                    | 1                  |
| 71. 00<br>72. 00 |        | MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS   | C                | 0                 |                     |                          | 213, 384, 511<br>203, 512, 249 | 1                  |
| 73. 00           | 1      | DRUGS CHARGED TO PATIENTS  |                  |                   | 23, 840, 400        |                          | 482, 533, 684                  |                    |
| 74. 00           |        | RENAL DIALYSIS   | C                | o                 | 52, 281             | 0                        | 11, 016, 050                   | 1                  |
| 76. 00           |        | CARDIO CATH LAB  | 1, 994           | 1, 453, 094       | 1, 136, 557         | 0                        | 103, 486, 921                  | 76. 00             |
| 76. 01           | 1      | ENDOSCOPY  | 5, 250           |                   |                     |                          | 66, 642, 557                   | 1                  |
| 76. 02           |        | CARDI AC REHAB   | 1, 027           | 484, 713          | 0                   | 0                        | 4, 150, 728                    | 76. 02             |
| 90. 00           |        | TIENT SERVICE COST CENTERS   | 4, 875           | 3, 062, 818       | 434, 143            | 0                        | 3, 791, 378                    | 90. 00             |
| 91. 00           | 1      | EMERGENCY  | 9, 104           |                   |                     |                          | 134, 028, 553                  | •                  |
| 92.00            | 09200  | OBSERVATION BEDS (NON-DISTINCT PART  | ·                |                   |                     |                          | , ,                            | 92. 00             |
|                  |        | REIMBURSABLE COST CENTERS  | _                | ,                 |                     |                          |                                |                    |
| 95. 00           |        | AMBULANCE SERVICES   | 4, 251           |                   |                     |                          | 8, 204, 817                    | 95. 00             |
| 96. 00           |        | DURABLE MEDICAL EQUIP-RENTED  AL PURPOSE COST CENTERS  | C                | 0                 | 0                   | 0                        | 0                              | 96. 00             |
| 105.00           |        | KIDNEY ACQUISITION   | T c              | 0                 | 0                   | 0                        | 1, 471, 509                    | 105. 00            |
|                  | 1      | HEART ACQUISITION  |                  | Ö                 |                     |                          | 3, 427, 688                    |                    |
| 118.00           |        | SUBTOTALS (SUM OF LINES 1-117)   | 171, 469         | 67, 030, 115      | 63, 536, 834        | 28, 926, 155             | 2, 710, 936, 516               |                    |
|                  |        | MBURSABLE COST CENTERS   |                  |                   |                     |                          |                                |                    |
|                  |        | GIFT, FLOWER, COFFEE SHOP & CANTEEN  | C                |                   |                     | _                        |                                | 190. 00            |
|                  |        | PHYSICIANS' PRIVATE OFFICES  | 2                | 0                 | 0                   | 0                        |                                | 192. 00<br>194. 00 |
|                  |        | CLOSED PSYCH UNIT<br>MARKETING   | 508              |                   | 6, 882              | 0                        |                                | 194. 00            |
|                  |        | SENI OR CI RCLE  | 100              |                   |                     |                          |                                | 194. 02            |
|                  |        | OTHER NONREIMBURSABLE COST CENTERS   | 177              | 1                 |                     |                          |                                | 194. 03            |
|                  |        |  | <del></del>      | <del></del>       |                     |                          |                                |                    |

| Heal th Fi | nancial Systems L                           | UTHERAN HOSPIT | AL OF INDIANA     |             | In Lie                           | u of Form CMS-                 | 2552-10 |
|------------|---|----------------|-------------------|-------------|----------------------------------|--------------------------------|---------|
| COST ALLO  | OCATION - STATISTICAL BASIS                 |                | Provi der CC      |             | Peri od:                         | Worksheet B-1                  |         |
|            |   |                |                   |             | From 07/01/2016<br>To 06/30/2017 | Date/Time Pre<br>11/30/2017 5: |         |
|            | Cost Center Description                     | CAFETERI A     | NURSI NG          | CENTRAL     | PHARMACY                         | MEDI CAL                       |         |
|            |   | (FTE' S)       | ADMI NI STRATI ON | SERVICES &  | (COSTED                          | RECORDS &                      |         |
|            |   |                |                   | SUPPLY      | REQUIS.)                         | LI BRARY                       |         |
|            |   |                | (DI RECT NRS      | (COSTED     |                                  | (GROSS CHAR                    |         |
|            |   |                | ING SALAR)        | REQUIS.)    |                                  | GES)                           |         |
|            |   | 11. 00         | 13.00             | 14.00       | 15. 00                           | 16.00                          |         |
| 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)  | 2, 458, 444    | 3, 895, 258       | 10, 306, 40 | 12, 234, 202                     | 7, 795, 913                    | 202. 00 |
| 203.00     | Unit cost multiplier (Wkst. B, Part I)      | 14. 272037     | 0. 058112         | 0. 16219    | 0. 422946                        | 0. 002876                      | 203.00  |
| 204. 00    | Cost to be allocated (per Wkst. B, Part II) | 66, 486        | 322, 118          | 851, 77     | 697, 413                         | 442, 860                       | 204. 00 |
| 205. 00    | Unit cost multiplier (Wkst. B, Part         | 0. 385972      | 0. 004806         | 0. 01340    | 0. 024110                        | 0. 000163                      | 205. 00 |

|                  | LLOCATION - STATISTICAL BASIS   | LOTTILICAN HOST I            | Provi der Co        | CN: 15-0017 F       | Peri od:            | Worksheet B-1                  |                    |
|------------------|---|------------------------------|---------------------|---------------------|---------------------|--------------------------------|--------------------|
| 00017            | RESOLUTION STATISTICAL BASIS  |                              | Trovider of         | F                   | rom 07/01/2016      |                                |                    |
|                  |   |                              |                     |                     | o 06/30/2017        | Date/Time Pre<br>11/30/2017 5: | pared:<br>03 nm    |
|                  |   |                              | I NTERNS &          | RESI DENTS          |                     | 117 307 2017 3.                | OS PIII            |
|                  |   |                              |                     |                     |                     |                                |                    |
|                  | Cost Center Description   | SOCIAL SERVICE               |                     |                     |                     | PHARMACY                       |                    |
|                  |   | (00000 01140                 | Y & FRINGES         | PRGM COSTS          | PRGM                | RESI DENCY                     |                    |
|                  |   | (GROSS CHAR<br>GES)          | APPRV<br>(ASSI GNED | APPRV<br>(ASSI GNED | (ASSI GNED<br>TIME) | PROGRAM<br>(ASSI GNED          |                    |
|                  |   | 023)                         | TIME)               | TIME)               | TTWL)               | TI ME)                         |                    |
|                  |   | 17. 00                       | 21.00               | 22.00               | 23.00               | 23. 01                         |                    |
|                  | GENERAL SERVICE COST CENTERS  |                              |                     |                     |                     |                                |                    |
| 1.00             | 00100 CAP REL COSTS-BLDG & FIXT   |                              |                     |                     |                     |                                | 1.00               |
| 2.00             | 00200 CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT                           |                              |                     |                     |                     |                                | 2.00               |
| 4. 00<br>5. 01   | 00540 ADMITTING   |                              |                     |                     |                     |                                | 4. 00<br>5. 01     |
| 5. 02            | 00560 OTHER ADMINISTRATIVE AND GENERAL  |                              |                     |                     |                     |                                | 5. 02              |
| 7.00             | 00700 OPERATION OF PLANT  |                              |                     |                     |                     |                                | 7. 00              |
| 8.00             | 00800 LAUNDRY & LINEN SERVICE   |                              |                     |                     |                     |                                | 8. 00              |
| 9.00             | 00900 HOUSEKEEPI NG   |                              |                     |                     |                     |                                | 9.00               |
| 10. 00<br>11. 00 | 01000 DI ETARY<br>  01100 CAFETERI A  |                              |                     |                     |                     |                                | 10. 00<br>11. 00   |
| 13. 00           | 01300 NURSING ADMINISTRATION  |                              |                     |                     |                     |                                | 13.00              |
| 14. 00           | 01400 CENTRAL SERVICES & SUPPLY   |                              |                     |                     |                     |                                | 14. 00             |
| 15. 00           | 01500 PHARMACY  |                              |                     |                     |                     |                                | 15. 00             |
| 16. 00           | 01600 MEDICAL RECORDS & LIBRARY   |                              |                     |                     |                     |                                | 16. 00             |
|                  | 01700 SOCIAL SERVICE  | 2, 710, 936, 516             | 40.000              |                     |                     |                                | 17. 00             |
| 21. 00<br>22. 00 | 02100   1 & R SERVI CES-SALARY & FRINGES APPRV   02200   1 & R SERVI CES-OTHER PRGM COSTS APPRV | 0                            | 10, 900             | 10, 900             |                     |                                | 21. 00<br>22. 00   |
| 23. 00           | 02300 PARAMED ED PRGM-(SPECIFY)   | 0                            |                     | 10, 900             | ,<br>102, 747       |                                | 23. 00             |
| 23. 01           | 02301 PHARMACY RESIDENCY PROGRAM  | o o                          |                     |                     | 102, 141            | 10, 000                        | •                  |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS  | -1                           |                     |                     |                     |                                |                    |
| 30.00            | 03000 ADULTS & PEDI ATRI CS   | 124, 223, 130                | 1, 250              | 1, 250              | 65, 782             | 0                              |                    |
| 31. 00           | 03100 I NTENSI VE CARE UNI T  | 0                            | 0                   |                     |                     | 0                              | •                  |
| 31. 01           | 02080   PEDIATRIC   INTENSIVE CARE UNIT   | 3, 963, 878                  | 50                  |                     |                     | 0                              |                    |
| 31. 02<br>31. 03 | 02060   NEONATAL   INTENSIVE CARE UNIT<br>  03101   CARDIO   INTENSIVE CARE UNIT                | 14, 280, 494<br>72, 048, 846 | 950<br>0            |                     | 5, 167<br>21, 428   | 0                              | 31. 02<br>31. 03   |
| 32. 00           | 03200 CORONARY CARE UNIT  | 28, 383, 945                 | 0                   |                     |                     | 0                              | 1                  |
| 40. 00           | 04000 SUBPROVI DER - I PF   | 0                            | 0                   |                     |                     | 0                              | 40.00              |
| 43.00            | 04300 NURSERY   | 1, 677, 041                  | 0                   | C                   | 2, 067              | 0                              | 43. 00             |
|                  | ANCILLARY SERVICE COST CENTERS  |                              |                     |                     |                     |                                |                    |
| 50.00            | 05000 OPERATI NG ROOM   | 466, 316, 094                | 2, 950              |                     |                     | 0                              |                    |
| 51. 00<br>52. 00 | O5100   RECOVERY ROOM   O5200   DELIVERY ROOM & LABOR ROOM                                      | 8, 501, 822                  | 0                   |                     |                     | 0                              | 51. 00<br>52. 00   |
| 53. 00           | 05300 ANESTHESI OLOGY   | 56, 269, 497                 | 0                   |                     |                     | 0                              | 1                  |
| 54. 00           | 05400 RADI OLOGY-DI AGNOSTI C   | 129, 671, 987                | 0                   | d                   | O                   | 0                              | 54. 00             |
| 54. 01           | 05401 PET SCAN  | 6, 002, 817                  | 0                   | C                   | o                   | 0                              | 54. 01             |
| 56. 00           | 05600 RADI OI SOTOPE  | 36, 178, 553                 | 0                   | C                   | 0                   | 0                              | 56. 00             |
| 57. 00           | 05700 CT SCAN   | 116, 180, 696                | 0                   |                     | 0                   | 0                              | 57. 00             |
| 58. 00<br>60. 00 | 05800   MRI   | 215, 102, 948                | 0                   | •                   |                     | 0                              |                    |
|                  | 06500 RESPIRATORY THERAPY   | 76, 577, 823                 | 100                 |                     |                     | 0                              |                    |
| 66. 00           | 06600 PHYSI CAL THERAPY   | 26, 458, 318                 | 0                   | 1                   |                     | 0                              | ı                  |
| 67.00            | 06700 OCCUPATI ONAL THERAPY   | 281, 049                     | 0                   | C                   | o                   | 0                              | 67. 00             |
| 68. 00           | 06800 SPEECH PATHOLOGY  | 550, 078                     | 0                   | C                   | 0                   | 0                              | 68. 00             |
| 69.00            | 06900 ELECTROCARDI OLOGY  | 83, 013, 730                 | 0                   |                     | 0                   | 0                              | 69.00              |
| 70. 00<br>71. 00 | 07000   ELECTROENCEPHALOGRAPHY   07100   MEDICAL SUPPLIES CHARGED TO PATIENT                    | 9, 603, 125<br>213, 384, 511 | 0                   |                     |                     | 0                              | 70. 00<br>71. 00   |
| 72.00            | 07200 IMPL. DEV. CHARGED TO PATIENTS  | 203, 512, 249                | 0                   |                     |                     | 0                              | 1                  |
| 73. 00           | 07300 DRUGS CHARGED TO PATIENTS   | 482, 533, 684                | 0                   | d                   | Ö                   | 10, 000                        | •                  |
| 74.00            | 07400 RENAL DIALYSIS  | 11, 016, 050                 | 0                   | C                   | o                   | 0                              | 74. 00             |
| 76. 00           | 03140 CARDIO CATH LAB   | 103, 486, 921                | 400                 | 400                 | 0                   | 0                              | 76. 00             |
|                  | 03050 ENDOSCOPY   | 66, 642, 557                 | 0                   |                     | 0                   | 0                              | 76. 01             |
| 76. 02           | 03950 CARDI AC REHAB  | 4, 150, 728                  | 0                   | C                   | 0                   | 0                              | 76. 02             |
| 90. 00           | OUTPATIENT SERVICE COST CENTERS O9000 CLINIC  | 3, 791, 378                  | 4, 700              | 4, 700              | o                   | 0                              | 90. 00             |
| 91. 00           | 09100 EMERGENCY   | 134, 028, 553                | 0,700               |                     | ol ol               | 0                              | 1                  |
| 92.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART   |                              |                     |                     |                     |                                | 92. 00             |
|                  | OTHER REIMBURSABLE COST CENTERS   |                              |                     |                     |                     |                                |                    |
| 95.00            | 09500 AMBULANCE SERVICES  | 8, 204, 817                  | 0                   |                     |                     | 0                              |                    |
| 96. 00           | O9600   DURABLE MEDICAL EQUIP-RENTED  <br>  SPECIAL PURPOSE COST CENTERS                        | 0                            | 0                   | (                   | 0                   | 0                              | 96. 00             |
| 105.00           | 10500 KIDNEY ACQUISITION  | 1, 471, 509                  | 0                   |                     | ol ol               | 0                              | 105. 00            |
|                  | 10600 HEART ACQUISITION   | 3, 427, 688                  |                     |                     | _                   |                                | 106. 00            |
| 118.00           |   | 2, 710, 936, 516             | 10, 400             |                     | _                   | 10, 000                        |                    |
|                  | NONREI MBURSABLE COST CENTERS   |                              |                     |                     |                     |                                |                    |
|                  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0                            | 0                   |                     | -                   |                                | 190. 00            |
|                  | 19200 PHYSICIANS' PRIVATE OFFICES<br> 07950 CLOSED PSYCH UNIT                                   | 0                            | 500                 | 500                 |                     |                                | 192. 00<br>194. 00 |
|                  | 07950 CLOSED PSYCH UNIT   |                              | 0                   |                     |                     |                                | 194. 00            |
|                  | 1   | <u> </u>                     | 0                   | 1                   | <u> </u>            | 0                              | 1.71.01            |
|                  |   |                              |                     |                     |                     |                                |                    |

| Health Financial Systems            | LUTHERAN HOSPITAL OF INDIANA | In Lie                      | u of Form CMS-2552-10 |
|-------------------------------------|------------------------------|-----------------------------|-----------------------|
| COST ALLOCATION - STATISTICAL BASIS | Provi der CCN: 15-0017       | Peri od:<br>From 07/01/2016 | Worksheet B-1         |

| INTERNS & RESIDENTS  COULD SETUNDED SAN APPENDING STATES OF APPENDING SETUNDING SETUND | 3. 03 piii  |
|--|-------------|
| COOLAL CEDILIOSE CALADEEDILIOSE OTUED DADAMED ED DUADIMAN  |             |
|  |             |
| Cost Center Description   SOCIAL SERVICE SERVICES-SALAR SERVICES-OTHER PARAMED ED PHARMACY   |             |
| Y & FRINGES   PRGM COSTS   PRGM   RESIDENC   |             |
| (GROSS CHAR   APPRV   APPRV   (ASSIGNED   PROGRAM  |             |
| GES) (ASSIGNED (ASSIGNED TIME) (ASSIGNE  |             |
| TIME) TIME) TIME)  |             |
| 17.00 21.00 22.00 23.00 23.01  |             |
| 194. 02 07952  SENI OR CI RCLE 0 0 0 0   | 0 194. 02   |
| 194.03 07953  OTHER NONREI MBURSABLE COST CENTERS   0  0  0  0   | 0 194. 03   |
| 200.00 Cross Foot Adjustments  | 200. 00     |
| 201.00   Negative Cost Centers   | 201. 00     |
| 202.00 Cost to be allocated (per Wkst. B, 3,896,908 11,464 3,237,229 563,713 323, Part I)  | 122 202. 00 |
|  | 200 203. 00 |
| 204.00 Cost to be allocated (per Wkst. B, 255,071 325 84,520 96,827 9,   | 164 204. 00 |
| Part II)   |             |
|  | 400 205. 00 |
|  |             |

| COMPUT           | ATION OF RATIO OF COSTS TO CHARGES  |   | Provi der C           |   | Period:<br>From 07/01/2016<br>To 06/30/2017 | Worksheet C<br>Part I<br>Date/Time Pre<br>11/30/2017 5: | pared:<br>03 pm |
|------------------|---|---|-----------------------|---|---|---|-----------------|
|                  |   |   | Title                 | XVIII   | Hospi tal                                   | PPS   |                 |
|                  | Cost Center Description   | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Total Costs                                     | Costs<br>RCE<br>Di sal I owance             | Total Costs   |                 |
|                  |   | 1.00  | 2.00                  | 3. 00   | 4. 00                                       | 5. 00   |                 |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS  |   |                       |   |   |   |                 |
| 30.00            | 03000 ADULTS & PEDIATRICS   | 46, 406, 981  |                       | 46, 406, 98                                     | 1 0   | 46, 406, 981  | 30. 00          |
| 31. 00           | 03100 INTENSIVE CARE UNIT   | 0   |                       | (   | ٥   |   |                 |
| 31. 01           | 02080 PEDIATRIC INTENSIVE CARE UNIT   | 2, 369, 232   |                       | 2, 369, 232                                     |   | 2, 369, 232   |                 |
| 31. 02           | 02060 NEONATAL INTENSIVE CARE UNIT  | 6, 007, 708   |                       | 6, 007, 708                                     |   | 6, 007, 708   |                 |
| 31. 03           | 03101 CARDIO INTENSIVE CARE UNIT  | 25, 939, 100  | ł .                   | 25, 939, 100                                    |   | 25, 939, 100  | 1               |
| 32.00            | 03200 CORONARY CARE UNIT  | 9, 138, 635   |                       | 9, 138, 63                                      |   | 9, 138, 635   | 1               |
| 40. 00<br>43. 00 | 04000 SUBPROVI DER - I PF   | E42 257   |                       | E40 2E  | 0<br>7 0                                    |   |                 |
| 43.00            | 04300   NURSERY<br>  ANCI LLARY SERVI CE COST CENTERS                         | 562, 357  |                       | 562, 35   | /  0  | 562, 357  | 43. 00          |
| 50. 00           | 05000 OPERATING ROOM  | 40, 048, 099  |                       | 40, 048, 099                                    | 9 0   | 40, 048, 099  | 50.00           |
| 51. 00           | 05100 RECOVERY ROOM   | 0,010,077   |                       | 10,010,07                                       |   |   | 51. 00          |
| 52. 00           | 05200 DELIVERY ROOM & LABOR ROOM  | 2, 530, 978   |                       | 2, 530, 978                                     | -   | 1   |                 |
| 53. 00           | 05300 ANESTHESI OLOGY   | 753, 900  |                       | 753, 900  |   |   | 1               |
| 54.00            | 05400 RADI OLOGY-DI AGNOSTI C   | 16, 016, 992  |                       | 16, 016, 992                                    | 2 0   | 16, 016, 992  | 54.00           |
| 54. 01           | 05401 PET SCAN  | 366, 566  |                       | 366, 566  | 6 0   |   | 54. 01          |
| 56.00            | 05600 RADI 0I SOTOPE  | 2, 570, 884   |                       | 2, 570, 88                                      | 4 0   | 2, 570, 884   | 56. 00          |
| 57.00            | 05700 CT SCAN   | 3, 274, 136   |                       | 3, 274, 136                                     | 6 0   | 3, 274, 136   | 57. 00          |
| 58. 00           | 05800 MRI   | 0   |                       | (   | 0   | 1   |                 |
| 60.00            | 06000 LABORATORY  | 22, 676, 455  |                       | 22, 676, 45!                                    |   |   | 1               |
| 65. 00           | 06500 RESPI RATORY THERAPY  | 9, 088, 230   |                       | 9, 088, 230                                     |   | 9, 088, 230   |                 |
| 66. 00           | 06600 PHYSI CAL THERAPY   | 7, 380, 991   | 0                     | 7, 380, 99                                      |   | 7, 380, 991   | 66. 00          |
| 67.00            | 06700 OCCUPATI ONAL THERAPY   | 9, 560  |                       | 9, 560  |   |   | 1               |
| 68. 00           | 06800 SPEECH PATHOLOGY  | 17, 548   |                       | 17, 548   |   | 17, 548   | 1               |
| 69. 00           | 06900 ELECTROCARDI OLOGY  | 5, 788, 766   |                       | 5, 788, 760                                     |   | -, ,  |                 |
| 70. 00<br>71. 00 | 07000  ELECTROENCEPHALOGRAPHY<br>  07100  MEDICAL SUPPLIES CHARGED TO PATIENT | 2, 819, 729<br>22, 009, 799                         |                       | 2, 819, 729<br>22, 009, 799                     |   | 2, 819, 729<br>22, 009, 799                             |                 |
| 71.00            | 07200 I MPL. DEV. CHARGED TO PATIENTS   | 38, 882, 722  | ł .                   | 38, 882, 722                                    |   | 38, 882, 722  | 1               |
| 73. 00           | 07300 DRUGS CHARGED TO PATIENTS   | 52, 113, 312  |                       | 52, 113, 312                                    |   | 52, 113, 312  |                 |
| 74. 00           | 07400 RENAL DIALYSIS  | 3, 677, 473   |                       | 3, 677, 473                                     |   | 3, 677, 473   |                 |
| 76. 00           | 03140 CARDI O CATH LAB  | 6, 121, 067   |                       | 6, 121, 06                                      |   |   | 76. 00          |
| 76. 01           | 03050 ENDOSCOPY   | 9, 343, 163   |                       | 9, 343, 163                                     |   |   |                 |
| 76. 02           | 03950 CARDI AC REHAB  | 866, 828  |                       | 866, 828  |   |   |                 |
|                  | OUTPATIENT SERVICE COST CENTERS   |   |                       |   | <u>'</u>                                    |   | 1               |
| 90.00            | 09000 CLI NI C  | 7, 426, 396   |                       | 7, 426, 390                                     | 6 0   | 7, 426, 396   | 90.00           |
| 91. 00           | 09100 EMERGENCY   | 14, 307, 674  |                       | 14, 307, 67                                     | 4 0   | 14, 307, 674  | 91. 00          |
| 92.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART                                     | 376, 771  |                       | 376, 77°  | 1   | 376, 771  | 92. 00          |
|                  | OTHER REIMBURSABLE COST CENTERS   |   | ı                     |   |   |   |                 |
| 95.00            | 09500 AMBULANCE SERVICES  | 7, 348, 654   |                       | 7, 348, 65                                      |   | ,   |                 |
| 96. 00           | 09600 DURABLE MEDI CAL EQUI P-RENTED  | 0   |                       | (   | 0   | 0   | 96. 00          |
| 105.00           | SPECIAL PURPOSE COST CENTERS   10500   KIDNEY ACQUISITION                     | 1 (22 200   |                       | 1 (22 20)                                       |   | 1 (22 200   | 105 00          |
|                  | TOSOO  KEDNEY ACQUESTITION<br>  10600  HEART ACQUESTITION                     | 1, 632, 309<br>640, 564                             |                       | 1, 632, 30 <sup>9</sup><br>640, 56 <sup>4</sup> |   | 1, 632, 309<br>640, 564                                 | 1               |
| 200.00           | I I   | 368, 513, 579                                       |                       |   |   |   | 1               |
| 201.00           | ,   | 376, 771  | ١                     | 376, 77   |   | 376, 771  | 1               |
| 202.00           | 1 1   | 368, 136, 808                                       | 0                     |   |   |   | 1               |
| _52.00           | 1.020. (000 1.102. 001.010)   | 1 555, 155, 566                                     | '                     | 1 222, 100, 000                                 | -, 0  | , 555, 155, 500   | ,_02.00         |

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0017 Peri od: Worksheet C From 07/01/2016 Part I Date/Time Prepared: 06/30/2017 11/30/2017 5:03 pm Title XVIII Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 105, 824, 530 105, 824, 530 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 31.00 02080 PEDIATRIC INTENSIVE CARE UNIT 31.01 3, 963, 878 3.963.878 31.01 31.02 02060 NEONATAL INTENSIVE CARE UNIT 14, 280, 494 14, 280, 494 31.02 03101 CARDIO INTENSIVE CARE UNIT 31 03 72, 048, 846 72, 048, 846 31 03 32.00 03200 CORONARY CARE UNIT 28, 383, 945 28, 383, 945 32.00 04000 SUBPROVIDER - IPF 40 00 40.00 04300 NURSERY 1, 677, 041 1, 677, 041 43.00 43.00 ANCILLARY SERVICE COST CENTERS 466, 316, 094 50.00 05000 OPERATING ROOM 263, 567, 529 202, 748, 565 0.085882 0.000000 50.00 51.00 05100 RECOVERY ROOM 0.000000 0.000000 51.00 05200 DELIVERY ROOM & LABOR ROOM 8, 501, 822 8, 330, 302 171, 520 0.297698 0.000000 52.00 52.00 53.00 05300 ANESTHESI OLOGY 32, 488, 645 23, 780, 852 56, 269, 497 0.013398 0.000000 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 46, 288, 006 83, 383, 981 129, 671, 987 0. 123519 0.000000 54.00 54.01 05401 PET SCAN 116, 778 5, 886, 039 6, 002, 817 0.061066 0.000000 54.01 05600 RADI OI SOTOPE 7,005,219 29, 173, 334 0.071061 56,00 36, 178, 553 0.000000 56,00 57.00 05700 CT SCAN 45, 469, 225 70, 711, 471 116, 180, 696 0.028181 0.000000 57.00 05800 MRI 0.000000 0.000000 58.00 58.00 06000 LABORATORY 129, 856, 723 85, 246, 225 215, 102, 948 0.105421 0.000000 60.00 60.00 72, 888, 299 0.118680 65.00 06500 RESPIRATORY THERAPY 3, 689, 524 76, 577, 823 0.000000 65.00 66.00 66.00 06600 PHYSI CAL THERAPY 17, 343, 307 9, 115, 011 26, 458, 318 0.278967 0.000000 67.00 06700 OCCUPATIONAL THERAPY 17, 475 263, 574 281, 049 0.034015 0.000000 67.00 68 00 06800 SPEECH PATHOLOGY 2 020 548, 058 550 078 0.031901 0 000000 68 00 69.00 06900 ELECTROCARDI OLOGY 38, 348, 730 44, 665, 000 83, 013, 730 0.069733 0.000000 69.00 07000 ELECTROENCEPHALOGRAPHY 1, 229, 059 8, 374, 066 9, 603, 125 0. 293626 0.000000 70.00 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 133, 477, 676 79, 906, 835 213, 384, 511 0.103146 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 141, 269, 253 203, 512, 249 0.191058 72.00 62, 242, 996 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 305, 778, 885 176, 754, 799 482, 533, 684 0. 107999 0.000000 73.00 74.00 07400 RENAL DIALYSIS 10, 761, 043 255, 007 11, 016, 050 0.333829 0.000000 74.00 76 00 03140 CARDIO CATH LAB 53 382 315 50, 104, 606 103 486 921 0.059148 0.000000 76 00 03050 ENDOSCOPY 76.01 10, 678, 433 55, 964, 124 66, 642, 557 0.140198 0.000000 76.01 03950 CARDI AC REHAB 2, 774, 522 1, 376, 206 4, 150, 728 0.208838 0.000000 76.02 76.02 OUTPATIENT SERVICE COST CENTERS 90 00 144 078 3, 647, 300 3, 791, 378 1 958759 90 00 0.000000 logodol ce enec 90, 880, 384 0.000000 91.00 09100 EMERGENCY 43, 148, 169 134, 028, 553 0.106751 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 3, 464, 504 14, 934, 096 18, 398, 600 0.020478 0.000000 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 0.895651 0.000000 95 00 95.00 09500 AMBULANCE SERVICES 8, 204, 817 8, 204, 817 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0.000000 96.00 SPECIAL PURPOSE COST CENTERS 105. 00 10500 KIDNEY ACQUISITION 1.471.509 1. 471. 509 105.00 106.00 10600 HEART ACQUISITION 3, 427, 688 3, 427, 688 106. 00 200.00 Subtotal (see instructions) 1, 598, 908, 126 1, 112, 028, 390 2, 710, 936, 516 200.00

1, 598, 908, 126 1, 112, 028, 390 2, 710, 936, 516

201.00

202.00

201.00

202.00

Less Observation Beds

Total (see instructions)

| Health Financial Systems                 | LUTHERAN HOSPITAL OF INDIANA | In Lie          | u of Form CMS-2552-10                  |
|--|------------------------------|-----------------|--|
| COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0017        | From 07/01/2016 | Worksheet C Part I Date/Time Prepared: |

|         |  |               |             |           | 11/30/2017 5: 03 pm |
|---------|--|---------------|-------------|-----------|---------------------|
|         |  |               | 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 INTENSIVE CARE UNIT                          |               |             |           | 31. 00              |
| 31. 01  | 02080 PEDIATRIC INTENSIVE CARE UNIT                |               |             |           | 31. 01              |
| 31. 02  | 02060 NEONATAL INTENSIVE CARE UNIT                 |               |             |           | 31. 02              |
| 31. 03  | 03101 CARDIO INTENSIVE CARE UNIT                   |               |             |           | 31. 03              |
| 32. 00  | 03200 CORONARY CARE UNIT                           |               |             |           | 32.00               |
| 40. 00  | 04000 SUBPROVI DER - I PF                          |               |             |           | 40.00               |
|         | 04300 NURSERY                                      |               |             |           | 43.00               |
|         | ANCILLARY SERVICE COST CENTERS                     |               |             |           |                     |
|         | 05000 OPERATING ROOM                               | 0. 085882     |             |           | 50.00               |
|         | 05100 RECOVERY ROOM                                | 0. 000000     |             |           | 51.00               |
|         | 05200 DELIVERY ROOM & LABOR ROOM                   | 0. 297698     |             |           | 52.00               |
|         | 05300 ANESTHESI OLOGY                              | 0. 013398     |             |           | 53.00               |
|         | 05400 RADI OLOGY-DI AGNOSTI C                      | 0. 123519     |             |           | 54.00               |
|         | 05401 PET SCAN                                     | 0. 061066     |             |           | 54.01               |
|         | 05600 RADI OI SOTOPE                               | 0. 071061     |             |           | 56. 00              |
|         | 05700 CT SCAN                                      | 0. 028181     |             |           | 57.00               |
|         | 05800 MRI  | 0. 000000     |             |           | 58. 00              |
|         | 06000 LABORATORY                                   | 0. 105421     |             |           | 60.00               |
|         | 06500 RESPIRATORY THERAPY                          | 0. 103421     |             |           | 65. 00              |
|         | 06600 PHYSI CAL THERAPY                            | 0. 118680     |             |           | 66.00               |
|         | 06700 OCCUPATI ONAL THERAPY                        | 0. 278907     |             |           | 67. 00              |
|         | · · · · · · · · · · · · · · · · · · ·              | 1             |             |           |                     |
|         | 06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY | 0. 031901     |             |           | 68. 00              |
|         | · · · · · · · · · · · · · · · · · · ·              | 0. 069733     |             |           | 69.00               |
|         | 07000 ELECTROENCEPHALOGRAPHY                       | 0. 293626     |             |           | 70.00               |
|         | 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT       | 0. 103146     |             |           | 71.00               |
|         | 07200 I MPL. DEV. CHARGED TO PATIENTS              | 0. 191058     |             |           | 72.00               |
|         | 07300 DRUGS CHARGED TO PATIENTS                    | 0. 107999     |             |           | 73.00               |
|         | 07400 RENAL DI ALYSI S                             | 0. 333829     |             |           | 74.00               |
|         | 03140 CARDI O CATH LAB                             | 0. 059148     |             |           | 76.00               |
|         | 03050 ENDOSCOPY                                    | 0. 140198     |             |           | 76. 01              |
| 76. 02  | 03950 CARDI AC REHAB                               | 0. 208838     |             |           | 76. 02              |
| 00.00   | OUTPATIENT SERVICE COST CENTERS                    | 4 050750      |             |           |                     |
|         | 09000 CLI NI C                                     | 1. 958759     |             |           | 90.00               |
|         | 09100 EMERGENCY                                    | 0. 106751     |             |           | 91.00               |
|         | 09200 OBSERVATION BEDS (NON-DISTINCT PART          | 0. 020478     |             |           | 92. 00              |
|         | OTHER REIMBURSABLE COST CENTERS                    | 0.005(51      |             |           | 65.00               |
|         | 09500 AMBULANCE SERVICES                           | 0. 895651     |             |           | 95. 00              |
| 96. 00  | 09600 DURABLE MEDI CAL EQUI P-RENTED               | 0. 000000     |             |           | 96. 00              |
| 40=     | SPECIAL PURPOSE COST CENTERS                       | 1             |             |           |                     |
|         | 10500 KIDNEY ACQUISITION                           |               |             |           | 105. 00             |
|         | 10600 HEART ACQUI SI TI ON                         |               |             |           | 106. 00             |
| 200.00  |  |               |             |           | 200. 00             |
| 201. 00 | · · · · · · · · · · · · · · · · · · ·              |               |             |           | 201. 00             |
| 202.00  | Total (see instructions)                           |               |             |           | 202. 00             |

From 07/01/2016 Part I Date/Time Prepared: 06/30/2017 11/30/2017 5:03 pm Title XIX Hospi tal PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 4. 00 1.00 2.00 3.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 30 00 03000 ADULTS & PEDIATRICS 46, 406, 981 46, 406, 981 46, 406, 981 03100 INTENSIVE CARE UNIT 31.00 31.00 02080 PEDIATRIC INTENSIVE CARE UNIT 31.01 2, 369, 232 2, 369, 232 0 0 2, 369, 232 31.01 02060 NEONATAL INTENSIVE CARE UNIT 6, 007, 708 6,007,708 6,007,708 31.02 31. 02 03101 CARDIO INTENSIVE CARE UNIT 31.03 25, 939, 100 25, 939, 100 25, 939, 100 31.03 32.00 03200 CORONARY CARE UNIT 9, 138, 635 9, 138, 635 0 9, 138, 635 32.00 40.00 04000 SUBPROVI DER - I PF 0 40.00 04300 NURSERY 43.00 562, 357 562, 357 562, 357 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 40, 048, 099 40, 048, 099 40, 048, 099 50.00 o 51.00 05100 RECOVERY ROOM 51.00 0 05200 DELIVERY ROOM & LABOR ROOM 2, 530, 978 0 2, 530, 978 2, 530, 978 52.00 52.00 53.00 05300 ANESTHESI OLOGY 753, 900 753, 900 753, 900 53.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 16, 016, 992 16, 016, 992 0 0 0 0 0 0 16, 016, 992 54.00 05401 PET SCAN 54 01 366 566 366 566 366, 566 54 01 56.00 05600 RADI OI SOTOPE 2, 570, 884 2, 570, 884 2, 570, 884 56.00 57.00 05700 CT SCAN 3, 274, 136 3, 274, 136 3, 274, 136 57.00 05800 MRI 58.00 58.00 0 06000 LABORATORY 22, 676, 455 22, 676, 455 22, 676, 455 60 00 60 00 65.00 06500 RESPIRATORY THERAPY 9,088,230 9, 088, 230 9, 088, 230 65.00 06600 PHYSI CAL THERAPY 7, 380, 991 66.00 7, 380, 991 0 0 0 7, 380, 991 66.00 67 00 06700 OCCUPATIONAL THERAPY 9 560 9, 560 9, 560 67 00 06800 SPEECH PATHOLOGY 17, 548 68.00 17,548 17, 548 68.00 06900 ELECTROCARDI OLOGY 5, 788, 766 5, 788, 766 5, 788, 766 69.00 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 2, 819, 729 2, 819, 729 0 2, 819, 729 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 22, 009, 799 71 00 22, 009, 799 22, 009, 799 71 00 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS 38, 882, 722 38, 882, 722 38, 882, 722 72.00 07300 DRUGS CHARGED TO PATIENTS 52, 113, 312 52, 113, 312 0 52, 113, 312 73.00 73.00 74.00 07400 RENAL DIALYSIS 3, 677, 473 3, 677, 473 3, 677, 473 74.00 76.00 03140 CARDIO CATH LAB 6, 121, 067 6, 121, 067 6, 121, 067 76 00 76. 01 03050 ENDOSCOPY 9, 343, 163 9, 343, 163 0 9, 343, 163 76.01 03950 CARDI AC REHAB 76.02 866, 828 866, 828 866, 828 76.02 OUTPATIENT SERVICE COST CENTERS 90.00 7, 426, 396 7, 426, 396 7, 426, 396 90.00 09000 CLI NI C 0 09100 EMERGENCY 14, 307, 674 14, 307, 674 0 14, 307, 674 91.00 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 376, 771 376, 771 376, 771 92.00 OTHER REIMBURSABLE COST CENTERS 95 00 95.00 09500 AMBULANCE SERVICES 7, 348, 654 7, 348, 654 0 7, 348, 654 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 96.00 SPECIAL PURPOSE COST CENTERS 1, 632, 309 105. 00 105.00 10500 KIDNEY ACQUISITION 1,632,309 1, 632, 309 106.00 10600 HEART ACQUISITION 640, 564 640, 564 640, 564 106. 00 200.00 Subtotal (see instructions) 368, 513, 579 0 368, 513, 579 0 368, 513, 579 200. 00 201.00 Less Observation Beds 376, 771 376, 771 376, 771 201. 00

368, 136, 808

368, 136, 808

368, 136, 808 202. 00

202.00

Total (see instructions)

