

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/30/2017 1:01 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 11/30/2017 Time: 1:01 pm

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE 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 ST. VINCENT HOSPITAL & HCC (15-0084) 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.

Encryption Information
 ECR: Date: 11/30/2017 Time: 1:01 pm
 jLoLHEej vV2BONEFd7xONJahEagNbO
 SbvTa0ZtNChvHtftyYaVYInTz1ri KC
 I rwX2Czi uX0I 4dL4
 PI: Date: 11/30/2017 Time: 1:01 pm
 NLpzuYcXtqTc3SBTRsvpmTp19: 3w40
 qKUrV0H: 7JMyJSS3yn7j 2: j l xhZ5GK
 C90n0vEp780GCMYt

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	3,956,445	-132,938	0	0 1.00
2.00	Subprovider - IPF	0	14,564	9	0	0 2.00
3.00	Subprovider - IRF	0	-13,774	0	0	0 3.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
200.00	Total	0	3,957,235	-132,929	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0084		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 12:58 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 2001 WEST 86TH STREET		PO Box:									
2.00 City: INDIANAPOLIS		State: IN		Zip Code: 46260-		County: MARION					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ST. VINCENT HOSPITAL & HCC		150084	26900	1	07/01/1966	N	P	0	3.00
4.00 Subprovider - IPF		ST. VINCENT STRESS CENTER		15S084	26900	4	07/07/1992	N	P	0	4.00
5.00 Subprovider - IRF		ST. VINCENT HOSPITAL REHAB. UNIT		15T084	26900	5	07/01/2012	N	P	0	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							07/01/2016	06/30/2017		20.00	
21.00 Type of Control (see instructions)							2			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								2		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the 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.		11,023	7,086	126	241	41,973	146		24.00		
25.00 If this provider is an IRF, enter the in-state 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.		59	42	0	0	251			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 12:58 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			18.00	18.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		68.90	73.37			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		81.36	82.33			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		105.83	107.22			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		112.47	123.94			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		6.64	16.72			61.05

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		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		1.36	1.28			61.06	
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00			
61.10	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.	GENERAL SURGERY		3650	10.28	10.28	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded 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.	PEDIATRICS		5250	3.00	3.00	61.20	
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			5.58	46.85	0.106428	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained 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)	FAMILY MEDICINE	1350	3.12	16.14	0.161994	65.00	
65.01		GERIATRIC MEDICINE	1351	0.31	0.68	0.313131	65.01	
65.02		INTERNAL MEDICINE	1400	8.40	39.89	0.173949	65.02	
65.03		INTERNAL	2755	0.96	7.02	0.120301	65.03	
65.04		MEDICINE/FAMILY PEDIATRICS	2000	0.67	10.67	0.059083	65.04	

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	5.66	142.59	0.038179		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	2.94	17.24	0.145689 67.00	
67.01		INTERNAL MEDICINE - GENERAL	1400	4.06	37.94	0.096667 67.01	
67.02		INTERNAL MEDICINE/FAMILY MEDICINE -	1505	1.30	7.77	0.143330 67.02	
67.03		PEDIATRICS - GENERAL	2000	0.33	13.67	0.023571 67.03	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.					N	87.00