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0017 Peri od: Worksheet C From 07/01/2016 Part I Date/Time Prepared: 06/30/2017 11/30/2017 5:03 pm Title XIX Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 105, 824, 530 105, 824, 530 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 31.00 02080 PEDIATRIC INTENSIVE CARE UNIT 31.01 3, 963, 878 3.963.878 31.01 31.02 02060 NEONATAL INTENSIVE CARE UNIT 14, 280, 494 14, 280, 494 31.02 03101 CARDIO INTENSIVE CARE UNIT 31 03 72, 048, 846 72, 048, 846 31 03 32.00 03200 CORONARY CARE UNIT 28, 383, 945 28, 383, 945 32.00 04000 SUBPROVIDER - IPF 40 00 40.00 04300 NURSERY 1, 677, 041 1, 677, 041 43.00 43.00 ANCILLARY SERVICE COST CENTERS 466, 316, 094 50.00 05000 OPERATING ROOM 263, 567, 529 202, 748, 565 0.085882 0.000000 50.00 51.00 05100 RECOVERY ROOM 0.000000 0.000000 51.00 05200 DELIVERY ROOM & LABOR ROOM 8, 501, 822 8, 330, 302 171, 520 0.297698 0.000000 52.00 52.00 53.00 05300 ANESTHESI OLOGY 32, 488, 645 23, 780, 852 56, 269, 497 0.013398 0.000000 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 46, 288, 006 83, 383, 981 129, 671, 987 0. 123519 0.000000 54.00 54.01 05401 PET SCAN 116, 778 5, 886, 039 6, 002, 817 0.061066 0.000000 54.01 05600 RADI OI SOTOPE 7,005,219 29, 173, 334 0.071061 56,00 36, 178, 553 0.000000 56,00 57.00 05700 CT SCAN 45, 469, 225 70, 711, 471 116, 180, 696 0.028181 0.000000 57.00 05800 MRI 0.000000 0.000000 58.00 58.00 06000 LABORATORY 129, 856, 723 85, 246, 225 215, 102, 948 0.105421 0.000000 60.00 60.00 72, 888, 299 0.118680 65.00 06500 RESPIRATORY THERAPY 3, 689, 524 76, 577, 823 0.000000 65.00 66.00 66.00 06600 PHYSI CAL THERAPY 17, 343, 307 9, 115, 011 26, 458, 318 0.278967 0.000000 67.00 06700 OCCUPATIONAL THERAPY 17, 475 263, 574 281, 049 0.034015 0.000000 67.00 68 00 06800 SPEECH PATHOLOGY 2 020 548, 058 550 078 0.031901 0 000000 68 00 69.00 06900 ELECTROCARDI OLOGY 38, 348, 730 44, 665, 000 83, 013, 730 0.069733 0.000000 69.00 07000 ELECTROENCEPHALOGRAPHY 1, 229, 059 8, 374, 066 9, 603, 125 0. 293626 0.000000 70.00 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 133, 477, 676 79, 906, 835 213, 384, 511 0.103146 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 141, 269, 253 203, 512, 249 0.191058 72.00 62, 242, 996 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 305, 778, 885 176, 754, 799 482, 533, 684 0. 107999 0.000000 73.00 74.00 07400 RENAL DIALYSIS 10, 761, 043 255, 007 11, 016, 050 0.333829 0.000000 74.00 76 00 03140 CARDIO CATH LAB 53 382 315 50, 104, 606 103 486 921 0.059148 0.000000 76 00 03050 ENDOSCOPY 76.01 10, 678, 433 55, 964, 124 66, 642, 557 0.140198 0.000000 76.01 03950 CARDI AC REHAB 2, 774, 522 1, 376, 206 4, 150, 728 0.208838 0.000000 76.02 76.02 OUTPATIENT SERVICE COST CENTERS 90 00 144 078 3, 647, 300 3, 791, 378 1 958759 90 00 0.000000 logodol ce enec 90, 880, 384 0.000000 91.00 09100 EMERGENCY 43, 148, 169 134, 028, 553 0.106751 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 3, 464, 504 14, 934, 096 18, 398, 600 0.020478 0.000000 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 0.895651 0.000000 95 00 95.00 09500 AMBULANCE SERVICES 8, 204, 817 8, 204, 817 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0.000000 96.00 SPECIAL PURPOSE COST CENTERS 105. 00 10500 KIDNEY ACQUISITION 1.471.509 1. 471. 509 105.00 106.00 10600 HEART ACQUISITION 3, 427, 688 3, 427, 688 106. 00 200.00 Subtotal (see instructions) 1, 598, 908, 126 1, 112, 028, 390 2, 710, 936, 516 200.00

1, 598, 908, 126 1, 112, 028, 390 2, 710, 936, 516

201.00

202.00

201.00

202.00

Less Observation Beds

Total (see instructions)

| Health Financial Systems                 | LUTHERAN HOSPITAL OF INDIANA | In Lie          | u of Form CMS-2552-10                  |
|--|------------------------------|-----------------|--|
| COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0017        | From 07/01/2016 | Worksheet C Part I Date/Time Prepared: |

|        |   |                        |           |           | 11/30/2017 5:03 pm |
|--------|---|------------------------|-----------|-----------|--------------------|
|        |   |                        | Title XIX | Hospi tal | PPS                |
|        | Cost Center Description                       | PPS Inpatient          |           |           |                    |
|        |   | Ratio                  |           |           |                    |
|        |   | 11. 00                 |           |           |                    |
|        | NPATIENT ROUTINE SERVICE COST CENTERS         |                        |           |           |                    |
|        | 03000 ADULTS & PEDI ATRI CS                   |                        |           |           | 30.00              |
| 31.00  | 03100 INTENSIVE CARE UNIT                     |                        |           |           | 31. 00             |
| 31.01  | 02080 PEDIATRIC INTENSIVE CARE UNIT           |                        |           |           | 31. 01             |
| 31.02  | 02060 NEONATAL INTENSIVE CARE UNIT            |                        |           |           | 31. 02             |
| 31.03  | 03101 CARDIO INTENSIVE CARE UNIT              |                        |           |           | 31. 03             |
| 32.00  | 03200 CORONARY CARE UNIT                      |                        |           |           | 32. 00             |
| 40.00  | 04000 SUBPROVI DER - I PF                     |                        |           |           | 40.00              |
| 43.00  | 04300 NURSERY                                 |                        |           |           | 43.00              |
| A      | NCILLARY SERVICE COST CENTERS                 |                        |           |           |                    |
| 50.00  | 05000 OPERATING ROOM                          | 0. 085882              |           |           | 50.00              |
| 51.00  | 05100 RECOVERY ROOM                           | 0. 000000              |           |           | 51.00              |
| 52.00  | D5200 DELIVERY ROOM & LABOR ROOM              | 0. 297698              |           |           | 52. 00             |
|        | 05300 ANESTHESI OLOGY                         | 0. 013398              |           |           | 53. 00             |
|        | 05400 RADI OLOGY-DI AGNOSTI C                 | 0. 123519              |           |           | 54. 00             |
| 1      | 05401 PET SCAN                                | 0. 061066              |           |           | 54. 01             |
|        | 05600 RADI OI SOTOPE                          | 0. 071061              |           |           | 56.00              |
|        | 05700 CT SCAN                                 | 0. 028181              |           |           | 57. 00             |
|        | 05800 MRI                                     | 0. 000000              |           |           | 58.00              |
|        | 06000 LABORATORY                              | 0. 105421              |           |           | 60.00              |
|        | 06500 RESPIRATORY THERAPY                     | 0. 118680              |           |           | 65. 00             |
|        | 06600 PHYSI CAL THERAPY                       | 0. 278967              |           |           | 66.00              |
|        | 06700 OCCUPATI ONAL THERAPY                   | 0. 034015              |           |           | 67. 00             |
|        | 06800 SPEECH PATHOLOGY                        | 0. 034013              |           |           | 68. 00             |
|        | 06900 ELECTROCARDI OLOGY                      | 0. 069733              |           |           | 69. 00             |
|        | 07000 ELECTROCARD GEOGRAPHY                   | 0. 293626              |           |           | 70.00              |
|        | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT     | 0. 103146              |           |           | 71.00              |
| 1      | 07200 IMPL. DEV. CHARGED TO PATIENTS          | 0. 103148              |           |           | 72.00              |
|        | 07300 DRUGS CHARGED TO PATIENTS               | 0. 191038              |           |           | 73. 00             |
| 1      | •   | 1                      |           |           | 74.00              |
|        | 07400 RENAL DIALYSIS<br>03140 CARDIO CATH LAB | 0. 333829<br>0. 059148 |           |           | 76.00              |
|        | 03050 ENDOSCOPY                               | 0. 039148              |           |           | 76. 00             |
| 1      | 03950 CARDI AC REHAB                          | 0. 208838              |           |           | 76. 01             |
| _      | DUTPATIENT SERVICE COST CENTERS               | 0. 200030              |           |           | 76.02              |
|        | 09000 CLINIC                                  | 1. 958759              |           |           | 90.00              |
|        | 09100 EMERGENCY                               | 1                      |           |           | 91.00              |
|        |   | 0. 106751              |           |           |                    |
|        | 09200 OBSERVATION BEDS (NON-DISTINCT PART     | 0. 020478              |           |           | 92. 00             |
| _      | OTHER REIMBURSABLE COST CENTERS               | 0.005751               |           |           | 05.00              |
|        | 09500 AMBULANCE SERVI CES                     | 0. 895651              |           |           | 95.00              |
|        | 09600 DURABLE MEDICAL EQUIP-RENTED            | 0. 000000              |           |           | 96. 00             |
|        | SPECIAL PURPOSE COST CENTERS                  |                        |           |           | 105.00             |
|        | 10500 KI DNEY ACQUI SI TI ON                  |                        |           |           | 105.00             |
|        | 10600 HEART ACQUISITION                       |                        |           |           | 106.00             |
| 200.00 | Subtotal (see instructions)                   |                        |           |           | 200. 00            |
| 201.00 | Less Observation Beds                         |                        |           |           | 201. 00            |
| 202.00 | Total (see instructions)                      |                        |           |           | 202. 00            |

| Title XIX  |             |   |               |              |              | 10 06/30/201/                                | 11/30/2017 5:0 |         |
|--|-------------|---|---------------|--------------|--------------|--|----------------|---------|
| Control   Cont   |             |   |               |              |              |  | PPS            |         |
| AMCILLARY SERVICE COST CENTERS   |             | Cost Center Description                 |               |              |              |  |                |         |
| AMCILLARY SERVICE COST CENTERS   |             |   |               |              |              |  |                |         |
| ANCILLARY SERVICE COST CENTERS   |             |   | I, col. 26)   | II col. 26)  |              | -  | Amount         |         |
| ANCILLARY SERVICE COST CENTERS   |             |   |               |              |              |  |                |         |
| 50.00  |             | 01.1.1 ABV 05BV 05 000T 05VT5B0         | 1.00          | 2.00         | 3.00         | 4.00   | 5. 00          |         |
| S1 00   05100   RECOVERY ROOM   C  |             |   | 10.040.000    | / 405 050    | 00 (40 04    |  |                | F0 00   |
| S200   DELIVERY ROOM & LABOR ROOM   2,530,978   77,938   2,453,040   0   0   52,00   |             |   | 40, 048, 099  |              |              |  | "              |         |
| 53.00   05300   ABSTHESI OLOGY   753.900   38,691   715.209   0   0   53.00  |             |   | 2 520 070     | •            |              | ٥  | "              |         |
| 54.01   05400   RADI OLOGY-DI AGNOSTI C   16, 016, 992   2, 483, 811   13, 533, 181   0   0   54.00   54.01   05401   PET SCAN   366, 566   92, 874   273, 692   0   0   54.01   56.00   05600   RADI OI SOTOPE   2, 570, 884   242, 466   2, 328, 418   0   0   56.00   57.00   05700   CT SCAN   3, 274, 136   270, 793   3, 003, 343   0   0   57.00   0   0   0   0   0   0   0   0   0  |             |   |               |              |              |  | _              |         |
| 54.01   05401   PET SCAN   366, 566   92, 874   273, 692   0   0   54.01     56.00   05600   RADIOISOTOPE   2, 570, 884   242, 466   2, 328, 418   0   0   56.00     57.00   05700   CT SCAN   3, 274, 136   270, 793   3, 003, 343   0   0   57.00     58.00   05800   MRI   0   0   0   0   0   0     58.00   05800   MRI   0   0   0   0   0   0     58.00   05800   MRI   0   0   0   0   0   0     58.00   05800   MRI   0   0   0   0   0   0     58.00   05800   MRI   0   0   0   0   0   0     58.00   05600   CSESPI RATORY THERAPY   9, 088, 230   617, 870   8, 470, 360   0   0   65.00     66.00   06600   PHYSI CAL THERAPY   9, 586   328   9, 332   0   0   67.00     68.00   06600   OCCUPATI ONAL THERAPY   9, 560   328   9, 332   0   0   67.00     68.00   06800   SPEECH PATHOLOGY   17, 548   637   16, 911   0   0   68.00     69.00   06900   ELECTROCARDI OLOGY   5, 788, 766   97, 431   4, 815, 335   0   0   69.00     70.00   07000   ELECTROCARDI OLOGY   5, 788, 766   97, 431   4, 815, 335   0   0   69.00     70.00   07000   IMPL. DEV. CHARGED TO PATI ENTS   38, 882, 722   1, 290, 915   37, 591, 807   0   0   72.00     73.00   07300   DRUGS CHARGED TO PATI ENTS   38, 882, 722   1, 290, 915   37, 591, 807   0   0   72.00     74.00   07400   EARLO LAUSI S   3, 677, 473   3, 352, 460   3, 352, 013   0   0   74.00     76.00   03950   CARDI A CARDI O CATH LAB   6, 121, 067   1, 162, 934   4, 958, 133   0   0   76.00     76.01   03950   CARDI A CREHAB   6, 121, 067   1, 162, 934   4, 958, 133   0   0   76.00     76.01   03950   CARDI A CREHAB   6, 121, 067   1, 162, 934   4, 958, 133   0   0   76.00     76.00   09900   CLINIC C   7, 426, 396   840, 354   6, 586, 042   0   0   90.00     90.00   09900   CLINIC C   7, 426, 396   840, 354   6, 586, 042   0   0   90.00     90.00   09900   CLINIC C   7, 426, 396   840, 354   6, 586, 042   0   0   90.00     90.00   09900   CLINIC C   7, 426, 396   840, 354   6, 586, 042   0   0   90.00     90.00   09900   CLINIC C   7, 426, 396   840, 354   6, 586, 042   0   0   90.00     90.00   09900    |             |   |               |              |              |  |                |         |
| 56. 00   05600   RADI OI SOTOPE   2, 570, 884   242, 466   2, 328, 418   0   0   56. 00   57. 00   05700   CT SCAN   3, 274, 136   270, 793   3, 003, 343   0   0, 57. 00   58. 00   05800   MRI   0   0   0   0   0   0   60. 00   06000   LABORATORY   22, 676, 455   1, 543, 461   21, 132, 994   0   0   60. 00   66. 00   06500   RESPI RATORY THERAPY   9, 088, 230   617, 870   8, 470, 360   0   0   65. 00   66. 00   06600   PHYSI CAL THERAPY   7, 380, 991   577, 774   6, 803, 217   0   0   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   9, 560   328   9, 232   0   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   17, 548   637   16, 911   0   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   5, 788, 766   973, 431   4, 815, 335   0   0   69. 00   69. 00   07000   07000   ELECTROCARDI OLOGY   2, 819, 729   465, 600   2, 354, 129   0   0   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENT   22, 099, 799   758, 383   21, 251, 416   0   0   71. 00   72. 00   07200   IMPL DEV. CHARGED TO PATI ENTS   38, 882, 722   1, 290, 915   37, 591, 807   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   38, 882, 722   1, 290, 915   37, 591, 807   0   0   72. 00   74. 00   07400   RENAL DI ALYSI S   3, 677, 473   325, 460   3, 352, 013   0   0   76. 00   76. 01   03050   EMDOSCOPY   9, 343, 163   1, 302, 668   8, 040, 495   0   0   76. 00   76. 01   03050   EMDOSCOPY   9, 343, 163   1, 302, 668   8, 040, 495   0   0   76. 00   76. 01   09700   CLI NI C   7, 426, 396   840, 354   6, 586, 042   0   99. 00   76. 00   09700   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   95. 00   76. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   76. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   76. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   77. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   78. 00   07000   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   78. 00   07000   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   78. 00   07000   0 |             |   |               |              |              |  | "              |         |
| 57. 00   05700   CT SCAN   3, 274, 136   270, 793   3, 003, 343   0   0   57. 00   58. 00   05800   MRI   0   0   0   0   0   58. 00   05800   MRI   0   0   0   0   58. 00   06000   LABORATORY   22, 676, 455   1, 543, 461   21, 132, 994   0   0   0   65. 00   06500   RESPI RATORY THERAPY   9, 088, 230   617, 870   8, 470, 360   0   0   66. 00   06600   PHYSI CAL THERAPY   7, 380, 991   577, 774   6, 803, 217   0   0   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   9, 560   328   9, 232   0   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   17, 548   637   16, 911   0   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   5, 788, 766   973, 421   4, 815, 335   0   0   69. 00   69. 00   07000   ELECTROCROPI OLOGY   5, 788, 766   973, 421   4, 815, 335   0   0   69. 00   67. 00   07000   ELECTROENCEPHALOGRAPHY   2, 819, 729   465, 600   2, 354, 129   0   0   70. 00   67. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENT   22, 009, 799   758, 383   21, 251, 416   0   0   71. 00   67. 00   07300   DRUGS CHARGED TO PATI ENTS   38, 882, 722   1, 290, 915   37, 591, 807   0   0   72. 00   67. 00   07400   RENAL DI ALYSI S   3, 677, 473   325, 460   3, 352, 013   0   0   74. 00   67. 01   03950   CARDI ACRED TO CATH LAB   6, 121, 067   1, 162, 934   4, 958, 133   0   0   76. 00   67. 02   03950   CARDI AC REHAB   6, 121, 067   1, 162, 934   4, 958, 133   0   0   76. 00   67. 02   03950   CARDI AC REHAB   6, 121, 067   1, 162, 934   4, 958, 133   0   0   76. 00   67. 02   03950   CARDI AC REHAB   6, 121, 067   1, 162, 934   4, 958, 133   0   0   76. 00   67. 00   09100   EMERCENCY   14, 307, 674   1, 276, 991   13, 030, 693   0   0   90. 00   67. 00   09100   DMERCENCY   14, 307, 674   1, 276, 991   13, 030, 693   0   0   91. 00   67. 00   09000   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   0   67. 00   09000   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   67. 00   09000   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   67. 00   09000   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   67. 00   09000   DURABLE  |             |   |               |              |              |  | _              |         |
| 58.00   05800   MR   |             |   |               |              |              |  | -              |         |
| 60.00   06000   LABORATORY   22, 676, 455   1, 543, 461   21, 132, 994   0   0   60.00   65.00   06500   RESPIRATORY THERAPY   7, 380, 991   577, 774   6, 803, 217   0   0   66.00   0   65.00   0   65.00   0   66.00   0   66.00   0   65.00   0   66.00   0   66.00   0   66.00   0   66.00   0   66.00   0   66.00   0   66.00   0   66.00   0   66.00   0   66.00   0   66.00   0   66.0 |             |   | 3, 2/4, 130   | •            | 1 ' '        |  | "              |         |
| 65. 00   06500   RESPIRATORY THERAPY   9, 088, 230   617, 870   8, 470, 360   0   0   65. 00   66. 00   06600   PHYSI CAL THERAPY   7, 380, 991   577, 774   6, 803, 217   0   0   66. 00   66. 00   66. 00   66. 00   67. 00   000   67. 00   000   67. 00   000   67. 00   000   68. 00   68. 00   68. 00   68. 00   68. 00   68. 00   68. 00   69. 00  |             |   | 22 /7/ 455    | -            |              | ٥  | "              |         |
| 66. 00   06600   PHYSICAL THERAPY   7, 380, 991   577, 774   6, 803, 217   0   0   66. 00   67. 00   67. 00   06700   0CCUPATI ONAL THERAPY   9, 560   328   9, 232   0   0   67. 00   68. 00   0800   SPEECH PATHOLOGY   17, 548   637   16, 911   0   0   68. 00   06900   ELECTROCARDI OLOGY   5, 788, 766   973, 431   4, 815, 335   0   0   69. 00   070. 00   07000   ELECTROENCEPHALOGRAPHY   2, 819, 729   465, 600   2, 354, 129   0   0   70. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   22, 009, 799   758, 383   21, 251, 416   0   0   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   38, 882, 722   1, 290, 915   37, 591, 807   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   52, 113, 312   1, 867, 569   50, 245, 743   0   0   73. 00   73. 00   07400   RENBAL DI ALYSIS   3, 677, 473   325, 460   3, 352, 013   0   0   74. 00   74. 00   07400   RENBAL DI ALYSIS   3, 677, 473   325, 460   3, 352, 013   0   0   74. 00   76. 00   76. 00   76. 01   03500   ENDOSCOPY   9, 343, 163   1, 302, 668   8, 040, 495   0   0   76. 01   03500   ENDOSCOPY   9, 343, 163   1, 302, 668   8, 040, 495   0   0   76. 01   03500   CARDI AC REHAB   866, 828   42, 969   823, 859   0   0   76. 02   00   00   00   00   00   00   00   |             |   |               |              |              |  | _              |         |
| 67. 00   06700   0CCUPATIONAL THERAPY   9, 560   328   9, 232   0   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   17, 548   637   16, 911   0   0   68. 00   69. 00   06900   ELECTROCARDIOLOGY   5, 788, 766   973, 431   4, 815, 335   0   0   69. 00   70. 00   07000   ELECTROCARDIOLOGY   2, 819, 729   465, 600   2, 354, 129   0   0   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENT   22, 009, 799   758, 383   21, 251, 416   0   0   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENT   38, 882, 222   1, 290, 915   37, 591, 807   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   52, 113, 312   1, 867, 569   50, 245, 743   0   0   73. 00   74. 00   07400   RENAL DI ALYSIS   3, 677, 473   325, 460   3, 352, 013   0   0   74. 00   76. 00   03140   CARDIO CATH LAB   6, 121, 067   1, 162, 934   4, 958, 133   0   0   76. 01   76. 01   03050   ENDOSCOPY   9, 343, 163   1, 302, 668   8, 040, 495   0   0   76. 01   76. 02   03950   CARDIA C REHAB   866, 828   42, 969   823, 859   0   0   76. 02   90. 00   09000   CLI NI C   7, 426, 396   840, 354   6, 586, 042   0   0   90. 00   91. 00   09000   DEBERVATION BEDS (NON-DISTINCT PART   376, 771   42, 547   334, 224   0   0   99. 00   95. 00   09500   DURABLE MEDI CAL EQUIP-RENTED   0   0   0   0   0   96. 00   O9600   DURABLE MEDI CAL EQUIP-RENTED   0   0   0   0   0   96. 00   O9600   DURABLE MEDI CAL EQUIP-RENTED   0   0   0   0   0   96. 00   O9600   DURABLE MEDI CAL EQUIP-RENTED   0   0   0   0   0   97. 00   O9500   MERKEN ACQUISITION   1, 632, 309   115, 804   1, 516, 505   0   0   106. 00   90. 00   Subtotal (sum of lines 50 thru 199)   278, 895, 566   23, 821, 056   254, 268, 510   0   0   201. 00   90. 00   Subtotal (sum of lines 50 thru 199)   278, 895, 566   23, 821, 056   254, 268, 510   0   0   201. 00   90. 00   201. 00   0   0   0   0   0   90. 00   O10. 00   0   0   0   0   0   90. 00   00   00   00   00   00   90. 00   00   00   00   00   00   00   90. 00   00   00   00   00   00   90. 00   00   00   00   00   90. 00   00   00  |             |   |               |              |              |  | "              |         |
| 68. 00   06800   SPECH PATHOLOGY   17, 548   637   16, 911   0   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   5, 788, 766   973, 431   4, 815, 335   0   0   69. 00   07000   ELECTROCARDI OLOGY   5, 788, 766   973, 431   4, 815, 335   0   0   69. 00   07000   07000   ELECTROENCEPHALOGRAPHY   2, 819, 729   465, 600   2, 354, 129   0   0   070. 00   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000    |             |   |               |              |              |  |                |         |
| 69. 00   06900   ELECTROCARDI OLOGY   5, 788, 766   973, 431   4, 815, 335   0   0   69. 00   70. 00   70000   ELECTROCARCEPHALOGRAPHY   2, 819, 729   465, 600   2, 354, 129   0   0   70. 00   |             |   |               |              |              |  | _              |         |
| 70. 00   07000   ELECTROENCEPHALOGRAPHY   2, 819, 729   465, 600   2, 354, 129   0   0   70. 00   71. 00   71. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENT   22, 009, 799   758, 383   21, 251, 416   0   0   71. 00   72. 00   72. 00   72.00   1MPL. DEV. CHARGED TO PATI ENTS   38, 882, 722   1, 290, 915   37, 591, 807   0   0   72. 00   73. 00   73. 00   73. 00   74 |             |   |               |              |              |  |                |         |
| 71. 00   |             |   |               |              |              |  |                |         |
| 72. 00   |             |   |               |              |              |  | _              |         |
| 73. 00   |             |   |               |              |              |  | _              |         |
| 74. 00   |             |   |               |              |              |  |                |         |
| 76. 00   |             |   |               |              |              |  | _              |         |
| 76. 01 03050 ENDOSCOPY 9, 343, 163 1, 302, 668 8, 040, 495 0 0 76. 01 76. 02 03950 CARDI AC REHAB 866, 828 42, 969 823, 859 0 0 76. 02  0UTPATI ENT SERVI CE COST CENTERS  90. 00 09000 CLI NI C 7, 426, 396 840, 354 6, 586, 042 0 0 90. 00  91. 00 09100 EMERGENCY 14, 307, 674 1, 276, 981 13, 030, 693 0 0 91. 00  92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 376, 771 42, 547 334, 224 0 0 0 92. 00  0THER REI MBURSABLE COST CENTERS  95. 00 09500 AMBULANCE SERVI CES 7, 348, 654 986, 054 6, 362, 600 0 0 95. 00  96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0 0 0 96. 00  SPECI AL PURPOSE COST CENTERS  105. 00 10500 KI DNEY ACQUI SI TI ON 1, 632, 309 115, 804 1, 516, 505 0 0 0 105. 00  200. 00 Subtotal (sum of lines 50 thru 199) 278, 089, 566 23, 821, 056 254, 268, 510 0 0 200. 00  201. 00 Less Observation Beds 376, 771 42, 547 334, 224 0 0 0 201. 00   |             |   |               | •            |              |  |                |         |
| 76. 02 03950 CARDI AC REHAB 866, 828 42, 969 823, 859 0 0 76. 02  OUTPATI ENT SERVI CE COST CENTERS  90. 00 09000 CLI NI C 7, 426, 396 840, 354 6, 586, 042 0 0 90. 00  91. 00 09100 EMERGENCY 14, 307, 674 1, 276, 981 13, 030, 693 0 0 91. 00  92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 376, 771 42, 547 334, 224 0 0 0 92. 00  OTHER REI MBURSABLE COST CENTERS  95. 00 09500 AMBULANCE SERVI CES 7, 348, 654 986, 054 6, 362, 600 0 0 95. 00  96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0 0 0 96. 00  SPECI AL PURPOSE COST CENTERS  105. 00 10500 KI DNEY ACQUI SI TI ON 1, 632, 309 115, 804 1, 516, 505 0 0 0 105. 00  200. 00 Subtotal (sum of lines 50 thru 199) 278, 089, 566 23, 821, 056 254, 268, 510 0 0 200. 00  201. 00 Less Observation Beds 376, 771 42, 547 334, 224 0 0 0 201. 00   |             |   |               |              |              |  |                |         |
| OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS  |             |   |               |              |              |  |                |         |
| 90. 00   |             |   | 000, 020      | 12, 707      | 020,00       | <u>,                                    </u> | 0              | 70.02   |
| 91. 00   |             |   | 7, 426, 396   | 840. 354     | 6, 586, 04   | 2 0  | 0              | 90.00   |
| 92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART   376, 771   42, 547   334, 224   0   0   92. 00   |             |   |               |              |              |  |                |         |
| OTHER REIMBURSABLE COST CENTERS   7, 348, 654   986, 054   6, 362, 600   0   0   95. 00  | 92.00 092   | 200 OBSERVATION BEDS (NON-DISTINCT PART |               |              |              |  | o              | 92.00   |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0 0 96. 00 96.  |             |   |               | , ,          |              |  |                |         |
| SPECIAL PURPOSE COST CENTERS   105.00   10500   KI DNEY ACQUI SI TI ON   1, 632, 309   115, 804   1, 516, 505   0   0 105.00   106.00      | 95. 00 09!  | 500 AMBULANCE SERVICES                  | 7, 348, 654   | 986, 054     | 6, 362, 60   | 0 0  | 0              | 95. 00  |
| 105. 00     10500 KI DNEY ACQUI SI TI ON     1, 632, 309     115, 804     1, 516, 505     0     0     105. 00       106. 00     10600 HEART ACQUI SI TI ON     640, 564     17, 685     622, 879     0     0     106. 00       200. 00     Subtotal (sum of lines 50 thru 199)     278, 089, 566     23, 821, 056     254, 268, 510     0     0     200. 00       201. 00     Less Observation Beds     376, 771     42, 547     334, 224     0     0     201. 00  | 96. 00 096  | 600 DURABLE MEDICAL EQUIP-RENTED        | o             | 0            |              |  | 0              | 96. 00  |
| 106. 00     106. 00     106. 00     106. 00     0     0     0     0     0     106. 00       200. 00     Subtotal (sum of lines 50 thru 199)     278, 089, 566     23, 821, 056     254, 268, 510     0     0     200. 00       201. 00     Less Observation Beds     376, 771     42, 547     334, 224     0     0     201. 00   | SPE         | ECIAL PURPOSE COST CENTERS              |               |              | •            |  |                |         |
| 200.00 Subtotal (sum of lines 50 thru 199) 278,089,566 23,821,056 254,268,510 0 0 200.00 201.00 Less Observation Beds 376,771 42,547 334,224 0 0 201.00  | 105. 00 10  | 500 KIDNEY ACQUISITION                  | 1, 632, 309   | 115, 804     | 1, 516, 50   | 5 0  | 0              | 105. 00 |
| 201.00 Less Observation Beds 376,771 42,547 334,224 0 0 201.00   | 106. 00 106 | 600 HEART ACQUISITION                   | 640, 564      | 17, 685      | 622, 87      | 9 0  | 0              | 106. 00 |
|  | 200.00      | Subtotal (sum of lines 50 thru 199)     | 278, 089, 566 | 23, 821, 056 | 254, 268, 51 | 0 0  |                |         |
| 202.00   Total (line 200 minus line 201)   277,712,795   23,778,509   253,934,286   0   0   202.00   |             |   |               |              |              |  |                |         |
|  | 202.00      | Total (line 200 minus line 201)         | 277, 712, 795 | 23, 778, 509 | 253, 934, 28 | 6 0  | 0              | 202. 00 |

|        |   |                |                  |               | 10 06/30/2017 | 11/30/2017 5:03 pm |
|--------|---|----------------|------------------|---------------|---------------|--------------------|
|        |   |                | Ti tl            | e XIX         | Hospi tal     | PPS                |
|        | Cost Center Description                   | Cost Net of    | Total Charges    | Outpati ent   | ·             |                    |
|        | ·   | Capital and    | (Worksheet C,    | Cost to Charg | je            |                    |
|        |   | Operating Cost | Part I, column   | Ratio (col.   | 6             |                    |
|        |   | Reduction      | 8)               | / col . 7)    |               |                    |
|        |   | 6.00           | 7. 00            | 8. 00         |               |                    |
|        | ANCILLARY SERVICE COST CENTERS            |                |                  |               |               |                    |
| 50.00  | 05000 OPERATI NG ROOM                     | 40, 048, 099   | 466, 316, 094    | l .           |               | 50.00              |
| 51.00  | 05100 RECOVERY ROOM                       | 0              |                  |               |               | 51.00              |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM          | 2, 530, 978    |                  |               |               | 52. 00             |
| 53.00  | 05300 ANESTHESI OLOGY                     | 753, 900       |                  |               |               | 53. 00             |
| 54.00  | 05400  RADI OLOGY-DI AGNOSTI C            | 16, 016, 992   |                  |               |               | 54. 00             |
| 54. 01 | 05401 PET SCAN                            | 366, 566       |                  |               |               | 54. 01             |
| 56.00  | 05600 RADI OI SOTOPE                      | 2, 570, 884    |                  | l .           |               | 56. 00             |
| 57.00  | 05700  CT SCAN                            | 3, 274, 136    | 116, 180, 696    |               |               | 57. 00             |
| 58.00  | 05800  MRI                                | 0              |                  | 0. 00000      |               | 58. 00             |
| 60.00  | 06000 LABORATORY                          | 22, 676, 455   |                  |               |               | 60.00              |
| 65. 00 | 06500 RESPI RATORY THERAPY                | 9, 088, 230    |                  |               |               | 65. 00             |
| 66.00  | 06600 PHYSI CAL THERAPY                   | 7, 380, 991    |                  |               |               | 66. 00             |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY               | 9, 560         |                  | l .           |               | 67. 00             |
| 68. 00 | 06800 SPEECH PATHOLOGY                    | 17, 548        |                  |               |               | 68. 00             |
| 69. 00 | 06900 ELECTROCARDI OLOGY                  | 5, 788, 766    |                  |               |               | 69. 00             |
| 70.00  | 07000 ELECTROENCEPHALOGRAPHY              | 2, 819, 729    |                  |               |               | 70. 00             |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 22, 009, 799   |                  |               |               | 71.00              |
| 72. 00 | 07200 IMPL. DEV. CHARGED TO PATIENTS      | 38, 882, 722   |                  |               |               | 72. 00             |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS           | 52, 113, 312   |                  |               |               | 73. 00             |
| 74.00  | 07400 RENAL DI ALYSI S                    | 3, 677, 473    |                  |               |               | 74. 00             |
| 76. 00 | 03140 CARDIO CATH LAB                     | 6, 121, 067    |                  |               |               | 76. 00             |
| 76. 01 | 03050 ENDOSCOPY                           | 9, 343, 163    |                  |               |               | 76. 01             |
| 76. 02 | 03950 CARDI AC REHAB                      | 866, 828       | 4, 150, 728      | 0. 20883      | 88            | 76. 02             |
|        | OUTPATIENT SERVICE COST CENTERS           |                |                  |               |               |                    |
| 90.00  | 09000 CLI NI C                            | 7, 426, 396    |                  |               |               | 90. 00             |
| 91.00  | 09100 EMERGENCY                           | 14, 307, 674   |                  | l .           |               | 91.00              |
| 92. 00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 376, 771       | 18, 398, 600     | 0. 02047      | 18            | 92. 00             |
|        | OTHER REIMBURSABLE COST CENTERS           |                |                  |               |               |                    |
| 95. 00 | 09500 AMBULANCE SERVICES                  | 7, 348, 654    |                  |               |               | 95. 00             |
| 96. 00 | 09600 DURABLE MEDI CAL EQUI P-RENTED      | 0              | 0                | 0. 00000      | 00            | 96. 00             |
|        | SPECIAL PURPOSE COST CENTERS              |                |                  | 1             |               |                    |
|        | 10500 KIDNEY ACQUISITION                  | 1, 632, 309    |                  |               |               | 105. 00            |
|        | 10600 HEART ACQUI SI TI ON                | 640, 564       |                  |               | 79            | 106. 00            |
| 200.00 | ,   | 278, 089, 566  |                  | •             |               | 200. 00            |
| 201.00 |   | 376, 771       | 0                | 1             |               | 201. 00            |
| 202.00 | Total (line 200 minus line 201)           | 277, 712, 795  | 2, 484, 757, 782 | l             |               | 202. 00            |

| Health Financial Systems   | LUTHERAN HOSPIT  | AL OE INDIANA   |   | In Lie                                       | eu of Form CMS-  | 2552 10   |
|--|--|---|---|--|--|---|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL   |  | Provider Co   | CN: 15-0017   | Peri od:<br>From 07/01/2016<br>To 06/30/2017 | Worksheet D<br>Part I  | pared:  |
|  |  | Title   | : XVIII   | Hospi tal                                    | PPS  |   |
| Cost Center Description  | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26)  | Swing Bed<br>Adjustment   | Reduced<br>Capi tal<br>Rel ated Cos<br>(col . 1 - col<br>2) | Total Patient<br>Days<br>t                   | Per Diem (col.<br>3 / col. 4)  |   |
|  | 1.00   | 2.00  | 3.00  | 4. 00  | 5. 00  |   |
| INPATIENT ROUTINE SERVICE COST CENTERS   | 1.00   | 2.00  | 3.00  | 4.00   | J. 00  |   |
| 30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT 31.01 PEDIATRIC INTENSIVE CARE UNIT 31.02 NEONATAL INTENSIVE CARE UNIT 32.00 CORONARY CARE UNIT 40.00 SUBPROVIDER - IPF 43.00 NURSERY 200.00 Total (lines 30-199)  Cost Center Description               | 5, 240, 491<br>0<br>291, 630<br>1, 188, 780<br>2, 211, 209<br>746, 102<br>0<br>33, 737<br>9, 711, 949<br>I npati ent<br>Program days | Inpatient Program Capital Cost (col. 5 x col. 6)                            | 291, 6:<br>1, 188, 7:<br>2, 211, 20<br>746, 10              | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0        | 0. 00<br>272. 81<br>288. 89<br>109. 21<br>107. 62<br>0. 00<br>18. 69 | 31. 00<br>31. 01<br>31. 02<br>31. 03<br>32. 00<br>40. 00                                |
| INDATIENT DOUTINE SERVICE COST CENTERS   | 6. 00  | 7. 00   |   |  |  |   |
| INPATIENT ROUTINE SERVICE COST CENTERS  30.00 ADULTS & PEDIATRICS INTENSIVE CARE UNIT  31.01 PEDIATRIC INTENSIVE CARE UNIT  31.02 NEONATAL INTENSIVE CARE UNIT  32.00 CORONARY CARE UNIT  40.00 SUBPROVIDER - IPF  43.00 NURSERY 200.00 Total (lines 30-199) | 22, 570<br>0<br>0<br>0<br>7, 452<br>2, 570<br>0<br>0<br>32, 592  | 1, 808, 534<br>0<br>0<br>0<br>813, 833<br>276, 583<br>0<br>0<br>2, 898, 950 |   |  |  | 30. 00<br>31. 00<br>31. 01<br>31. 02<br>31. 03<br>32. 00<br>40. 00<br>43. 00<br>200. 00 |

|  |   |                 | 05             |             |                             | 5.5           |         |  |  |  |
|--|---|-----------------|----------------|-------------|-----------------------------|---------------|---------|--|--|--|
|  |   | LUTHERAN HOSPIT |                | 011 45 0047 | In Lieu of Form CMS-2552-10 |               |         |  |  |  |
| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL |   | IL COSTS        | Provi der C    |             | Peri od:<br>From 07/01/2016 | Worksheet D   |         |  |  |  |
|  |   |                 |                |             | To 06/30/2017               | Date/Time Pre | pared:  |  |  |  |
|  |   |                 |                |             |                             | 11/30/2017 5: | 03 pm   |  |  |  |
|  |   |                 |                | XVIII       | Hospi tal                   | PPS           |         |  |  |  |
|  | Cost Center Description                   | Capi tal        | Total Charges  |             |                             | Capital Costs |         |  |  |  |
|  |   | Related Cost    | (from Wkst. C, |             | Program                     | (column 3 x   |         |  |  |  |
|  |   | (from Wkst. B,  | Part I, col.   |             | . Charges                   | column 4)     |         |  |  |  |
|  |   | Part II, col.   | 8)             | 2)          |                             |               |         |  |  |  |
|  |   | 26)             |                |             |                             |               |         |  |  |  |
|  | T   | 1.00            | 2. 00          | 3. 00       | 4. 00                       | 5. 00         |         |  |  |  |
|  | ANCI LLARY SERVI CE COST CENTERS          |                 |                | 1           |                             |               |         |  |  |  |
|  | 05000 OPERATI NG ROOM                     | 6, 405, 059     |                |             |                             |               |         |  |  |  |
|  | 05100 RECOVERY ROOM                       | 0               | l ~            | 0. 00000    |                             | _             |         |  |  |  |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM          | 77, 938         |                |             |                             | l .           |         |  |  |  |
| 53. 00   | 05300 ANESTHESI OLOGY                     | 38, 691         |                |             |                             |               |         |  |  |  |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C             | 2, 483, 811     |                |             |                             |               |         |  |  |  |
| 54. 01   | 05401 PET SCAN                            | 92, 874         |                |             |                             | l .           |         |  |  |  |
| 56. 00   | 05600 RADI OI SOTOPE                      | 242, 466        |                |             |                             |               |         |  |  |  |
| 57. 00   |   | 270, 793        |                |             |                             |               |         |  |  |  |
| 58. 00   | 05800 MRI                                 | 0               |                | 0.00000     |                             |               |         |  |  |  |
| 60.00  | 06000 LABORATORY                          | 1, 543, 461     |                |             |                             |               |         |  |  |  |
| 65. 00   | 06500 RESPI RATORY THERAPY                | 617, 870        |                |             |                             |               |         |  |  |  |
| 66.00  | 06600 PHYSI CAL THERAPY                   | 577, 774        |                |             |                             |               |         |  |  |  |
| 67. 00   | 06700 OCCUPATI ONAL THERAPY               | 328             | 281, 049       |             |                             | 0             | 1 07.00 |  |  |  |
| 68. 00   | 06800 SPEECH PATHOLOGY                    | 637             | 550, 078       |             |                             | 0             | 68. 00  |  |  |  |
| 69. 00   | 06900 ELECTROCARDI OLOGY                  | 973, 431        | 83, 013, 730   |             |                             |               |         |  |  |  |
|  | 07000 ELECTROENCEPHALOGRAPHY              | 465, 600        |                |             |                             |               |         |  |  |  |
|  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 758, 383        |                |             |                             |               |         |  |  |  |
| 72. 00   | 07200 I MPL. DEV. CHARGED TO PATIENTS     | 1, 290, 915     |                |             |                             |               |         |  |  |  |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS           | 1, 867, 569     |                | l .         |                             |               |         |  |  |  |
| 74.00  | 07400 RENAL DIALYSIS                      | 325, 460        | 11, 016, 050   | 0. 02954    | 5, 992, 758                 | 177, 050      |         |  |  |  |
|  |   | 1, 162, 934     | 103, 486, 921  |             |                             |               |         |  |  |  |
| 76. 01   | 03050 ENDOSCOPY                           | 1, 302, 668     |                |             |                             |               |         |  |  |  |
| 76. 02   | 03950 CARDI AC REHAB                      | 42, 969         | 4, 150, 728    | 0. 01035    | 910, 629                    | 9, 427        | 76. 02  |  |  |  |
|  | OUTPATIENT SERVICE COST CENTERS           |                 |                |             |                             |               |         |  |  |  |
|  | 09000 CLI NI C                            | 840, 354        |                |             |                             |               | 90.00   |  |  |  |
| 01 NN  | 00100 EMERCENCY                           | 1 276 091       | 13/1 028 553   | 0 00052     | 0 1/ /5/ 171                | 127 710       | I 01 00 |  |  |  |