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If 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. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N
					1.00
					2.00
					3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	3,352,636	0		118.01
					1.00
					2.00
118.02	Are malpractice 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.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §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 Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		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.	Y	5.00		122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	08/17/2010			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/28/1995			127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 12:58 pm	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			08/17/2010			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
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
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		15H046	140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ST. VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101			141.00
142.00	Street: 10330 N. MERIDIAN ST	PO Box:		Zip Code: 46290			142.00
143.00	City: INDIANAPOLIS	State: IN					143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N			146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	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)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 12:58 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		9.99	169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2015	09/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 12:58 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/09/2017	Y	10/09/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 12:58 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
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.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
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.	GREGORY		KRUPINSKI	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3282		GREGORY.KRUPINSKI@STVINCENT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 12:58 pm
		3.00		
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.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2017 12:58 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	571	208,719	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		571	208,719	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	54	19,710	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	32.01	24	8,760	0.00	0	9.01
9.02 RENAL TRANSPLANT	32.02	4	1,460	0.00	0	9.02
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	33.01	15	5,475	0.00	0	10.01
10.02 BURN INTENSIVE CARE UNIT	33.02	0	0	0.00	0	10.02
10.03 BURN INTENSIVE CARE UNIT	33.03	0	0	0.00	0	10.03
10.04 BURN INTENSIVE CARE UNIT	33.04	0	0	0.00	0	10.04
10.05 BURN INTENSIVE CARE UNIT	33.05	0	0	0.00	0	10.05
10.06 BURN INTENSIVE CARE UNIT	33.06	0	0	0.00	0	10.06
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 NEONATAL INTENSIVE CARE UNIT	34.01	87	31,755	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		755	275,879	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	57	20,805		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		832				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part I Date/Time Prepared: 11/30/2017 12:58 pm
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	48,914	4,376	128,709			1.00
2.00 HMO and other (see instructions)	19,112	42,974				2.00
3.00 HMO IPF Subprovider	389	0				3.00
4.00 HMO IRF Subprovider	377	293				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	48,914	4,376	128,709			7.00
8.00 INTENSIVE CARE UNIT	6,109	343	16,897			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	2,434	0	6,733			9.01
9.02 RENAL TRANSPLANT	180	0	1,973			9.02
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	0	361	3,053			10.01
10.02 BURN INTENSIVE CARE UNIT	0	0	0			10.02
10.03 BURN INTENSIVE CARE UNIT	0	0	0			10.03
10.04 BURN INTENSIVE CARE UNIT	0	0	0			10.04
10.05 BURN INTENSIVE CARE UNIT	0	0	0			10.05
10.06 BURN INTENSIVE CARE UNIT	0	0	0			10.06
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	8,036	25,366			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		4,359	7,231			13.00
14.00 Total (see instructions)	57,637	17,475	189,962	159.33	5,016.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,586	4,993	15,322	0.00	141.00	16.00
17.00 SUBPROVIDER - IRF	2,154	59	4,223	0.00	24.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				159.33	5,181.00	27.00
28.00 Observation Bed Days		0	8,249			28.00
29.00 Ambulance Trips	5					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	146	1,451			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2017 12:58 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,946	1,044	31,939	1.00
2.00	HMO and other (see instructions)			3,058	5,527		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
9.01	CARDIOTHORACIC VASCULAR TRANSPL						9.01
9.02	RENAL TRANSPLANT						9.02
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	PEDIATRIC INTENSIVE CARE UNIT						10.01
10.02	BURN INTENSIVE CARE UNIT						10.02
10.03	BURN INTENSIVE CARE UNIT						10.03
10.04	BURN INTENSIVE CARE UNIT						10.04
10.05	BURN INTENSIVE CARE UNIT						10.05
10.06	BURN INTENSIVE CARE UNIT						10.06
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	NEONATAL INTENSIVE CARE UNIT						11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	9,946	1,044	31,939	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	296	921	2,595	16.00
17.00	SUBPROVIDER - IRF	0.00	0	171	0	334	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2017 12:58 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	375,903,933	0	375,903,933	10,777,320.00	34.88
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		7,456,304	0	7,456,304	62,269.00	119.74
4.01	Physicians - Part A - Teaching		10,185,409	0	10,185,409	83,265.00	122.33
5.00	Physician and Non-Physician-Part B		18,344,797	0	18,344,797	144,053.00	127.35
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	9,235,143	9,235,143	349,938.00	26.39
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		47,326,597	0	47,326,597	1,541,660.00	30.70
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		37,800,792	-1,113,815	36,686,977	895,279.00	40.98
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		9,165,506	0	9,165,506	128,161.00	71.52
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		62,789,217	0	62,789,217	1,687,685.00	37.20
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		90,620,919	0	90,620,919		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		9,682,591	0	9,682,591		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,213,901	0	1,213,901		
22.01	Physician Part A - Teaching		1,646,894	0	1,646,894		
23.00	Physician Part B		2,928,941	0	2,928,941		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,222,142	0	3,222,142		
25.50	Home office wage-related		15,134,385	0	15,134,385		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	3,510,217	0	3,510,217	82,727.00	42.43
27.00	Administrative & General	5.00	57,172,063	-47,044	57,125,019	1,961,295.00	29.13