0 22, 701, 513 2, 471, 653, 768

1, 276, 981 42, 547

134, 028, 553 18, 398, 600

0. 009528 0. 002313

0.000000

8, 905 137, 719

4, 160

91. 00 92. 00

95.00

96. 00 0 3, 774, 897 200. 00

14, 454, 171 1, 798, 382

0 449, 173, 293

91. 00 09100 EMERGENCY

95. 00 09500 AMBULANCE SERVICES

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS

96. 00 | 09600 | DURABLE MEDICAL EQUIP-RENTED 200. 00 | Total (lines 50-199)

| Health Financial Systems           | LUTHERAN HOSPITAL OF INDIANA                             | In Lieu of Form CMS-2552-10 |
|------------------------------------|--|-----------------------------|
| ADDODTIONMENT OF INDATIONE DOUTING | SERVICE OTHER DASS THROUGH COSTS   Provider CCN: 15 0017 | Pariod: Workshoot D         |

| Health Financial Systems                            | LUTHERAN HOSPIT | AL OF INDIANA  |                            | In Lie                           | eu of Form CMS-2 | 2552-10 |
|---|-----------------|----------------|----------------------------|----------------------------------|------------------|---------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA | SS THROUGH COS  | TS Provider CO |                            | Peri od:                         | Worksheet D      |         |
|   |                 |                |                            | From 07/01/2016<br>Fo 06/30/2017 |                  | nanad.  |
|   |                 |                |                            | To 06/30/2017                    | 11/30/2017 5:    |         |
|   |                 | Title          | XVIII                      | Hospi tal                        | PPS              | оо р    |
| Cost Center Description                             | Nursing School  | Allied Health  | All Other                  | Swi ng-Bed                       | Total Costs      |         |
|   |                 | Cost           | Medi cal                   | Adjustment                       | (sum of cols.    |         |
|   |                 |                | Education Cos <sup>-</sup> |                                  | 1 through 3,     |         |
|   |                 |                |                            | instructions)                    | minus col. 4)    |         |
|   | 1. 00           | 2.00           | 3. 00                      | 4. 00                            | 5. 00            |         |
| INPATIENT ROUTINE SERVICE COST CENTERS              |                 |                |                            |                                  |                  |         |
| 30. 00   03000   ADULTS & PEDI ATRI CS              | 0               | 360, 909       |                            | 0                                | 360, 909         | 30. 00  |
| 31.00 03100 NTENSIVE CARE UNIT                      | 0               | 0              |                            | O                                | 0                | 31. 00  |
| 31.01   02080   PEDIATRIC INTENSIVE CARE UNIT       | 0               | 5, 124         |                            | O                                | 5, 124           | 31. 01  |
| 31.02   02060   NEONATAL INTENSIVE CARE UNIT        | 0               | 28, 348        | (                          | D                                | 28, 348          | 31. 02  |
| 31.03  03101 CARDIO INTENSIVE CARE UNIT             | 0               | 117, 563       |                            | D                                | 117, 563         |         |
| 32. 00   03200   CORONARY CARE UNIT                 | 0               | 40, 429        | (                          |                                  | 40, 429          | 32. 00  |
| 40. 00   04000   SUBPROVI DER - 1 PF                | 0               | 0              | (                          | 0                                | 0                | 40. 00  |
| 43. 00   04300   NURSERY                            | 0               | 11, 340        | (                          |                                  | 11, 340          | 43.00   |
| 200.00 Total (lines 30-199)                         | 0               | 563, 713       | (                          |                                  | 563, 713         | 200. 00 |
| Cost Center Description                             | Total Patient   | Per Diem (col. | I npati ent                | I npati ent                      |                  |         |
|   | Days            | 5 ÷ col. 6)    | Program Days               | Program                          |                  |         |
|   |                 |                |                            | Pass-Through                     |                  |         |
|   |                 |                |                            | Cost (col. 7 x                   |                  |         |
|   |                 |                |                            | col . 8)                         |                  |         |
|   | 6. 00           | 7. 00          | 8. 00                      | 9. 00                            |                  |         |
| INPATIENT ROUTINE SERVICE COST CENTERS              |                 |                |                            |                                  |                  |         |
| 30. 00   03000   ADULTS & PEDI ATRI CS              | 65, 403         |                |                            | 124, 586                         |                  | 30. 00  |
| 31.00  03100   INTENSIVE CARE UNIT                  | 0               | 0.00           |                            | 0                                |                  | 31. 00  |
| 31. 01   02080   PEDIATRIC INTENSIVE CARE UNIT      | 1, 069          |                |                            | 0                                |                  | 31. 01  |
| 31.02   02060   NEONATAL INTENSIVE CARE UNIT        | 4, 115          | l e            |                            | 0                                |                  | 31. 02  |
| 31.03  03101 CARDIO INTENSIVE CARE UNIT             | 20, 248         |                |                            |                                  |                  | 31. 03  |
| 32. 00  03200 CORONARY CARE UNIT                    | 6, 933          |                |                            | 14, 983                          |                  | 32. 00  |
| 40. 00   04000   SUBPROVI DER - 1 PF                | 0               | 0.00           |                            | 0                                |                  | 40. 00  |
| 43. 00   04300   NURSERY                            | 1, 805          |                |                            | 0                                |                  | 43. 00  |
| 200.00   Total (lines 30-199)                       | 99, 573         |                | 32, 592                    | 182, 865                         |                  | 200. 00 |

| Health Financial Systems              | LUTHERAN HOSPITAL            | OF INDIANA            | In Lie          | u of Form CMS-2552-10 |
|---------------------------------------|------------------------------|-----------------------|-----------------|-----------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT | ANCILLARY SERVICE OTHER PASS | Provider CCN: 15-0017 | Peri od:        | Worksheet D           |
| THROUGH COSTS                         |                              |                       | From 07/01/2016 |                       |

| 11111000 | 11 00313                                  |                  |               | T             | 06/30/2017     | Date/Time Pre 11/30/2017 5: | pared:<br>03 pm |
|----------|---|------------------|---------------|---------------|----------------|-----------------------------|-----------------|
|          |   |                  | Title         | XVIII         | Hospi tal      | PPS                         |                 |
|          | Cost Center Description                   | Non Physician Nu | ırsing School | Allied Health | All Other      | Total Cost                  |                 |
|          |   | Anesthetist      |               |               | Medi cal       | (sum of col 1               |                 |
|          |   | Cost             |               |               | Education Cost | through col.                |                 |
|          |   |                  |               |               |                | 4)                          |                 |
|          |   | 1.00             | 2. 00         | 3. 00         | 4. 00          | 5. 00                       |                 |
|          | ANCILLARY SERVICE COST CENTERS            |                  |               |               |                |                             | 1               |
|          | 05000 OPERATING ROOM                      | 0                | 0             | 0             | 0              | 0                           | 50. 00          |
|          | 05100 RECOVERY ROOM                       | 0                | 0             | 0             | 0              | 0                           | 51. 00          |
|          | 05200 DELIVERY ROOM & LABOR ROOM          | 0                | 0             | 0             | 0              | 0                           | 52. 00          |
|          | 05300 ANESTHESI OLOGY                     | 0                | 0             | 0             | 0              | 0                           | 53. 00          |
|          | 05400 RADI OLOGY-DI AGNOSTI C             | 0                | 0             | 0             | 0              | 0                           | 54. 00          |
|          | 05401   PET   SCAN                        | 0                | 0             | 0             | 0              | 0                           | 54. 01          |
|          | 05600  RADI 0I S0T0PE                     | 0                | 0             | 0             | 0              | 0                           | 56. 00          |
|          | 05700  CT SCAN                            | 0                | 0             | 0             | 0              | 0                           | 57. 00          |
|          | 05800  MRI                                | 0                | 0             | 0             | 0              | 0                           | 58. 00          |
|          | 06000 LABORATORY                          | 0                | 0             | 0             | 0              | 0                           | 60.00           |
|          | 06500 RESPI RATORY THERAPY                | 0                | 0             | 0             | 0              | 0                           | 65. 00          |
|          | 06600 PHYSI CAL THERAPY                   | 0                | 0             | 0             | 0              | 0                           | 66. 00          |
|          | 06700 OCCUPATI ONAL THERAPY               | 0                | 0             | 0             | 0              | 0                           | 67. 00          |
|          | 06800 SPEECH PATHOLOGY                    | 0                | 0             | 0             | 0              | 0                           | 68. 00          |
|          | 06900 ELECTROCARDI OLOGY                  | 0                | 0             | 0             | 0              | 0                           | 69. 00          |
| 70.00    | 07000 ELECTROENCEPHALOGRAPHY              | 0                | 0             | 0             | 0              | 0                           | 70. 00          |
|          | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0                | 0             | 0             | 0              | 0                           | 71. 00          |
|          | 07200 I MPL. DEV. CHARGED TO PATIENTS     | 0                | 0             | 0             | 0              | 0                           | 72. 00          |
| 73.00    | 07300 DRUGS CHARGED TO PATIENTS           | 0                | 0             | 323, 422      | 0              | 323, 422                    | 73. 00          |
| 74.00    | 07400 RENAL DIALYSIS                      | 0                | 0             | 0             | 0              | 0                           | 74. 00          |
| 76.00    | 03140 CARDIO CATH LAB                     | 0                | 0             | 0             | 0              | 0                           | 76. 00          |
| 76. 01   | 03050 ENDOSCOPY                           | 0                | 0             | 0             | 0              | 0                           | 76. 01          |
| 76. 02   | 03950 CARDI AC REHAB                      | 0                | 0             | 0             | 0              | 0                           | 76. 02          |
|          | OUTPATIENT SERVICE COST CENTERS           |                  |               |               |                |                             |                 |
| 90.00    | 09000  CLI NI C                           | 0                | 0             | 0             | 0              | 0                           | 90.00           |
| 91.00    | 09100 EMERGENCY                           | 0                | 0             | 0             | 0              | 0                           | 91.00           |
| 92.00    | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0                | 0             | 2, 930        | 0              | 2, 930                      | 92.00           |
|          | OTHER REIMBURSABLE COST CENTERS           |                  |               |               |                |                             |                 |
|          | 09500 AMBULANCE SERVI CES                 |                  |               |               |                |                             | 95. 00          |
|          | 09600 DURABLE MEDICAL EQUIP-RENTED        | 0                | 0             | 0             | 0              | 0                           | 96. 00          |
| 200.00   | Total (lines 50-199)                      | 0                | 0             | 326, 352      | 0              | 326, 352                    | 200.00          |

|        | <i></i>  | LUTHERAN HOSPIT |                |               |                            | u of Form CMS-2        | 2552-10 |
|--------|--|-----------------|----------------|---------------|----------------------------|------------------------|---------|
|        | TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER | VICE OTHER PASS | S Provi der C  | CN: 15-0017   | Period:<br>From 07/01/2016 | Worksheet D<br>Part IV |         |
| THROU  | SH COSTS                                       |                 |                |               | To 06/30/2017              | Date/Time Pre          | nared·  |
|        |  |                 |                |               |                            | 11/30/2017 5:          | 03 pm   |
|        |  |                 |                | XVIII         | Hospi tal                  | PPS                    |         |
|        | Cost Center Description                        | Total           | Total Charges  |               |                            | Inpati ent             |         |
|        |  | Outpati ent     | (from Wkst. C, |               | Ratio of Cost              | Program                |         |
|        |  | Cost (sum of    |                | (col. 5 ÷ col |                            | Charges                |         |
|        |  | col . 2, 3 and  | 8)             | 7)            | (col. 6 ÷ col.             |                        |         |
|        |  | 4)              |                |               | 7)                         |                        |         |
|        | ANOLILARY OF BUILDING                          | 6. 00           | 7. 00          | 8. 00         | 9. 00                      | 10. 00                 |         |
|        | ANCILLARY SERVICE COST CENTERS                 | 1               | 1              |               |                            | 04 450 000             |         |
| 50.00  | 05000 OPERATI NG ROOM                          | 0               |                |               |                            | 81, 458, 320           |         |
| 51.00  | 05100 RECOVERY ROOM                            | 0               |                | 0.0000        |                            | 0                      | 51.00   |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM               | 0               | 8, 501, 822    |               |                            | 22, 481                | 52.00   |
| 53. 00 | 05300 ANESTHESI OLOGY                          | 0               | 56, 269, 497   |               |                            | 9, 823, 918            |         |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C                  | 0               | 129, 671, 987  | 1             |                            | 16, 106, 304           | 54.00   |
| 54. 01 | 05401 PET SCAN                                 | 0               | 0,002,0        | 1             |                            | 51, 016                | 54. 01  |
| 56. 00 | 05600 RADI OI SOTOPE                           | 0               | 36, 178, 553   |               |                            | 2, 609, 930            | 56. 00  |
| 57. 00 | 05700 CT SCAN                                  | 0               | 116, 180, 696  |               |                            | 14, 605, 627           | 57. 00  |
| 58. 00 | 05800 MRI                                      | 0               | 0              | 0.0000        |                            | 0                      | 58. 00  |
| 60.00  | 06000 LABORATORY                               | 0               | 215, 102, 948  |               |                            | 44, 775, 195           | 60.00   |
| 65. 00 | 06500 RESPI RATORY THERAPY                     | 0               | 76, 577, 823   |               |                            | 25, 156, 098           |         |
| 66. 00 | 06600 PHYSI CAL THERAPY                        | 0               | 26, 458, 318   |               |                            | 6, 903, 445            |         |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY                    | 0               | 281, 049       |               |                            | 0                      | 67. 00  |
| 68. 00 | 06800 SPEECH PATHOLOGY                         | 0               | 550, 078       |               |                            |                        | 68. 00  |
| 69. 00 | 06900 ELECTROCARDI OLOGY                       | 0               | 83, 013, 730   |               |                            |                        | 69. 00  |
| 70. 00 | 07000 ELECTROENCEPHALOGRAPHY                   | 0               | 9, 603, 125    |               |                            | 330, 235               |         |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT      | 0               | 2.0,00.,0      | 1             |                            | 41, 854, 234           |         |
| 72. 00 | 07200 I MPL. DEV. CHARGED TO PATIENTS          | 0               |                |               |                            | 48, 258, 188           |         |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS                | 323, 422        |                |               |                            | 100, 365, 665          |         |
| 74. 00 | 07400 RENAL DIALYSIS                           | 0               |                |               |                            | 5, 992, 758            |         |
| 76. 00 | 03140 CARDIO CATH LAB                          | 0               | 103, 486, 921  |               |                            | 16, 600, 287           | 76. 00  |
| 76. 01 | 03050 ENDOSCOPY                                | 0               | 66, 642, 557   |               |                            | 3, 859, 370            |         |
| 76. 02 | 03950 CARDI AC REHAB                           | 0               | 4, 150, 728    | 0.00000       | 0. 000000                  | 910, 629               | 76. 02  |
|        | OUTPATIENT SERVICE COST CENTERS                |                 |                |               |                            |                        |         |
| 00000  | 09000 CLINIC                                   | 1               | 3 701 378      | 0 00000       | n nonnon                   | <i>1</i> 0 176         | an nn   |

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0 326, 352 2, 471, 653, 768

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3, 791, 378

134, 028, 553 18, 398, 600

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14, 454, 171 1, 798, 382

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76.02 90.00

09000 CLI NI C

95. 00 09500 AMBULANCE SERVICES

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS

96. 00 | 09600 | DURABLE MEDICAL EQUIP-RENTED 200. 00 | Total (lines 50-199)

91. 00 09100 EMERGENCY

| Health Financial Systems                            | LUTHERAN HOSPITAL            | OF INDIANA            | In Lie                                       | u of Form CMS-2552-10                         |
|---|------------------------------|-----------------------|--|---|
| APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS | ANCILLARY SERVICE OTHER PASS | Provider CCN: 15-0017 | Peri od:<br>From 07/01/2016<br>To 06/30/2017 | Worksheet D<br>Part IV<br>Date/Time Prepared: |

|   |               |               |               | 10 06/30/201/ | 11/30/2017 5: |         |
|---|---------------|---------------|---------------|---------------|---------------|---------|
|   |               | Title         | XVIII         | Hospi tal     | PPS           |         |
| Cost Center Description                         | I npati ent   | Outpati ent   | Outpati ent   |               |               |         |
|   | Program       | Program       | Program       |               |               |         |
|   | Pass-Through  | Charges       | Pass-Through  |               |               |         |
|   | Costs (col. 8 |               | Costs (col. 9 | )             |               |         |
|   | x col. 10)    |               | x col. 12)    |               |               |         |
|   | 11.00         | 12.00         | 13.00         |               |               |         |
| ANCILLARY SERVICE COST CENTERS                  |               |               |               |               |               |         |
| 50.00   05000   OPERATING ROOM                  | 0             | 44, 298, 417  |               | O             |               | 50.00   |
| 51.00   05100   RECOVERY ROOM                   | 0             | 0             |               | O             |               | 51.00   |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM      | 0             | 724           |               | O             |               | 52.00   |
| 53. 00  05300 ANESTHESI OLOGY                   | 0             | 4, 893, 424   |               | O             |               | 53. 00  |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C        | 0             | 17, 198, 178  |               | O             |               | 54.00   |
| 54. 01   05401   PET   SCAN                     | 0             | 1, 706, 300   |               | O             |               | 54. 01  |
| 56. 00   05600   RADI 0I SOTOPE                 | 0             | 8, 233, 988   |               | O             |               | 56. 00  |
| 57. 00   05700   CT   SCAN                      | 0             | 14, 750, 913  |               | 0             |               | 57. 00  |
| 58. 00   05800   MRI                            | 0             | 0             |               | 0             |               | 58. 00  |
| 60. 00   06000   LABORATORY                     | 0             | 12, 648, 559  |               | 0             |               | 60.00   |
| 65. 00 06500 RESPIRATORY THERAPY                | 0             | 624, 220      |               | 0             |               | 65. 00  |
| 66. 00   06600 PHYSI CAL THERAPY                | 0             | 6, 046, 747   |               | 0             |               | 66. 00  |
| 67. 00 06700 OCCUPATI ONAL THERAPY              | 0             | 0             |               | O             |               | 67. 00  |
| 68. 00 06800 SPEECH PATHOLOGY                   | 0             | 0             |               | 0             |               | 68. 00  |
| 69. 00 06900 ELECTROCARDI OLOGY                 | 0             | 13, 718, 416  |               | 0             |               | 69. 00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY             | 0             | 1, 564, 540   |               | 0             |               | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0             | 24, 947, 632  |               | 0             |               | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS      | 0             | 15, 752, 939  |               | 0             |               | 72. 00  |
| 73.00 07300 DRUGS CHARGED TO PATIENTS           | 67, 245       | 31, 387, 863  |               | 0             |               | 73. 00  |
| 74. 00 07400 RENAL DIALYSIS                     | 0             | 188, 450      |               | 0             |               | 74.00   |
| 76. 00 03140 CARDIO CATH LAB                    | o             | 15, 507, 885  |               | 0             |               | 76.00   |
| 76. 01 03050 ENDOSCOPY                          | 0             | 13, 185, 044  |               |               |               | 76. 01  |
| 76. 02   03950   CARDI AC   REHAB               | 0             | 398, 790      |               |               |               | 76, 02  |
| OUTPATIENT SERVICE COST CENTERS                 | '             | •             | <u> </u>      |               |               |         |
| 90. 00 09000 CLI NI C                           | 0             | 523, 768      |               | 0             |               | 90.00   |
| 91. 00 09100 EMERGENCY                          | 0             | 13, 979, 883  |               | O             |               | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 286           | 2, 075, 639   | 33            | O             |               | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                 |               |               |               | *             |               |         |
| 95. 00 09500 AMBULANCE SERVICES                 |               |               |               |               |               | 95. 00  |
| 96.00 09600 DURABLE MEDICAL EQUIP-RENTED        | 0             | 0             |               | 0             |               | 96.00   |
| 200.00 Total (lines 50-199)                     | 67, 531       | 243, 632, 319 | 21, 36        | o             |               | 200. 00 |

| Health Financial Systems  | LUTHERAN HOSPI TAL                     | OF INDIANA            | In Lieu  | u of Form CMS-2552-10 |
|---------------------------|--|-----------------------|----------|-----------------------|
| APPORTIONMENT OF MEDICAL, | OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0017 | Peri od: | Worksheet D           |

07/01/2016 06/30/2017 Part V
Date/Time Prepared: 11/30/2017 5:03 pm Title XVIII Hospi tal Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Ratio From Services (see Rei mbursed Rei mbursed (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 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 085882 44, 298, 417 3, 804, 437 50.00 51.00 05100 RECOVERY ROOM 0.000000 0 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0. 297698 0 52 00 52 00 724 216 0 0 53.00 05300 ANESTHESI OLOGY 0.013398 4, 893, 424 65, 562 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0. 123519 17, 198, 178 2, 124, 302 54.00 54.01 05401 PET SCAN 1, 706, 300 0 0 104, 197 0.061066 54 01 05600 RADI OI SOTOPE 0 56.00 0.071061 8, 233, 988 585, 115 56.00 57.00 05700 CT SCAN 0.028181 14, 750, 913 0 415, 695 57.00 58.00 05800 MRI 0.000000 0 0 0 58.00 12, 648, 559 06000 LABORATORY 0 105421 1, 333, 424 60 00 1.384 60 00 65.00 06500 RESPIRATORY THERAPY 0.118680 624, 220 0 74, 082 65.00 06600 PHYSI CAL THERAPY 0. 278967 6, 046, 747 0 0 0 1, 686, 843 66.00 66.00 06700 OCCUPATIONAL THERAPY 0.034015 0 67.00 67.00 0 68.00 06800 SPEECH PATHOLOGY 0.031901 0 68 00 69.00 06900 ELECTROCARDI OLOGY 0.069733 13, 718, 416 0 0 956, 626 69.00 07000 ELECTROENCEPHALOGRAPHY 0. 293626 1, 564, 540 459, 390 70.00 70.00 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0. 103146 24, 947, 632 0 0 2, 573, 248 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 15, 752, 939 0 0 72 00 0. 191058 3, 009, 725 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 107999 31, 387, 863 190, 710 3, 389, 858 73.00 07400 RENAL DIALYSIS 0. 333829 0 74.00 188, 450 0 62, 910 74.00 03140 CARDIO CATH LAB 0 917, 260 76.00 0.059148 15, 507, 885 0 76.00 03050 ENDOSCOPY 0 76.01 0.140198 13, 185, 044 0 1, 848, 517 76.01 03950 CARDI AC REHAB 0. 208838 398, 790 0 76.02 76.02 83, 283 OUTPATIENT SERVICE COST CENTERS 90.00 523, 768 1, 025, 935 09000 CLINIC 1.958759 90.00 132 91.00 09100 EMERGENCY 0. 106751 13, 979, 883 0 0 1, 492, 366 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0.020478 2,075,639 0 42, 505 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0.895651 95.00 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 96.00 200.00 Subtotal (see instructions) 243, 632, 319 1, 516 190, 710 26, 055, 496 200.00 Less PBP Clinic Lab. Services-Program 201.00 201.00 Only Charges 202.00 Net Charges (line 200 +/- line 201) 243, 632, 319 1, 516 190, 710 26, 055, 496 202. 00

| Health Financial Systems                            | _UTHERAN HOSPITAL | OF INDIANA   |             | In Lie                                       | u of Form CMS-2  | 2552-10 |
|---|-------------------|--------------|-------------|--|--|---------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND | VACCINE COST      | Provi der CC | CN: 15-0017 | Peri od:<br>From 07/01/2016<br>To 06/30/2017 | Worksheet D<br>Part V<br>Date/Time Pre<br>11/30/2017 5:0 |         |
|   |                   | Title        | XVIII       | Hospi tal                                    | PPS  |         |
|   | Costs             |              |             |  |  |         |

|   |             |               |       | 10 06/30/2017 | 11/30/2017 5: |                    |
|---|-------------|---------------|-------|---------------|---------------|--------------------|
|   |             | Title         | XVIII | Hospi tal     | PPS           |                    |
|   | Cos         | ts            |       |               |               |                    |
| Cost Center Description   | Cost        | Cost          |       |               |               |                    |
|   | Rei mbursed | Rei mbursed   |       |               |               |                    |
|   | Servi ces   | Services Not  |       |               |               |                    |
|   | Subject To  | Subject To    |       |               |               |                    |
|   |             | Ded. & Coins. |       |               |               |                    |
|   | (see inst.) | (see inst.)   |       |               |               |                    |
|   | 6. 00       | 7. 00         |       |               |               |                    |
| ANCILLARY SERVICE COST CENTERS  |             |               |       |               |               | 4                  |
| 50. 00   05000   OPERATI NG 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             |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 0           | 0             |       |               |               | 54. 00             |
| 54. 01   05401   PET   SCAN   | 0           | 0             |       |               |               | 54. 01             |
| 56. 00   05600   RADI 01 SOTOPE   | 0           | 0             |       |               |               | 56. 00             |
| 57. 00   05700   CT   SCAN  | 0           | 0             |       |               |               | 57. 00             |
| 58. 00   05800   MRI  | 0           | 0             |       |               |               | 58. 00             |
| 60. 00   06000   LABORATORY   | 146         | 0             |       |               |               | 60. 00             |
| 65. 00 06500 RESPI RATORY THERAPY   | 0           | 0             |       |               |               | 65. 00             |
| 66. 00 06600 PHYSI CAL THERAPY  | 0           | 0             |       |               |               | 66. 00             |
| 67. 00 06700 OCCUPATI ONAL THERAPY  | 0           | 0             |       |               |               | 67. 00             |
| 68. 00 06800 SPEECH PATHOLOGY   | 0           | 0             |       |               |               | 68. 00             |
| 69. 00 06900 ELECTROCARDI OLOGY   | 0           | 0             |       |               |               | 69. 00             |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   | 0           | 0             |       |               |               | 70. 00             |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                      | 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           | 20, 596       |       |               |               | 73. 00             |
| 74. 00   07400   RENAL DI ALYSI S   | 0           | 0             |       |               |               | 74. 00             |
| 76. 00   03140   CARDI O CATH LAB   | 0           | 0             |       |               |               | 76. 00             |
| 76. 01   03050   ENDOSCOPY  | 0           | 0             |       |               |               | 76. 01             |
| 76. 02   03950   CARDI AC   REHAB   | 0           | 0             |       |               |               | 76. 02             |
| 90. 00 O9000 CLINIC   | 259         |               |       |               |               | 00.00              |
| 90. 00   09000   CLI NI C<br>91. 00   09100   EMERGENCY                               | 1           | 0             |       |               |               | 90. 00<br>91. 00   |
| • • • • • • • • • • • • • • • • • • •   | 0           | 0             |       |               |               | 1                  |
| 92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS | l d         | 0             |       |               |               | 92. 00             |
| 95. 00 09500 AMBULANCE SERVICES   | l ol        |               |       |               |               | 95. 00             |
| 96. 00   09600 DURABLE MEDICAL EQUIP-RENTED   |             | 0             |       |               |               | 96.00              |
|   | 100         | · ·           |       |               |               | 1                  |
| 200.00 Subtotal (see instructions) 201.00 Less PBP Clinic Lab. Services-Program       | 405         | 20, 596       |       |               |               | 200. 00<br>201. 00 |
| Only Charges  | ۱           |               |       |               |               | 201.00             |
| 202.00 Net Charges (line 200 +/- line 201)  | 405         | 20, 596       |       |               |               | 202. 00            |
| 202.00    Net onal ges (Title 200 +/ - Title 201)                                     | 403         | 20, 370       | I     |               |               | 1202.00            |

| Health Financial Systems                           | LUTHERAN HOSPIT           | AL OF INDIANA           |                     | In Lie                                      | eu of Form CMS-:               | 2552-10         |
|--|---------------------------|-------------------------|---------------------|---|--------------------------------|-----------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL | COSTS                     | Provi der CO            |                     | Period:<br>From 07/01/2016<br>To 06/30/2017 | Date/Time Pre<br>11/30/2017 5: | pared:<br>03 pm |
|  |                           |                         | e XIX               | Hospi tal                                   | PPS                            |                 |
| Cost Center Description                            | Capi tal<br>Rel ated Cost | Swing Bed<br>Adjustment | Reduced<br>Capi tal | Total Patient<br>Days                       | Per Diem (col. 3 / col. 4)     |                 |
|  | (from Wkst. B,            |                         | Related Cost        |   |                                |                 |
|  | Part II, col.             |                         | (col. 1 - col       |   |                                |                 |
|  | 26)                       |                         | 2)                  |   |                                |                 |
|  | 1.00                      | 2.00                    | 3.00                | 4. 00                                       | 5. 00                          |                 |
| INPATIENT ROUTINE SERVICE COST CENTERS             |                           |                         |                     |   |                                |                 |
| 30. 00 ADULTS & PEDI ATRI CS                       | 5, 240, 491               | 0                       | 5, 240, 49          | 1 65, 403                                   | 80. 13                         | 30.00           |
| 31.00 INTENSIVE CARE UNIT                          | 0                         |                         |                     | 0 0   | 0.00                           | 31.00           |
| 31.01 PEDIATRIC INTENSIVE CARE UNIT                | 291, 630                  |                         | 291, 63             | 0 1, 069                                    | 272. 81                        | 31. 01          |
| 31.02 NEONATAL INTENSIVE CARE UNIT                 | 1, 188, 780               |                         | 1, 188, 78          | 0 4, 115                                    | 288. 89                        | 31. 02          |
| 31.03 CARDIO INTENSIVE CARE UNIT                   | 2, 211, 209               |                         | 2, 211, 20          | 9 20, 248                                   | 109. 21                        | 31. 03          |
| 32.00 CORONARY CARE UNIT                           | 746, 102                  |                         | 746, 10             |   |                                | 32.00           |
| 40. 00 SUBPROVI DER - I PF                         | 0                         | 0                       |                     | o o   | 0.00                           | 40.00           |
| 43. 00 NURSERY                                     | 33, 737                   |                         | 33, 73              | 7 1, 805                                    | 18. 69                         | 43.00           |
| 200.00 Total (lines 30-199)                        | 9, 711, 949               |                         | 9, 711, 94          |   |                                | 200.00          |
| Cost Center Description                            | I npati ent               | I npati ent             |                     | •   | •                              |                 |
| ·  | Program days              | Program                 |                     |   |                                |                 |
|  |                           | Capital Cost            |                     |   |                                |                 |
|  |                           | (col. 5 x col.          |                     |   |                                |                 |
|  |                           | 6)                      |                     |   |                                |                 |
|  | 6. 00                     | 7. 00                   |                     |   |                                |                 |
| INPATIENT ROUTINE SERVICE COST CENTERS             |                           |                         |                     |   |                                |                 |
| 30. 00 ADULTS & PEDIATRICS                         | 1, 232                    | 98, 720                 |                     |   |                                | 30.00           |
| 31.00   INTENSIVE CARE UNIT                        | 0                         | 1                       | 1                   |   |                                | 31. 00          |
| 31.01 PEDIATRIC INTENSIVE CARE UNIT                | 128                       | 34, 920                 |                     |   |                                | 31. 01          |
| 31.02 NEONATAL INTENSIVE CARE UNIT                 | 420                       | 121, 334                |                     |   |                                | 31. 02          |
| 31.03 CARDIO INTENSIVE CARE UNIT                   | 484                       | 52, 858                 |                     |   |                                | 31. 03          |
| 32. 00   CORONARY CARE UNIT                        | 111                       | 11, 946                 |                     |   |                                | 32. 00          |
| 40. 00 SUBPROVI DER - I PF                         | 0                         | 0                       |                     |   |                                | 40.00           |
| 43. 00 NURSERY                                     | 144                       | 2, 691                  |                     |   |                                | 43.00           |
| 200.00 Total (lines 30-199)                        | 2, 519                    | 322, 469                |                     |   |                                | 200. 00         |
|  |                           |                         |                     |   |                                |                 |

| Health Financial Systems                           | LUTHERAN HOSPIT |                |          |   | eu of Form CMS-2 | 2552-10 |
|--|-----------------|----------------|----------|---|------------------|---------|
| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT | AL COSTS        | Provider Co    |          | Period:<br>From 07/01/2016<br>To 06/30/2017 |                  |         |
|  |                 | Ti tl          | e XIX    | Hospi tal                                   | PPS              |         |
| Cost Center Description                            | Capi tal        | Total Charges  |          |   | Capital Costs    |         |
|  |                 | (from Wkst. C, |          | Program                                     | (column 3 x      |         |
|  | (from Wkst. B,  |                |          | . Charges                                   | column 4)        |         |
|  | Part II, col.   | 8)             | 2)       |   |                  |         |
|  | 26)             |                |          |   |                  |         |
|  | 1.00            | 2.00           | 3. 00    | 4. 00                                       | 5. 00            |         |
| ANCILLARY SERVICE COST CENTERS                     | T               | T              |          |   |                  |         |
| 50.00   05000   OPERATING ROOM                     | 6, 405, 059     |                |          |   | 61, 224          |         |
| 51.00   05100   RECOVERY ROOM                      | 0               | ļ              | 0.0000   |   |                  | 51. 00  |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM         | 77, 938         |                |          |   |                  |         |
| 53. 00   05300   ANESTHESI OLOGY                   | 38, 691         | 56, 269, 497   | •        |   |                  | 53. 00  |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C           | 2, 483, 811     |                | •        |   |                  | 1       |
| 54. 01   05401   PET SCAN                          | 92, 874         |                |          |   | 0                | 54. 01  |
| 56. 00   05600   RADI 0I SOTOPE                    | 242, 466        |                |          |   |                  | 56. 00  |
| 57. 00  05700   CT SCAN                            | 270, 793        | 116, 180, 696  |          |   | 2, 180           | 1       |
| 58. 00   05800   MRI                               | 0               | -              | 0.00000  |   | _                | 58. 00  |
| 60. 00   06000   LABORATORY                        | 1, 543, 461     | 215, 102, 948  |          |   |                  | 60.00   |
| 65. 00  06500 RESPI RATORY THERAPY                 | 617, 870        |                |          |   |                  | 65. 00  |
| 66. 00 06600 PHYSI CAL THERAPY                     | 577, 774        |                |          |   | 6, 853           | l       |
| 67. 00 06700 OCCUPATI ONAL THERAPY                 | 328             | 281, 049       | 0. 00116 | 7 0   | 0                | 67. 00  |
| 68. 00   06800   SPEECH PATHOLOGY                  | 637             |                |          |   | 0                | 68. 00  |
| 69. 00   06900   ELECTROCARDI OLOGY                | 973, 431        | 83, 013, 730   | 0. 01172 | 6 497, 118                                  | 5, 829           | 69. 00  |
| 70. 00   07000   ELECTROENCEPHALOGRAPHY            | 465, 600        | 9, 603, 125    | 0. 04848 | 42, 175                                     | 2, 045           | 70. 00  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT    | 758, 383        | 213, 384, 511  | 0.00355  | 1, 920, 915                                 | 6, 827           | 71. 00  |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS         | 1, 290, 915     | 203, 512, 249  | 0.00634  | 3 1, 807, 625                               | 11, 466          | 72. 00  |
| 73.00 07300 DRUGS CHARGED TO PATIENTS              | 1, 867, 569     | 482, 533, 684  | 0. 00387 | 0 7, 718, 264                               | 29, 870          | 73. 00  |
| 74.00   07400   RENAL DIALYSIS                     | 325, 460        |                |          | 4 410, 728                                  | 12, 135          | 74. 00  |
| 76.00   03140   CARDIO CATH LAB                    | 1, 162, 934     | 103, 486, 921  | 0. 01123 | 7 157, 968                                  | 1, 775           | 76. 00  |
| 76. 01 03050 ENDOSCOPY                             | 1, 302, 668     | 66, 642, 557   | 0. 01954 | 7 133, 504                                  | 2, 610           | 76. 01  |
| 76. 02 03950 CARDI AC REHAB                        | 42, 969         | 4, 150, 728    | 0. 01035 | 2 19, 406                                   | 201              | 76. 02  |
| OUTPATIENT SERVICE COST CENTERS                    |                 |                |          |   |                  |         |
| 90 00 09000 CLINIC                                 | 940 254         | 2 701 270      | 0 22164  | 0 1 504                                     | 252              | 00 00   |

840, 354

0 22, 701, 513 2, 471, 653, 768

1, 276, 981 42, 547 3, 791, 378

134, 028, 553 18, 398, 600 0. 221649

0. 009528 0. 002313

0.000000

1, 594 839, 907 53, 856

0 26, 890, 063 90.00

91. 00 92. 00

95.00

353

0 96. 00 217, 680 200. 00

8, 003 125

90.00

09000 CLI NI C

95. 00 09500 AMBULANCE SERVICES

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS

96. 00 | 09600 | DURABLE MEDICAL EQUIP-RENTED 200. 00 | Total (lines 50-199)

91. 00 09100 EMERGENCY

| Health Financial Systems     | LUTHERAN HOSPI TAL                         | OF INDIANA        | In Lie | u of Form CMS-2552-10 |
|------------------------------|--|-------------------|--------|-----------------------|
| ADDODEL ONMENT OF LABORELENE | POLITIME CERVILOE OTHER PACC TURQUOU COCTO | D 1 1 00N 4F 0047 | D      | W 1 1 1 D             |

| Health Financial Systems                            | LUTHERAN HOSPIT | AL OF INDIANA  |                | In Lie                                      | u of Form CMS-2                | 2552-10         |
|---|-----------------|----------------|----------------|---|--------------------------------|-----------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA | ASS THROUGH COS |                | F              | Period:<br>From 07/01/2016<br>To 06/30/2017 | Date/Time Pre<br>11/30/2017 5: | pared:<br>03 pm |
|   |                 |                | e XIX          | Hospi tal                                   | PPS                            |                 |
| Cost Center Description                             | Nursing School  |                | All Other      | Swi ng-Bed                                  | Total Costs                    |                 |
|   |                 | Cost           | Medi cal       | Adjustment                                  | (sum of cols.                  |                 |
|   |                 |                | Education Cost |   | 1 through 3,                   |                 |
|   |                 |                |                | instructions)                               | minus col. 4)                  |                 |
|   | 1.00            | 2. 00          | 3. 00          | 4. 00                                       | 5. 00                          |                 |
| INPATIENT ROUTINE SERVICE COST CENTERS              |                 |                |                |   |                                |                 |
| 30. 00  03000  ADULTS & PEDIATRICS                  | 0               | 360, 909       | (              | 0   | 360, 909                       | 30. 00          |
| 31.00  03100 INTENSIVE CARE UNIT                    | 0               | 0              | (              |   | 0                              | 31. 00          |
| 31.01  02080 PEDIATRIC INTENSIVE CARE UNIT          | 0               | 5, 124         | (              |   | 5, 124                         | 31. 01          |
| 31.02   02060   NEONATAL   NTENSIVE CARE UNIT       | 0               | 28, 348        | (              |   | 28, 348                        | 31. 02          |
| 31.03   03101   CARDIO INTENSIVE CARE UNIT          | 0               | 117, 563       | (              |   | 117, 563                       | 31. 03          |
| 32. 00   03200   CORONARY CARE UNIT                 | 0               | 40, 429        | (              |   | 40, 429                        | 32. 00          |
| 40. 00   04000   SUBPROVI DER - 1 PF                | 0               | 0              | (              | o   | 0                              | 40. 00          |
| 43. 00   04300 NURSERY                              | 0               | 11, 340        | (              |   | 11, 340                        | 43. 00          |
| 200.00 Total (lines 30-199)                         | 0               | 563, 713       | (              |   | 563, 713                       | 200. 00         |
| Cost Center Description                             | Total Patient   | Per Diem (col. | Inpati ent     | Inpati ent                                  |                                |                 |
|   | Days            | 5 ÷ col. 6)    | Program Days   | Program                                     |                                |                 |
|   |                 |                |                | Pass-Through                                |                                |                 |
|   |                 |                |                | Cost (col. 7 x                              |                                |                 |
|   |                 |                |                | col . 8)                                    |                                |                 |
|   | 6.00            | 7. 00          | 8. 00          | 9. 00                                       |                                |                 |
| INPATIENT ROUTINE SERVICE COST CENTERS              |                 |                |                |   |                                |                 |
| 30. 00  03000 ADULTS & PEDIATRICS                   | 65, 403         |                |                | 6, 801                                      |                                | 30. 00          |
| 31.00   03100   INTENSIVE CARE UNIT                 | 0               |                |                | -   |                                | 31. 00          |
| 31.01  02080 PEDIATRIC INTENSIVE CARE UNIT          | 1, 069          |                |                |   |                                | 31. 01          |
| 31.02   02060   NEONATAL   NTENSIVE CARE UNIT       | 4, 115          | 6. 89          | 420            | 2, 894                                      |                                | 31. 02          |
| 31.03  03101 CARDIO INTENSIVE CARE UNIT             | 20, 248         | 5. 81          | 484            | 2, 812                                      |                                | 31. 03          |
| 32.00 03200 CORONARY CARE UNIT                      | 6, 933          | 5. 83          | 111            | 647   |                                | 32.00           |
| 40. 00   04000   SUBPROVI DER - 1 PF                | 0               | 0.00           | (              | 0   |                                | 40. 00          |
| 43. 00   04300   NURSERY                            | 1, 805          | 6. 28          | 144            | 904   |                                | 43.00           |
| 200.00 Total (lines 30-199)                         | 99, 573         |                | 2, 519         | 14, 671                                     |                                | 200. 00         |
|   |                 |                |                |   |                                |                 |

| Health Financial Systems              | LUTHERAN HOSPI TAL           | OF INDIANA            | In Lie          | u of Form CMS-2552-10 |
|---------------------------------------|------------------------------|-----------------------|-----------------|-----------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT | ANCILLARY SERVICE OTHER PASS | Provider CCN: 15-0017 | Peri od:        | Worksheet D           |
| THROUGH COSTS                         |                              |                       | From 07/01/2016 |                       |

| THROUG | n (0313                                   |                 |               |               | 06/30/2017     | Date/Time Pre<br>11/30/2017 5: |         |
|--------|---|-----------------|---------------|---------------|----------------|--------------------------------|---------|
|        |   |                 | Ti tl         | e XIX         | Hospi tal      | PPS                            | оо р    |
|        | Cost Center Description                   | Non Physician N | ursing School | Allied Health | All Other      | Total Cost                     |         |
|        | ·   | Anesthetist     | ŭ             |               | Medi cal       | (sum of col 1                  |         |
|        |   | Cost            |               |               | Education Cost | through col.                   |         |
|        |   |                 |               |               |                | 4)                             |         |
|        |   | 1.00            | 2.00          | 3. 00         | 4. 00          | 5. 00                          |         |
|        | ANCILLARY SERVICE COST CENTERS            |                 |               |               |                |                                |         |
|        | 05000 OPERATING ROOM                      | 0               | 0             | 0             | 0              | 0                              | 50. 00  |
|        | 05100 RECOVERY ROOM                       | 0               | 0             | 0             | 0              | 0                              | 51. 00  |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM          | 0               | 0             | 0             | 0              | 0                              | 52. 00  |
| 53.00  | 05300 ANESTHESI OLOGY                     | 0               | 0             | 0             | 0              | 0                              | 53. 00  |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C             | 0               | 0             | 0             | 0              | 0                              | 54. 00  |
| 54. 01 | 05401 PET SCAN                            | 0               | 0             | 0             | 0              | 0                              | 54. 01  |
| 56.00  | 05600 RADI 0I SOTOPE                      | 0               | 0             | 0             | 0              | 0                              | 56. 00  |
| 57.00  | 05700 CT SCAN                             | 0               | 0             | 0             | 0              | 0                              | 57. 00  |
| 58.00  | 05800 MRI                                 | 0               | 0             | 0             | 0              | 0                              | 58. 00  |
| 60.00  | 06000 LABORATORY                          | 0               | 0             | 0             | 0              | 0                              | 60.00   |
| 65.00  | 06500 RESPI RATORY THERAPY                | 0               | 0             | 0             | 0              | 0                              | 65. 00  |
| 66.00  | 06600 PHYSI CAL THERAPY                   | 0               | 0             | 0             | 0              | 0                              | 66. 00  |
| 67.00  | 06700 OCCUPATI ONAL THERAPY               | 0               | 0             | 0             | 0              | 0                              | 67. 00  |
| 68.00  | 06800 SPEECH PATHOLOGY                    | 0               | 0             | 0             | 0              | 0                              | 68. 00  |
| 69.00  | 06900 ELECTROCARDI OLOGY                  | 0               | 0             | 0             | 0              | 0                              | 69. 00  |
| 70.00  | 07000 ELECTROENCEPHALOGRAPHY              | 0               | 0             | 0             | 0              | 0                              | 70. 00  |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | o               | 0             | 0             | o              | 0                              | 71. 00  |
| 72.00  | 07200 IMPL. DEV. CHARGED TO PATIENTS      | o               | 0             | 0             | o              | 0                              | 72. 00  |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS           | o               | 0             | 323, 422      | o              | 323, 422                       | 73. 00  |
| 74.00  | 07400 RENAL DIALYSIS                      | o               | 0             | 0             | o              | 0                              | 74. 00  |
| 76.00  | 03140 CARDIO CATH LAB                     | O               | 0             | 0             | o              | 0                              | 76. 00  |
| 76. 01 | 03050 ENDOSCOPY                           | o               | 0             | 0             | o              | 0                              | 76. 01  |
| 76. 02 | 03950 CARDI AC REHAB                      | o               | 0             | 0             | o              | 0                              | 76. 02  |
|        | OUTPATIENT SERVICE COST CENTERS           |                 |               |               |                |                                |         |
| 90.00  | 09000 CLI NI C                            | 0               | 0             | 0             | 0              | 0                              | 90. 00  |
| 91.00  | 09100 EMERGENCY                           | o               | 0             | 0             | o              | 0                              | 91. 00  |
| 92. 00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART | o               | o             | 0             | o              | 0                              | 92. 00  |
|        | OTHER REIMBURSABLE COST CENTERS           | <u> </u>        |               |               | <u>'</u>       |                                |         |
| 95.00  | 09500 AMBULANCE SERVICES                  |                 |               |               |                |                                | 95. 00  |
| 96.00  | 09600 DURABLE MEDICAL EQUIP-RENTED        | 0               | 0             | 0             | o              | 0                              | 96. 00  |
| 200.00 | Total (lines 50-199)                      | 0               | o             | 323, 422      | o              | 323, 422                       | 200. 00 |

| Heal th          | Financial Systems  | _UTHERAN HOSPIT                                | TAL OF LNDLANA     |  | Inlie                                       | u of Form CMS-2                 | 2552_10 |
|------------------|--|--|--------------------|--|---|---------------------------------|---------|
| APPORT           | IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER<br>H COSTS |  |                    |  | Period:<br>From 07/01/2016<br>To 06/30/2017 | Worksheet D                     | pared:  |
|                  |  |  | Ti tl              | e XIX  | Hospi tal                                   | PPS                             |         |
|                  | Cost Center Description                                  | Total Outpatient Cost (sum of col. 2, 3 and 4) | (from Wkst. C,     | Ratio of Cost<br>to Charges<br>(col. 5 ÷ col<br>7) | Ratio of Cost                               | Inpatient<br>Program<br>Charges |         |
|                  |  | 6. 00  | 7. 00              | 8.00   | 9. 00                                       | 10.00                           |         |
|                  | ANCILLARY SERVICE COST CENTERS                           | 0.00   | 7.00               | 0.00   | 7. 00                                       | 10.00                           |         |
| 50. 00<br>51. 00 | 05000 OPERATING ROOM<br>05100 RECOVERY ROOM              | 0  | 466, 316, 094<br>0 | 0.00000  | 0. 000000                                   | 4, 457, 481<br>0                | 51.00   |
| 52.00            | 05200 DELIVERY ROOM & LABOR ROOM                         | 0  | 8, 501, 822        |  |   | 425, 882                        |         |
| 53.00            | 05300 ANESTHESI OLOGY                                    | 0  | 56, 269, 497       | 1  |   | 554, 206                        |         |
| 54.00            | 05400 RADI OLOGY-DI AGNOSTI C                            | 0  | 12/10/11/00        | 1  |   | 1, 022, 088                     |         |
| 54. 01           | 05401 PET SCAN   | 0  | 6, 002, 817        |  |   | 0                               | 0 0 .   |
| 56. 00           | 05600 RADI OI SOTOPE                                     | 0  | 36, 178, 553       |  |   | 90, 947                         | 56. 00  |
| 57. 00           | 05700 CT SCAN  | 0  | 116, 180, 696      |  |   | 935, 298                        |         |
| 58. 00           | 05800 MRI  | 0  | C                  | 0.00000  |   | 0                               | 00.00   |
| 60. 00           | 06000 LABORATORY   | 0  | ,                  |  |   | 2, 869, 564                     | 60.00   |
| 65. 00           | 06500 RESPI RATORY THERAPY                               | 0  |                    |  |   | 2, 617, 720                     |         |
| 66. 00           | 06600 PHYSI CAL THERAPY                                  | 0  | 26, 458, 318       |  |   | 313, 817                        |         |
| 67. 00           | 06700 OCCUPATI ONAL THERAPY                              | 0  | 281, 049           |  |   | 0                               | 07.00   |
| 68. 00           | 06800 SPEECH PATHOLOGY                                   | 0  | 550, 078           |  |   | 0                               | 68. 00  |
| 69. 00           | 06900 ELECTROCARDI OLOGY                                 | 0  |                    | 1  |   | · ·                             |         |
| 70. 00           | 07000 ELECTROENCEPHALOGRAPHY                             | 0  | .,                 |  |   | 42, 175                         |         |
| 71. 00           | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                | 0  |                    | 1  |   |                                 |         |
| 72. 00           | 07200 IMPL. DEV. CHARGED TO PATIENTS                     | 0  |                    |  |   | 1, 807, 625                     |         |
| 73. 00           | 07300 DRUGS CHARGED TO PATIENTS                          | 323, 422                                       |                    |  |   | 7, 718, 264                     |         |
| 74. 00           | 07400 RENAL DI ALYSI S                                   | 0  | 1 , 0 . 0 , 0 0 0  |  |   | 410, 728                        |         |
| 76. 00           | 03140 CARDIO CATH LAB                                    | 0  | 103, 486, 921      |  |   | · ·                             |         |
| 76. 01           | 03050 ENDOSCOPY  | 0  | 66, 642, 557       | 1  |   | 133, 504                        |         |
| 76. 02           | 03950 CARDI AC REHAB                                     | 0  | 4, 150, 728        | 0.00000  | 0.000000                                    | 19, 406                         | 76. 02  |

0

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0 323, 422 2, 471, 653, 768

3, 791, 378

134, 028, 553 18, 398, 600

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839, 907 53, 856

90.00

91.00

92.00

95.00

0.000000

0.000000

0.000000

0.000000

95. 00 09500 AMBULANCE SERVICES

09000 CLI NI C

91. 00 09100 EMERGENCY

OUTPATIENT SERVICE COST CENTERS

96. 00 | 09600 | DURABLE MEDICAL EQUIP-RENTED 200. 00 | Total (lines 50-199)

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS

90.00

| Health Financial Systems              | LUTHERAN HOSPITAL            | OF INDIANA            | In Lie                           | u of Form CMS-2552-10            |
|---------------------------------------|------------------------------|-----------------------|----------------------------------|----------------------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT | ANCILLARY SERVICE OTHER PASS | Provider CCN: 15-0017 | Peri od:                         | Worksheet D                      |
| THROUGH COSTS                         |                              |                       | From 07/01/2016<br>To 06/30/2017 | Part IV<br>  Date/Time Prepared: |

| THROUGH GOOTS                                   |               |             |              | То | 06/30/2017 | Date/Time Pro |         |
|---|---------------|-------------|--------------|----|------------|---------------|---------|
|   |               | Ti tl       | e XIX        |    | Hospi tal  | PPS           |         |
| Cost Center Description                         | I npati ent   | Outpati ent | Outpati ent  |    |            |               |         |
|   | Program       | Program     | Program      |    |            |               |         |
|   | Pass-Through  | Charges     | Pass-Through |    |            |               |         |
|   | Costs (col. 8 |             | Costs (col.  | 9  |            |               |         |
|   | x col. 10)    |             | x col. 12)   |    |            |               |         |
|   | 11.00         | 12.00       | 13. 00       |    |            |               |         |
| ANCILLARY SERVICE COST CENTERS                  | T             |             | T            |    |            |               |         |
| 50.00   05000   OPERATING ROOM                  | 0             | C           |              | 0  |            |               | 50.00   |
| 51.00  05100   RECOVERY ROOM                    | 0             | C           |              | 0  |            |               | 51.00   |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM      | 0             | C           |              | 0  |            |               | 52. 00  |
| 53. 00   05300   ANESTHESI OLOGY                | 0             | C           |              | 0  |            |               | 53. 00  |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C        | 0             | C           |              | 0  |            |               | 54. 00  |
| 54. 01   05401   PET   SCAN                     | 0             | C           |              | 0  |            |               | 54. 01  |
| 56. 00   05600   RADI 0I SOTOPE                 | 0             | C           |              | 0  |            |               | 56. 00  |
| 57.00  05700 CT SCAN                            | 0             | C           |              | 0  |            |               | 57. 00  |
| 58. 00   05800   MRI                            | 0             | C           |              | 0  |            |               | 58. 00  |
| 60. 00   06000   LABORATORY                     | 0             | C           |              | 0  |            |               | 60.00   |
| 65. 00 06500 RESPIRATORY THERAPY                | 0             | C           |              | 0  |            |               | 65. 00  |
| 66. 00 06600 PHYSI CAL THERAPY                  | 0             | C           |              | 0  |            |               | 66. 00  |
| 67. 00 06700 OCCUPATI ONAL THERAPY              | 0             | C           |              | 0  |            |               | 67. 00  |
| 68. 00 06800 SPEECH PATHOLOGY                   | o             | C           |              | 0  |            |               | 68. 00  |
| 69. 00 06900 ELECTROCARDI OLOGY                 | o             | C           |              | 0  |            |               | 69. 00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY             | o             | C           |              | 0  |            |               | 70. 00  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | o             | C           |              | 0  |            |               | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS      | o             | C           |              | 0  |            |               | 72. 00  |
| 73.00 07300 DRUGS CHARGED TO PATIENTS           | 5, 171        | C           |              | 0  |            |               | 73. 00  |
| 74.00 07400 RENAL DIALYSIS                      | o             | C           |              | 0  |            |               | 74.00   |
| 76.00 03140 CARDIO CATH LAB                     | o             | C           |              | 0  |            |               | 76. 00  |
| 76. 01   03050   ENDOSCOPY                      | o             | C           |              | 0  |            |               | 76. 01  |
| 76. 02 03950 CARDI AC REHAB                     | o             | C           | ol           | 0  |            |               | 76. 02  |
| OUTPATIENT SERVICE COST CENTERS                 |               |             |              | •  |            |               |         |
| 90. 00 09000 CLI NI C                           | 0             | C           |              | 0  |            |               | 90.00   |
| 91. 00   09100   EMERGENCY                      | 0             | C           |              | 0  |            |               | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0             | C           |              | 0  |            |               | 92. 00  |
| OTHER REIMBURSABLE COST CENTERS                 |               |             |              |    |            |               |         |
| 95. 00 09500 AMBULANCE SERVICES                 |               |             |              |    |            |               | 95. 00  |
| 96.00 09600 DURABLE MEDICAL EQUIP-RENTED        | 0             | C           |              | 0  |            |               | 96. 00  |
| 200.00 Total (lines 50-199)                     | 5, 171        | C           | )            | 0  |            |               | 200. 00 |

| Health Financial Systems  | LUTHERAN HOSPITAL                      | OF INDIANA            | In Lie   | u of Form CMS-2552-10 |
|---------------------------|--|-----------------------|----------|-----------------------|
| APPORTIONMENT OF MEDICAL, | OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0017 | Peri od: | Worksheet D           |

|        | TONMENT OF MEDICAL, OTHER HEALTH SERVICES AND | VACCINE COST           | Provi der C    | F                           | Period:<br>From 07/01/2016<br>To 06/30/2017 | Date/Time Pre<br>11/30/2017 5: | pared:  |
|--------|---|------------------------|----------------|-----------------------------|---|--------------------------------|---------|
|        |   |                        | Ti tl          | e XIX                       | Hospi tal                                   | PPS                            |         |
|        |   |                        |                | Charges                     |   | Costs                          |         |
|        | Cost Center Description                       | Cost to Charge         |                |                             | Cost  | PPS Services                   |         |
|        |   |                        | Servi ces (see | Rei mbursed                 | Rei mbursed                                 | (see inst.)                    |         |
|        |   | Worksheet C,           | inst.)         | Servi ces                   | Services Not                                |                                |         |
|        |   | Part I, col. 9         |                | Subject To<br>Ded. & Coins. | Subject To<br>Ded. & Coins.                 |                                |         |
|        |   |                        |                | (see inst.)                 | (see inst.)                                 |                                |         |
|        |   | 1.00                   | 2.00           | 3.00                        | 4.00  | 5. 00                          |         |
|        | ANCILLARY SERVICE COST CENTERS                | 1.00                   | 2.00           | 3.00                        | 4.00  | 3.00                           |         |
| 50.00  | 05000 OPERATI NG ROOM                         | 0. 085882              | 0              | 2, 198, 093                 | 0   | 0                              | 50.00   |
| 51.00  | 05100 RECOVERY ROOM                           | 0. 000000              | l              |                             | 0   | 0                              | 1       |
|        | 05200 DELIVERY ROOM & LABOR ROOM              | 0. 297698              | l              | 11, 346                     | 0   | 0                              | 1       |
| 53.00  | 05300 ANESTHESI OLOGY                         | 0. 013398              |                | 312, 729                    |   | 0                              | 1       |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C                 | 0. 123519              | 0              | 943, 904                    |   | 0                              | 54.00   |
| 54. 01 | 05401 PET SCAN                                | 0. 061066              | 0              |                             |   | 0                              | 1       |
| 56. 00 | 05600 RADI 0I SOTOPE                          | 0. 071061              | O              |                             |   | 0                              | 56.00   |
| 57.00  | 05700 CT SCAN                                 | 0. 028181              | 0              | 977, 266                    | 0   | 0                              | 57. 00  |
| 58.00  | 05800 MRI                                     | 0. 000000              | 0              |                             |   | 0                              | 58. 00  |
| 60.00  | 06000 LABORATORY                              | 0. 105421              | 0              | 1, 237, 635                 | 0   | 0                              | 60.00   |
| 65.00  | 06500 RESPIRATORY THERAPY                     | 0. 118680              | 0              | 77, 022                     |   | 0                              | 65. 00  |
| 66.00  | 06600 PHYSI CAL THERAPY                       | 0. 278967              | 0              | 415, 407                    | 0   | 0                              | 66.00   |
| 67.00  | 06700 OCCUPATI ONAL THERAPY                   | 0. 034015              | 0              | C                           | 0   | 0                              | 67. 00  |
| 68.00  | 06800 SPEECH PATHOLOGY                        | 0. 031901              | 0              | C                           | 0   | 0                              | 68. 00  |
| 69.00  | 06900 ELECTROCARDI OLOGY                      | 0. 069733              | 0              | 368, 815                    | 0   | 0                              | 69. 00  |
|        | 07000 ELECTROENCEPHALOGRAPHY                  | 0. 293626              | 0              | 132, 888                    | 0   | 0                              | 70.00   |
|        | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT     | 0. 103146              |                | 521, 963                    | 0   | 0                              | 71. 00  |
|        | 07200 I MPL. DEV. CHARGED TO PATIENTS         | 0. 191058              | l e            | 421, 863                    |   | 0                              | 72. 00  |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS               | 0. 107999              |                | 3, 848, 570                 |   | 0                              | 73. 00  |
|        | 07400 RENAL DIALYSIS                          | 0. 333829              |                | 1,00,                       |   | 0                              | 74. 00  |
| 76. 00 | 03140 CARDIO CATH LAB                         | 0. 059148              | l e            |                             |   | 0                              | 76. 00  |
|        | 03050 ENDOSCOPY                               | 0. 140198              |                |                             |   |                                |         |
| 76. 02 | 03950 CARDI AC REHAB                          | 0. 208838              | 0              | 366                         | 0   | 0                              | 76. 02  |
| 00.00  | OUTPATIENT SERVICE COST CENTERS               | 1 050750               |                | 115 020                     |   |                                | 1 00 00 |
|        | 09000   CLI NI C<br>  09100   EMERGENCY       | 1. 958759<br>0. 106751 | 0              |                             |   |                                |         |
|        | 09200 OBSERVATION BEDS (NON-DISTINCT PART     | 0. 020478              |                |                             |   |                                | 1       |
| 72.00  | OTHER REIMBURSABLE COST CENTERS               | 0.020478               |                | 330, 130                    | ) 0   |                                | 72.00   |
| 95. 00 | 09500 AMBULANCE SERVICES                      | 0. 895651              | 0              | 240, 597                    | 1   |                                | 95. 00  |
|        | 09600 DURABLE MEDICAL EQUIP-RENTED            | 0. 000000              |                |                             | 0   | 0                              |         |
| 200.00 | 1   | 2. 223000              | 0              | 1                           | _   | · -                            | 200.00  |
| 201.00 |   |                        | ĺ              | 10,000,007                  |   |                                | 201.00  |
| 2000   | Only Charges                                  |                        |                |                             |   |                                |         |
| 202.00 |   |                        | 0              | 15, 055, 869                | 0   | 0                              | 202. 00 |

| Health Financial Systems   | LUTHERAN HOSPITAL                      | OF INDIANA            | In Lie                      | u of Form CMS-2552-10 |
|----------------------------|--|-----------------------|-----------------------------|-----------------------|
| APPORTI ONMENT OF MEDICAL, | OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0017 | Peri od:<br>From 07/01/2016 | Worksheet D<br>Part V |

|        | TOWNER OF MEDICAL, OTHER HEALTH SERVICES AND | VACOTIVE COST |               | . 13 0017 | From 07/01/2016<br>To 06/30/2017 | Part V<br>Date/Time Pr<br>11/30/2017 5 | epared:<br>:03 pm |
|--------|--|---------------|---------------|-----------|----------------------------------|--|-------------------|
|        |  |               |               | e XIX     | Hospi tal                        | PPS                                    |                   |
|        |  |               | sts           |           |                                  |  |                   |
|        | Cost Center Description                      | Cost          | Cost          |           |                                  |  |                   |
|        |  | Rei mbursed   | Reimbursed    |           |                                  |  |                   |
|        |  | Servi ces     | Services Not  |           |                                  |  |                   |
|        |  | Subject To    | Subject To    |           |                                  |  |                   |
|        |  | Ded. & Coins. | Ded. & Coins. |           |                                  |  |                   |
|        |  | (see inst.)   | (see inst.)   |           |                                  |  |                   |
|        | ANOLILIABY OF BUILDE OF THE BO               | 6.00          | 7. 00         |           |                                  |  |                   |
|        | ANCI LLARY SERVI CE COST CENTERS             |               | _             | 1         |                                  |  |                   |
| 50. 00 | 05000 OPERATING ROOM                         | 188, 777      | 0             |           |                                  |  | 50.00             |
| 51.00  | 05100 RECOVERY ROOM                          | 0             | 0             | 1         |                                  |  | 51. 00            |
| 52. 00 | 05200 DELIVERY ROOM & LABOR ROOM             | 3, 378        | l e           | 1         |                                  |  | 52. 00            |
| 53. 00 | 05300 ANESTHESI OLOGY                        | 4, 190        | l .           | l .       |                                  |  | 53. 00            |
| 54. 00 | 05400   RADI OLOGY-DI AGNOSTI C              | 116, 590      | 0             |           |                                  |  | 54. 00            |
| 54. 01 | 05401 PET SCAN                               | 4, 532        | 0             |           |                                  |  | 54. 01            |
| 56. 00 | 05600 RADI 0I SOTOPE                         | 8, 725        | 0             |           |                                  |  | 56. 00            |
| 57.00  | 05700 CT SCAN                                | 27, 540       | 0             |           |                                  |  | 57. 00            |
| 58. 00 | 05800  MRI                                   | 0             | 0             |           |                                  |  | 58. 00            |
| 60.00  | 06000 LABORATORY                             | 130, 473      | 0             |           |                                  |  | 60. 00            |
| 65.00  | 06500 RESPI RATORY THERAPY                   | 9, 141        | 0             |           |                                  |  | 65. 00            |
| 66.00  | 06600 PHYSI CAL THERAPY                      | 115, 885      | 0             |           |                                  |  | 66. 00            |
| 67.00  | 06700 OCCUPATI ONAL THERAPY                  | 0             | 0             |           |                                  |  | 67. 00            |
| 68.00  | 06800 SPEECH PATHOLOGY                       | 0             | 0             |           |                                  |  | 68. 00            |
| 69.00  | 06900 ELECTROCARDI OLOGY                     | 25, 719       | 0             |           |                                  |  | 69. 00            |
| 70.00  | 07000 ELECTROENCEPHALOGRAPHY                 | 39, 019       | 0             |           |                                  |  | 70. 00            |
| 71.00  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT    | 53, 838       | 0             |           |                                  |  | 71. 00            |
| 72.00  | 07200 I MPL. DEV. CHARGED TO PATIENTS        | 80, 600       | 0             |           |                                  |  | 72. 00            |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS              | 415, 642      | 0             |           |                                  |  | 73. 00            |
| 74.00  | 07400 RENAL DIALYSIS                         | 1,532         | 0             |           |                                  |  | 74. 00            |
| 76.00  | 03140 CARDIO CATH LAB                        | 9, 413        | 0             |           |                                  |  | 76. 00            |
| 76. 01 | 03050 ENDOSCOPY                              | 49, 445       | 0             |           |                                  |  | 76. 01            |
| 76. 02 | 03950 CARDI AC REHAB                         | 76            | l e           |           |                                  |  | 76. 02            |
|        | OUTPATIENT SERVICE COST CENTERS              |               | •             |           |                                  |  |                   |
| 90.00  | 09000 CLI NI C                               | 226, 901      | 0             |           |                                  |  | 90.00             |
| 91. 00 | 09100 EMERGENCY                              | 230, 585      | 0             |           |                                  |  | 91, 00            |
| 92. 00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART    | 7, 334        |               |           |                                  |  | 92. 00            |
|        | OTHER REIMBURSABLE COST CENTERS              | .,            | -             | 1         |                                  |  |                   |
| 95. 00 | 09500 AMBULANCE SERVICES                     | 215, 491      |               |           |                                  |  | 95. 00            |
|        | 09600 DURABLE MEDICAL EQUIP-RENTED           | 0             | 0             |           |                                  |  | 96. 00            |
| 200.00 | l  | 1, 964, 826   |               | 1         |                                  |  | 200. 00           |
| 201.00 | ,  | 1, 704, 020   | ١             |           |                                  |  | 201.00            |
| 201.00 | Only Charges                                 |               |               |           |                                  |  | 201.00            |
| 202.00 |  | 1, 964, 826   | 0             |           |                                  |  | 202. 00           |
|        | 1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2      |               | ·             | I .       |                                  |  |                   |

| Heal th | Financial Systems   | LUTHERAN HOSPITAL   | OF INDIANA               | In Lie                           | u of Form CMS-2   | 2552-10 |  |  |
|---------|---|---------------------|--------------------------|----------------------------------|-------------------|---------|--|--|
|         | ATION OF INPATIENT OPERATING COST   |                     | Provi der CCN: 15-0017   | Peri od:                         | Worksheet D-1     |         |  |  |
|         |   |                     |                          | From 07/01/2016<br>To 06/30/2017 |                   |         |  |  |
|         |   |                     | Title XVIII              | Hospi tal                        | 11/30/2017 5: PPS | 03 piii |  |  |
|         | Cost Center Description   |                     |                          |                                  |                   |         |  |  |
|         |   |                     |                          |                                  | 1. 00             |         |  |  |
|         | PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS   |                     |                          |                                  |                   |         |  |  |
| 1.00    | Inpatient days (including private room days   |                     |                          |                                  | 65, 403           | 1. 00   |  |  |
| 2.00    | Inpatient days (including private room days   |                     |                          |                                  | 65, 403           | 2.00    |  |  |
| 3. 00   | Private room days (excluding swing-bed and do not complete this line.   | observation bed da  | ys). If you have only p  | rivate room days,                | 0                 | 3. 00   |  |  |
| 4.00    | Semi-private room days (excluding swing-bed   |                     |                          |                                  | 64, 872           | 4. 00   |  |  |
| 5. 00   | Total swing-bed SNF type inpatient days (ir reporting period  | ncluding private ro | om days) through Decembe | er 31 of the cost                | 0                 | 5. 00   |  |  |
| 6.00    | Total swing-bed SNF type inpatient days (in reporting period (if calendar year, enter C   |                     | om days) after December  | 31 of the cost                   | 0                 | 6. 00   |  |  |
| 7. 00   | Total swing-bed NF type inpatient days (increporting period   |                     | m days) through December | 31 of the cost                   | 0                 | 7. 00   |  |  |
| 8. 00   | Total swing-bed NF type inpatient days (inc   |                     | m days) after December 3 | 31 of the cost                   | 0                 | 8. 00   |  |  |
| 9. 00   | reporting period (if calendar year, enter C<br>Total inpatient days including private room  |                     | o the Program (excluding | g swing-bed and                  | 22, 570           | 9. 00   |  |  |
| 10. 00  |   |                     |                          |                                  |                   |         |  |  |
| 11. 00  |   |                     |                          |                                  |                   |         |  |  |
| 12. 00  |   |                     |                          |                                  |                   |         |  |  |
| 13. 00  | through December 31 of the cost reporting p<br>Swing-bed NF type inpatient days applicable  | to titles V or XI   |                          |                                  | 0                 | 13. 00  |  |  |
| 14. 00  | after December 31 of the cost reporting per<br>Medically necessary private room days appli  |                     |                          |                                  | 0                 | 14. 00  |  |  |
| 15. 00  | Total nursery days (title V or XIX only)  |                     |                          |                                  | 0                 | 15. 00  |  |  |
| 16. 00  | Nursery days (title V or XIX only) SWING BED ADJUSTMENT   |                     |                          |                                  | 0                 | 16. 00  |  |  |
| 17. 00  | Medicare rate for swing-bed SNF services apreporting period   | oplicable to servic | es through December 31 ( | of the cost                      | 0.00              | 17. 00  |  |  |
| 18. 00  | Medicare rate for swing-bed SNF services ap<br>reporting period   | oplicable to servic | es after December 31 of  | the cost                         | 0.00              | 18. 00  |  |  |
| 19. 00  | Medicaid rate for swing-bed NF services app   | olicable to service | s through December 31 o  | f the cost                       | 0.00              | 19. 00  |  |  |
| 20. 00  | reporting period<br>Medicaid rate for swing-bed NF services appreporting period   | olicable to service | s after December 31 of   | the cost                         | 0.00              | 20. 00  |  |  |
| 21. 00  | Total general inpatient routine service cos   | t (see instruction  | s)                       |                                  | 46, 406, 981      | 21. 00  |  |  |
| 22. 00  | Swing-bed cost applicable to SNF type servi<br>5 x line 17)   |                     |                          | ting period (line                | 0                 | 22. 00  |  |  |
| 23. 00  | · · · · · · · · · · · · · · · · · · ·   | ces after December  | 31 of the cost reporting | ng period (line 6                | 0                 | 23. 00  |  |  |
| 24. 00  | Swing-bed cost applicable to NF type service (7 x line 19)  | es through Decembe  | r 31 of the cost reporti | ng period (line                  | 0                 | 24. 00  |  |  |
| 25. 00  | Swing-bed cost applicable to NF type services in the services | es after December   | 31 of the cost reporting | g period (line 8                 | 0                 | 25. 00  |  |  |
| 26. 00  |   |                     |                          |                                  |                   |         |  |  |
| 27. 00  | General inpatient routine service cost net<br>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  | of swing-bed cost   | (line 21 minus line 26)  |                                  | 46, 406, 981      | 27. 00  |  |  |
| 28. 00  | General inpatient routine service charges (   | excluding swing-be  | d and observation bed c  | narges)                          | 0                 | 28. 00  |  |  |
| 29. 00  | Private room charges (excluding swing-bed of  |                     | 0000. Vali 011 000 01    | 300/                             | 0                 | 29. 00  |  |  |
| 30. 00  | Semi-private room charges (excluding swing-   | bed charges)        |                          |                                  | 0                 | 30. 00  |  |  |
| 31. 00  | General inpatient routine service cost/char   | ge ratio (line 27   |                          |                                  |                   |         |  |  |

|        | 5 X IINE I/)  | 1            |        |
|--------|---|--------------|--------|
| 23. 00 | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 | ol           | 23. 00 |
|        | x line 18)  |              |        |
| 24.00  | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line  | 0            | 24. 00 |
|        | 7 x line 19)  |              |        |
| 25. 00 | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8  | 0            | 25. 00 |
|        | x line 20)  |              |        |
| 26. 00 | Total swing-bed cost (see instructions)   | 0            | 26. 00 |
| 27. 00 | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                  | 46, 406, 981 | 27. 00 |
|        | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  |              |        |
|        | General inpatient routine service charges (excluding swing-bed and observation bed charges)           | 0            |        |
| 29. 00 | Private room charges (excluding swing-bed charges)  | 0            | 29. 00 |
| 30.00  | Semi-private room charges (excluding swing-bed charges)   | 0            | 00.00  |
| 31.00  | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                               | 0.000000     |        |
| 32.00  | Average private room per diem charge (line 29 ÷ line 3)   | 0.00         | 32. 00 |
| 33. 00 | Average semi-private room per diem charge (line 30 ÷ line 4)  | 0.00         | 33. 00 |
| 34.00  | Average per diem private room charge differential (line 32 minus line 33)(see instructions)           | 0.00         | 34. 00 |
| 35.00  | Average per diem private room cost differential (line 34 x line 31)                                   | 0.00         | 35. 00 |
| 36.00  | Private room cost differential adjustment (line 3 x line 35)  | 0            | 36. 00 |
| 37.00  | General inpatient routine service cost net of swing-bed cost and private room cost differential (line | 46, 406, 981 | 37. 00 |
|        | 27 minus line 36)   |              |        |
|        | PART II - HOSPITAL AND SUBPROVIDERS ONLY  |              |        |
|        | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS                                 |              |        |
| 38. 00 | Adjusted general inpatient routine service cost per diem (see instructions)                           | 709. 55      | 38. 00 |
| 39. 00 | Program general inpatient routine service cost (line 9 x line 38)                                     | 16, 014, 544 | 39. 00 |
| 40.00  | Medically necessary private room cost applicable to the Program (line 14 x line 35)                   | 0            | 40. 00 |
| 41.00  | Total Program general inpatient routine service cost (line 39 + line 40)                              | 16, 014, 544 | 41. 00 |
|        |   |              |        |
|        |   |              |        |
|        |   |              |        |
|        |   |              |        |
|        |   |              |        |
|        |   |              |        |

| Heal th          | Financial Systems  | LUTHERAN HOSPITAI   | L OF INDIANA    |                 | In Lie                                    | u of Form CMS-2             | 2552-10          |
|------------------|--|---------------------|-----------------|-----------------|---|-----------------------------|------------------|
|                  | ATION OF INPATIENT OPERATING COST  |                     | Provi der C     | F               | reriod:<br>rom 07/01/2016<br>o 06/30/2017 | Worksheet D-1 Date/Time Pre | pared:           |
|                  |  |                     | Ti +Lo          | e XVIII         | Hospi tal                                 | 11/30/2017 5: 0<br>PPS      | 03 pm            |
|                  | Cost Center Description  | Total               | Total           | Average Per     | Program Days                              | Program Cost                |                  |
|                  | occi conten becomparen   | Inpatient Cost I    |                 |                 |   | (col . 3 x col .            |                  |
|                  |  |                     |                 | col . 2)        |   | 4)                          |                  |
| 42.00            | MUDCEDY (+; +Lo, V, 0, VLV, oply)  | 1.00                | 2. 00           | 3. 00           | 4.00                                      | 5. 00                       | 42. 00           |
| 42.00            | NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units                    |                     | 0               | 0.00            | U U                                       | U                           | 42.00            |
| 43. 00           | INTENSIVE CARE UNIT  | 0                   | 0               | 0.00            | 0   | 0                           | 43. 00           |
| 43. 01           | PEDIATRIC INTENSIVE CARE UNIT  | 2, 369, 232         | 1, 069          | 2, 216. 31      | 0   | 0                           | 43. 01           |
| 43. 02           | NEONATAL INTENSIVE CARE UNIT   | 6, 007, 708         | 4, 115          |                 |   | 0                           |                  |
| 43. 03           | CARDIO INTENSIVE CARE UNIT   | 25, 939, 100        | 20, 248         |                 |   |                             | •                |
| 44. 00<br>45. 00 | CORONARY CARE UNIT BURN INTENSIVE CARE UNIT  | 9, 138, 635         | 6, 933          | 1, 318. 14      | 2, 570                                    | 3, 387, 620                 | 44. 00<br>45. 00 |
| 46. 00           | SURGICAL INTENSIVE CARE UNIT   |                     |                 | •               |   |                             | 46.00            |
|                  | OTHER SPECIAL CARE (SPECIFY)   |                     |                 |                 |   |                             | 47. 00           |
|                  | Cost Center Description  |                     |                 |                 |   |                             |                  |
| 10.00            | 10   |                     | 11 200)         |                 |   | 1.00                        | 40.00            |
| 48. 00           | Program inpatient ancillary service cost (Wk<br>Total Program inpatient costs (sum of lines  |                     |                 | anc)            |   | 50, 121, 360                | 1                |
| 49.00            | PASS THROUGH COST ADJUSTMENTS  | 41 till ough 40) (S | ee mstructro    | 115)            |   | 79, 070, 058                | 49.00            |
| 50.00            | Pass through costs applicable to Program inp   | atient routine s    | ervices (from   | n Wkst. D, sum  | of Parts I and                            | 3, 081, 815                 | 50.00            |
|                  | 111)   |                     | •               |                 |   |                             |                  |
| 51. 00           | Pass through costs applicable to Program inp   | atient ancillary    | services (fr    | om Wkst. D, su  | m of Parts II                             | 3, 842, 428                 | 51. 00           |
| 52. 00           | and IV) Total Program excludable cost (sum of lines  | 50 and 51)          |                 |                 |   | 6, 924, 243                 | 52 00            |
| 53. 00           | Total Program inpatient operating cost exclu   |                     | ated, non-phy   | sician anesthe  | tist, and                                 | 72, 145, 815                |                  |
|                  | medical education costs (line 49 minus line  | 52) '               |                 |                 |   |                             |                  |
|                  | TARGET AMOUNT AND LIMIT COMPUTATION  |                     |                 |                 |   |                             |                  |
| 54.00            |  |                     |                 |                 |   |                             | 54. 00<br>55. 00 |
| 55. 00<br>56. 00 | Target amount per discharge Target amount (line 54 x line 55)                                |                     |                 |                 |   | 0.00                        | 1                |
| 57. 00           | Difference between adjusted inpatient operat   | ing cost and tar    | get amount (I   | ine 56 minus I  | ine 53)                                   | Ö                           | 57.00            |
| 58.00            | Bonus payment (see instructions)   |                     |                 |                 | ŕ   | 0                           | 58. 00           |
| 59. 00           | Lesser of lines 53/54 or 55 from the cost re   | porting period e    | ndi ng 1996, u  | ipdated and com | pounded by the                            | 0. 00                       | 59. 00           |
| 60. 00           | market basket<br>Lesser of lines 53/54 or 55 from prior year                                 | cost report und     | ated by the m   | arkat haskat    |   | 0.00                        | 60.00            |
| 61. 00           | If line 53/54 is less than the lower of line   | s 55, 59 or 60 e    | nter the less   | er of 50% of t  | he amount by                              | 0.00                        | ı                |
|                  | which operating costs (line 53) are less tha   |                     |                 |                 |   | _                           |                  |
|                  | amount (line 56), otherwise enter zero (see  | instructions)       |                 |                 | -   | _                           |                  |
| 62. 00<br>63. 00 | , ,  | ont (soo instruc    | tions)          |                 |   | 0                           | 62. 00<br>63. 00 |
| 03.00            | PROGRAM INPATIENT ROUTINE SWING BED COST   | ent (see mistruc    | ti ons)         |                 |   | 0                           | 03.00            |
| 64. 00           | Medicare swing-bed SNF inpatient routine cos   | ts through Decem    | ber 31 of the   | cost reportin   | g period (See                             | 0                           | 64. 00           |
| <b></b>          | instructions)(title XVIII only)  |                     | 04 0 11         |                 |   |                             | /                |
| 65.00            | Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)                 | ts after Decembe    | r 31 or the c   | cost reporting  | period (See                               | 0                           | 65. 00           |
| 66. 00           | Total Medicare swing-bed SNF inpatient routi   | ne costs (line 6    | 4 plus line 6   | 5)(title XVIII  | only). For                                | 0                           | 66. 00           |
|                  | CAH (see instructions)   |                     |                 |                 |   |                             |                  |
| 67. 00           | 9 1  | e costs through     | December 31 c   | of the cost rep | orting period                             | 0                           | 67. 00           |
| 68 00            | <pre>(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin</pre>                  | e costs after De    | cember 31 of    | the cost renor  | ting period                               | 0                           | 68. 00           |
| 55. 55           | (line 13 x line 20)  | 2 30010 41101 00    |                 | 2031 1 opoi     | 9 Por 1 Ou                                |                             | 55.55            |
| 69. 00           | Total title V or XIX swing-bed NF inpatient  |                     |                 |                 |   | 0                           | 69. 00           |
| 70. 00           | PART III - SKILLED NURSING FACILITY, OTHER N<br>Skilled nursing facility/other nursing facil |                     |                 |                 |   |                             | 70. 00           |
| 70.00            | Adjusted general inpatient routine service c   |                     |                 |                 |   |                             | 70.00            |
| 72. 00           | Program routine service cost (line 9 x line  |                     |                 | •               |   |                             | 72.00            |
| 73. 00           | Medically necessary private room cost applic   |                     |                 |                 |   |                             | 73. 00           |
| 74. 00           | Total Program general inpatient routine serv   |                     |                 |                 |   |                             | 74.00            |
| 75. 00           | Capital-related cost allocated to inpatient 26, line 45)                                     | routine service     | COSTS (110111 W | iorksneet B, Pa | rt II, corumn                             |                             | 75. 00           |
| 76. 00           | Per diem capital-related costs (line 75 ÷ li   | ne 2)               |                 |                 |   |                             | 76. 00           |
| 77. 00           | Program capital-related costs (line 9 x line   | 76)                 |                 |                 |   |                             | 77. 00           |
|                  | Inpatient routine service cost (line 74 minu   |                     |                 | 1->             |   |                             | 78.00            |
| 79. 00<br>80. 00 | Aggregate charges to beneficiaries for exces<br>Total Program routine service costs for comp |                     |                 | · .             | s line 70)                                |                             | 79. 00<br>80. 00 |
| 80.00            | Inpatient routine service costs for comp   |                     | ociini tati Ofi | i (iiie 70 minu | J 11110 /7)                               |                             | 81.00            |
| 82. 00           | Inpatient routine service cost limitation (  |                     |                 |                 |   |                             | 82.00            |
| 83. 00           | Reasonable inpatient routine service costs (   | see instructions    |                 |                 |   |                             | 83. 00           |
| 84. 00           | Program inpatient ancillary services (see in   |                     | ->              |                 |   |                             | 84.00            |
| 85. 00<br>86. 00 | Utilization review - physician compensation<br>Total Program inpatient operating costs (sum  |                     |                 |                 |   |                             | 85. 00<br>86. 00 |
| 00.00            | PART IV - COMPUTATION OF OBSERVATION BED PAS   |                     | ough oo)        |                 |   |                             | 00.00            |
| 87. 00           | Total observation bed days (see instructions   |                     |                 |                 |   | 531                         | 87. 00           |
| 88.00            | Adjusted general inpatient routine cost per  | •                   | line 2)         |                 |   | 709. 55                     | 1                |
| 89. UU           | Observation bed cost (line 87 x line 88) (se   | e instructions)     |                 |                 |   | 376, 771                    | 89. UU           |
|                  |  |                     |                 |                 |   |                             |                  |