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2017 12:58 pm

	Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	11,301,387	0	11,301,387	84,842.00	133.21	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,608,147	0	1,608,147	209,305.00	7.68	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	8,134,003	0	8,134,003	370,592.00	21.95	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	2,732,971	0	2,732,971	107,957.00	25.32	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	10,887,971	0	10,887,971	322,925.00	33.72	38.00
39.00	Central Services and Supply	262,240	0	262,240	15,349.00	17.09	39.00
40.00	Pharmacy	13,888,237	-108,731	13,779,506	312,454.00	44.10	40.00
41.00	Medical Records & Medical Records Library	3,591,958	0	3,591,958	150,060.00	23.94	41.00
42.00	Social Service	5,835,558	-58,277	5,777,281	155,863.00	37.07	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2017 12:58 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	322,215,491	-9,235,143	312,980,348	9,221,795.00	33.94	1.00
2.00	Excluded area salaries (see instructions)	37,800,792	-1,113,815	36,686,977	895,279.00	40.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	284,414,699	-8,121,328	276,293,371	8,326,516.00	33.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	71,954,723	0	71,954,723	1,815,846.00	39.63	4.00
5.00	Subtotal wage-related costs (see inst.)	106,969,205	0	106,969,205	0.00	38.72	5.00
6.00	Total (sum of lines 3 thru 5)	463,338,627	-8,121,328	455,217,299	10,142,362.00	44.88	6.00
7.00	Total overhead cost (see instructions)	118,924,752	-214,052	118,710,700	3,773,369.00	31.46	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2017 12:58 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		13,610,518	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)		5,408,903	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)		62,374,577	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		517,617	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		307,004	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		2,123,494	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		302,462	14.00
15.00	'Workers' Compensation Insurance		1,959,123	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		22,300,219	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		101,980	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		309,491	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		109,315,388	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/30/2017 12:58 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		9,165,506	109,315,388
2.00	Hospital		9,165,506	90,620,919
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice		0	0
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	18,694,469

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/30/2017 12:58 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.223048	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		157,557,620	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		745,867,145	6.00
7.00	Medicaid cost (line 1 times line 6)		166,364,175	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		8,806,555	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
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)		0	16.00
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	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 8, 12 and 16)		8,806,555	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	69,111,039	24,261,638	93,372,677
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	15,415,079	24,261,638	39,676,717
22.00	Payments received from patients for amounts previously written off as charity care	770,148	1,024,168	1,794,316
23.00	Cost of charity care (line 21 minus line 22)	14,644,931	23,237,470	37,882,401
			1.00	
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?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		23,682,541	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,440,121	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,215,571	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		21,466,970	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,563,615	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		43,446,016	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		52,252,571	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A

Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		12,568,442	12,568,442	6,417,279	18,985,721	1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS		273,560	273,560	220,094	493,654	1.01
1.02 00102	NEW CAP REL COSTS-BLDG-MARTEN H		138,125	138,125	-133,128	4,997	1.02
1.03 00103	NEW CAP REL COSTS-BLDG-WOMENS		0	0	0	0	1.03
2.00 00200	CAP REL COSTS-MVBLE EQUIP		16,793,926	16,793,926	-1,445	16,792,481	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,510,217	76,117,501	79,627,718	-407,478	79,220,240	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	57,172,063	138,887,782	196,059,845	-10,931,132	185,128,713	5.00
7.00 00700	OPERATION OF PLANT	1,608,147	39,517,109	41,125,256	0	41,125,256	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	2,508,496	2,508,496	0	2,508,496	8.00
9.00 00900	HOUSEKEEPING	0	9,892,961	9,892,961	0	9,892,961	9.00
10.00 01000	DIETARY	0	14,100,133	14,100,133	-7,283,599	6,816,534	10.00
11.00 01100	CAFETERIA	0	0	0	7,233,459	7,233,459	11.00
13.00 01300	NURSING ADMINISTRATION	10,887,971	3,689,112	14,577,083	0	14,577,083	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	262,240	13,437,807	13,700,047	-3,016,774	10,683,273	14.00
15.00 01500	PHARMACY	13,888,237	70,007,687	83,895,924	-63,718,609	20,177,315	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,591,958	4,572,238	8,164,196	0	8,164,196	16.00
17.00 01700	SOCIAL SERVICE	5,835,558	2,479,506	8,315,064	-58,277	8,256,787	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	9,235,143	9,235,143	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	13,364,779	3,613,880	16,978,659	-8,949,670	8,028,989	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	281,210	52,645	333,855	-61,225	272,630	23.00
23.01 02301	PARAMED ED PRGM - CPE	358,878	34,401	393,279	41,761	435,040	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	186,068	-19,101	166,967	300,308	467,275	23.02
23.03 02303	PARAMED ED PRGM - EMS	1,642,034	608,652	2,250,686	98,289	2,348,975	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	76,314,842	17,836,763	94,151,605	-14,305,428	79,846,177	30.00
31.00 03100	INTENSIVE CARE UNIT	13,512,128	5,463,276	18,975,404	-3,676,061	15,299,343	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	6,138,030	1,470,423	7,608,453	-10,789	7,597,664	32.01
32.02 03202	RENAL TRANSPLANT	255,208	19,213	274,421	678,654	953,075	32.02
33.00 02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02400	PEDIATRIC INTENSIVE CARE UNIT	3,646,837	1,300,810	4,947,647	-1,321,212	3,626,435	33.01
33.02 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04 03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06 03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00 02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02401	NEONATAL INTENSIVE CARE UNIT	20,697,296	6,361,562	27,058,858	-6,999,618	20,059,240	34.01
40.00 04000	SUBPROVIDER - I PF	4,192,720	510,181	4,702,901	-453,179	4,249,722	40.00
41.00 04100	SUBPROVIDER - IRF	1,460,655	938,860	2,399,515	-3,762	2,395,753	41.00
43.00 04300	NURSERY	990,108	178,326	1,168,434	683,270	1,851,704	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	22,833,522	74,143,815	96,977,337	-62,569,579	34,407,758	50.00
50.01 03951	AMBULATORY SURGERY	3,277,573	13,542,032	16,819,605	-3,594,734	13,224,871	50.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,389,782	956,919	5,346,701	-28,394	5,318,307	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,359,199	4,502,623	9,861,822	-2,130,223	7,731,599	54.00
54.01 05401	AMBULATORY CARDIOVASCULAR SVC	2,831,753	1,210,366	4,042,119	-172,702	3,869,417	54.01
54.02 05402	ULTRASOUND	1,094,305	258,562	1,352,867	-597,651	755,216	54.02
54.03 05404	ECHOCARDIOLOGY	827,363	644,883	1,472,246	-1,210,352	261,894	54.03
54.04 05401	ONCOLOGY	4,888,531	6,838,875	11,727,406	-4,401,130	7,326,276	54.04
57.00 05700	CT SCAN	1,484,927	794,674	2,279,601	-2,008,761	270,840	57.00
58.00 05800	MRI	965,561	669,913	1,635,474	-383,436	1,252,038	58.00
59.00 05900	CARDIAC CATHETERIZATION	432,493	1,003,729	1,436,222	-50,903	1,385,319	59.00
59.01 05901	CARDIAC REHAB	548,309	170,033	718,342	67,522	785,864	59.01
60.00 06000	LABORATORY	29,402	24,694,524	24,723,926	-5,284,107	19,439,819	60.00
65.00 06500	RESPIRATORY THERAPY	6,246,900	5,001,641	11,248,541	-10,359,504	889,037	65.00
65.01 06501	SLEEP LAB	674,789	397,713	1,072,502	-155,534	916,968	65.01
66.00 06600	PHYSICAL THERAPY	9,233,660	2,943,350	12,177,010	-1,501,234	10,675,776	66.00
66.01 06601	SPORTS PERFORMANCE	4,889,984	3,941,687	8,831,671	0	8,831,671	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	5,360,332	20,036,535	25,396,867	-24,681,272	715,595	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,603,900	5,714,748	7,318,648	-14,157	7,304,491	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	60,065,018	60,065,018	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	103,486,770	103,486,770	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	64,669,640	64,669,640	73.00
74.00 07400	RENAL DIALYSIS	0	4,634,811	4,634,811	-16,353	4,618,458	74.00
75.00 03330	ASC (NON-DISTINCT PART)	2,172,135	3,347,961	5,520,096	-1,285,578	4,234,518	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0084		Period: From 07/01/2016 To 06/30/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,268,220	4,093,942	7,362,162	0	7,362,162	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,035,038	580,524	2,615,562	-70,625	2,544,937	90.01
91.00	09100	EMERGENCY	12,396,944	14,457,897	26,854,841	-1,130,708	25,724,133	91.00
91.01	09101	WOUND CARE 002	564,890	1,412,321	1,977,211	-1,310,858	666,353	91.01