| Health Financial Systems                      | LUTHERAN HOSPITAL OF INDIANA |                |            | In Lieu of Form CMS-2552-10      |                                  |                 |  |
|---|------------------------------|----------------|------------|----------------------------------|----------------------------------|-----------------|--|
| COMPUTATION OF INPATIENT OPERATING COST       |                              | Provi der CC   |            | Peri od:                         | Worksheet D-1                    |                 |  |
|   |                              |                |            | From 07/01/2016<br>To 06/30/2017 | Date/Time Prep<br>11/30/2017 5:0 | pared:<br>03 pm |  |
|   |                              | Title          | XVIII      | Hospi tal                        | PPS                              |                 |  |
| Cost Center Description                       | Cost                         | Routine Cost   | column 1 ÷ | Total                            | Observation                      |                 |  |
|   |                              | (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                   | 5, 240, 491                  | 46, 406, 981   | 0. 11292   | 5 376, 771                       | 42, 547                          | 90.00           |  |
| 91.00 Nursing School cost                     | 0                            | 46, 406, 981   | 0.00000    | 0 376, 771                       | 0                                | 91.00           |  |
| 92.00 Allied health cost                      | 360, 909                     | 46, 406, 981   | 0. 00777   | 7 376, 771                       | 2, 930                           | 92.00           |  |
| 93.00 All other Medical Education             | 0                            | 46, 406, 981   | 0. 00000   | 0 376, 771                       | 0                                | 93. 00          |  |

|                  | Financial Systems LUTHERAN HOSPITAL  | OF INDIANA                     |                                  | u of Form CMS-2 | 2552-10          |  |
|------------------|--|--------------------------------|----------------------------------|-----------------|------------------|--|
| COMPUT           | ATION OF INPATIENT OPERATING COST  | Provider CCN: 15-0017          | Peri od:                         | Worksheet D-1   |                  |  |
|                  |  |                                | From 07/01/2016<br>To 06/30/2017 | Date/Time Pre   | nared·           |  |
|                  |  |                                | 10 00, 00, 201,                  | 11/30/2017 5:   |                  |  |
|                  | PPS  |                                |                                  |                 |                  |  |
|                  | Cost Center Description  |                                |                                  | 4 00            |                  |  |
|                  | PART I - ALL PROVIDER COMPONENTS   |                                |                                  | 1. 00           |                  |  |
|                  | INPATIENT DAYS   |                                |                                  |                 |                  |  |
| 1.00             | Inpatient days (including private room days and swing-bed day  | s. excluding newborn)          |                                  | 65, 403         | 1. 00            |  |
| 2.00             | Inpatient days (including private room days, excluding swing-  |                                |                                  | 65, 403         | 2. 00            |  |
| 3.00             | Private room days (excluding swing-bed and observation bed da  |                                | ivate room days,                 | 0               | 3. 00            |  |
|                  | do not complete this line.   |                                |                                  |                 |                  |  |
| 4.00             | Semi-private room days (excluding swing-bed and observation b  |                                |                                  | 64, 872         | 4. 00            |  |
| 5. 00            | Total swing-bed SNF type inpatient days (including private ro  | om days) through Decembe       | r 31 of the cost                 | 0               | 5. 00            |  |
|                  | reporting period   |                                | 24 -6                            | 0               | / 00             |  |
| 6. 00            | Total swing-bed SNF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)        | om days) arter becember        | 31 of the cost                   | 0               | 6. 00            |  |
| 7. 00            | Total swing-bed NF type inpatient days (including private roo  | m days) through December       | 31 of the cost                   | 0               | 7. 00            |  |
| 7.00             | reporting period   | iii days) tiii ougii beceiibei | 51 01 1110 0031                  | O               | 7.00             |  |
| 8. 00            | Total swing-bed NF type inpatient days (including private roo  | m days) after December 3       | 1 of the cost                    | 0               | 8. 00            |  |
|                  | reporting period (if calendar year, enter 0 on this line)  | 3 ,                            |                                  |                 |                  |  |
| 9.00             | Total inpatient days including private room days applicable t  | o the Program (excluding       | swing-bed and                    | 1, 232          | 9. 00            |  |
|                  | newborn days)  |                                |                                  |                 |                  |  |
| 10. 00           | Swing-bed SNF type inpatient days applicable to title XVIII o  | oom days)                      | 0                                | 10. 00          |                  |  |
| 44.00            | through December 31 of the cost reporting period (see instruc  | ,                              |                                  |                 | 44.00            |  |
| 11. 00           | Swing-bed SNF type inpatient days applicable to title XVIII o  |                                | oom days) after                  | 0               | 11. 00           |  |
| 12. 00           | December 31 of the cost reporting period (if calendar year, e<br>Swing-bed NF type inpatient days applicable to titles V or XI | 0                              | 12. 00                           |                 |                  |  |
| 12.00            | through December 31 of the cost reporting period   | O                              | 12.00                            |                 |                  |  |
| 13. 00           | Swing-bed NF type inpatient days applicable to titles V or XI  | e room davs)                   | 0                                | 13. 00          |                  |  |
|                  | after December 31 of the cost reporting period (if calendar y  |                                |                                  |                 |                  |  |
| 14.00            | Medically necessary private room days applicable to the Progr  | am (excluding swing-bed        | days)                            | 0               | 14.00            |  |
| 15. 00           | Total nursery days (title V or XIX only)   |                                |                                  | 1, 805          |                  |  |
| 16. 00           | Nursery days (title V or XIX only)   |                                |                                  | 144             | 16. 00           |  |
| 47.00            | SWI NG BED ADJUSTMENT  |                                |                                  |                 | 47.00            |  |
| 17. 00           | Medicare rate for swing-bed SNF services applicable to servic  | es through December 31 c       | f the cost                       | 0. 00           | 17. 00           |  |
| 18. 00           | reporting period<br>Medicare rate for swing-bed SNF services applicable to servic  | os after December 21 of        | the cost                         | 0.00            | 18. 00           |  |
| 10.00            | reporting period   | es arter becember 51 or        | the cost                         | 0.00            | 10.00            |  |
| 19. 00           | Medicaid rate for swing-bed NF services applicable to service  | s through December 31 of       | the cost                         | 0.00            | 19. 00           |  |
|                  | reporting period   | 3                              |                                  |                 |                  |  |
| 20.00            | Medicaid rate for swing-bed NF services applicable to service  | s after December 31 of t       | he cost                          | 0.00            | 20.00            |  |
|                  | reporting period   |                                |                                  |                 |                  |  |
| 21. 00           | Total general inpatient routine service cost (see instruction  | •                              |                                  | 46, 406, 981    |                  |  |
| 22. 00           | Swing-bed cost applicable to SNF type services through Decemb  | er 31 of the cost report       | ing period (line                 | 0               | 22. 00           |  |
| 23. 00           | 5 x line 17)<br>Swing-bed cost applicable to SNF type services after December  | 21 of the cost reportin        | a ported (line 4                 | 0               | 23. 00           |  |
| 23.00            | x line 18)   | 31 of the cost reportin        | g period (Title o                | Ü               | 23.00            |  |
| 24. 00           | Swing-bed cost applicable to NF type services through Decembe  | r 31 of the cost reporti       | na period (line                  | 0               | 24. 00           |  |
| 2 00             | 7 x line 19)   |                                | ng porrou (rrno                  | Ü               | 2 00             |  |
| 25. 00           | Swing-bed cost applicable to NF type services after December   | 31 of the cost reporting       | period (line 8                   | 0               | 25. 00           |  |
|                  | x line 20)   |                                |                                  |                 |                  |  |
| 26. 00           | Total swing-bed cost (see instructions)  |                                |                                  | 0               | 26. 00           |  |
| 27. 00           | General inpatient routine service cost net of swing-bed cost   | (line 21 minus line 26)        |                                  | 46, 406, 981    | 27. 00           |  |
| 20 00            | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT   | d and obcomustion had the      | argos)                           |                 | 20 00            |  |
| 28. 00<br>29. 00 | General inpatient routine service charges (excluding swing-be<br>Private room charges (excluding swing-bed charges)            | u and observation bed ch       | lai yes)                         | 0               | 28. 00<br>29. 00 |  |
| 30. 00           | Semi -pri vate room charges (excluding swing-bed charges)  |                                |                                  | 0               | 30.00            |  |
| 31. 00           | General inpatient routine service cost/charge ratio (line 27   | ÷ line 28)                     |                                  | 0. 000000       | 31. 00           |  |
| 00 00            | deficial impartent routine service cost/charge ratio (iii each in a cost)  |                                |                                  |                 |                  |  |

| 18. 00 | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                  | 0. 00             | 18. 00           |
|--------|---|-------------------|------------------|
| 19. 00 | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost                                  | 0. 00             | 19. 00           |
| 20. 00 | reporting period<br>Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost                | 0. 00             | 20. 00           |
|        | reporting period  |                   |                  |
| 21. 00 | Total general inpatient routine service cost (see instructions)   | 46, 406, 981      |                  |
| 22. 00 | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line $5 \times 1$ ) x line 17) | 0                 | 22. 00           |
| 23. 00 | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                | 0                 | 23. 00           |
| 24. 00 | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)               | 0                 | 24. 00           |
| 25. 00 | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8                            | 0                 | 25. 00           |
| 27.00  | x line 20)  | 0                 | 27 00            |
| 26. 00 | Total swing-bed cost (see instructions)   | 0<br>46, 406, 981 | 26. 00<br>27. 00 |
| 27. 00 | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT      | 40, 400, 981      | 27.00            |
| 28. 00 | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                     | 0                 | 28. 00           |
| 29. 00 | Private room charges (excluding swing-bed charges)  | 0                 | 29. 00           |
| 30. 00 | Semi-private room charges (excluding swing-bed charges)   | 0                 | 30. 00           |
| 31. 00 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)   | 0. 000000         |                  |
| 32. 00 | Average private room per diem charge (line 29 ÷ line 3)   |                   | 32. 00           |
| 33. 00 | Average semi-private room per diem charge (line 30 ÷ line 4)  |                   | 33. 00           |
| 34. 00 | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                     | •                 | 34. 00           |
| 35. 00 | Average per diem private room cost differential (line 34 x line 31)   |                   | 35. 00           |
| 36.00  | Private room cost differential adjustment (line 3 x line 35)  | О                 | 36.00            |
| 37.00  | General inpatient routine service cost net of swing-bed cost and private room cost differential (line                           | 46, 406, 981      | 37.00            |
|        | 27 minus line 36)   |                   |                  |
|        | PART II - HOSPITAL AND SUBPROVIDERS ONLY  |                   |                  |
|        | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS   |                   |                  |
| 38. 00 | Adjusted general inpatient routine service cost per diem (see instructions)   | 709. 55           |                  |
| 39. 00 | Program general inpatient routine service cost (line 9 x line 38)   | 874, 166          |                  |
| 40.00  | Medically necessary private room cost applicable to the Program (line 14 x line 35)   | 0                 | 40.00            |
| 41. 00 | Total Program general inpatient routine service cost (line 39 + line 40)  | 874, 166          | 41. 00           |
|        |   |                   |                  |

|                  | Financial Systems I  | LUTHERAN HOSPITAL           | OF INDIANA Provider CC | N: 15-0017   r           | In Lie<br>Period:     | u of Form CMS-2<br>Worksheet D-1 |                  |
|------------------|--|-----------------------------|------------------------|--------------------------|-----------------------|----------------------------------|------------------|
| COWIFU           | ATTON OF INPATTENT OPERATING COST  |                             | Provider CC            | F                        | From 07/01/2016       |                                  |                  |
|                  |  |                             |                        |                          | Го 06/30/2017         | Date/Time Prep<br>11/30/2017 5:0 |                  |
|                  | Cost Center Description  | Total                       | Ti tl e                | Average Per              | Hospital Program Days | PPS<br>Program Cost              |                  |
|                  | <u>'</u>   | Inpatient Cost I            |                        | Diem (col. 1 -           |                       | (col. 3 x col.                   |                  |
|                  |  | 1.00                        | 2.00                   | col. 2)<br>3.00          | 4. 00                 | 4)<br>5. 00                      |                  |
| 42. 00           | NURSERY (title V & XIX only)   | 562, 357                    | 1, 805                 | 311. 56                  |                       |                                  | 42.00            |
| 43. 00           | Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT   | O                           | 0                      | 0.00                     | ol o                  | 0                                | 43.00            |
| 43. 00           | PEDIATRIC INTENSIVE CARE UNIT  | 2, 369, 232                 | 1, 069                 | 2, 216. 3                |                       | 283, 688                         | l                |
| 43. 02           | 1  | 6, 007, 708                 | 4, 115                 | 1, 459. 95               |                       | 613, 179                         |                  |
| 43. 03<br>44. 00 | CARDIO INTENSIVE CARE UNIT   | 25, 939, 100<br>9, 138, 635 | 20, 248<br>6, 933      | 1, 281. 07<br>1, 318. 14 |                       | 620, 038<br>146, 314             |                  |
| 45. 00           | BURN INTENSIVE CARE UNIT   | 9, 130, 035                 | 0, 433                 | 1, 310. 12               | + 111                 | 140, 314                         | 45. 00           |
| 46.00            | SURGICAL INTENSIVE CARE UNIT   |                             |                        |                          |                       |                                  | 46.00            |
| 47.00            | OTHER SPECIAL CARE (SPECIFY)  Cost Center Description  |                             |                        |                          |                       |                                  | 47. 00           |
|                  | ·  |                             |                        |                          |                       | 1. 00                            |                  |
| 48. 00<br>49. 00 | Program inpatient ancillary service cost (Wk: Total Program inpatient costs (sum of lines  |                             |                        | ns)                      |                       | 3, 064, 045<br>5, 646, 295       |                  |
|                  | PASS THROUGH COST ADJUSTMENTS  | <b>.</b>                    |                        | ,                        |                       |                                  |                  |
| 50. 00           | Pass through costs applicable to Program inpa  | atient routine s            | ervices (from          | Wkst. D, sum             | of Parts I and        | 337, 140                         | 50.00            |
| 51. 00           | Pass through costs applicable to Program inpland IV)   | atient ancillary            | services (fro          | om Wkst. D, su           | um of Parts II        | 222, 851                         | 51.00            |
| 52. 00           | Total Program excludable cost (sum of lines  |                             |                        |                          |                       | 559, 991                         | 52. 00           |
| 53. 00           | Total Program inpatient operating cost exclu   |                             | ated, non-phys         | sician anesthe           | etist, and            | 5, 086, 304                      | 53. 00           |
|                  | medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION  | 02)                         |                        |                          |                       |                                  |                  |
| 54.00            | Program di scharges  |                             |                        |                          |                       |                                  | 54.00            |
| 55. 00<br>56. 00 | Target amount per discharge Target amount (line 54 x line 55)  |                             |                        |                          |                       | 0. 00<br>0                       |                  |
| 57. 00           | Difference between adjusted inpatient operation  | ng 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 remarket basket  | porting period e            | naing 1996, up         | dated and con            | npounaea by the       | 0.00                             | 59.00            |
| 60.00            | Lesser of lines 53/54 or 55 from prior year  |                             |                        |                          |                       | 0. 00                            | l                |
| 61. 00           | If line 53/54 is less than the lower of line which operating costs (line 53) are less than   |                             |                        |                          |                       | 0                                | 61.00            |
|                  | amount (line 56), otherwise enter zero (see  |                             | (                      | ,,                       | J g                   |                                  |                  |
| 62. 00<br>63. 00 | Relief payment (see instructions) Allowable Inpatient cost plus incentive paym   | ent (see instruc            | tions)                 |                          |                       | 0                                |                  |
| 03. 00           | PROGRAM INPATIENT ROUTINE SWING BED COST   | sit (see mistrue            | trons)                 |                          |                       | 0                                | 05.00            |
| 64. 00           | Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)  | ts through Decem            | ber 31 of the          | cost reportir            | ng period (See        | 0                                | 64.00            |
| 65. 00           | Medicare swing-bed SNF inpatient routine cos   | ts after Decembe            | r 31 of the co         | st reporting             | period (See           | 0                                | 65. 00           |
| 44 00            | instructions)(title XVIII only)  | no costs (lino 4            | 4 plus lipo 45         | 5) (+; +l o V/IIII       | only) For             | 0                                | 66. 00           |
| 00.00            | Total Medicare swing-bed SNF inpatient routil CAH (see instructions)   | ie costs (Title 6           | 4 prus rine os         | o)(title xviii           | only). For            | U                                | 00.00            |
| 67. 00           |  | e costs through             | December 31 of         | the cost rep             | oorting period        | 0                                | 67. 00           |
| 68. 00           | (line 12 x line 19)<br>Title V or XIX swing-bed NF inpatient routing   | e costs after De            | cember 31 of t         | he cost repor            | ting period           | 0                                | 68. 00           |
| (0.00            | (line 13 x line 20)  | couting goots (I            | ino (7 . lino          | (0)                      |                       | 0                                | (0.00            |
| 69. 00           | Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER NU  |                             |                        |                          |                       | 0                                | 69.00            |
| 70.00            | Skilled nursing facility/other nursing facil   | ty/ICF/IID rout             | ine service co         | st (line 37)             |                       |                                  | 70.00            |
| 71. 00<br>72. 00 | Adjusted general inpatient routine service of Program routine service cost (line 9 x line  |                             | ne 70 ÷ line 2         | 2)                       |                       |                                  | 71. 00<br>72. 00 |
| 73. 00           | Medically necessary private room cost applications   | •                           | (line 14 x lir         | ne 35)                   |                       |                                  | 73.00            |
| 74. 00           | Total Program general inpatient routine serv   | ce costs (line              | 72 + line 73)          |                          |                       |                                  | 74.00            |
| 75. 00           | Capital-related cost allocated to inpatient 26, line 45)   | routine service             | costs (from Wo         | orksheet B, Pa           | art II, column        |                                  | 75. 00           |
| 76. 00           | Per diem capital-related costs (line 75 ÷ li   | ne 2)                       |                        |                          |                       |                                  | 76. 00           |
| 77.00            | Program capital -related costs (line 9 x line  |                             |                        |                          |                       |                                  | 77.00            |
| 78. 00<br>79. 00 | Inpatient routine service cost (line 74 minus<br>Aggregate charges to beneficiaries for excess   |                             | ovi der records        | s)                       |                       |                                  | 78. 00<br>79. 00 |
| 80. 00           | Total Program routine service costs for compa  | arison to the co            |                        |                          | us line 79)           |                                  | 80.00            |
| 81.00            | 1 .  |                             |                        |                          |                       |                                  | 81. 00<br>82. 00 |
| 82. 00<br>83. 00 | Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (  |                             | )                      |                          |                       |                                  | 83.00            |
| 84. 00           | Program inpatient ancillary services (see in   | structions)                 |                        |                          |                       |                                  | 84.00            |
|                  | Utilization review - physician compensation<br>Total Program inpatient operating costs (sum  |                             |                        |                          |                       |                                  | 85. 00<br>86. 00 |
| 85.00            | Total Frogram impatrent operating costs (Sum   |                             | ough 00)               |                          |                       |                                  | 1 00.00          |
|                  | PART IV - COMPUTATION OF OBSERVATION BED PASS  | THROUGH COST                |                        |                          |                       |                                  |                  |
|                  | PART IV - COMPUTATION OF OBSERVATION BED PASS<br>Total observation bed days (see instructions<br>Adjusted general inpatient routine cost per | )                           | 11 0                   |                          |                       | 531<br>709. 55                   | 87.00            |

| Health Financial Systems                      | LUTHERAN HOSPITAL OF INDIANA |                |            | In Lieu of Form CMS-2552-10      |                                  |                 |  |
|---|------------------------------|----------------|------------|----------------------------------|----------------------------------|-----------------|--|
| COMPUTATION OF INPATIENT OPERATING COST       |                              | Provi der CC   |            | Peri od:                         | Worksheet D-1                    |                 |  |
|   |                              |                |            | From 07/01/2016<br>To 06/30/2017 | Date/Time Prep<br>11/30/2017 5:0 | pared:<br>03 pm |  |
|   |                              | Ti tl          | 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                   | 5, 240, 491                  | 46, 406, 981   | 0. 11292   | 5 376, 771                       | 42, 547                          | 90.00           |  |
| 91.00 Nursing School cost                     | 0                            | 46, 406, 981   | 0.00000    | 0 376, 771                       | 0                                | 91.00           |  |
| 92.00 Allied health cost                      | 360, 909                     | 46, 406, 981   | 0.00777    | 7 376, 771                       | 2, 930                           | 92.00           |  |
| 93.00 All other Medical Education             | 0                            | 46, 406, 981   | 0. 00000   | 0 376, 771                       | 0                                | 93. 00          |  |

| Health Financial Systems LUTHERAN INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | HOSPITAL OF INDIANA Provider CC | N: 15-0017           | Peri od:         | eu of Form CMS-2552-1<br>Worksheet D-3 |         |
|--|---------------------------------|----------------------|------------------|--|---------|
| THE ATTENT AND LEARLY SERVICE GOST ATTORT ON MENT                                | Trovider co                     | 10. 15 0017          | From 07/01/2016  |  |         |
|  |                                 |                      | To 06/30/2017    | Date/Time Pre 11/30/2017 5:            |         |
|  | Title                           | XVIII                | Hospi tal        | PPS                                    | US PIII |
| Cost Center Description  |                                 | 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                                       |                                 |                      |                  |  |         |
| 30. 00   03000   ADULTS & PEDI ATRI CS   |                                 |                      | 37, 168, 977     |  | 30.00   |
| 31. 00   03100   I NTENSI VE CARE UNI T  |                                 |                      | 0                |  | 31.00   |
| 31. 01   02080   PEDIATRIC INTENSIVE CARE UNIT                                   |                                 |                      | 0                |  | 31. 01  |
| 31. 02 02060 NEONATAL INTENSIVE CARE UNIT  |                                 |                      | 0                |  | 31.02   |
| 31. 03   03101   CARDIO INTENSIVE CARE UNIT                                      |                                 |                      | 26, 376, 675     |  | 31.03   |
| 32. 00   03200   CORONARY CARE UNI T   |                                 |                      | 10, 505, 010     |  | 32.00   |
| 40. 00   04000   SUBPROVI DER - I PF   |                                 |                      | 0                |  | 40.00   |
| 43. 00 04300 NURSERY   |                                 |                      |                  |  | 43.00   |
| ANCILLARY SERVICE COST CENTERS  50. 00 OPERATING ROOM                            |                                 | 0. 08588             | 81, 458, 320     | 6, 995, 803                            | 50. 00  |
|  |                                 |                      |                  |  |         |
|  |                                 | 0.00000              |                  | 0<br>6, 693                            |         |
| 52. 00   05200   DELI VERY ROOM & LABOR ROOM<br>53. 00   05300   ANESTHESI OLOGY |                                 | 0. 29769<br>0. 01339 |                  | 131, 621                               |         |
| 54. 00   05400   RADI OLOGY - DI AGNOSTI C                                       |                                 | 0. 12351             |                  | 1, 989, 435                            |         |
| 54. 01   05401 PET SCAN  |                                 | 0. 06106             |                  | 3, 115                                 |         |
| 56. 00   05600 RADI OI SOTOPE  |                                 | 0. 07106             | · ·              | 185, 464                               |         |
| 57. 00 05700 CT SCAN   |                                 | 0. 02818             |                  | 411, 601                               |         |
| 58. 00   05800   MRI   |                                 | 0. 00000             |                  | 0                                      |         |
| 60. 00   06000   LABORATORY  |                                 | 0. 10542             |                  | 4, 720, 246                            |         |
| 65. 00 06500 RESPI RATORY THERAPY  |                                 | 0. 11868             |                  |  |         |
| 66. 00 06600 PHYSI CAL THERAPY   |                                 | 0. 27896             |                  |  |         |
| 67. 00 06700 OCCUPATI ONAL THERAPY   |                                 | 0. 03401             |                  | 0                                      | 1       |
| 68. 00 06800 SPEECH PATHOLOGY  |                                 | 0. 03190             |                  | Ō                                      |         |
| 69. 00 06900 ELECTROCARDI OLOGY  |                                 | 0. 06973             |                  | 920, 257                               |         |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  |                                 | 0. 29362             |                  | 96, 966                                | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                  |                                 | 0. 10314             | 41, 854, 234     | 4, 317, 097                            | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                                       |                                 | 0. 19105             | 48, 258, 188     | 9, 220, 113                            | 72.00   |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   |                                 | 0. 10799             | 99 100, 365, 665 | 10, 839, 391                           | 73.00   |
| 74.00 07400 RENAL DIALYSIS   |                                 | 0. 33382             | 5, 992, 758      | 2, 000, 556                            | 74.00   |
| 76. 00 03140 CARDI O CATH LAB  |                                 | 0. 05914             | 16, 600, 287     | 981, 874                               | 76.00   |
| 76. 01 03050 ENDOSCOPY   |                                 | 0. 14019             | 3, 859, 370      | 541, 076                               | 76. 01  |
| 76. 02 03950 CARDI AC REHAB  |                                 | 0. 20883             | 910, 629         | 190, 174                               | 76. 02  |
| OUTPATIENT SERVICE COST CENTERS  |                                 |                      |                  |  | 1       |
| 90. 00   09000   CLI NI C  |                                 | 1. 95875             |                  |  |         |
| 91. 00   09100   EMERGENCY   |                                 | 0. 10675             |                  | 1, 542, 997                            |         |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART                                 |                                 | 0. 02047             | 1, 798, 382      | 36, 827                                | 92. 00  |
| OTHER REI MBURSABLE COST CENTERS   |                                 |                      |                  |  |         |
| 95. 00 09500 AMBULANCE SERVI CES   | I                               |                      |                  |  | 95.00   |

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95. 00 | 09500 | AMBULANCE SERVI CES 96. 00 | 09600 | DURABLE MEDI CAL EQUI P-RENTED

200.00

201.00

202.00

Total (sum of lines 50 through 94 and 96 through 98)
Less PBP Clinic Laboratory Services-Program only charges (line 61)
Net charges (line 200 minus line 201)

| Health Financial Systems  | LUTHERAN HOSPITAL OF INDIANA |                     |   | u of Form CMS-2                 |                |
|---|------------------------------|---------------------|---|---------------------------------|----------------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMEN                               | T Provi der                  | CCN: 15-0017        | Period:<br>From 07/01/2016<br>To 06/30/2017 | Date/Time Pre                   | pared:         |
|   | Tia                          | le XIX              | Hospi tal                                   | 11/30/2017 5:<br>PPS            | 03 pm          |
| Cost Center Description   | 111                          | Ratio of Cos        |   | Inpati ent                      |                |
| cost center bescription   |                              | To Charges          | Program<br>Charges                          | Program Costs (col. 1 x col. 2) |                |
|   |                              | 1. 00               | 2. 00                                       | 3. 00                           |                |
| INPATIENT ROUTINE SERVICE COST CENTERS                                      |                              |                     |   |                                 |                |
| 30. 00   03000   ADULTS & PEDI ATRI CS                                      |                              |                     | 2, 009, 237                                 |                                 | 30.00          |
| 31. 00 03100 I NTENSI VE CARE UNI T   |                              |                     | 0   |                                 | 31.00          |
| 31. 01   02080   PEDIATRIC INTENSIVE CARE UNIT                              |                              |                     | 467, 798                                    |                                 | 31. 0          |
| 31.02 02060 NEONATAL INTENSIVE CARE UNIT                                    |                              |                     | 1, 453, 611                                 |                                 | 31. 0          |
| 31.03 03101 CARDIO INTENSIVE CARE UNIT                                      |                              |                     | 1, 834, 838                                 |                                 | 31.0           |
| 32. 00 03200 CORONARY CARE UNIT   |                              |                     | 457, 835                                    |                                 | 32. 0          |
| 40. 00   04000   SUBPROVI DER -   I PF                                      |                              |                     | 0   |                                 | 40.0           |
| 43. 00 04300 NURSERY  |                              |                     | 138, 376                                    |                                 | 43.0           |
| ANCILLARY SERVICE COST CENTERS  |                              | 0.0050              | 1 4 4 5 7 4 0 1                             | 202 017                         |                |
| 50. 00 05000 OPERATING ROOM   |                              | 0. 08588            |   | 382, 817                        | 50.0           |
| 51.00   05100   RECOVERY ROOM<br>52.00   05200   DELIVERY ROOM & LABOR ROOM |                              | 0. 00000<br>0. 2976 |   | 124 704                         | 51. 0<br>52. 0 |
| 53.00   05300   ANESTHESI OLOGY   |                              | 0. 2976             |   | 126, 784<br>7, 425              |                |
| 54. 00   05400 RADI OLOGY-DI AGNOSTI C                                      |                              | 0. 01335            |   |                                 | 54.0           |
| 54. 01   05401   PET   SCAN   |                              | 0. 1233             |   | 120, 247                        | 1              |
| 56. 00   05600   RADI OI SOTOPE   |                              | 0.00100             |   | 6, 463                          |                |
| 57. 00 05700 CT SCAN  |                              | 0. 02818            |   |                                 |                |
| 58. 00 05800 MRI  |                              | 0.00000             |   | 20, 330                         | 1              |
| 60. 00 06000 LABORATORY   |                              | 0. 10542            |   | 302, 512                        | 60.0           |
| 65. 00 06500 RESPIRATORY THERAPY  |                              | 0. 11868            |   |                                 |                |
| 66. 00   06600 PHYSI CAL THERAPY  |                              | 0. 27896            |   | 87, 545                         | 1              |
| 67. 00 06700 OCCUPATI ONAL THERAPY  |                              | 0. 0340             |   | 0,,010                          | 1              |
| 68. 00 06800 SPEECH PATHOLOGY   |                              | 0. 03190            |   | 0                               | 68. 0          |
| 69. 00 06900 ELECTROCARDI OLOGY   |                              | 0. 06973            |   |                                 | 1              |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   |                              | 0. 29362            |   |                                 | 1              |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIE                               | ENT                          | 0. 10314            |   | 198, 135                        | 1              |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                                  |                              | 0. 1910             |   |                                 | 1              |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                                       |                              | 0. 10799            |   |                                 |                |
| 74. 00   07400 RENAL DIALYSIS   |                              | 0. 33382            |   |                                 | 1              |
| 76.00 03140 CARDIO CATH LAB   |                              | 0. 05914            | 157, 968                                    | 9, 343                          | 76.0           |
| 76. 01 03050 ENDOSCOPY  |                              | 0. 14019            | 133, 504                                    | 18, 717                         | 76.0           |
| 76. 02 03950 CARDI AC REHAB   |                              | 0. 20883            | 19, 406                                     | 4, 053                          | 76. 02         |
| OUTPATIENT SERVICE COST CENTERS   |                              |                     |   |                                 |                |
| 00 00 00000 CLINIC  |                              | 1 05070             | 1 504                                       | 2 122                           | 1 იი ი         |

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09000 CLI NI C

09100 EMERGENCY

95. 00 09500 AMBULANCE SERVICES

09200 OBSERVATION BEDS (NON-DISTINCT PART

Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61) Net charges (line 200 minus line 201)

OTHER REIMBURSABLE COST CENTERS

96. 00 09600 DURABLE MEDICAL EQUIP-RENTED

|                  |   | LUTHERAN HOSPIT  |                             | ON. 15 0017                             | In Lie<br>Period:    | eu of Form CMS-2                 |                  |
|------------------|---|------------------|-----------------------------|---|----------------------|----------------------------------|------------------|
|                  | ATION OF ORGAN ACQUISITION COSTS AND CHARGES ARE CERTIFIED TRANSPLANT CENTERS | FUR HUSPITALS    | Provi der Co                |   | From 07/01/2016      |                                  |                  |
|                  |   |                  | Component                   | JCN:                                    | To 06/30/2017        | Date/Time Prep<br>11/30/2017 5:0 |                  |
|                  |   |                  |                             | dney                                    | Hospi tal            | PPS                              |                  |
|                  | Cost Center Description   | Worksheet D-1    | Professional Control        | Per Diem Cost                           | . 3                  | Cost (col. 2 x                   |                  |
|                  |   | Line Numbers     | Routine Organ<br>Charges    | (from Wkst.<br>D-1, Part II             | Acquisition          | col . 3)                         |                  |
|                  |   | 0                | 1. 00                       | 2.00                                    | 3. 00                | 4. 00                            |                  |
|                  | PART I - COMPUTATION OF ORGAN ACQUISITION COS                                 |                  |                             | CILLARY SERVI                           | CES)                 |                                  |                  |
|                  | Computation of Inpatient Routine Service Cos                                  | sts Applicable   | to Organ Acqui              | sition                                  |                      |                                  |                  |
| 1.00             | ADULTS & PEDI ATRI CS   | 38. 00           | 1                           |   |                      |                                  |                  |
| 2.00             | INTENSIVE CARE UNIT   | 43.00            | l                           |   |                      |                                  | 2.00             |
| 2. 01<br>2. 02   | PEDIATRIC INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT                    | 43. 01<br>43. 02 | 0                           | _,                                      |                      | 2, 216                           | 2. 01<br>2. 02   |
| 2. 02            | CARDIO INTENSIVE CARE UNIT  | 43. 02           | 1                           | .,                                      |                      | 21, 778                          | 2. 02            |
| 3.00             | CORONARY CARE UNIT  | 44. 00           | 1                           |   |                      |                                  | 3. 00            |
| 4.00             | BURN INTENSIVE CARE UNIT  | 45. 00           | ł                           | 0.0                                     |                      | 0                                | 4. 00            |
| 5.00             | SURGICAL INTENSIVE CARE UNIT  | 46. 00           | 0                           | 0.0                                     | 00                   | 0                                | 5. 00            |
| 6.00             | OTHER SPECIAL CARE (SPECIFY)  | 47. 00           | ł                           | 0.0                                     |                      | - 1                              | 6. 00            |
| 7. 00            | TOTAL (sum of lines 1-6)  |                  | 67, 606                     |   | 18                   |                                  | 7. 00            |
|                  | Cost Center Description   |                  | Worksheet C<br>Line Numbers | Ratio of<br>Cost/Charges                | Organ<br>Acquisition | Organ<br>Acqui si ti on          |                  |
|                  |   |                  | Little Numbers              | (from Wkst. (                           |                      | Ancillary                        |                  |
|                  |   |                  |                             | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Charges              | Costs                            |                  |
|                  |   |                  | 0                           | 1.00                                    | 2. 00                | 3.00                             |                  |
|                  | Computation of Ancillary Service Cost Applica                                 | able to Organ A  |                             |   |                      |                                  |                  |
| 8.00             | OPERATING ROOM  |                  | 50.00                       |   |                      |                                  | 8. 00            |
| 9.00             | RECOVERY ROOM   |                  | 51.00                       |   |                      |                                  | 9.00             |
| 10. 00<br>11. 00 | DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY                                     |                  | 52. 00<br>53. 00            |   |                      |                                  | 10. 00<br>11. 00 |
| 12. 00           | RADI OLOGY-DI AGNOSTI C   |                  | 54.00                       | 0. 12351                                |                      | 38, 818                          | 1                |
| 12. 01           | PET SCAN  |                  | 54. 01                      | 0. 06106                                |                      |                                  | 12. 01           |
| 13.00            | RADI OLOGY-THERAPEUTI C   |                  | 55.00                       | 0. 00000                                | 00                   | 0                                | 13. 00           |
| 14. 00           | RADI OI SOTOPE  |                  | 56. 00                      |   |                      |                                  | 14. 00           |
| 15. 00           | CT SCAN   |                  | 57. 00                      |   |                      |                                  | 1                |
| 16. 00           | MRI   |                  | 58.00                       |   |                      |                                  | 16.00            |
| 17. 00<br>18. 00 | CARDI AC CATHETERI ZATI ON<br>LABORATORY                                      |                  | 59. 00<br>60. 00            | 0. 00000<br>0. 10542                    |                      | 0<br>165, 211                    | 17. 00<br>18. 00 |
| 19. 00           | PBP CLINICAL LAB SERVICES-PRGM ONLY   |                  | 61.00                       |   |                      | 103, 211                         | 19. 00           |
| 20. 00           | WHOLE BLOOD & PACKED RED BLOOD CELLS  |                  | 62.00                       | 0. 00000                                |                      | 0                                | 20.00            |
| 21. 00           | BLOOD STORING, PROCESSING & TRANS.  |                  | 63.00                       |   |                      | 0                                | 21.00            |
| 22. 00           | INTRAVENOUS THERAPY   |                  | 64. 00                      | 0. 00000                                | 00                   | 0                                | 22. 00           |
| 23.00            | RESPI RATORY THERAPY  |                  | 65. 00                      |   |                      | 18, 828                          | 1                |
| 24. 00           | PHYSI CAL THERAPY   |                  | 66.00                       |   |                      | 0                                | 24. 00           |
| 25. 00<br>26. 00 | OCCUPATIONAL THERAPY SPEECH PATHOLOGY   |                  | 67. 00<br>68. 00            |   |                      | 0                                | 25. 00<br>26. 00 |
| 27. 00           | ELECTROCARDI OLOGY  |                  | 69.00                       | 0.03190                                 |                      | 36, 161                          | 27. 00           |
|                  | ELECTROENCEPHALOGRAPHY  |                  | 70.00                       |   |                      | 0                                | 1                |
|                  | MEDICAL SUPPLIES CHARGED TO PATIENT   |                  | 71. 00                      |   |                      | 51, 868                          | 1                |
|                  |   |                  | 72. 00                      | 0. 19105                                |                      | 2, 161                           | 30. 00           |
| 31. 00           | DRUGS CHARGED TO PATIENTS   |                  | 73. 00                      |   |                      | 56, 415                          | 1                |
| 32. 00           | RENAL DI ALYSI S  |                  | 74. 00                      |   |                      | - 1                              |                  |
| 33. 00           | ASC (NON-DISTINCT PART)   |                  | 75.00                       |   |                      | 0                                | 1                |
| 34. 00<br>34. 01 | CARDIO CATH LAB<br>ENDOSCOPY  |                  | 76. 00<br>76. 01            |   |                      | 602<br>4, 038                    | 34. 00<br>34. 01 |
| 34. 01           | CARDI AC REHAB  |                  | 76.01                       | •                                       |                      | 4, 036                           | 34. 01           |
| 35. 00           | RURAL HEALTH CLINIC   |                  | 88. 00                      |   |                      | Ö                                | 35. 00           |
| 36. 00           | FEDERALLY QUALIFIED HEALTH CENTER   |                  | 89. 00                      |   |                      | 0                                | 36. 00           |
|                  | CLINIC  |                  | 90. 00                      | 1. 95875                                | 115, 816             | 226, 856                         | 1                |
| 38. 00           | EMERGENCY   |                  | 91.00                       |   |                      | 127                              | 38. 00           |
| 39. 00           | OBSERVATION BEDS (NON-DISTINCT PART   |                  | 92.00                       | 0. 02047                                | -4, 604              | -94                              | l                |
|                  | OTHER OUTPATIENT SERVICE COST CENTER TOTAL (sum of lines 8-40)                |                  |                             |   | 7, 066, 148          | 809, 763                         | 40.00            |
| 71.00            | 1011/2 (30111 01 111103 0 40)   |                  | I                           | I                                       | 7,000,140            | 1 007, 703                       | 1 71.00          |

<sup>(1)</sup> Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

| Heal th  | Financial Systems LUTHERAN HOSPI  | TAL OF INDIANA  |  | In Lie  | u of Form CMS-2                               | 2552-10  |
|--|---|---|--|---|---|--|
| COMPUT   | ATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS  | Provi der C   |  | eri od:   | Worksheet D-4                                 |  |
| WHI CH   | ARE CERTIFIED TRANSPLANT CENTERS  | Component   |  | rom 07/01/2016<br>o 06/30/2017  | Date/Time Pre                                 | pared:   |
|  |   | ·   |  |   | 11/30/2017 5:                                 |  |
|  | Cost Center Description   | Worksheet D-2,  | dney Average Cost  | Hospi tal<br>Organ  | PPS<br>Organ                                  |  |
|  | oost contor bescription   | Part I Line   | Per Day (from  | Acqui si ti on  | Acqui si ti on                                |  |
|  |   | Numbers   | Wkst. D-2,   |   | Costs (col. 1                                 |  |
|  |   |   | Part I, col.<br>4)   |   | x col. 2)                                     |  |
|  |   | 0   | 1.00   | 2. 00   | 3. 00   |  |
|  | PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THA   |   |  |   |   |  |
| 42. 00   | Computation of the Cost of Inpatient Services of Interns an ADULTS & PEDIATRICS   | nd Residents No   |  |   | am<br>O                                       | 42. 00   |
| 43. 00   | INTENSIVE CARE UNIT   | 3.00  | 1  |   | 0   | 43. 00   |
| 43. 01   | PEDIATRIC INTENSIVE CARE UNIT   | 3. 01   | 1  | 1   | 0   | 43. 01   |
| 43. 02   | NEONATAL INTENSIVE CARE UNIT  | 3. 02   |  |   | 0   | 43. 02   |
| 43. 03<br>44. 00   | CARDIO INTENSIVE CARE UNIT CORONARY CARE UNIT   | 3. 03<br>4. 00  | l .  |   | 0   | 43. 03<br>44. 00   |
| 45. 00   | BURN INTENSIVE CARE UNIT  | 5.00  | l .  |   | 0   | 45. 00   |
| 46. 00   | SURGICAL INTENSIVE CARE UNIT  | 6.00  | 0.00   | 0   | 0   | 46.00  |
| 47. 00   | OTHER SPECIAL CARE (SPECIFY)  | 7.00  | 0.00   |   | 0   | 47. 00   |
| 48. 00   | TOTAL (sum of lines 42 through 47)  Cost Center Description   | Worksheet D-2   | Organ Charges  | Ratio of Cost   | 0<br>Organ                                    | 48. 00   |
|  | South South Person  | Part I Line   | (see   | To Charges  | Acqui si ti on                                |  |
|  |   | Numbers   | instructions)  | from Wkst.  | Costs (col. 1                                 |  |
|  |   |   |  | D-2, Part I,<br>col. 4  | x col. 2)                                     |  |
|  |   | 0   | 1.00   | 2. 00   | 3. 00   |  |
| -  | Computation of the Cost of Outpatient Services of Interns a   | 1   |  |   |   |  |
| 49. 00<br>50. 00   | RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER   | 21. 00<br>22. 00  | 1  |   | 0   | 49. 00<br>50. 00   |
| 51. 00   | CLINIC  | 23.00   | l .  |   | 0   | 51. 00   |
| 52. 00   | EMERGENCY   | 24.00   | 1  |   | 0   | 52.00  |
| 53.00  | OBSERVATION BEDS (NON-DISTINCT PART   | 25. 00  |  |   | 0   | 53.00  |
| 54. 00<br>55. 00   | OTHER OUTPATIENT SERVICE COST CENTER TOTAL (sum of lines 49 through 52)   | 26.00   | 112, 403   | 0. 000000   | 0   | 54. 00<br>55. 00   |
| 00.00  | TOTAL (Sam of Times 17 through 52)  |   | 112, 100   |   | 0   | 00.00  |
|  |   | Co  | st   | Chai  | rges  |  |
|  | Cost Center Description   | Part A  | Part B   | Part A  | Part B  |  |
|  | ·   |   |  |   |   |  |
| 56. 00   | Cost Center Description  PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I  | Part A  | Part B<br>2.00   | Part A  | Part B  | 56. 00   |
| 57. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient)   | Part A<br>1.00  | Part B 2.00  | Part A<br>3.00<br>7,133,754<br>0  | Part B  | 57.00  |
| 57. 00<br>58. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient)  | Part A<br>1.00<br>833,757   | Part B<br>2.00   | Part A<br>3.00<br>7,133,754<br>0  | Part B  | 57. 00<br>58. 00   |
| 57. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions)  | Part A<br>1.00  | Part B 2.00  | Part A<br>3.00<br>7,133,754<br>0  | Part B  | 57.00  |
| 57. 00<br>58. 00<br>59. 00<br>60. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions)   | Part A<br>1.00<br>833,757<br>0<br>0<br>1,632,309                            | Part B 2.00  | Part A 3.00  7,133,754 0 0 1,633,376 0  | Part B  | 57. 00<br>58. 00<br>59. 00<br>60. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60)   | Part A<br>1.00<br>833,757<br>0<br>0<br>1,632,309                            | Part B 2.00  | Part A 3.00  7,133,754 0 0 1,633,376 0 8,767,130  | Part B  | 57. 00<br>58. 00<br>59. 00<br>60. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions)  | Part A<br>1.00<br>833,757<br>0<br>0<br>1,632,309                            | Part B 2.00  | Part A 3.00  7,133,754 0 1,633,376 0 8,767,130  | Part B  | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions)   | Part A<br>1.00<br>833,757<br>0<br>0<br>1,632,309                            | Part B 2.00  | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  | Part B  | 57. 00<br>58. 00<br>59. 00<br>60. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)  | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066                              | Part B<br>2.00   | Part A 3.00  7, 133, 754 0 1, 633, 376 0 8, 767, 130  | Part B  | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions)  | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066                              | Part B<br>2.00   | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  | Part B  | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)  | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066                              | Part B<br>2.00   | Part A 3.00  7, 133, 754 0 1, 633, 376 0 8, 767, 130  | Part B  | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B<br>2.00   | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  7, 278, 375 0 7, 278, 375 0   | Part B<br>4.00                                | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions)  | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  7, 278, 375 0 7, 278, 375 0 7, 278, 375   | Part B<br>4.00                                | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B<br>2.00   | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  7, 278, 375 0 7, 278, 375 0 7, 278, 375   | Part B<br>4.00                                | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  7, 278, 375 0 7, 278, 375 0 7, 278, 375 Cadaveri c 2.00   | Part B 4.00  0 0 Revenue                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1)  | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  C Li vi ng Rel ated 1.00  | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  7, 278, 375 0 7, 278, 375 0 7, 278, 375 Cadaveri c 2.00   | Part B 4.00  0 0 Revenue                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2)   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  7, 278, 375 0 7, 278, 375 0 7, 278, 375 Cadaveri c 2.00   | Part B 4.00  0 0 Revenue                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs  | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  C Li vi ng Rel ated 1.00  | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  7, 278, 375 0 7, 278, 375 0 7, 278, 375 Cadaveri c 2.00  33 0 0 12  | Part B 4.00  0 0 Revenue                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from Non-Transplant Hospitals Organs Purchased from OPOs Total (sum of lines 70 through 73)   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  CC Li vi ng Rel ated 1.00  88 CC CC 88                          | Part A 3.00  7,133,754 0 1,633,376 0 8,767,130  7,278,375 0 7,278,375 Cadaveric 2.00  33 0 12 45  | Part B 4.00  0 0 Revenue 3.00                 | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from Non-Transplant Hospitals Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  Co Li vi ng Rel ated 1.00  8 00 00 00 88 00 00 00 88 00 00 00 0 | Part A 3.00  7,133,754 0 0 1,633,376 0 8,767,130  7,278,375 0 7,278,375 Cadaveric 2.00  33 0 12 45  | Part B 4.00  0 0 Revenue 3.00                 | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from Non-Transplant Hospitals Organs Purchased from OPOs Total (sum of lines 70 through 73)   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  CC Li vi ng Rel ated 1.00  88 CC CC 88                          | Part A 3.00  7,133,754 0 0 1,633,376 0 8,767,130  7,278,375 0 7,278,375 Cadaveric 2.00  33 0 12 45  | Part B 4.00  0 0 Revenue 3.00                 | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>77. 00<br>78. 00                               | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  Co Li vi ng Rel ated 1.00  8 00 00 00 88 00 00 00 88 00 00 00 0 | Part A 3.00  7,133,754 0 0 1,633,376 0 8,767,130  7,278,375 0 7,278,375 Cadaveric 2.00  33 0 0 12 45 0 0 0  | Part B 4.00  0 0 Revenue 3.00  171, 422 0     | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>79. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals  | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  Co Li vi ng Rel ated 1.00  8 00 00 00 88 00 00 00 88 00 00 00 0 | Part A 3.00  7,133,754 0 0 1,633,376 0 8,767,130  7,278,375 0 7,278,375 Cadaveric 2.00  33 0 0 12 45 0 0 0  | Part B 4.00  0 Revenue 3.00  171, 422 0 0     | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals Organs Sold to Transplant Hospitals Organs Sold to Transplant Hospitals   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  Co Li vi ng Rel ated 1.00  8 00 00 00 88 00 00 00 88 00 00 00 0 | Part A 3.00  7,133,754 0 0 1,633,376 0 8,767,130  7,278,375 0 7,278,375 Cadaveric 2.00  33 0 0 12 45 0 0 0  | Part B 4.00  0 0 Revenue 3.00  171, 422 0     | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00           |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>79. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals  | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  Co Li vi ng Rel ated 1.00  8 00 00 00 88 00 00 00 88 00 00 00 0 | Part A 3.00  7,133,754 0 1,633,376 0 8,767,130  7,278,375 0 7,278,375 Cadaveric 2.00  33 0 0 12 45 0 0 0 33 0 0 0 0 0 0 0 0 0 0                                   | Part B 4.00  0 Revenue 3.00  171, 422 0 0     | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00<br>81. 00<br>82. 00<br>83. 00 | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals Organs Sold to Transplant Hospitals Organs Sold to Transplant Hospitals Organs Sold to Military or VA Hospitals Organs Sold Outside the U.S. Organs Used for Research Unusable/Discarded Organs   | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  Li vi ng Rel ated 1.00  8 00 00 00 00 00 00 00 00 00 00 00 0    | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  7, 278, 375 0 7, 278, 375 0 7, 278, 375 Cadaveric 2.00  33 0 0 12 45 0 0 33 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Part B 4.00  0 0 Revenue 3.00  171, 422 0 0 0 | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00<br>81. 00<br>82. 00<br>83. 00 |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00<br>81. 00<br>82. 00<br>83. 00 | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals Organs Sold to Military or VA Hospitals Organs Sold to Military or VA Hospitals Organs Sond Outside the U.S. Organs Sent Outside the U.S. (no revenue received) Organs Used for Research | Part A 1.00  833,757 0 0 1,632,309 0 2,466,066  2,047,301 171,422 1,875,879 | Part B 2.00  53 44 0.830189  Li vi ng Rel ated 1.00  8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0     | Part A 3.00  7, 133, 754 0 0 1, 633, 376 0 8, 767, 130  7, 278, 375 0 7, 278, 375 0 7, 278, 375 Cadaveric 2.00  33 0 0 12 45 0 0 33 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Part B 4.00  0 0 Revenue 3.00  171, 422 0 0 0 | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00<br>81. 00<br>82. 00 |

<sup>(1)</sup> Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

|                  | Financial Systems I ATION OF ORGAN ACQUISITION COSTS AND CHARGES        | LUTHERAN HOSPIT               |                            | CN. 1F 0017                  | <u> </u>                         | wof Form CMS-2<br>Worksheet D-4 |                  |
|------------------|---|-------------------------------|----------------------------|------------------------------|----------------------------------|---------------------------------|------------------|
|                  | ARE CERTIFIED TRANSPLANT CENTERS  | FUR HUSPITALS                 | Provider Component         |                              | From 07/01/2016<br>To 06/30/2017 |                                 |                  |
|                  |   |                               | Component                  | CCN.                         |                                  | 11/30/2017 5:                   | 03 pm            |
|                  |   | I                             |                            | art                          | Hospi tal                        | PPS                             |                  |
|                  | Cost Center Description   | Worksheet D-1<br>Line Numbers | Inpatient<br>Routine Organ | Per Diem Cost<br>(from Wkst. | s Organ<br>Acquisition           | Cost (col. 2 x col. 3)          |                  |
|                  |   | Little Nullibers              | Charges                    | D-1, Part II                 |                                  | ( (01 . 3)                      |                  |
|                  |   | 0                             | 1. 00                      | 2.00                         | 3. 00                            | 4. 00                           |                  |
|                  | PART I - COMPUTATION OF ORGAN ACQUISITION COS                           |                               |                            |                              | CES)                             |                                 |                  |
| 1 00             | Computation of Inpatient Routine Service Cos                            |                               |                            |                              | F 0                              |                                 | 1 00             |
| 1. 00<br>2. 00   | ADULTS & PEDIATRICS INTENSIVE CARE UNIT                                 | 38. 00<br>43. 00              |                            | 709. 5<br>0. 0               |                                  | · -                             | 1. 00<br>2. 00   |
| 2.00             | PEDIATRIC INTENSIVE CARE UNIT   | 43. 00                        |                            |                              |                                  |                                 | 2. 00            |
| 2. 02            | NEONATAL INTENSIVE CARE UNIT  | 43. 02                        | 1                          | _,                           |                                  | 1                               | 2. 02            |
| 2.03             | CARDIO INTENSIVE CARE UNIT  | 43. 03                        | 1, 715                     |                              |                                  | 10, 249                         | 2. 03            |
| 3.00             | CORONARY CARE UNIT  | 44. 00                        |                            |                              |                                  | 1                               | 3. 00            |
| 4.00             | BURN INTENSIVE CARE UNIT  | 45. 00                        |                            | 0. 0                         |                                  | 0                               | 4. 00            |
| 5.00             | SURGICAL INTENSIVE CARE UNIT  | 46.00                         | ł .                        | 0.0                          |                                  | 0                               | 5. 00            |
| 6. 00<br>7. 00   | OTHER SPECIAL CARE (SPECIFY) TOTAL (sum of lines 1-6)                   | 47. 00                        | 0<br>1, 715                | 0.0                          | 0                                | 0<br>10, 249                    | 6. 00<br>7. 00   |
| 7.00             | Cost Center Description   |                               | Worksheet C                | Ratio of                     | 0rgan                            | 0rgan                           | 7.00             |
|                  |   |                               | Line Numbers               | Cost/Charges                 |                                  | Acqui si ti on                  |                  |
|                  |   |                               |                            | (from Wkst. C                | ,                                | Ancillary                       |                  |
|                  |   |                               |                            | 4.00                         | Charges                          | Costs                           |                  |
|                  | Computation of Ancillary Service Cost Applica                           | able to Organ A               | 0                          | 1. 00                        | 2. 00                            | 3. 00                           |                  |
| 8. 00            | OPERATING ROOM  | able to organ A               | 50.00                      | 0. 08588                     | 2 155, 360                       | 13, 343                         | 8.00             |
| 9. 00            | RECOVERY ROOM   |                               | 51.00                      |                              | •                                | l                               | 9. 00            |
| 10.00            | DELIVERY ROOM & LABOR ROOM  |                               | 52.00                      |                              |                                  | 0                               | 10. 00           |
| 11. 00           | ANESTHESI OLOGY   |                               | 53. 00                     | 0. 01339                     |                                  | 117                             | 11. 00           |
| 12. 00           | RADI OLOGY-DI AGNOSTI C   |                               | 54.00                      | 0. 12351                     | · ·                              | 1, 219                          | 1                |
| 12. 01           | PET SCAN  |                               | 54.01                      | 0.06106                      |                                  |                                 | 12. 01           |
| 13. 00<br>14. 00 | RADI OLOGY-THERAPEUTI C<br>RADI OI SOTOPE                               |                               | 55. 00<br>56. 00           |                              |                                  | 0<br>36                         | 13. 00<br>14. 00 |
| 15. 00           | CT SCAN   |                               | 57.00                      |                              |                                  |                                 | 15. 00           |
| 16. 00           | MRI   |                               | 58. 00                     |                              |                                  | l                               | 16. 00           |
| 17. 00           | CARDI AC CATHETERI ZATI ON  |                               | 59. 00                     | 0. 00000                     | 0 0                              | 0                               | 17. 00           |
| 18. 00           | LABORATORY  |                               | 60.00                      | 0. 10542                     |                                  | l                               | •                |
| 19. 00           | PBP CLINICAL LAB SERVICES-PRGM ONLY                                     |                               | 61.00                      |                              |                                  | 0                               | 19. 00           |
| 20. 00<br>21. 00 | WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD STORING, PROCESSING & TRANS. |                               | 62. 00<br>63. 00           | 0. 00000<br>0. 00000         |                                  | 0                               | 20. 00<br>21. 00 |
| 21.00            | INTRAVENOUS THERAPY   |                               | 64.00                      |                              |                                  | 0                               | 22.00            |
| 23. 00           | RESPIRATORY THERAPY   |                               | 65.00                      |                              |                                  | 2, 441                          | 23. 00           |
| 24. 00           | PHYSI CAL THERAPY   |                               | 66.00                      | •                            |                                  | 0                               | 24. 00           |
| 25. 00           | OCCUPATI ONAL THERAPY   |                               | 67. 00                     | •                            |                                  | 0                               | 25. 00           |
| 26. 00           | SPEECH PATHOLOGY  |                               | 68. 00                     |                              |                                  | 0                               | 26. 00           |
| 27. 00           | ELECTROCARDI OLOGY  |                               | 69.00                      | 0. 06973<br>0. 29362         |                                  | l                               | 27. 00           |
|                  | ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENT              |                               | 70.00<br>71.00             |                              | -                                | 0<br>793                        |                  |
|                  | IMPL. DEV. CHARGED TO PATIENTS  |                               | 72.00                      | •                            |                                  |                                 | 1                |
| 31. 00           | DRUGS CHARGED TO PATIENTS   |                               | 73. 00                     |                              |                                  | 6, 509                          | 1                |
| 32.00            | RENAL DIALYSIS  |                               | 74.00                      |                              |                                  | 0                               | 32. 00           |
| 33. 00           | ASC (NON-DISTINCT PART)   |                               | 75. 00                     |                              |                                  |                                 | 33. 00           |
| 34. 00           | CARDIO CATH LAB   |                               | 76.00                      |                              |                                  | 0                               | 34.00            |
| 34. 01           | ENDOSCOPY   |                               | 76. 01                     |                              |                                  | · -                             | 34. 01           |
| 34. 02<br>35. 00 | CARDIAC REHAB<br>RURAL HEALTH CLINIC                                    |                               | 76. 02<br>88. 00           | •                            |                                  | · ·                             | 34. 02<br>35. 00 |
| 36. 00           | FEDERALLY QUALIFIED HEALTH CENTER                                       |                               | 89.00                      | •                            |                                  | 0                               | 36.00            |
|                  | CLINIC  |                               | 90.00                      |                              |                                  | 1, 314                          | 1                |
| 38. 00           | EMERGENCY   |                               | 91.00                      |                              |                                  | 0                               | 38. 00           |
| 39. 00           | OBSERVATION BEDS (NON-DISTINCT PART                                     |                               | 92.00                      | 0. 02047                     | -1, 116                          | -23                             | •                |
|                  | OTHER OUTPATIENT SERVICE COST CENTER TOTAL (sum of lines 8-40)          |                               |                            |                              | 270 224                          | 25 400                          | 40.00            |
| 41.00            | TOTAL (SUIII OF TITIES 0-40)  |                               | I                          | I                            | 378, 334                         | 35, 429                         | 41. 00           |

<sup>(1)</sup> Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

| Heal th  | Financial Systems LUTHERAN HOSPI  | TAL OF INDIANA  |   | In Lie   | u of Form CMS-2                             | 2552-10  |
|--|---|---|---|--|---|--|
|  | ATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS  | Provi der C   |   | eri od:  | Worksheet D-4                               |  |
| WHI CH   | ARE CERTIFIED TRANSPLANT CENTERS  | Component   |   | rom 07/01/2016<br>o 06/30/2017   | Date/Time Pre                               | narod:   |
|  |   | Component   | CON.  | 0 00/30/201/   | 11/30/2017 5:                               |  |
|  |   | He  | art   | Hospi tal  | PPS   |  |
|  | Cost Center Description   | Worksheet D-2,  |   | 0rgan  | 0rgan                                       |  |
|  |   | Part I Line   | Per Day (from   | Acqui si ti on   | Acqui si ti on                              |  |
|  |   | Numbers   | Wkst. D-2,  |  | Costs (col. 1                               |  |
|  |   |   | Part I, col.<br>4)  |  | x col. 2)                                   |  |
|  |   | 0   | 1.00  | 2. 00  | 3. 00                                       |  |
|  | PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THA   | -   |   |  |   |  |
|  | Computation of the Cost of Inpatient Services of Interns a  |   |   |  |   |  |
| 42.00  | ADULTS & PEDIATRICS   | 2.00  | 0.00  | 0  | 0   | 42.00  |
| 43.00  | INTENSIVE CARE UNIT   | 3.00  |   |  | 0   | 43.00  |
| 43. 01   | PEDIATRIC INTENSIVE CARE UNIT   | 3. 01   |   |  | 0   | 43. 01   |
| 43. 02   | NEONATAL INTENSIVE CARE UNIT  | 3. 02<br>3. 03  |   |  | 0   | 43. 02<br>43. 03   |
| 43. 03<br>44. 00   | CARDIO INTENSIVE CARE UNIT CORONARY CARE UNIT   | 4.00  |   |  | 0   | 43. 03   |
| 45. 00   | BURN INTENSIVE CARE UNIT  | 5. 00   |   |  | 0   | 45. 00   |
| 46. 00   | SURGICAL INTENSIVE CARE UNIT  | 6.00  |   |  | 0   | 46. 00   |
| 47. 00   | OTHER SPECIAL CARE (SPECIFY)  | 7. 00   |   |  | 0   | 47. 00   |
| 48. 00   | TOTAL (sum of lines 42 through 47)  |   |   | 8  | 0   | 48. 00   |
|  | Cost Center Description   | Worksheet D-2,  | Organ Charges   |  | 0rgan                                       |  |
|  |   | Part I Line   | (see  | To Charges   | Acquisition                                 |  |
|  |   | Numbers   | instructions)   | from Wkst.   | Costs (col. 1                               |  |
|  |   |   |   | D-2, Part I,<br>col. 4   | x col. 2)                                   |  |
|  |   | 0   | 1.00  | 2.00   | 3. 00                                       |  |
|  | Computation of the Cost of Outpatient Services of Interns   |   |   |  |   |  |
| 49. 00   | RURAL HEALTH CLINIC   | 21.00   |   |  | 0   | 49. 00   |
| 50.00  | FEDERALLY QUALIFIED HEALTH CENTER   | 22. 00  | C   | 0. 000000  | 0   | 50.00  |
| 51. 00   | CLINIC  | 23.00   | 671   |  | 0   | 51. 00   |
| 52. 00   | EMERGENCY   | 24.00   | •   |  | 0   | 52.00  |
| 53.00  | OBSERVATION BEDS (NON-DISTINCT PART   | 25. 00  |   |  | 0   | 53.00  |
| 54. 00<br>55. 00   | OTHER OUTPATIENT SERVICE COST CENTER TOTAL (sum of lines 49 through 52)   | 26. 00  | -445  | 0. 000000  | 0   | 54. 00<br>55. 00   |
| 33.00  | TOTAL (Suill Of Titles 47 through 52)   | Co  | ıst -445  |  | rges  | 33.00  |
|  |   |   |   |  |   |  |
|  | Cost Center Description   | Part A  |   |  |   |  |
|  | Cost Center Description   | Part A<br>1.00  | Part B 2.00   | Part A<br>3.00   | Part B<br>4.00                              |  |
|  | PART III - SUMMARY OF COSTS AND CHARGES   | 1. 00   | Part B<br>2.00  | Part A<br>3.00   | Part B                                      |  |
| 56. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I   | 1.00  | Part B 2.00   | Part A<br>3.00   | Part B                                      | 56. 00   |
| 57. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient)   | 1. 00<br>45, 678<br>0   | Part B 2.00   | Part A<br>3.00<br>380,049<br>0   | Part B                                      | 57. 00   |
| 57. 00<br>58. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient)  | 1. 00<br>45, 678<br>0<br>0  | Part B 2.00   | Part A<br>3.00<br>380,049<br>0   | Part B                                      | 57. 00<br>58. 00   |
| 57. 00<br>58. 00<br>59. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions)  | 1. 00<br>45, 678<br>0   | Part B 2.00   | Part A<br>3.00<br>380,049<br>0   | Part B                                      | 57. 00<br>58. 00<br>59. 00   |
| 57. 00<br>58. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient)  | 1. 00<br>45, 678<br>0<br>0<br>640, 564  | Part B 2.00   | Part A<br>3.00<br>380,049<br>0   | Part B                                      | 57. 00<br>58. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60)   | 1. 00<br>45, 678<br>0<br>0<br>640, 564  | Part B 2.00   | Part A<br>3.00<br>380,049<br>0   | Part B                                      | 57. 00<br>58. 00<br>59. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions)  | 1.00<br>45,678<br>0<br>0<br>640,564   | Part B<br>2.00  | Part A 3.00  380,049 0 0 631,071 0 1,011,120   | Part B                                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions)   | 1.00<br>45,678<br>0<br>0<br>640,564   | Part B<br>2.00  | Part A 3.00  380,049 0 0 631,071 0 1,011,120   | Part B                                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs  | 1.00<br>45,678<br>0<br>0<br>640,564   | Part B<br>2.00  | Part A 3.00  380,049 0 0 631,071 0 1,011,120   | Part B                                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)  | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242                                 | Part B<br>2.00  | Part A 3.00  380,049 0 631,071 0 1,011,120   | Part B                                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions)   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242                                 | Part B<br>2.00  | Part A 3.00  380,049 0 0 631,071 0 1,011,120   | Part B                                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold  | 1. 00<br>45, 678<br>0<br>640, 564<br>0<br>686, 242<br>428, 901<br>37, 486           | Part B<br>2.00  | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0  | Part B                                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions)   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242                                 | Part B<br>2.00  | Part A 3.00  380,049 0 0 631,071 1,011,120  631,950 0 631,950  | Part B                                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66)   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B<br>2.00  | Part A 3.00  380,049 0 0 631,071 0 1,011,120  631,950 0 631,950 0  | Part B<br>4.00                              | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 Cadaveri c   | Part B 4.00  0 0 Revenue                    | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000   | Part A 3.00  380,049 0 0 631,071 0 1,011,120  631,950 0 631,950 0 631,950  | Part B<br>4.00                              | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 0 631,950 Cadaveri c 2.00                                  | Part B 4.00  0 0 Revenue                    | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1)  | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 0 631,950 Cadaveric 2.00                                   | Part B 4.00  0 0 Revenue                    | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2)   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 0 631,950 Cadaveri c 2.00                                  | Part B 4.00  0 0 Revenue                    | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1)  | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 0 631,950 Cadaveric 2.00                                   | Part B 4.00  0 0 Revenue                    | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00   | PART III - SUMMARY OF COSTS AND CHARGES  Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from Non-Transplant Hospitals  | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 0 631,071 0 1,011,120  631,950 0 631,950 0 631,950 Cadaveric 2.00                                 | Part B 4.00  0 0 Revenue                    | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from Non-Transplant Hospitals Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 0 631,071 0 1,011,120  631,950 0 631,950 0 631,950 Cadaveric 2.00                                 | Part B 4.00  0 0 Revenue 3.00               | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 Cadaveric 2.00  8 0 8 16                                   | Part B                                      | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>76. 00<br>76. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to OPOs   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 Cadaveric 2.00  8 0 8 16                                   | Part B 4.00  0 0 Revenue 3.00               | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 Cadaveric 2.00  8 0 8 16                                   | Part B 4.00  0 0 Revenue 3.00  0 37,486 0   | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>77. 00<br>78. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>79. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals  | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 Cadaveric 2.00  8 0 8 16                                   | Part B 4.00  0 Revenue 3.00  37,486 0 0     | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>77. 00<br>78. 00<br>79. 00<br>79. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>78. 00<br>79. 00<br>80. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals Organs Sold to Transplant Hospitals Organs Sold to Transplant Hospitals   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 Cadaveric 2.00  8 0 8 16                                   | Part B 4.00  0 0 Revenue 3.00  0 37,486 0   | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>69. 00<br>71. 00<br>72. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>77. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00 |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>79. 00   | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals Organs Sold to Military or VA Hospitals Organs Sold Outside the U.S. Organs Sent Outside the U.S. (no revenue received) | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00                                   | Part A 3.00  380,049 0 631,071 0 1,011,120  631,950 0 631,950 Cadaveric 2.00  8 16 0 0 8 16 0 0 0 0 0 0 0 0 0            | Part B 4.00  0 Revenue 3.00  37,486 0 0     | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>77. 00<br>78. 00<br>79. 00<br>79. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00<br>81. 00<br>81. 00                               | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Interns and Residents (outpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals Organs Sold to Transplant Hospitals Organs Sold to Transplant Hospitals   | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B  | Part A 3.00  380,049 0 0 631,071 0 1,011,120  631,950 0 631,950 Cadaveric 2.00  8 0 0 8 16 0 0 8 0 0 0 0 0 0 0 0         | Part B 4.00  0 Revenue 3.00  37,486 0 0     | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00<br>81. 00<br>81. 00<br>81. 00   |
| 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>71. 00<br>72. 00<br>74. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00<br>81. 00<br>82. 00<br>83. 00 | PART III - SUMMARY OF COSTS AND CHARGES Routine and Ancillary from Part I Interns and Residents (inpatient) Direct Organ Acquisition (see instructions) Cost of physicians' services in a teaching hospital (see intructions) Total (sum of lines 56 thru 60) Total Usable Organs (see instructions) Medicare Usable Organs (see instructions) Medicare Usable Organs (see instructions) Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) Medicare Cost/Charges (see instructions) Revenue for Organs Sold Subtotal (line 65 minus line 66) Organs Furnished Part B Net Organ Acquisition Cost and Charges (see instructions) Cost Center Description  PART IV - STATISTICS Organs Excised in Provider (1) Organs Purchased from Other Transplant Hospitals (2) Organs Purchased from OPOs Total (sum of lines 70 through 73) Organs Transplanted Organs Sold to Other Hospitals Organs Sold to Transplant Hospitals Organs Sold to Military or VA Hospitals Organs Sold to Military or VA Hospitals Organs Sond Outside the U.S. Organs Sent Outside the U.S. (no revenue received) Organs Used for Research | 1.00<br>45,678<br>0<br>0<br>640,564<br>0<br>686,242<br>428,901<br>37,486<br>391,415 | Part B 2.00  16 10 0.625000  Li vi ng Rel ated 1.00  0.00 0.00 0.00 0.00 0.00 0.00 0. | Part A 3.00  380,049 0 0 631,071 0 1,011,120  631,950 0 631,950 Cadaveric 2.00  8 0 0 8 16 0 0 0 8 8 0 0 0 0 0 0 0 0 0 0 | Part B 4.00  0 0 Revenue 3.00  37,486 0 0 0 | 57. 00<br>58. 00<br>59. 00<br>60. 00<br>61. 00<br>62. 00<br>63. 00<br>64. 00<br>65. 00<br>66. 00<br>67. 00<br>68. 00<br>69. 00<br>70. 00<br>71. 00<br>72. 00<br>73. 00<br>74. 00<br>75. 00<br>76. 00<br>77. 00<br>78. 00<br>79. 00<br>80. 00<br>81. 00<br>82. 00   |