91.02	09102	WOUND CARE 001	435,333	125,797	561,130	-70,410	490,720	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	421,372	306,847	728,219	-94,964	633,255	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	422,826	1,698,405	2,121,231	-152,209	1,969,022	91.07
91.08	04040	FAMILY PRACTICE	7,726,498	3,362,308	11,088,806	-296,914	10,791,892	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	11,981	17,677	29,658	-591	29,067	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	46,627	46,627	-31,897	14,730	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	9,053	9,053	-5,451	3,602	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	257,715	257,715	24,872	282,587	98.01
98.02	09852	DIABETES EDUCATION	306,737	33,201	339,938	-174	339,764	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,228,929	5,122,005	6,350,934	-601,116	5,749,818	105.00
106.00	10600	HEART ACQUISITION	1,619,283	2,841,280	4,460,563	-1,477,601	2,982,962	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	5,765,349	5,765,349	-5,765,349	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	349,379,655	658,934,618	1,008,314,273	436,222	1,008,750,495	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	145,913	648,244	794,157	0	794,157	190.00
191.00	19100	RESEARCH	1,655,587	501,644	2,157,231	0	2,157,231	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	22,866,705	17,775,544	40,642,249	-19,860	40,622,389	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	4,963,012	4,963,012	0	4,963,012	193.01
193.02	19305	MISSION SERVICES	245,532	163,146	408,678	0	408,678	193.02
193.03	19306	FOUNDATION	1,177,893	2,012,944	3,190,837	0	3,190,837	193.03
193.04	19307	WELLNESS	432,648	446,939	879,587	0	879,587	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	17,242,700	17,242,700	-3,181,437	14,061,263	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	149	149	0	149	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	2,765,075	2,765,075	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		TOTAL (SUM OF LINES 118-199)	375,903,933	702,688,940	1,078,592,873	0	1,078,592,873	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,635,156	31,620,877	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	-203,489	290,165	1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H	0	4,997	1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS	0	0	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,820	16,797,301	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,032,906	76,187,334	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-67,243,338	117,885,375	5.00
7.00	00700	OPERATION OF PLANT	-605,167	40,520,089	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,508,496	8.00
9.00	00900	HOUSEKEEPING	-25,000	9,867,961	9.00
10.00	01000	DIETARY	-3,878,266	2,938,268	10.00
11.00	01100	CAFETERIA	-5,608,593	1,624,866	11.00
13.00	01300	NURSING ADMINISTRATION	-1,162,173	13,414,910	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-233,517	10,449,756	14.00
15.00	01500	PHARMACY	508,557	20,685,872	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,584,602	2,579,594	16.00
17.00	01700	SOCIAL SERVICE	-231,274	8,025,513	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	9,235,143	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-3,886,298	4,142,691	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-175	272,455	23.00
23.01	02301	PARAMED ED PRGM - CPE	-11,267	423,773	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	3,219	470,494	23.02
23.03	02303	PARAMED ED PRGM - EMS	-1,803,428	545,547	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-16,806,152	63,040,025	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,413,408	13,885,935	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	-81,904	7,515,760	32.01
32.02	03202	RENAL TRANSPLANT	0	953,075	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	-1,636,306	1,990,129	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	-6,250	-6,250	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	-8,769,779	11,289,461	34.01
40.00	04000	SUBPROVIDER - I PF	-251	4,249,471	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,395,753	41.00
43.00	04300	NURSERY	0	1,851,704	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,379,282	28,028,476	50.00
50.01	03951	AMBULATORY SURGERY	-8,713	13,216,158	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	-23,171	5,295,136	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-108,661	7,622,938	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	118,445	3,987,862	54.01
54.02	05403	ULTRASOUND	0	755,216	54.02
54.03	05404	ECHOCARDIOLOGY	-117	261,777	54.03
54.04	05401	ONCOLOGY	-998,393	6,327,883	54.04
57.00	05700	CT SCAN	99,928	370,768	57.00
58.00	05800	MRI	0	1,252,038	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,385,319	59.00
59.01	05901	CARDIAC REHAB	0	785,864	59.01
60.00	06000	LABORATORY	0	19,439,819	60.00
65.00	06500	RESPIRATORY THERAPY	8,183	897,220	65.00
65.01	06501	SLEEP LAB	-266,264	650,704	65.01
66.00	06600	PHYSICAL THERAPY	-375,313	10,300,463	66.00
66.01	06601	SPORTS PERFORMANCE	-588,115	8,243,556	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-296,300	419,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,723,746	2,580,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	60,065,018	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,486,770	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-6,127,822	58,541,818	73.00
74.00	07400	RENAL DIALYSIS	0	4,618,458	74.00
75.00	03330	ASC (NON-DISTINCT PART)	-569,765	3,664,753	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-763,754	6,598,408	90.00