<sup>(1)</sup> Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

| Health Financial Systems                | LUTHERAN HOSPITAL OF INDIANA |             | In Lie                                       | u of Form CMS-2552-10  |
|---|------------------------------|-------------|--|--|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CC                 | CN: 15-0017 | Peri od:<br>From 07/01/2016<br>To 06/30/2017 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/30/2017 5:03 pm |
|   |                              |             |  |  |

|                  |   |                           |                   | 11/30/2017 5:          | 03 pm            |
|------------------|---|---------------------------|-------------------|------------------------|------------------|
|                  |   | Title XVIII               | Hospi tal         | PPS                    |                  |
|                  |   |                           |                   | 1. 00                  |                  |
|                  | PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS   |                           |                   | 1.00                   |                  |
| 1.00             | DRG Amounts Other than Outlier Payments   |                           |                   | 0                      | 1. 00            |
| 1. 01            | DRG amounts other than outlier payments for discharges occurring  | ng prior to October 1 (s  | see               | 14, 696, 958           | 1. 01            |
| 1 00             | instructions)   | on or often October 1     | . (000            | 44 100 E70             | 1 00             |
| 1. 02            | DRG amounts other than outlier payments for discharges occurring instructions)  | ig on or after october    | i (see            | 44, 189, 579           | 1. 02            |
| 1. 03            | DRG for federal specific operating payment for Model 4 BPCI for   | r discharges occurring i  | orior to October  | 0                      | 1. 03            |
|                  | 1 (see instructions)  | 3 1                       |                   |                        |                  |
| 1.04             | DRG for federal specific operating payment for Model 4 BPCI for   | r discharges occurring o  | on or after       | 0                      | 1. 04            |
| 2.00             | October 1 (see instructions)  |                           |                   | 2 407 (42              | 2.00             |
| 2. 00<br>2. 01   | Outlier payments for discharges. (see instructions) Outlier reconciliation amount   |                           |                   | 3, 487, 642<br>0       | 2. 00<br>2. 01   |
| 2. 02            | Outlier payment for discharges for Model 4 BPCI (see instruction  | ons)                      |                   | 0                      | 2. 02            |
| 3.00             | Managed Care Simulated Payments   |                           |                   | 33, 263, 726           | 3. 00            |
| 4.00             | Bed days available divided by number of days in the cost report   | ting period (see instru   | ctions)           | 394. 84                | 4. 00            |
|                  | Indirect Medical Education Adjustment   |                           |                   |                        |                  |
| 5. 00            | FTE count for allopathic and osteopathic programs for the most  | recent cost reporting p   | period ending on  | 10. 13                 | 5. 00            |
| 6. 00            | or before 12/31/1996.(see instructions) FTE count for allopathic and osteopathic programs which meet the                      | ne criteria for an add-d  | on to the can     | 0. 00                  | 6. 00            |
| 0.00             | for new programs in accordance with 42 CFR 413.79(e)  | le criteria foi all'add-c | on to the cap     | 0.00                   | 0.00             |
| 7.00             | MMA Section 422 reduction amount to the IME cap as specified un   | nder 42 CFR §412.105(f)   | (1) (i v) (B) (1) | 0.00                   | 7. 00            |
| 7. 01            | ACA Section 5503 reduction amount to the IME cap as specified u   | under 42 CFR §412.105(f)  | (1)(iv)(B)(2)     | 0.00                   | 7. 01            |
|                  | If the cost report straddles July 1, 2011 then see instructions   |                           | _                 |                        |                  |
| 8. 00            | Adjustment (increase or decrease) to the FTE count for allopath   |                           |                   | 0. 00                  | 8. 00            |
|                  | affiliated programs in accordance with 42 CFR 413.75(b), 413.7998), and 67 FR 50069 (August 1, 2002).                         | 9(C)(2)(IV), 64 FR 26340  | (May 12,          |                        |                  |
| 8. 01            | The amount of increase if the hospital was awarded FTE cap slo  | ts under section 5503 of  | the ACA If        | 0. 00                  | 8. 01            |
| 0.0.             | the cost report straddles July 1, 2011, see instructions.   |                           |                   | 0.00                   | 0.01             |
| 8. 02            | The amount of increase if the hospital was awarded FTE cap slo  | ts from a closed teachin  | ng hospital       | 0.00                   | 8. 02            |
|                  | under section 5506 of ACA. (see instructions)   |                           |                   |                        |                  |
| 9. 00            | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines   | s (8, 8,01 and 8,02) (s   | see               | 10. 13                 | 9. 00            |
| 10. 00           | instructions) FTE count for allopathic and osteopathic programs in the currer   | nt vear from your record  | de l              | 6. 42                  | 10. 00           |
| 11. 00           | FTE count for residents in dental and podiatric programs.   | re year from your record  | 13                | 0. 00                  |                  |
| 12. 00           | Current year allowable FTE (see instructions)   |                           |                   | 6. 42                  |                  |
| 13.00            | Total allowable FTE count for the prior year.   |                           |                   | 6. 07                  | 13.00            |
| 14. 00           | Total allowable FTE count for the penultimate year if that year   | r ended on or after Sept  | tember 30, 1997,  | 8. 36                  | 14. 00           |
| 15 00            | otherwise enter zero.   |                           |                   | / 05                   | 15 00            |
| 15. 00<br>16. 00 | Sum of lines 12 through 14 divided by 3.<br>Adjustment for residents in initial years of the program                          |                           |                   | 0. 95                  | 15. 00<br>16. 00 |
| 17. 00           | Adjustment for residents in this trail years of the program.  Adjustment for residents displaced by program or hospital closu | ire                       |                   | 0.00                   |                  |
| 18. 00           | Adjusted rolling average FTE count  | a. 0                      |                   | 6. 95                  | 18. 00           |
| 19. 00           | Current year resident to bed ratio (line 18 divided by line 4).   |                           |                   | 0. 017602              | 19. 00           |
| 20.00            | Prior year resident to bed ratio (see instructions)   |                           |                   | 0. 019720              |                  |
| 21. 00           | Enter the lesser of lines 19 or 20 (see instructions)   |                           |                   | 0. 017602              |                  |
| 22. 00           | IME payment adjustment (see instructions)   |                           |                   | 563, 780               |                  |
| 22. 01           | IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for Section     | on 422 of the MMA         |                   | 318, 467               | 22. 01           |
| 23. 00           | Number of additional allopathic and osteopathic IME FTE resider   |                           | ec 412 105        | 0.00                   | 23. 00           |
| 20.00            | (f)(1)(iv)(C).  |                           | 70. 112.100       | 0.00                   | 20.00            |
| 24.00            | IMÉ FTE Résident Count Over Cap (see instructions)  |                           |                   | -3. 71                 | 24.00            |
| 25. 00           | If the amount on line 24 is greater than -O-, then enter the Lo   | ower of line 23 or line   | 24 (see           | 0.00                   | 25. 00           |
| 27.00            | instructions)   |                           |                   | 0.000000               | 27.00            |
| 26. 00<br>27. 00 | Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor. (see instructions)                           |                           |                   | 0. 000000<br>0. 000000 | 26. 00<br>27. 00 |
| 28. 00           | IME add-on adjustment amount (see instructions)   |                           |                   | 0.000000               | 28. 00           |
| 28. 01           | IME add-on adjustment amount - Managed Care (see instructions)  |                           |                   | 0                      | 28. 01           |
| 29. 00           | Total IME payment ( sum of lines 22 and 28)   |                           |                   | 563, 780               |                  |
| 29. 01           | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)   |                           |                   | 318, 467               | 29. 01           |
|                  | Disproportionate Share Adjustment   |                           |                   |                        |                  |
| 30.00            | Percentage of SSI recipient patient days to Medicare Part A pa  | tient days (see instruct  | tions)            | 4. 13                  |                  |
| 31. 00           | Percentage of Medicaid patient days (see instructions)  |                           |                   | 18. 47                 |                  |
| 32. 00<br>33. 00 | Sum of lines 30 and 31  |                           |                   | 22. 60<br>7. 86        | 32. 00<br>33. 00 |
|                  | Allowable disproportionate share percentage (see instructions) Disproportionate share adjustment (see instructions)           |                           |                   | 1, 157, 120            |                  |
| 5 1. 00          | 15. 5p. 5ps. Cronate Share adjustment (300 moth detrons)  |                           | ı                 | 1, 137, 120            | 51.00            |

|  | Financial Systems LUTHERAN HOSPITAL ATION OF REIMBURSEMENT SETTLEMENT  | Provider CCN: 15-0017    | Peri od:                         | u of Form CMS-2<br>Worksheet E     |  |
|--|--|--------------------------|----------------------------------|------------------------------------|--|
|  |  |                          | From 07/01/2016<br>To 06/30/2017 | Part A Date/Time Pre               |  |
|  |  | Title XVIII              | Hospi tal                        | 11/30/2017 5: 0<br>PPS             | 03 p                                   |
|  |  | THE ATT                  | Prior to 10/1                    |                                    |  |
|  |  |                          | 1. 00                            | 2. 00                              |  |
|  | Uncompensated Care Adjustment  |                          |                                  |                                    |  |
| 5.00   | Total uncompensated care amount (see instructions)   |                          | 0                                | 0                                  |  |
| 5. 01  | Factor 3 (see instructions)  | r zoro on this line) (se | 0. 000000000                     | 0. 000000000                       |  |
| 5. 02  | Hospital uncompensated care payment (If line 34 is zero, ente instructions)  | i zero on this irne) (se | ee 3, 324, 047                   | 3, 048, 511                        | 35.                                    |
| 5. 03  | ,  | unt (see instructions)   | 835, 552                         | 2, 280, 119                        | 35.                                    |
| 5. 00  | Total uncompensated care (sum of columns 1 and 2 on line 35.0  |                          | 3, 115, 671                      |                                    | 36.                                    |
|  | Additional payment for high percentage of ESRD beneficiary di  |                          |                                  |                                    |  |
| 0. 00  | Total Medicare discharges on Worksheet S-3, Part I excluding   | discharges for MS-DRGs   | 0                                |                                    | 40.                                    |
|  | 652, 682, 683, 684 and 685 (see instructions)  |                          | Before 1/1                       | On/After 1/1                       |  |
|  |  |                          | 1.00                             | 1. 01                              |  |
| 1. 00  | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 6   | 83. 684 an 685. (see     | 0                                |                                    | 41.                                    |
|  | instructions)  | •                        |                                  |                                    |  |
| 1. 01  | Total ESRD Medicare covered and paid discharges excluding MS-an 685. (see instructions)  | DRGs 652, 682, 683, 684  | 0                                | 0                                  | 41.                                    |
| 2. 00  | Divide line 41 by line 40 (if less than 10%, you do not quali  | fy for adjustment)       | 0.00                             |                                    | 42.                                    |
| 3. 00  | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 68   | 2, 683, 684 an 685. (see | . 0                              |                                    | 43.                                    |
|  | instructions)  |                          |                                  |                                    |  |
| 4. 00  | Ratio of average length of stay to one week (line 43 divided   | by line 41 divided by 7  | 0. 000000                        |                                    | 44                                     |
| 5. 00  | days) Average weekly cost for dialysis treatments (see instructions  | )                        | 0.00                             | 0.00                               | 45                                     |
| 5. 00  | Total additional payment (line 45 times line 44 times line 41  |                          | 0.00                             | 0.00                               | 46                                     |
| 7. 00  | Subtotal (see instructions)  | ,                        | 67, 210, 750                     |                                    | 47                                     |
| 8. 00  | Hospital specific payments (to be completed by SCH and MDH, s  | mall rural hospitals     | 0                                |                                    | 48                                     |
|  | only. (see instructions)   |                          |                                  |                                    |  |
|  |  |                          |                                  | Amount<br>1.00                     |  |
| 9. 00  | Total payment for inpatient operating costs (see instructions  | )                        |                                  | 67, 529, 217                       | 49.                                    |
| 0. 00  | Payment for inpatient program capital (from Wkst. L, Pt. I an  | •                        |                                  | 5, 642, 101                        |  |
| 1.00   | Exception payment for inpatient program capital (Wkst. L, Pt.  |                          |                                  | 0                                  | 51.                                    |
| 2. 00  | Direct graduate medical education payment (from Wkst. E-4, li  | ne 49 see instructions). |                                  | 267, 622                           | 52                                     |
| 3. 00  | Nursing and Allied Health Managed Care payment   |                          |                                  | 277, 568                           |  |
| 1. 00<br>1. 01   | Special add-on payments for new technologies Islet isolation add-on payment  |                          |                                  | 3, 107<br>0                        | 54<br>54                               |
| 5. 00  | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6  | 9)                       |                                  | 2, 267, 294                        |  |
| 5. 00  | Cost of physicians' services in a teaching hospital (see intr  |                          |                                  | 0                                  | 56                                     |
| 7. 00  | Routine service other pass through costs (from Wkst. D, Pt. I  | •                        | hrough 35).                      | 182, 865                           | 57                                     |
| 3. 00  | Ancillary service other pass through costs from Wkst. D, Pt.   | IV, col. 11 line 200)    |                                  | 67, 531                            |  |
| 9. 00  | Total (sum of amounts on lines 49 through 58)  |                          |                                  | 76, 237, 305                       |  |
| 0.00   | Primary payer payments   |                          |                                  | 99, 104                            |  |
| . 00   | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  | Tine 60)                 |                                  | 76, 138, 201                       |  |
| . 00   | Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries  |                          |                                  | 5, 431, 356<br>230, 797            |  |
|  | Allowable bad debts (see instructions)   |                          |                                  | 427, 839                           |  |
|  | Adjusted reimbursable bad debts (see instructions)   |                          |                                  | 278, 095                           |  |
| 1. 00  | , ,  | ructions)                |                                  | 160, 885                           |  |
| . 00   | Allowable bad debts for dual eligible beneficiaries (see inst  |                          |                                  | 70, 754, 143                       |  |
| . 00<br>. 00<br>. 00   | Subtotal (line 61 plus line 65 minus lines 62 and 63)  |                          | oo inatruatiana)                 | 0                                  | 68                                     |
| . 00   | Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for  |                          |                                  | 1                                  |  |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00   | Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for<br>Outlier payments reconciliation (sum of lines 93, 95 and 96).   |                          |                                  | 0                                  |  |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00   | Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THROUGH RECONCILIATION   |                          |                                  | -166                               | 70                                     |
| 4. 00<br>5. 00<br>6. 00<br>7. 00<br>8. 00<br>9. 00<br>9. 00<br>9. 50   | Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THROUGH RECONCILIATION RURAL DEMONSTRATION PROJECT   |                          |                                  | -166<br>0                          | 70<br>70                               |
| 3. 00<br>5. 00<br>5. 00<br>7. 00<br>8. 00<br>9. 00<br>9. 00<br>9. 50<br>9. 88  | Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THROUGH RECONCILIATION RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment   | (For SCH see instruction |                                  | -166                               | 70<br>70<br>70                         |
| 3. 00<br>5. 00<br>7. 00<br>8. 00<br>9. 00<br>9. 00<br>9. 88<br>9. 89   | Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THROUGH RECONCILIATION RURAL DEMONSTRATION PROJECT   | (For SCH see instruction |                                  | -166<br>0<br>0                     | 70<br>70<br>70<br>70                   |
| 3. 00<br>5. 00<br>7. 00<br>3. 00<br>9. 00<br>9. 00<br>9. 50<br>9. 88<br>9. 89<br>9. 90                                     | Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THROUGH RECONCILIATION RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see inst   | (For SCH see instruction |                                  | -166<br>0<br>0<br>0                | 70<br>70<br>70<br>70<br>70             |
| 4. 00<br>5. 00<br>6. 00<br>7. 00<br>3. 00<br>9. 00<br>0. 50<br>0. 88<br>0. 89<br>0. 90<br>0. 91                            | Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THROUGH RECONCILIATION RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see inst HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions) | (For SCH see instruction |                                  | -166<br>0<br>0<br>0<br>0<br>0<br>0 | 70<br>70<br>70<br>70<br>70<br>70       |
| 4. 00<br>5. 00<br>6. 00<br>7. 00<br>8. 00<br>9. 00<br>0. 00<br>0. 50<br>0. 88<br>0. 89<br>0. 90<br>0. 91<br>0. 92<br>0. 93 | Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THROUGH RECONCILIATION RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see inst HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)  | (For SCH see instruction |                                  | -166<br>0<br>0<br>0<br>0<br>0      | 70<br>70<br>70<br>70<br>70<br>70<br>70 |

| Heal th | Financial Systems LUTHERAN HOSPITAL                            | OF INDIANA   |             | In Lie                           | u of Form CMS-2         | 2552-10     |
|---------|--|--------------|-------------|----------------------------------|-------------------------|-------------|
| CALCUL  | ATION OF REIMBURSEMENT SETTLEMENT                              | Provi der CO | CN: 15-0017 | Peri od:                         | Worksheet E             |             |
|         |  |              |             | From 07/01/2016<br>To 06/30/2017 | Part A<br>Date/Time Pre | narod:      |
|         |  |              |             | 10 00/30/2017                    | 11/30/2017 5:           |             |
|         |  | Title        | XVIII       | Hospi tal                        | PPS                     |             |
|         |  |              | FFY         | (уууу)                           | Amount                  |             |
|         |  |              |             | 0                                | 1. 00                   |             |
| 70. 96  | Low volume adjustment for federal fiscal year (yyyy) (Enter i  | n column 0   |             | 0                                | 0                       | 70. 96      |
|         | the corresponding federal year for the period prior to 10/1)   |              |             |                                  |                         |             |
| 70. 97  | Low volume adjustment for federal fiscal year (yyyy) (Enter i  |              |             | 0                                | 0                       | 70. 97      |
|         | the corresponding federal year for the period ending on or af  | ter 10/1)    |             |                                  |                         |             |
| 70. 98  | Low Volume Payment-3   |              |             |                                  | 0                       |             |
| 70. 99  | HAC adjustment amount (see instructions)                       |              |             |                                  | 724, 783                |             |
| 71. 00  | Amount due provider (line 67 minus lines 68 plus/minus lines 6 | 59 & 70)     |             |                                  | 69, 639, 428            |             |
| 71. 01  | Sequestration adjustment (see instructions)                    |              |             |                                  | 1, 392, 789             | 71. 01      |
| 72.00   | Interim payments   |              |             |                                  | 68, 539, 764            | 72. 00      |
| 73.00   | Tentative settlement (for contractor use only)                 |              |             |                                  | 0                       |             |
| 74.00   | Balance due provider (Program) (line 71 minus lines 71.01, 72, |              |             |                                  | -293, 125               | 74. 00      |
| 75.00   | Protested amounts (nonallowable cost report items) in accordan | nce with     |             |                                  | 3, 712, 567             | 75. 00      |
|         | CMS Pub. 15-2, chapter 1, §115.2                               |              |             |                                  |                         |             |
|         | TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)            |              |             |                                  |                         |             |
|         | Operating outlier amount from Wkst. E, Pt. A, line 2 (see ins  | tructions)   |             |                                  | 0                       |             |
| 91.00   | Capital outlier from Wkst. L, Pt. I, line 2                    |              |             |                                  | 0                       |             |
| 92.00   | Operating outlier reconciliation adjustment amount (see instr  |              |             |                                  | 0                       | , ,         |
| 93.00   | Capital outlier reconciliation adjustment amount (see instruc  |              |             |                                  | 0                       | , , , , , , |
| 94.00   | The rate used to calculate the time value of money (see instru | uctions)     |             |                                  | 0. 00                   |             |
|         | Time value of money for operating expenses (see instructions)  |              |             |                                  | 0                       |             |
| 96.00   | Time value of money for capital related expenses (see instruc  | tions)       |             |                                  | 0                       | 96. 00      |
|         |  |              |             | Prior to 10/1                    |                         |             |
|         |  |              |             | 1. 00                            | 2. 00                   |             |
|         | HSP Bonus Payment Amount                                       |              |             | T                                |                         |             |
| 100.00  | HSP bonus amount (see instructions)                            |              |             | 0                                | 0                       | 100. 00     |
|         | HVBP Adjustment for HSP Bonus Payment                          |              |             |                                  |                         |             |
|         | HVBP adjustment factor (see instructions)                      |              |             | 0. 0000000000                    | 0. 0000000000           |             |
| 102.00  | HVBP adjustment amount for HSP bonus payment (see instructions | s)           |             | 0                                | 0                       | 102. 00     |
|         | HRR Adjustment for HSP Bonus Payment                           |              |             |                                  |                         | l           |
|         | HRR adjustment factor (see instructions)                       |              |             | 0.0000                           | 0. 0000                 |             |
| 104.00  | HRR adjustment amount for HSP bonus payment (see instructions) | )            |             | 0                                | 0                       | 104. 00     |

| Health Financial Systems                | LUTHERAN HOSPITAL | OF INDIANA            | In Lie                                       | u of Form CMS-2552-10  |
|---|-------------------|-----------------------|--|--|
| CALCULATION OF REIMBURSEMENT SETTLEMENT |                   | Provider CCN: 15-0017 | Peri od:<br>From 07/01/2016<br>To 06/30/2017 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>11/30/2017 5:03 pm |
|   |                   | Ti tla YVIII          | Hospi tal                                    | DDC  |

|                  |  | 10 06/30/                             | /2017   Date/IIme Pre<br>  11/30/2017 5: |         |
|------------------|--|---------------------------------------|--|---------|
|                  |  | Title XVIII Hospita                   |  | US PIII |
|                  |  | intre xviii   nospita                 | 1 113                                    |         |
|                  |  | 1. 00                                 |  |         |
|                  | PART B - MEDICAL AND OTHER HEALTH SERVICES   |                                       | 11.00                                    |         |
| 1.00             | Medical and other services (see instructions)  |                                       | 21, 001                                  | 1.00    |
| 2.00             | Medical and other services reimbursed under OPPS (see instruct   | tions)                                | 26, 034, 136                             | 2.00    |
| 3.00             | PPS payments   | •                                     | 25, 030, 287                             | 3.00    |
| 4.00             | Outlier payment (see instructions)   |                                       | 174, 720                                 | 1       |
| 5.00             | Enter the hospital specific payment to cost ratio (see instruc   | ctions)                               | 0.000                                    | 1       |
| 6.00             | Line 2 times line 5  | ,                                     | l o                                      | 1       |
| 7.00             | Sum of line 3 plus line 4 divided by line 6  |                                       | 0.00                                     | 7. 00   |
| 8.00             | Transitional corridor payment (see instructions)   |                                       | l 0                                      | 8. 00   |
| 9.00             | Ancillary service other pass through costs from Wkst. D, Pt. I   | IV, col. 13, line 200                 | 21, 360                                  | 9. 00   |
| 10.00            | Organ acqui si ti ons  |                                       | 0  | 10.00   |
| 11. 00           | Total cost (sum of lines 1 and 10) (see instructions)  |                                       | 21, 001                                  | 11. 00  |
|                  | COMPUTATION OF LESSER OF COST OR CHARGES   |                                       |  |         |
|                  | Reasonabl e charges  |                                       |  |         |
| 12. 00           | Ancillary service charges  |                                       | 192, 226                                 | 1       |
| 13. 00           | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Ii   | ne 69)                                | 0  |         |
| 14. 00           | Total reasonable charges (sum of lines 12 and 13)  |                                       | 192, 226                                 | 14.00   |
|                  | Customary charges  |                                       |  |         |
| 15. 00           | Aggregate amount actually collected from patients liable for patients liable for patients.             |                                       |  | 15. 00  |
| 16. 00           | Amounts that would have been realized from patients liable for   |                                       | sis 0                                    | 16. 00  |
| 17 00            | had such payment been made in accordance with 42 CFR §413.13(6   | e)                                    | 0. 000000                                | 17.00   |
| 17. 00           | Ratio of line 15 to line 16 (not to exceed 1.000000)   |                                       |  |         |
| 18. 00<br>19. 00 | Total customary charges (see instructions)   | Ly if line 10 exceeds line 11) (see   | 192, 226<br>171, 225                     | 1       |
| 19.00            | Excess of customary charges over reasonable cost (complete onlinstructions)                            | Ty IT ITTHE TO exceeds ITTHE IT) (See | 171, 223                                 | 19. 00  |
| 20. 00           | Excess of reasonable cost over customary charges (complete onl   | vifline 11 exceeds line 18) (see      | 0  | 20. 00  |
| 20.00            | instructions)  | Ty IT TITLE IT EXCECUS TITLE 10) (See |  | 20.00   |
| 21. 00           | Lesser of cost or charges (line 11 minus line 20) (for CAH see   | e instructions)                       | 21, 001                                  | 21. 00  |
| 22.00            | Interns and residents (see instructions)   | ,                                     | 0  | 1       |
| 23.00            | Cost of physicians' services in a teaching hospital (see instr   | ructions)                             | l 0                                      | 1       |
| 24.00            | Total prospective payment (sum of lines 3, 4, 8 and 9)   | •                                     | 25, 226, 367                             | 24. 00  |
|                  | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |                                       |  | 1       |
| 25.00            | Deductibles and coinsurance (for CAH, see instructions)  |                                       | 82, 567                                  | 25. 00  |
| 26.00            | Deductibles and Coinsurance relating to amount on line 24 (for   | r CAH, see instructions)              | 4, 549, 334                              | 26. 00  |
| 27. 00           | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) p   | olus the sum of lines 22 and 23] (se  | ee 20, 615, 467                          | 27. 00  |
| 00.00            | instructions)  | 50)                                   | 05 070                                   | 00.00   |
| 28. 00           | Direct graduate medical education payments (from Wkst. E-4, li   | ne 50)                                | 85, 873                                  | 1       |
| 29. 00<br>30. 00 | ESRD direct medical education costs (from Wkst. E-4, line 36) Subtotal (sum of lines 27 through 29)    |                                       | 20, 701, 340                             |         |
| 31. 00           | Primary payer payments   |                                       | 9, 346                                   | 1       |
| 32. 00           | Subtotal (line 30 minus line 31)   |                                       | 20, 691, 994                             | 1       |
| 32.00            | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE  | CFS)                                  | 20, 071, 774                             | 32.00   |
| 33. 00           | Composite rate ESRD (from Wkst. I-5, line 11)  | 523)                                  | 0  | 33. 00  |
| 34. 00           | Allowable bad debts (see instructions)   |                                       | 701, 340                                 |         |
| 35. 00           | Adjusted reimbursable bad debts (see instructions)   |                                       | 455, 871                                 | 1       |
| 36. 00           | Allowable bad debts for dual eligible beneficiaries (see instr   | ructions)                             | 542, 711                                 | 1       |
| 37. 00           | Subtotal (see instructions)  | ,                                     | 21, 147, 865                             | 1       |
| 38.00            | MSP-LCC reconciliation amount from PS&R  |                                       |  | 38. 00  |
| 39.00            | OTHER ADJUSTMENTS  |                                       | 0  | 1       |
| 39. 50           | Pioneer ACO demonstration payment adjustment (see instructions   | s)                                    | 0  | 39. 50  |
| 39. 98           | Partial or full credits received from manufacturers for replace  | ced devices (see instructions)        | 0  | 39. 98  |
| 39. 99           | RECOVERY OF ACCELERATED DEPRECIATION   |                                       | 0  | 39. 99  |
| 40.00            | Subtotal (see instructions)  |                                       | 21, 148, 034                             | 40.00   |
| 40. 01           | Sequestration adjustment (see instructions)  |                                       | 422, 961                                 | 40. 01  |
| 41.00            | Interim payments   |                                       | 20, 777, 747                             | 41.00   |
| 42.00            |  |                                       |  | 42. 00  |
| 43.00            | 9,   |                                       |  | 43.00   |
| 44. 00           | Protested amounts (nonallowable cost report items) in accordan   | nce with CMS Pub. 15-2, chapter 1,    | 0  | 44. 00  |
|                  | §115. 2  |                                       |  |         |
| 00.00            | TO BE COMPLETED BY CONTRACTOR  |                                       |  | 00.00   |
|                  | Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions) |                                       | 0 0                                      | 1       |
| 91.00            | The rate used to calculate the Time Value of Money   |                                       |  | 91.00   |
| 93. 00           | Time Value of Money (see instructions)   |                                       | 0.00                                     | 1       |
|                  | Total (sum of lines 91 and 93)   |                                       |  | 94. 00  |
| 00               | 1  |                                       | 1  | ,       |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0017 Peri od: Worksheet E-1 From 07/01/2016 Part I 06/30/2017 Date/Time Prepared: 11/30/2017 5:03 pm Title XVIII Hospi tal PPS Part B Inpatient Part A mm/dd/yyyy mm/dd/yyyy Amount Amount 1.00 2.00 3.00 4.00 1.00 Total interim payments paid to provider 65, 056, 888 20, 158, 078 1. 00 2.00 Interim payments payable on individual bills, either 3, 373, 576 559, 569 2.00 submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment 3.00 amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 ADJUSTMENTS TO PROVIDER 05/26/2017 109, 300 01/06/2017 60, 100 3.01 3.02 3.02 3.03 3. 03 0 0 3.04 0 0 3.04 3.05 0 0 3.05 Provider to Program 3.50 ADJUSTMENTS TO PROGRAM 0 0 3.50 0 3.51 0 3.51 0 0 3.52 3.52 0 3.53 3.53 0 3.54 Ω Λ 3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 109, 300 60, 100 3.99 3.50-3.98) 68, 539, 764 20, 777, 747 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropri ate) TO BE COMPLETED BY CONTRACTOR 5.00 List separately each tentative settlement payment after 5.00 desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 5.01 TENTATIVE TO PROVIDER 0 0 5.01 5.02 0 0 5.02 0 5.03 0 5.03 Provider to Program 5.50 TENTATI VE TO PROGRAM 0 0 5.50 5.51 0 0 5. 51 0 5.52 0 5.52 0 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 0 5.99 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on 6.00 the cost report. (1) SETTLEMENT TO PROVIDER 6.01 0 6.01

52, 674

20, 725, 073

NPR Date (Mo/Day/Yr)

2 00

6.02

7.00

8.00

293, 125

Contractor

Number

1 00

68, 246, 639

0

6 02

7.00

SETTLEMENT TO PROGRAM

8.00 Name of Contractor

Total Medicare program liability (see instructions)

| Heal th | Financial Systems LUTHERAN HOSPITAL  | OF INDIANA               | In Lie           | u of Form CMS-2  | 2552-10 |
|---------|--|--------------------------|------------------|------------------|---------|
| CALCUL  | CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT  Provider CCN: 15-0017   Period:   W |                          |                  |                  |         |
|         |  |                          | To 06/30/2017    |                  |         |
|         |  | Title XVIII              | Hospi tal        | PPS              |         |
|         |  |                          |                  |                  |         |
|         |  |                          |                  | 1. 00            |         |
|         | TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS                           |                          |                  |                  |         |
|         | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION                        |                          |                  |                  |         |
| 1.00    | Total hospital discharges as defined in AARA §4102 from Wkst.                        |                          | : 14             | 20, 007          | 1. 00   |
| 2.00    | Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8                        | 3-12                     |                  | 32, 592          | 2. 00   |
| 3.00    | Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2                              |                          |                  | 19, 590          | 3. 00   |
| 4.00    | Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8                        | 3-12                     |                  | 97, 237          | 4. 00   |
| 5.00    | Total hospital charges from Wkst C, Pt. I, col. 8 line 200                           |                          |                  | 2, 710, 936, 516 | 5. 00   |
| 6.00    | Total hospital charity care charges from Wkst. S-10, col. 3 I                        | ine 20                   |                  | 18, 687, 817     | 6. 00   |
| 7. 00   | CAH only - The reasonable cost incurred for the purchase of cline 168                | certified HIT technology | Wkst. S-2, Pt. I | 0                | 7. 00   |
| 8.00    | Calculation of the HIT incentive payment (see instructions)                          |                          |                  | 0                | 8. 00   |
| 9.00    | Sequestration adjustment amount (see instructions)                                   |                          |                  | 0                | 9. 00   |
| 10.00   | Calculation of the HIT incentive payment after sequestration                         | (see instructions)       |                  | 0                | 10.00   |
|         | INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH                                     |                          |                  |                  |         |
| 30.00   | Initial/interim HIT payment adjustment (see instructions)                            |                          |                  | 0                | 30.00   |
| 31.00   | Other Adjustment (specify)   |                          |                  | 0                | 31.00   |
| 32.00   | Balance due provider (line 8 (or line 10) minus line 30 and l                        | ine 31) (see instruction | is)              | 0                | 32.00   |
|         |  |                          |                  |                  |         |

| Health Financial Systems                | LUTHERAN HOSPITAL OF INDIANA | In Lie          | u of Form CMS-2552-10  |
|---|------------------------------|-----------------|--|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0017       | From 07/01/2016 | Worksheet E-3<br>Part VII<br>Date/Time Prepared:<br>11/30/2017 5:03 pm |
|   | Title XIX                    | Hospi tal       | PPS  |

|        |   |                            | 10 06/30/201/ | 11/30/2017 5: |        |
|--------|---|----------------------------|---------------|---------------|--------|
|        |   | Title XIX                  | Hospi tal     | PPS           |        |
|        |   |                            | Inpati ent    | Outpati ent   |        |
|        |   |                            | 1. 00         | 2. 00         |        |
|        | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER  | RVICES FOR TITLES V OR XIX | K SERVI CES   |               |        |
|        | COMPUTATION OF NET COST OF COVERED SERVICES   |                            |               |               |        |
| 1.00   | Inpatient hospital/SNF/NF services  |                            | 0             |               | 1. 00  |
| 2.00   | Medical and other services  |                            |               | 1, 964, 826   | 2. 00  |
| 3.00   | Organ acquisition (certified transplant centers only)   |                            | 0             |               | 3. 00  |
| 4.00   | Subtotal (sum of lines 1, 2 and 3)  |                            | 0             | 1, 964, 826   | 4. 00  |
| 5.00   | Inpatient primary payer payments  |                            | 0             |               | 5. 00  |
| 6.00   | Outpatient primary payer payments   |                            |               | 0             |        |
| 7.00   | Subtotal (line 4 less sum of lines 5 and 6)   |                            | 0             | 1, 964, 826   | 7. 00  |
|        | COMPUTATION OF LESSER OF COST OR CHARGES  |                            |               |               |        |
|        | Reasonable Charges  |                            |               |               |        |
| 8.00   | Routine service charges   |                            | 0             |               | 8. 00  |
| 9. 00  | Ancillary service charges   |                            | 26, 890, 063  | 15, 055, 869  | 9. 00  |
| 10.00  | Organ acquisition charges, net of revenue   |                            | 0             |               | 10.00  |
| 11. 00 | Incentive from target amount computation  |                            | 0             |               | 11. 00 |
| 12. 00 | Total reasonable charges (sum of lines 8 through 11)  |                            | 26, 890, 063  | 15, 055, 869  | 12. 00 |
| 40.00  | CUSTOMARY CHARGES   | <del> </del>               | _             |               |        |
| 13. 00 | Amount actually collected from patients liable for payment for  | services on a charge       | 0             | 0             | 13. 00 |
| 44.00  | basis   |                            |               |               | 44.00  |
| 14. 00 | Amounts that would have been realized from patients liable for  |                            | 0             | 0             | 14. 00 |
| 15. 00 | a charge basis had such payment been made in accordance with 4 Ratio of line 13 to line 14 (not to exceed 1.000000) | 12 CFR 9413. 13(e)         | 0. 000000     | 0. 000000     | 15. 00 |
| 16. 00 | Total customary charges (see instructions)  |                            | 26, 890, 063  | 15, 055, 869  | 1      |
| 17. 00 | Excess of customary charges over reasonable cost (complete onl  | v if line 16 exceeds       | 26, 890, 063  | 13, 091, 043  |        |
| 17.00  | line 4) (see instructions)  | y II IIIle 10 exceeds      | 20, 070, 003  | 13, 071, 043  | 17.00  |
| 18. 00 | Excess of reasonable cost over customary charges (complete onl  | vifline 4 exceeds line     | 0             | 0             | 18. 00 |
| 10.00  | 16) (see instructions)  | y II IIIle I execeus IIIle |               |               | 10.00  |
| 19. 00 | Interns and Residents (see instructions)  |                            | 0             | 0             | 19. 00 |
| 20. 00 | Cost of physicians' services in a teaching hospital (see instr  | ructions)                  | 0             | 0             | 20.00  |
| 21. 00 | Cost of covered services (enter the lesser of line 4 or line 1  |                            | 0             | 1, 964, 826   | 21. 00 |
|        | PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be   |                            | ers.          |               | 1      |
| 22.00  | Other than outlier payments   |                            | 0             | 0             | 22. 00 |
| 23.00  | Outlier payments  |                            | 0             | 0             | 23. 00 |
| 24.00  | Program capital payments  |                            | 0             |               | 24. 00 |
| 25.00  | Capital exception payments (see instructions)   |                            | 0             |               | 25. 00 |
| 26.00  | Routine and Ancillary service other pass through costs  |                            | 19, 842       | 0             | 26. 00 |
| 27. 00 | Subtotal (sum of lines 22 through 26)   |                            | 19, 842       | 0             |        |
| 28. 00 | Customary charges (title V or XIX PPS covered services only)  |                            | 0             | 0             |        |
| 29. 00 | ,   |                            | 19, 842       | 1, 964, 826   | 29. 00 |
|        | COMPUTATION OF REIMBURSEMENT SETTLEMENT   |                            |               |               |        |
| 30. 00 | Excess of reasonable cost (from line 18)  |                            | 0             | 0             |        |
| 31. 00 | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)  | )                          | 19, 842       | 1, 964, 826   |        |
| 32. 00 |   |                            | 0             | 0             |        |
| 33. 00 |   |                            | 0             | 0             |        |
| 34. 00 | Allowable bad debts (see instructions)  |                            | 0             | 0             | 0 00   |
| 35. 00 | Utilization review  |                            | 0             |               | 35. 00 |
|        | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and  | d 33)                      | 19, 842       | 1, 964, 826   |        |
|        | PPS PAYMENT METHODOLOGY ADJUSTMENT  |                            | -19, 842      | -1, 964, 826  |        |
| 38. 00 |   |                            | 0             | 0             |        |
| 39. 00 | Direct graduate medical education payments (from Wkst. E-4)   |                            | 0             |               | 39. 00 |
| 40. 00 |   |                            | 0             | 0             |        |
| 41. 00 | Interim payments  |                            | 0             | 0             |        |
| 42. 00 | Balance due provider/program (line 40 minus line 41)  | and with CMC Duty 45 0     | 0             | 0             |        |
| 43. 00 | Protested amounts (nonallowable cost report items) in accordar  | ice with CMS PUB 15-2,     | 0             | 0             | 43. 00 |
|        | chapter 1, §115.2   |                            | 1             |               | I      |

| DI RECT        | Financial Systems  LUTHERAN HOSPITAL  GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT                                | Provi der C   | CN: 15-0017        | Peri od:                         | u of Form CMS-2<br>Worksheet E-4 |                |
|----------------|--|---------------|--------------------|----------------------------------|----------------------------------|----------------|
|                | L EDUCATION COSTS  | l l ovi dei o | 014. 10 0017       | From 07/01/2016<br>To 06/30/2017 | Date/Time Pre                    |                |
|                |  |               |                    |                                  | 11/30/2017 5:0                   | 03 pm          |
|                |  | litle         | e XVIII            | Hospi tal                        | PPS                              |                |
|                |  |               |                    |                                  | 1. 00                            |                |
|                | COMPUTATION OF TOTAL DIRECT GME AMOUNT   |               |                    |                                  |                                  |                |
| . 00           | Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.                            | programs for  | cost reporti       | ng periods                       | 8. 95                            | 1.0            |
| . 00           | Unweighted FTE resident cap add-on for new programs per 42 CF  |               | 1) (see instr      | ructi ons)                       | 0.00                             | 2. 0           |
| . 00<br>. 01   | Amount of reduction to Direct GME cap under section 422 of MM Direct GME cap reduction amount under ACA $\S5503$ in accordance |               | §413.79 (m).       | (see                             | 0. 00<br>0. 00                   | 1              |
| . 00           | instructions for cost reporting periods straddling 7/1/2011) Adjustment (plus or minus) to the FTE cap for allopathic and      |               | programs due       | to a Medicare                    | 0. 00                            | 4. C           |
| . 01           | GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f) ACA Section 5503 increase to the Direct GME FTE Cap (see inst    |               | cost reporti       | ng periods                       | 0. 00                            | 4.0            |
| . 02           | straddling 7/1/2011)<br>  ACA Section 5506 number of additional direct GME FTE cap slot  | s (see inst   | ructions for       | cost reporting                   | 0. 00                            | 4. 0           |
| 5. 00          | periods straddling 7/1/2011)<br>FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl                                  | us or minus   | line 4 plus l      | ines 4.01 and                    | 8. 95                            | 5. 0           |
| 5. 00          | 4.02 plus applicable subscripts Unweighted resident FTE count for allopathic and osteopathic                                   | programs for  | the current        | year from your                   | 6. 42                            | 6. 0           |
| 7. 00          | records (see instructions) Enter the lesser of line 5 or line 6  |               |                    | 0.11                             | 6. 42                            | 7. 0           |
|                |  |               | Primary Care       | 0ther<br>2.00                    | <u>Total</u><br>3. 00            |                |
| . 00           | Weighted FTE count for physicians in an allopathic and osteop<br>program for the current year.                                 | athi c        | 6.4                |                                  | 6. 42                            | 8. 0           |
| . 00           | If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo    |               | 6. 4               | 0.00                             | 6. 42                            | 9. 0           |
| 0. 00          | 6.<br>Weighted dental and podiatric resident FTE count for the curr  | ent vear      |                    | 0.00                             |                                  | 10.0           |
| 0. 01          | Unweighted dental and podiatric resident FTE count for the cu  |               |                    | 0.00                             |                                  | 10.0           |
| 1. 00          | Total weighted FTE count   |               | 6. 4               |                                  |                                  | 11. (          |
| 2. 00          | Total weighted resident FTE count for the prior cost reportin instructions) $ \begin{tabular}{ll} \hline \end{tabular} $       |               | 6.0                |                                  |                                  | 12.0           |
| 3. 00          | Total weighted resident FTE count for the penultimate cost re year (see instructions)  |               | 8.3                |                                  |                                  | 13. (          |
| 4.00           | Rolling average FTE count (sum of lines 11 through 13 divided  | l by 3).      | 6. 9               |                                  |                                  | 14. (          |
| 5. 00<br>5. 01 | Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new p        | rograms       | 0.0                |                                  |                                  | 15. 0<br>15. 0 |
| 6. 00          | Adjustment for residents displaced by program or hospital clo  |               | 0.0                |                                  |                                  | 16. (          |
| 6. 01          | Unweighted adjustment for residents displaced by program or h  | ospi tal      | 0.0                | 0.00                             |                                  | 16. (          |
| 7. 00          | Adjusted rolling average FTE count   |               | 6. 9               |                                  |                                  | 17. (          |
| 8. 00          | Per resident amount  |               | 100, 461. 6        |                                  | 400,000                          | 18. 0          |
| 9. 00          | Approved amount for resident costs   |               | 698, 20            | 0   8                            | 698, 208                         | 19.0           |
|                |  |               |                    |                                  | 1. 00                            |                |
| 0. 00          | Additional unweighted allopathic and osteopathic direct GME F Sec. 413.79(c)(4)  | TE resident   | cap slots red      | ceived under 42                  | 0.00                             | 20. (          |
| 1. 00          | Direct GME FTE unweighted resident count over cap (see instru  |               |                    |                                  | 0.00                             | 1              |
| 2. 00          | Allowable additional direct GME FTE Resident Count (see instr  |               | otrusti spol       |                                  | 0.00                             |                |
| 3. 00<br>4. 00 | Enter the locally adjustment national average per resident am<br>Multiply line 22 time line 23                                 | iount (see ii | istructions)       |                                  | 0. 00<br>0                       | 1              |
| 5. 00          | , , ,  |               |                    |                                  | 698, 208                         | 1              |
|                |  |               |                    | t Managed care                   |                                  |                |
|                |  |               | 1. 00              | 2. 00                            | 3.00                             |                |
|                | COMPUTATION OF PROGRAM PATIENT LOAD  |               |                    |                                  |                                  |                |
| 6. 00          | Inpatient Days (see instructions)  |               | 32, 59             | ·                                |                                  | 26.            |
| 7.00           | Total Inpatient Days (see instructions) Ratio of inpatient days to total inpatient days  |               | 97, 60<br>0. 33393 |                                  |                                  | 27.            |
| 8. 00<br>9. 00 | Program direct GME amount  |               | 233, 15            |                                  |                                  | 28. (          |
| 0. 00          | Reduction for direct GME payments for Medicare Advantage   |               | 200, 10            | 19, 802                          |                                  | 30. (          |
| 0.00           |  |               |                    |                                  |                                  |                |