11/30/2017 12:58 pm

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.01	09001	PARTIAL HOSPITALIZATION	-42,601	2,502,336	90.01
91.00	09100	EMERGENCY	-10,437,731	15,286,402	91.00
91.01	09101	WOUND CARE 002	-25,624	640,729	91.01
91.02	09102	WOUND CARE 001	9,256	499,976	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	-11,426	621,829	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	-443,771	1,525,251	91.07
91.08	04040	FAMILY PRACTICE	-7,305,389	3,486,503	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0	29,067	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	14,730	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	3,602	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	-24,872	257,715	98.01
98.02	09852	DIABETES EDUCATION	0	339,764	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-802,525	4,947,293	105.00
106.00	10600	HEART ACQUISITION	0	2,982,962	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-149,159,334	859,591,161	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	794,157	190.00
191.00	19100	RESEARCH	0	2,157,231	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	-1,810,559	38,811,830	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	3,403,832	8,366,844	193.01
193.02	19305	MISSION SERVICES	-63,018	345,660	193.02
193.03	19306	FOUNDATION	-789	3,190,048	193.03
193.04	19307	WELLNESS	0	879,587	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	193.06
193.07	19310	BILLING	0	14,061,263	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	149	193.08
193.09	19312	LIFELINE	0	0	193.09
193.10	19313	MARTEN HOUSE	0	2,765,075	193.10
193.11	19314	SPN	0	0	193.11
193.12	19315	ST. JOES	0	0	193.12
193.13	19301	NEW HOPE	0	0	193.13
193.14	19302	VACANT SPACE	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	193.15
193.16	19316	SETON BOARD	0	0	193.16
193.17	19317	HOSPICE	0	0	193.17
193.18	19318	HOME HEALTH	0	0	193.18
200.00		TOTAL (SUM OF LINES 118-199)	-147,629,868	930,963,005	200.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Date/Time Prepared:
11/30/2017 12:58 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	63,632,528	1.00
	O		0	63,632,528	
B - DRUGS - DIRECTLY ASSIGNED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,037,112	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	O		0	1,037,112	
C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,561,860	1.00
2.00	NEW CAP REL	1.01	0	203,489	2.00
	COSTS-BLDG-STRESS				
	O		0	5,765,349	
H - MED ED DIRECTOR					
1.00	I&R SERVICES-OTHER PRGM	22.00	285,473	0	1.00
	COSTS A				
	O		285,473	0	
I - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	450,003	1.00
2.00	NEW CAP REL	1.01	0	14,543	2.00
	COSTS-BLDG-STRESS				
	O		0	464,546	
J - NURSERY					
1.00	NURSERY	43.00	595,340	114,158	1.00
	O		595,340	114,158	
K - BUILDING RENT					
1.00	NEW CAP REL	1.01	0	2,062	1.00
	COSTS-BLDG-STRESS				
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	405,416	2.00
	O		0	407,478	
L - RENTAL BEDS					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	3,016,774	1.00
	O		0	3,016,774	
M - MARTEN HOUSE					
1.00	MARTEN HOUSE	193.10	0	2,765,075	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	2,765,075	
O - RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	9,235,143	0	1.00
	O		9,235,143	0	

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Date/Time Prepared:
11/30/2017 12:58 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
P - RADIOLOGY PARAMED					
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	299,277	1,031	1.00
	O		299,277	1,031	
Q - PHARMACY PARAMED					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	82,411	0	1.00
	O		82,411	0	
R - CPE PARAMED					
1.00	PARAMED ED PRGM - CPE	23.01	4,821	36,940	1.00
	O		4,821	36,940	
W - ORGAN ACQUISITION					
1.00	KIDNEY ACQUISITION	105.00	36,132	0	1.00
2.00	RENAL TRANSPLANT	32.02	29,243	0	2.00
3.00	KIDNEY ACQUISITION	105.00	0	22,070	3.00
4.00	RENAL TRANSPLANT	32.02	0	19,536	4.00
5.00	RENAL TRANSPLANT	32.02	389,227	240,755	5.00
7.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	1,306,986	953,554	7.00
10.00	HEART ACQUISITION	106.00	182,431	8,534	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
15.00	ADULTS & PEDIATRICS	30.00	0	1,088,085	15.00
16.00	HEART ACQUISITION	106.00	0	734,532	16.00
17.00	OPERATING ROOM	50.00	0	2,189,564	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	107,240	18.00
19.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	284,197	19.00
20.00	ECHOCARDIOLOGY	54.03	0	142,175	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	149,458	21.00
22.00	CARDIAC REHAB	59.01	0	67,522	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	2,544,468	23.00
24.00	HEART ACQUISITION	106.00	0	420,334	24.00
	O		1,944,019	8,972,024	
X - DIETARY					
1.00	CAFETERIA	11.00	0	7,233,459	1.00
	O		0	7,233,459	
Z - PHARMACY YEAR 2					
1.00	PHARMACY	15.00	120,986	22,650	1.00
	O		120,986	22,650	
AA - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	57,048,244	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00

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RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
0			0	57,048,244		
AB - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	103,486,770		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
0			0	103,486,770		
AC - EMS PRECEPTING						
1.00	PARAMED ED PRGM - EMS	23.03	98,312	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
0			98,312	0		
AD - ELECTROCONVULSIVE THERAPY						
1.00	ELECTROCONVULSIVE THERAPY	98.01	0	24,872		1.00
0			0	24,872		
500.00	Grand Total: Increases		12,665,782	254,029,010		500.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - PHARMACY							
1.00	PHARMACY	15.00	0	63,632,528	0		1.00
	O		0	63,632,528			
B - DRUGS - DIRECTLY ASSIGNED							
1.00	PARAMED ED PRGM - EMS	23.03	0	23	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	78,626	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	18,734	0		3.00
4.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	9,459	0		4.00
5.00	RENAL TRANSPLANT	32.02	0	5	0		5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	2,448	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	823	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	2,314	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	2,483	0		9.00
10.00	NURSERY	43.00	0	108	0		10.00
11.00	OPERATING ROOM	50.00	0	422,819	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,688	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,959	0		13.00
14.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	115,551	0		14.00
15.00	ULTRASOUND	54.02	0	71	0		15.00
16.00	ECHOCARDIOLOGY	54.03	0	3,290	0		16.00
17.00	ONCOLOGY	54.04	0	9,474	0		17.00
18.00	CT SCAN	57.00	0	59	0		18.00
19.00	MRI	58.00	0	506	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	78	0		20.00
21.00	LABORATORY	60.00	0	96,590	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	3,981	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	2,648	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	151,012	0		24.00
25.00	RENAL DIALYSIS	74.00	0	1,590	0		25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0	5,588	0		26.00
27.00	EMERGENCY	91.00	0	25,346	0		27.00
28.00	WOUND CARE 002	91.01	0	955	0		28.00
29.00	FAMILY PRACTICE	91.08	0	192	0		29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	3	0		30.00
31.00	AMBULANCE SERVICES	95.00	0	31,897	0		31.00
32.00	GERIATRIC CLINIC	98.00	0	5,451	0		32.00
33.00	DIABETES EDUCATION	98.02	0	174	0		33.00
34.00	KIDNEY ACQUISITION	105.00	0	167	0		34.00
	O		0	1,037,112			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,765,349	11		1.00
2.00		0.00	0	0	11		2.00
	O		0	5,765,349			
H - MED ED DIRECTOR							
1.00	FAMILY PRACTICE	91.08	285,473	0	0		1.00
	O		285,473	0			
I - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	464,199	12		1.00
2.00	AMBULATORY SURGERY	50.01	0	347	12		2.00
	O		0	464,546			
J - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	595,340	114,158	0		1.00
	O		595,340	114,158			
K - BUILDING RENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	407,478	9		1.00
2.00		0.00	0	0	9		2.00
	O		0	407,478			
L - RENTAL BEDS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,016,774	0		1.00
	O		0	3,016,774			
M - MARTEN HOUSE							
1.00	NEW CAP REL	1.02	0	133,128	9		1.00
2.00	COSTS-BLDG-MARTEN H		0	1,445	9		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0				3.00
	ADMINISTRATIVE & GENERAL	5.00	0	2,630,502	0		3.00
	O		0	2,765,075			
O - RESIDENT SALARIES							
1.00	I&R SERVICES-OTHER PRGM	22.00	9,235,143	0	0		1.00
	COSTS A						
	O		9,235,143	0			