| Health Financial Systems   |         |  |                          |                   |               |        |
|--|---------|--|--------------------------|-------------------|---------------|--------|
| MEDICAL EDUCATION COSTS   Title XVIII   Hospital   PPS   Title XVIII   Hospital   PPS  |         |  |                          |                   |               |        |
| To 06/30/2017   Date/Time Prepared: 11/30/2017 5:03 pm   |         | ` /  | Provider CCN: 15-0017    |                   | Worksheet E-4 |        |
| Title XVIII   Hospital   PPS   | MEDI CA | L EDUCATION COSTS  |                          |                   | Data/Timo Dro | narodi |
| Title XVIII   Hospital   PPS   |         |  |                          | 10 00/30/2017     |               |        |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)   |         |  | Title XVIII              | Hospi tal         |               | оо р   |
| DI RECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)   32.00   Renal dial ysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74   |         |  |                          |                   |               |        |
| EDUCATION COSTS)   Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)   32.00 and 94)   33.00   Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)   11,016,050   33.00   34.00   34.00   Ratio of direct medical education costs to total charges (line 32 ± line 33)   0.000000   34.00   35.00   Medicare outpatient ESRD charges (see instructions)   0   35.00   Medicare outpatient ESRD direct medical education costs (line 34 x line 35)   0   36.00   APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY   Part A Reasonable Cost   79,070,058   37.00   38.00   Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)   2, 267, 294   38.00   39.00   Cost of physicians' services in a teaching hospital (see instructions)   99, 104   40.00   41.00   7   10   10   10   10   10   10   1  |         |  |                          |                   | 1.00          |        |
| Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)   32.00 and 94)   33.00   Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)   11,016,050   33.00   34.00   35.00   Medicare outpatient ESRD charges (see instructions)   0   35.00   Medicare outpatient ESRD charges (see instructions)   0   35.00   Medicare outpatient ESRD on MEDICARE REASONABLE COST - TITLE XVIII ONLY   Part A Reasonable Cost   79,070,058   37.00   Reasonable cost (see instructions)   0   79,070,058   37.00   38.00   Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)   2,267,294   38.00   70,0058     |         | DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLI | E XVIII ONLY (NURSING SC | HOOL AND PARAMEDI | CAL           |        |
| and 94)  33.00 Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)  33.00 Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)  34.00 Ratio of direct medical education costs to total charges (line 32 + line 33)  35.00 Medicare outpatient ESRD charges (see instructions)  36.00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)  APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  Part A Reasonable Cost  37.00 Reasonable cost (see instructions)  38.00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)  39.00 Cost of physicians' services in a teaching hospital (see instructions)  40.00 Primary payer payments (see instructions)  41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  42.00 Reasonable cost (see instructions)  42.00 Reasonable cost (see instructions)  43.00 Primary payer payments (see instructions)  44.00 Total Part B reasonable cost (line 42 minus line 43)  45.00 Total reasonable cost (sum of lines 41 and 44)  46.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 + line 45)  ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Total program GME payment (line 31)  49.00 Part A Medicare GME payment (line 40 x 48) (title XVIII only) (see instructions)  26.076, 622 49.00   |         | EDUCATION COSTS)   | ·                        |                   |               |        |
| 33. 00 Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)  34. 00 Ratio of direct medical education costs to total charges (line 32 ÷ line 33)  35. 00 Medicare outpatient ESRD charges (see instructions)  36. 00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)  37. 00 Medicare outpatient ESRD of MEDICARE REASONABLE COST - TITLE XVIII ONLY Part A Reasonable Cost  37. 00 Reasonable cost (see instructions)  38. 00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)  39. 00 Cost of physicians' services in a teaching hospital (see instructions)  40. 00 Primary payer payments (see instructions)  41. 00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  42. 00 Reasonable cost (see instructions)  43. 00 Primary payer payments (see instructions)  44. 00 Total Part B reasonable cost (line 42 minus line 43)  45. 00 Total Part B reasonable cost to total reasonable cost (line 41 ÷ line 45)  46. 00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  47. 00 Ratio of Part B reasonable COSTS BETWEEN PART A AND PART B  48. 00 Total program GME payment (line 46 x 48) (title XVIII only) (see instructions)  49. 00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  40. 00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  | 32.00   | Renal dialysis direct medical education costs (from Wkst. B,   | Pt. I, sum of col. 20 an | d 23, lines 74    | 0             | 32. 00 |
| 34.00   Ratio of direct medical education costs to total charges (line 32 ÷ line 33)   0.000000   34.00   35.00   Medicare outpatient ESRD charges (see instructions)   0   35.00   Medicare outpatient ESRD direct medical education costs (line 34 x line 35)   0   36.00   APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY   Part A Reasonable Cost   Reasonable cost (see instructions)   79,070,058   37.00   38.00   Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)   2, 267,294   38.00   39.00   Cost of physicians' services in a teaching hospital (see instructions)   99,104   40.00   41.00   Primary payer payments (see instructions)   99,104   40.00   41.00   Primary payer payments (see instructions)   26,076,497   42.00   Reasonable cost (see instructions)   26,076,497   43.00   Primary payer payments (see instructions)   26,076,497   43.00   Primary payer payments (see instructions)   26,076,497   43.00   44.00   Total Part B reasonable cost (line 42 minus line 43)   26,067,151   44.00   Total Part B reasonable cost to total reasonable cost (line 41 ÷ line 45)   0.757075   46.00   47.00   Ratio of Part B reasonable cost to total reasonable cost (line 44 + line 45)   0.242925   47.00   ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B   Total program GME payment (line 46 x 48) (title XVIII only) (see instructions)   267,622   49.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   267,622   49.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   267,622   49.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   267,622   49.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   267,622   49.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   267,622   49.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   267,622   49.00   267,622   267,622   267,622   267,622   267   |         | and 94)  |                          |                   |               |        |
| 35.00 Medicare outpatient ESRD charges (see instructions)  Medicare outpatient ESRD direct medical education costs (line 34 x line 35)  APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  Part A Reasonable Cost  Reasonable cost (see instructions)  Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)  Cost of physicians' services in a teaching hospital (see instructions)  10 39.00  Cost of physicians' services in a teaching hospital (see instructions)  11 00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  Part B Reasonable Cost  42.00 Reasonable cost (see instructions)  Reasonable cost (see instructions)  26,076,497  42.00  Part B reasonable cost (see instructions)  10 35.00  APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  Part B Reasonable cost (sum of lines 31 through 39 minus line 49)  Part B Reasonable cost (sum of lines 37 through 39 minus line 40)  Part B Reasonable cost (see instructions)  26,076,497  42.00  Total Part B reasonable cost (line 42 minus line 43)  Total Part B reasonable cost (sum of lines 41 and 44)  Total Part B reasonable cost (sum of lines 41 and 44)  Total reasonable cost (sum of lines 41 and 44)  Total reasonable cost (sum of lines 41 and 44)  Total reasonable cost (sum of lines 41 and 44)  Total reasonable cost (sum of lines 41 and 44)  Total reasonable cost (sum of lines 41 and 44)  Total reasonable cost (sum of lines 41 and 44)  Total reasonable cost (sum of lines 41 and 44)  Total program GME payment (line 31)  ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  Total program GME payment (line 31)  ABOUT AND PART B HAND PART B  ABOUT AND PART B HAND PART B  |         |  |                          | 74 and 94)        |               |        |
| 36.00   Medicare outpatient ESRD direct medical education costs (line 34 x line 35)   0   APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY   |         |  | e 32 ÷ line 33)          |                   | 0.000000      |        |
| APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY   Part A Reasonable Cost  |         |  |                          |                   | 0             |        |
| Part A Reasonable Cost   Reasonable cost (see instructions)   79,070,058   37.00   38.00   Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)   2,267,294   38.00   39.00   Cost of physicians' services in a teaching hospital (see instructions)   0   39.00   40.00   Primary payer payments (see instructions)   99,104   40.00   41.00   Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)   Part B Reasonable Cost   Reasonable Cost   Reasonable cost (see instructions)   26,076,497   42.00   43.00   Primary payer payments (see instructions)   9,346   43.00   44.00   Total Part B reasonable cost (line 42 minus line 43)   26,067,151   44.00   45.00   Total reasonable cost (sum of lines 41 and 44)   107,305,399   45.00   46.00   Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)   0.757075   46.00   47.00   Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)   0.242925   47.00   ALLOCATION OF MEDI CARE DI RECT GME COSTS BETWEEN PART A AND PART B   Total program GME payment (line 31)   353,495   48.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   267,622   49.00  | 36.00   |  |                          |                   | 0             | 36. 00 |
| Reasonable cost (see instructions)   79,070,058   37.00     38.00   Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)   2,267,294   38.00     39.00   Cost of physicians' services in a teaching hospital (see instructions)   0   39.00     40.00   Primary payer payments (see instructions)   99,104   40.00     41.00   Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)   81,238,248   41.00     Part B Reasonable Cost   Reasonable cost (see instructions)   26,076,497   42.00     42.00   Primary payer payments (see instructions)   9,346   43.00     44.00   Total Part B reasonable cost (line 42 minus line 43)   26,067,151   44.00     45.00   Total reasonable cost (sum of lines 41 and 44)   107,305,399   45.00     46.00   Ratio of Part A reasonable cost to total reasonable cost (line 44 ÷ line 45)   0.757075   46.00     47.00   Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)   0.242925     48.00   Total program GME payment (line 31)   353,495   48.00     49.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   267,622   49.00  |         |  | ONLY                     |                   |               |        |
| 38.00       Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)       2, 267, 294       38.00         39.00       Cost of physicians' services in a teaching hospital (see instructions)       0       39.00         40.00       Primary payer payments (see instructions)       99, 104       40.00         41.00       Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)       81, 238, 248       41.00         Part B Reasonable Cost       Reasonable cost (see instructions)       26, 076, 497       42.00         43.00       Primary payer payments (see instructions)       9, 346       43.00         44.00       Total Part B reasonable cost (line 42 minus line 43)       26, 067, 151       44.00         45.00       Total reasonable cost (sum of lines 41 and 44)       107, 305, 399       45.00         46.00       Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)       0.757075       46.00         47.00       ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B         48.00       Total program GME payment (line 31)       353, 495       48.00         49.00       Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)       267, 622       49.00  |         |  |                          |                   |               |        |
| 39.00 Cost of physicians' services in a teaching hospital (see instructions) 40.00 Primary payer payments (see instructions) 41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  42.00 Reasonable cost (see instructions) 43.00 Primary payer payments (see instructions) 44.00 Total Part B reasonable cost (line 42 minus line 43) 45.00 Total Part B reasonable cost (sum of lines 41 and 44) 46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45) 47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45) 48.00 Total program GME payment (line 31) 48.00 Part A Medicare GME payment (line 34) 48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  | 37.00   |  |                          |                   | 79, 070, 058  |        |
| 40.00 Primary payer payments (see instructions) 41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  42.00 Ratio of Part B reasonable cost (line 42 minus line 43) 43.00 Total Part B reasonable cost (line 42 minus line 43) 45.00 Total reasonable cost (sum of lines 41 and 44) 46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45) 47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45) 48.00 Total program GME payment (line 31) 48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  40.00 Primary payer payments (see instructions)  40.00 Primary payer payments (see instructions)  42.00 Primary payer payments (see instructions)  43.00 Primary payer payments (see instructions)  44.00 Primary payer payments (see instructions)  45.00 Primary payer payments (see instructions)  45.00 Primary payer payments (see instructions)  46.00 Primary payer payments (see instructions)  47.00 Primary payer payments (see instructions)  48.00 Primary payer payments (see instructions)  48.00 Primary payer payments (see instructions)  48.00 Primary payer payments |         |  |                          |                   | 2, 267, 294   |        |
| 41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  Part B Reasonable Cost  Reasonable cost (see instructions)  42.00 Primary payer payments (see instructions)  43.00 Total Part B reasonable cost (line 42 minus line 43)  45.00 Total reasonable cost (sum of lines 41 and 44)  46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)  47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  48.00 ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  Total program GME payment (line 31)  48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  41.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   |         |  | ructions)                |                   | 0             |        |
| Part B Reasonable Cost         42.00       Reasonable cost (see instructions)       26,076,497       42.00         43.00       Primary payer payments (see instructions)       9,346       43.00         44.00       Total Part B reasonable cost (line 42 minus line 43)       26,067,151       44.00         45.00       Total reasonable cost (sum of lines 41 and 44)       107,305,399       45.00         46.00       Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)       0.757075       46.00         47.00       Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)       0.242925       47.00         48.00       ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B         48.00       Total program GME payment (line 31)       353,495       48.00         49.00       Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)       267,622       49.00   |         |  |                          |                   | ·             |        |
| 42.00       Reasonable cost (see instructions)       26,076,497       42.00         43.00       Primary payer payments (see instructions)       9,346       43.00         44.00       Total Part B reasonable cost (line 42 minus line 43)       26,067,151       44.00         45.00       Total reasonable cost (sum of lines 41 and 44)       107,305,399       45.00         46.00       Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)       0.757075       46.00         47.00       Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)       0.242925       47.00         ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B       353,495       48.00         49.00       Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)       267,622       49.00  | 41. 00  |  | s line 40)               |                   | 81, 238, 248  | 41.00  |
| 43.00 Primary payer payments (see instructions)  44.00 Total Part B reasonable cost (line 42 minus line 43)  45.00 Total reasonable cost (sum of lines 41 and 44)  46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)  47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  48.00 ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Total program GME payment (line 31)  Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  9, 346 43.00  26, 067, 151 44.00  107, 305, 399 45.00  0. 757075 46.00  47.00 ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   |         |  |                          |                   |               |        |
| 44.00 Total Part B reasonable cost (line 42 minus line 43)  45.00 Total reasonable cost (sum of lines 41 and 44)  46.00 Ratio of Part A reasonable cost total reasonable cost (line 41 ÷ line 45)  47.00 Ratio of Part B reasonable cost total reasonable cost (line 44 ÷ line 45)  48.00 ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Total program GME payment (line 31)  48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  26, 067, 151   |         | ,  |                          |                   |               |        |
| 45.00 Total reasonable cost (sum of lines 41 and 44) 46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45) 47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45) 48.00 ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  Total program GME payment (line 31) 48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 47.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   |         |  |                          |                   |               |        |
| 46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)  47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  48.00 ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  Total program GME payment (line 31)  Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   |         | ,  |                          |                   |               |        |
| 47. 00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45) 0.242925 47. 00  ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48. 00 Total program GME payment (line 31) 353, 495 48. 00  49. 00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 267, 622 49. 00  |         |  |                          |                   |               |        |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Total program GME payment (line 31)  49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  353,495 48.00 49.00  |         | · ·  | •                        |                   |               |        |
| 48.00       Total program GME payment (line 31)       353,495       48.00         49.00       Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)       267,622       49.00   | 47. 00  |  |                          |                   | 0. 242925     | 47. 00 |
| 49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 267,622 49.00   |         |  | RT B                     |                   |               |        |
|  |         | , , , ,  |                          |                   |               |        |
| FO ON IDEAT P Modicaro CME payment (Line 47 v 40) (title VVIII enly) (see instructions)  |         |  |                          |                   | ·             |        |
| 30. 00   Fait b wedicale own payment (Title 47 x 40) (Little xVIII only) (See Histractions)   85,873   50.00   | 50. 00  | Part B Medicare GME payment (line 47 x 48) (title XVIII only)  | (see instructions)       |                   | 85, 873       | 50.00  |

Health Financial Systems

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 15-0017

Peri od: Worksheet G From 07/01/2016 To 06/30/2017 Date/Time Prepared:

| onl y)           |  |                                   |                      | 10 06/30/201/  | Date/Time Pre<br>11/30/2017 5: |                  |
|------------------|--|-----------------------------------|----------------------|----------------|--------------------------------|------------------|
|                  |  | General Fund                      | Speci fi c           | Endowment Fund |                                | р                |
|                  |  | 1.00                              | Purpose Fund<br>2.00 | 3.00           | 4. 00                          |                  |
|                  | CURRENT ASSETS   |                                   | 2.00                 | 0.00           | 1.00                           |                  |
| 1.00             | Cash on hand in banks  | -2, 632, 942                      | 1                    | 1 1            | 0                              | 1. 00            |
| 2.00             | Temporary investments  | C                                 |                      |                | 0                              | 2. 00            |
| 3. 00<br>4. 00   | Notes recei vabl e<br>Accounts recei vabl e  | 07 552 013                        |                      | 0              | 0                              |                  |
| 5. 00            | Other receivable   | 97, 552, 013                      | 1                    |                | 0                              |                  |
| 6. 00            | Allowances for uncollectible notes and accounts receivable   | -15, 017, 619                     | 1                    | ol ol          | 0                              | 6. 00            |
| 7.00             | Inventory  | 15, 798, 074                      | 1                    | o              | 0                              | 7. 00            |
| 8.00             | Prepai d expenses  | 4, 601, 909                       |                      | o              | 0                              | 8. 00            |
| 9.00             | Other current assets   | 1, 214, 452                       | 1                    | 0              | 0                              | 9. 00            |
| 10.00            | Due from other funds   | 101 515 003                       |                      |                | 0                              | 10.00            |
| 11. 00           | Total current assets (sum of lines 1-10) FIXED ASSETS  | 101, 515, 887                     | (                    | 0              | 0                              | 11. 00           |
| 12. 00           | Land   | 13, 479, 606                      |                      | 0              | 0                              | 12. 00           |
| 13. 00           | Land improvements  | 3, 946, 145                       |                      | 1              | 0                              | 13. 00           |
| 14.00            | Accumulated depreciation   | -1, 647, 859                      | 1                    | o              | 0                              | 14. 00           |
| 15. 00           | Bui I di ngs   | 236, 375, 933                     | 1                    | 0              | 0                              | 15. 00           |
| 16.00            | Accumulated depreciation   | -45, 861, 961                     | 1                    | 0              | 0                              | 16. 00           |
| 17. 00           | Leasehold improvements   | 33, 220, 009                      | 1                    | 0              | 0                              | 17.00            |
| 18. 00<br>19. 00 | Accumulated depreciation Fixed equipment   | -9, 684, 115<br>10, 950, 965      | 1                    |                | 0                              | 18. 00<br>19. 00 |
| 20. 00           | Accumulated depreciation   | -4, 087, 378                      |                      |                | 0                              | 20.00            |
| 21. 00           | Automobiles and trucks   | 1, 621, 661                       | 1                    | o o            | 0                              | 21. 00           |
| 22. 00           | Accumul ated depreciation  | -1, 227, 922                      |                      | o              | 0                              | 22. 00           |
| 23. 00           | Major movable equipment  | 69, 236, 570                      | 1                    | 0              | 0                              | 23. 00           |
| 24. 00           | Accumulated depreciation   | -50, 366, 849                     | 1                    | 0              | 0                              | 24. 00           |
| 25. 00           | Minor equipment depreciable  | 22, 974, 560                      | 1                    |                | 0                              | 25. 00           |
| 26. 00<br>27. 00 | Accumulated depreciation HIT designated Assets   | -15, 876, 392                     |                      |                | 0                              | 26. 00<br>27. 00 |
| 28. 00           | Accumulated depreciation   |                                   |                      |                | 0                              | 28. 00           |
| 29. 00           | Mi nor equi pment-nondepreci abl e   | d                                 |                      | o o            | 0                              | 29. 00           |
| 30.00            | Total fixed assets (sum of lines 12-29)  | 263, 052, 973                     | 3 (                  | o              | 0                              | 30.00            |
|                  | OTHER ASSETS   | 1                                 |                      | ا ما           |                                |                  |
| 31. 00<br>32. 00 | Investments  Deposits on Leases  |                                   |                      |                | 0                              | 31.00            |
| 33. 00           | Deposits on leases Due from owners/officers  |                                   |                      |                | 0                              | 33. 00           |
| 34. 00           | Other assets   | 14, 387, 909                      | 1                    |                | 0                              | 34. 00           |
| 35. 00           | Total other assets (sum of lines 31-34)  | 14, 387, 909                      | 1                    | o o            | 0                              | 35. 00           |
| 36.00            | Total assets (sum of lines 11, 30, and 35)   | 378, 956, 769                     | ) (                  | 0              | 0                              | 36. 00           |
|                  | CURRENT LI ABI LI TI ES  |                                   |                      | 1              |                                |                  |
| 37. 00           | Accounts payable   | 21, 591, 644                      | 1                    | 0              | 0                              |                  |
| 38. 00<br>39. 00 | Salaries, wages, and fees payable<br>Payroll taxes payable   | 9, 526, 061<br>1, 221, 657        | 1                    | 0              | 0                              | 38. 00<br>39. 00 |
| 40. 00           | Notes and Loans payable (short term)   | 1, 221, 037                       | 1                    |                | 0                              | 40.00            |
| 41. 00           | Deferred income  | 1277116                           |                      | ol ol          | 0                              | 41. 00           |
| 42.00            | Accel erated payments  | c                                 |                      |                |                                | 42. 00           |
| 43.00            | Due to other funds   | -1, 032, 433, 310                 |                      | 0              | 0                              |                  |
| 44. 00           |  | 6, 797, 549                       | 1                    | 7              | 0                              |                  |
| 45. 00           |  | -993, 169, 289                    | 7  (                 | 0              | 0                              | 45. 00           |
| 46. 00           | LONG TERM LIABILITIES  Mortgage payable  |                                   |                      |                | 0                              | 46. 00           |
| 47. 00           | Notes payable  | 170, 564                          | í                    |                | 0                              | 47. 00           |
| 48. 00           | Unsecured Loans  | C                                 | 1                    | o o            | 0                              | 1                |
| 49.00            | Other long term liabilities  | 61, 143                           | 3                    | o              | 0                              | 49. 00           |
| 50.00            | Total long term liabilities (sum of lines 46 thru 49)  | 231, 707                          | 1                    | 0              | 0                              |                  |
| 51. 00           | Total liabilities (sum of lines 45 and 50)   | -992, 937, 582                    | 2 (                  | 0              | 0                              | 51.00            |
| F2 00            | CAPITAL ACCOUNTS   | 1 271 004 251                     | ı                    |                |                                | F2 00            |
| 52. 00<br>53. 00 | General fund balance<br>Specific purpose fund  | 1, 371, 894, 351                  | 1                    |                |                                | 52. 00<br>53. 00 |
| 54. 00           | Donor created - endowment fund balance - restricted  |                                   |                      | <u></u>        |                                | 54.00            |
| 55. 00           | Donor created - endowment fund balance - unrestricted  |                                   |                      | Ö              |                                | 55. 00           |
| 56.00            | Governing body created - endowment fund balance  |                                   |                      | 0              |                                | 56. 00           |
| 57. 00           | Plant fund balance - invested in plant   |                                   |                      |                | 0                              |                  |
| 58. 00           | Plant fund balance - reserve for plant improvement,  |                                   |                      |                | 0                              | 58. 00           |
| 50 00            | replacement, and expansion   | 1 271 004 251                     |                      |                | 0                              | 59.00            |
| 59. 00<br>60. 00 | Total fund balances (sum of lines 52 thru 58) Total liabilities and fund balances (sum of lines 51 and | 1, 371, 894, 351<br>378, 956, 769 | 1                    | )<br>)<br>)    | 0                              |                  |
| 55.00            | [59]   | 3.3, 733, 707                     | `                    |                |                                | 55.00            |
|                  |  | •                                 | •                    |                |                                | •                |

| Period: | Worksheet G-1 | From 07/01/2016 | To 06/20/2017 | From 07/01/2017 | From Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES Provider CCN: 15-0017

|                  |   |                |                                   |          | То   | 06/30/2017 | Date/Time Pre<br>11/30/2017 5: | pared:<br>03 pm  |
|------------------|---|----------------|-----------------------------------|----------|------|------------|--------------------------------|------------------|
|                  |   | Genera         | l Fund                            | Speci al | Purp | oose Fund  | Endowment Fund                 |                  |
|                  |   |                |                                   |          |      |            |                                |                  |
|                  |   | 1.00           | 2.00                              | 3. 00    |      | 4. 00      | 5. 00                          |                  |
| 1.00             | Fund balances at beginning of period  |                | 1, 238, 690, 362                  |          |      | 0          |                                | 1.00             |
| 2. 00<br>3. 00   | Net income (loss) (from Wkst. G-3, line 29)<br>Total (sum of line 1 and line 2) |                | 177, 469, 235<br>1, 416, 159, 597 |          |      | 0          |                                | 2. 00<br>3. 00   |
| 4. 00            | Additions (credit adjustments) (W/O)  | -3, 286, 558   | 1, 410, 139, 397                  |          | 0    | U          | 0                              | 1                |
| 5. 00            | That trons (or car trady as therets) (w/o)                                      | 0, 200, 000    |                                   |          | 0    |            | 0                              |                  |
| 6.00             |   | 0              |                                   |          | 0    |            | 0                              | 6. 00            |
| 7.00             |   | 0              |                                   |          | 0    |            | 0                              | 1                |
| 8. 00            |   | 0              |                                   |          | 0    |            | 0                              |                  |
| 9.00             | Total additions (sum of line 4.0)   | 0              | 2 204 550                         |          | 0    | 0          | 0                              |                  |
| 10. 00<br>11. 00 | Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)                |                | -3, 286, 558<br>1, 412, 873, 039  | l .      |      | 0          |                                | 10. 00<br>11. 00 |
| 12. 00           | ROUNDING  | 12             | 1, 412, 673, 039                  |          | 0    | O          | 0                              | 1                |
| 13. 00           |   | 0              |                                   |          | 0    |            | Ö                              |                  |
| 14.00            |   | o              |                                   |          | 0    |            | 0                              | 14. 00           |
| 15. 00           |   | 0              |                                   |          | 0    |            | 0                              |                  |
| 16.00            |   | 0              |                                   |          | 0    |            | 0                              |                  |
| 17. 00<br>18. 00 | Total deductions (sum of lines 12-17)   | U              | 12                                |          | U    | 0          | 0                              | 17. 00<br>18. 00 |
| 19. 00           | Fund balance at end of period per balance                                       |                | 1, 412, 873, 027                  |          |      | 0          |                                | 19. 00           |
|                  | sheet (line 11 minus line 18)   |                |                                   |          |      |            |                                |                  |
|                  |   | Endowment Fund | PI ant                            | Fund     |      |            |                                |                  |
|                  |   | 6. 00          | 7. 00                             | 8.00     |      |            |                                |                  |
| 1. 00            | Fund balances at beginning of period  | 0              |                                   |          | 0    |            |                                | 1. 00            |
| 2.00             | Net income (loss) (from Wkst. G-3, line 29)                                     |                |                                   |          |      |            |                                | 2. 00            |
| 3. 00<br>4. 00   | Total (sum of line 1 and line 2) Additions (credit adjustments) (W/O)           | 0              | 0                                 |          | 0    |            |                                | 3. 00<br>4. 00   |
| 5. 00            | Additions (credit adjustments) (w/o)  |                | 0                                 |          |      |            |                                | 5. 00            |
| 6. 00            |   |                | 0                                 |          |      |            |                                | 6. 00            |
| 7.00             |   |                | 0                                 |          |      |            |                                | 7. 00            |
| 8.00             |   |                | 0                                 |          |      |            |                                | 8. 00            |
| 9.00             | Total additions (sum of line 4.0)   |                | 0                                 |          |      |            |                                | 9.00             |
| 10. 00<br>11. 00 | Total additions (sum of line 4-9)<br>Subtotal (line 3 plus line 10)             | 0              |                                   |          | 0    |            |                                | 10. 00<br>11. 00 |
| 12. 00           | ROUNDI NG   |                | 0                                 |          | U    |            |                                | 12. 00           |
| 13. 00           |   |                | 0                                 |          |      |            |                                | 13. 00           |
| 14.00            |   |                | 0                                 |          |      |            |                                | 14. 00           |
| 15. 00           |   |                | 0                                 | 1        |      |            |                                | 15. 00           |
| 16.00            |   |                | 0                                 |          |      |            |                                | 16.00            |
| 17. 00<br>18. 00 | Total deductions (sum of lines 12-17)   |                | 0                                 |          | 0    |            |                                | 17. 00<br>18. 00 |
| 19. 00           | Fund balance at end of period per balance sheet (line 11 minus line 18)         | 0              |                                   |          | 0    |            |                                | 19. 00           |

Health Financial Systems LUSTATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0017

|                  |  | To                           | 06/30/2017       | Date/Time Pre 11/30/2017 5:  |                  |
|------------------|--|------------------------------|------------------|------------------------------|------------------|
|                  | Cost Center Description  | I npati ent                  | Outpati ent      | Total                        | оо ріп           |
|                  |  | 1.00                         | 2. 00            | 3. 00                        |                  |
|                  | PART I - PATIENT REVENUES  | •                            |                  |                              |                  |
|                  | General Inpatient Routine Services                                       |                              |                  |                              |                  |
| 1.00             | Hospi tal  | 107, 501, 571                |                  | 107, 501, 571                | 1.00             |
| 2.00             | SUBPROVI DER - I PF  | 0                            |                  | 0                            | 2.00             |
| 3.00             | SUBPROVI DER - I RF  |                              |                  |                              | 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   |                              |                  |                              | 9. 00            |
| 10. 00           | Total general inpatient care services (sum of lines 1-9)                 | 107, 501, 571                |                  | 107, 501, 571                | 10. 00           |
|                  | Intensive Care Type Inpatient Hospital Services                          | 1 .                          |                  |                              |                  |
| 11.00            | INTENSIVE CARE UNIT  | 0                            |                  | 0                            | 11. 00           |
| 11. 01           | PEDIATRIC INTENSIVE CARE UNIT  | 3, 963, 878                  |                  | 3, 963, 878                  |                  |
|                  | NEONATAL INTENSIVE CARE UNIT CARDIO INTENSIVE CARE UNIT                  | 14, 280, 494                 |                  | 14, 280, 494                 | 11. 02           |
| 11. 03<br>12. 00 | CORONARY CARE UNIT   | 72, 048, 846<br>28, 383, 945 |                  | 72, 048, 846<br>28, 383, 945 |                  |
| 13. 00           | BURN INTENSIVE CARE UNIT   | 20, 303, 943                 |                  | 20, 303, 943                 | 13. 00           |
| 14. 00           | SURGICAL INTENSIVE CARE UNIT   |                              |                  |                              | 14. 00           |
| 15. 00           | OTHER SPECIAL CARE (SPECIFY)   |                              |                  |                              | 15. 00           |
| 16. 00           | Total intensive care type inpatient hospital services (sum of lines      | 118, 677, 163                |                  | 118, 677, 163                |                  |
| 10.00            | 11-15)   | 110,077,103                  |                  | 110,077,103                  | 10.00            |
| 17. 00           | Total inpatient routine care services (sum of lines 10 and 16)           | 226, 178, 734                |                  | 226, 178, 734                | 17. 00           |
| 18. 00           | Ancillary services   | 1, 372, 729, 392             | 994. 361. 793    | 2, 367, 091, 185             |                  |
| 19. 00           | Outpatient services  | 46, 756, 751                 | 109, 461, 780    |                              | 19. 00           |
| 20. 00           | RURAL HEALTH CLINIC  | 0                            | 0                | 0                            | 20. 00           |
| 21. 00           | FEDERALLY QUALIFIED HEALTH CENTER  | 0                            | 0                | 0                            | 21. 00           |
| 22. 00           | HOME HEALTH AGENCY   |                              |                  |                              | 22. 00           |
| 23.00            | AMBULANCE SERVICES   | 0                            | 8, 204, 817      | 8, 204, 817                  | 23. 00           |
| 24.00            | CMHC   |                              |                  |                              | 24. 00           |
| 25.00            | AMBULATORY SURGICAL CENTER (D. P. )                                      |                              |                  |                              | 25. 00           |
| 26.00            | HOSPI CE   |                              |                  |                              | 26.00            |
| 27. 00           | OTHER (SPECIFY)  | 0                            | 0                | 0                            | 27. 00           |
| 28. 00           | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.   | 1, 645, 664, 877             | 1, 112, 028, 390 | 2, 757, 693, 267             | 28. 00           |
|                  | G-3, line 1)   |                              |                  |                              |                  |
|                  | PART II - OPERATING EXPENSES   | T                            |                  |                              |                  |
| 29. 00           | Operating expenses (per Wkst. A, column 3, line 200)                     |                              | 388, 018, 773    |                              | 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           | Total additions (sum of lines 20 25)                                     | 0                            | 0                |                              | 35. 00<br>36. 00 |
| 36. 00<br>37. 00 | Total additions (sum of lines 30-35) DEDUCT (SPECIFY)                    | 0                            | U                |                              | 36.00            |
| 38. 00           | DEDUCT (SPECIFF)   | 0                            |                  |                              | 38.00            |
| 39. 00           |  | 0                            |                  |                              | 39.00            |
| 40. 00           |  |                              |                  |                              | 40. 00           |
| 41. 00           |  | 0                            |                  |                              | 41. 00           |
| 42. 00           | Total deductions (sum of lines 37-41)                                    |                              | 0                |                              | 41.00            |
| 43. 00           | Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer |                              | 388, 018, 773    |                              | 43. 00           |
| 75.00            | to Wkst. G-3, line 4)  |                              | 300, 010, 773    |                              | 73.00            |
|                  |  | 1                            |                  | 1                            | "                |

| Heal th | Financial Systems LUTHERAN HOSPIT                           | AL OF INDIANA         | In lie                           | eu of Form CMS-2 | 2552_10 |
|---------|---|-----------------------|----------------------------------|------------------|---------|
|         | ENT OF REVENUES AND EXPENSES                                | Provider CCN: 15-0017 | Peri od:                         | Worksheet G-3    | 2002 10 |
| STATEN  | ENT OF REVENUES AND EATENSES                                | Trovider con. 13 con. | From 07/01/2016<br>To 06/30/2017 |                  |         |
|         | · · · · · · · · · · · · · · · · · · ·                       |                       |                                  | 1173072017 3.    | JJ PIII |
|         |   |                       |                                  | 1. 00            |         |
| 1. 00   | Total patient revenues (from Wkst. G-2, Part I, column 3, I | ine 28)               | ,                                | 2, 757, 693, 267 | 1. 00   |
| 2.00    | Less contractual allowances and discounts on patients' acco |                       |                                  | 2, 189, 316, 225 | 2. 00   |
| 3.00    | Net patient revenues (line 1 minus line 2)                  |                       |                                  | 568, 377, 042    | 3. 00   |
| 4.00    | Less total operating expenses (from Wkst. G-2, Part II, lir | ne 43)                |                                  | 388, 018, 773    | 4. 00   |
| 5.00    | Net income from service to patients (line 3 minus line 4)   | ,                     |                                  | 180, 358, 269    | 5. 00   |
|         | OTHER INCOME  |                       |                                  |                  |         |
| 6.00    | Contributions, donations, bequests, etc                     |                       |                                  | 0                | 6. 00   |
| 7.00    | Income from investments                                     |                       |                                  | 0                | 7. 00   |
| 8.00    | Revenues from telephone and other miscellaneous communicati | on 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 guests             |                       |                                  | 0                | 14.00   |
| 15.00   | Revenue from rental of living quarters                      |                       |                                  | 0                | 15. 00  |
| 16.00   | Revenue from sale of medical and surgical supplies to other | than patients         |                                  | 0                | 16. 00  |
| 17.00   | Revenue from sale of drugs to other than patients           | ·                     |                                  | 0                | 17. 00  |
| 18.00   | Revenue from sale of medical records and abstracts          |                       |                                  | 0                | 18. 00  |
| 19.00   | Tuition (fees, sale of textbooks, uniforms, etc.)           |                       |                                  | 0                | 19. 00  |
| 20.00   | Revenue from gifts, flowers, coffee shops, and canteen      |                       |                                  | 0                | 20.00   |
| 21.00   | Rental of vending machines                                  |                       |                                  | 0                | 21. 00  |
| 22.00   | Rental of hospital space                                    |                       |                                  | 0                | 22. 00  |
| 23. 00  | Governmental appropriations                                 |                       |                                  | 0                | 23. 00  |
| 24.00   | OTHER REVENUE   |                       |                                  | -2, 889, 034     | 24. 00  |
|         | Total other income (sum of lines 6-24)                      |                       |                                  | -2, 889, 034     |         |
| 26. 00  | , ,   |                       |                                  | 177, 469, 235    |         |
| 27 00   | OTHER EVRENCES (SRECLEV)                                    |                       |                                  |                  |         |

28.00

0 27.00

177, 469, 235 29. 00

27. 00 OTHER EXPENSES (SPECIFY)

28.00 Total other expenses (sum of line 27 and subscripts)
29.00 Net income (or loss) for the period (line 26 minus line 28)

| Heal th          | Financial Systems LUTHERAN HOSPITAL  | _ OF INDIANA              | In Lie                                       | u of Form CMS-2   | 2552-10 |
|------------------|--|---------------------------|--|-------------------|---------|
|                  | ATION OF CAPITAL PAYMENT   | Provi der CCN: 15-0017    | Peri od:<br>From 07/01/2016<br>To 06/30/2017 | Worksheet L       | pared:  |
|                  |  | Title XVIII               | Hospi tal                                    | PPS               |         |
|                  |  |                           |  | 1. 00             |         |
|                  | PART I - FULLY PROSPECTIVE METHOD  |                           |  | 1.00              |         |
|                  | CAPITAL FEDERAL AMOUNT   |                           |  |                   | 1       |
| 1.00             | Capital DRG other than outlier   |                           |  | 4, 712, 169       | 1. 00   |
| 1.01             | Model 4 BPCI Capital DRG other than outlier  |                           |  | 0                 |         |
| 2.00             | Capital DRG outlier payments   |                           |  | 674, 061          | 2. 00   |
| 2. 01            | Model 4 BPCI Capital DRG outlier payments  |                           |  | 0                 |         |
| 3. 00<br>4. 00   | Total inpatient days divided by number of days in the cost re<br>Number of interns & residents (see instructions)            | eporting period (see inst | ructions)                                    | 267. 40<br>6. 95  |         |
| 5.00             | Indirect medical education percentage (see instructions)   |                           |  | 0.74              |         |
| 6. 00            | Indirect medical education adjustment (multiply line 5 by the  | e sum of lines 1 and 1 01 | columns 1 and                                | 34, 870           |         |
| 0.00             | 1.01) (see instructions)   | s sam or rines r and r.o. | , corumns r and                              | 01,070            | 0.00    |
| 7.00             | Percentage of SSI recipient patient days to Medicare Part A p  | oatient days (Worksheet E | , part A line                                | 4. 13             | 7. 00   |
|                  | 30) (see instructions)   |                           |  |                   |         |
| 8. 00            | Percentage of Medicaid patient days to total days (see instru  | uctions)                  |  | 18. 47            |         |
| 9.00             | Sum of lines 7 and 8   | `                         |  | 22. 60            |         |
| 10. 00<br>11. 00 | Allowable disproportionate share percentage (see instructions Disproportionate share adjustment (see instructions)           | 5)                        |  | 4. 69<br>221, 001 |         |
| 12. 00           |  |                           |  | 5, 642, 101       | 1       |
| 12.00            | Total prospective capital payments (see Thistructions)   |                           |  | 3, 042, 101       | 12.00   |
|                  |  |                           |  | 1. 00             |         |
|                  | PART II - PAYMENT UNDER REASONABLE COST  |                           |  |                   |         |
| 1.00             | Program inpatient routine capital cost (see instructions)  |                           |  | 0                 |         |
| 2.00             | Program inpatient ancillary capital cost (see instructions)  |                           |  | 0                 |         |
| 3.00             |  |                           |  | 0                 |         |
| 4. 00<br>5. 00   | Capital cost payment factor (see instructions) Total inpatient program capital cost (line 3 x line 4)                        |                           |  | 0                 |         |
| 3.00             | Total impatrent program capital cost (iiie 3 x iiiie 4)  |                           |  | 0                 | 3.00    |
|                  |  |                           |  | 1. 00             |         |
| 1 00             | PART III - COMPUTATION OF EXCEPTION PAYMENTS   |                           |  | 0                 | 1 00    |
| 1. 00<br>2. 00   | Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance            | cos (soo instructions)    |  | 0                 |         |
| 3.00             | Net program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2) | Les (see l'istructions)   |  | 0                 |         |
| 4.00             | Applicable exception percentage (see instructions)   |                           |  | 0.00              |         |
| 5. 00            | Capital cost for comparison to payments (line 3 x line 4)  |                           |  | 0                 |         |
| 6.00             | Percentage adjustment for extraordinary circumstances (see ir  | nstructions)              |  | 0.00              | 6. 00   |
| 7.00             | Adjustment to capital minimum payment level for extraordinary  | y circumstances (line 2 x | line 6)                                      | 0                 | 7. 00   |
| 8.00             | Capital minimum payment level (line 5 plus line 7)   |                           |  | 0                 |         |
| 9.00             | Current year capital payments (from Part I, line 12, as appli  |                           |  | 0                 |         |
| 10.00            | Current year comparison of capital minimum payment level to c  |                           |  | 0                 |         |
| 11. 00           | Carryover of accumulated capital minimum payment level over of Worksheet L, Part III, line 14)                               | capitai payment (Trom pri | or year                                      | 0                 | 11. 00  |
| 12.00            |  |                           |  | 0                 | 12. 00  |
| 13.00            |  |                           |  | 0                 |         |
| 14. 00           | Carryover of accumulated capital minimum payment level over o  | 0                         | 14. 00                                       |                   |         |
| 15 00            | (if line 12 is negative, enter the amount on this line)  | atrusti ana)              |  | 0                 | 15 00   |
| 15. 00<br>16. 00 | Current year allowable operating and capital payment (see ins<br>Current year operating and capital costs (see instructions) | Structions)               |  | 0                 |         |
|                  | Current year exception offset amount (see instructions)  | 0                         |  |                   |         |
| . 7. 00          | Tourier your exception offset amount (see instructions)  |                           |  | 0                 | 1 17.00 |