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
P - RADIOLOGY PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	299,277	1,031	0	1.00
	O		299,277	1,031		
Q - PHARMACY PARAMED						
1.00	PHARMACY	15.00	82,411	0	0	1.00
	O		82,411	0		
R - CPE PARAMED						
1.00	ADMINISTRATIVE & GENERAL	5.00	4,821	36,940	0	1.00
	O		4,821	36,940		
W - ORGAN ACQUISITION						
1.00	PHARMACY	15.00	36,132	0	0	1.00
2.00	PHARMACY	15.00	29,243	0	0	2.00
3.00	DIETARY	10.00	0	22,070	0	3.00
4.00	DIETARY	10.00	0	19,536	0	4.00
5.00	KIDNEY ACQUISITION	105.00	389,227	240,755	0	5.00
7.00	HEART ACQUISITION	106.00	1,306,986	953,554	0	7.00
10.00	PHARMACY	15.00	81,931	0	0	10.00
11.00	SOCIAL SERVICE	17.00	58,277	0	0	11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	42,223	0	0	12.00
13.00	DIETARY	10.00	0	8,534	0	13.00
15.00	ADMINISTRATIVE & GENERAL	5.00	0	7,727,575	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
	O		1,944,019	8,972,024		
X - DIETARY						
1.00	DIETARY	10.00	0	7,233,459	0	1.00
	O		0	7,233,459		
Z - PHARMACY YEAR 2						
1.00	PARAMED PRGM-(SPECIFY)	23.00	120,986	22,650	0	1.00
	O		120,986	22,650		
AA - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	5,609,541	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	25,451	0	2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	38,431	0	3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	1,091,892	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	4,208,366	0	5.00
6.00	SUBPROVIDER - IPF	40.00	0	443,892	0	6.00
7.00	NURSERY	43.00	0	22,985	0	7.00
8.00	OPERATING ROOM	50.00	0	16,150,303	0	8.00
9.00	AMBULATORY SURGERY	50.01	0	842,015	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,358	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	558,141	0	11.00
12.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	164,356	0	12.00
13.00	ULTRASOUND	54.02	0	427,761	0	13.00
14.00	ECHOCARDIOLOGY	54.03	0	560,664	0	14.00
15.00	ONCOLOGY	54.04	0	1,223,046	0	15.00
16.00	CT SCAN	57.00	0	844,602	0	16.00
17.00	MRI	58.00	0	246,820	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	171,940	0	18.00
19.00	LABORATORY	60.00	0	1,643,426	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	9,083,178	0	20.00
21.00	SLEEP LAB	65.01	0	155,534	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	636,180	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	9,857,421	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	639	0	24.00
25.00	RENAL DIALYSIS	74.00	0	5,167	0	25.00
26.00	ASC (NON-DIAGNOSTIC PART)	75.00	0	846,436	0	26.00
27.00	PARTIAL HOSPITALIZATION	90.01	0	24,149	0	27.00
28.00	EMERGENCY	91.00	0	738,457	0	28.00
29.00	WOUND CARE 002	91.01	0	10,793	0	29.00
30.00	WOUND CARE 001	91.02	0	69,931	0	30.00
31.00	ZIONSVILLE CLINIC	91.04	0	33,651	0	31.00
32.00	ST VINCENT OUTPATIENT TREATMENT	91.07	0	15,497	0	32.00

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RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
33.00	FAMILY PRACTICE	91.08	0	370	0		33.00
34.00	HEART ACQUISITION	106.00	0	542,761	0		34.00
35.00	PHYSICIANS PRIVATE OFFICES	192.00	0	537	0		35.00
36.00	BILLING	193.07	0	751,553	0		36.00
	O		0	57,048,244			
AB - IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	8,995,848	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	3,629,145	0		2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	2,223,439	0		3.00
4.00	RENAL TRANSPLANT	32.02	0	102	0		4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	226,872	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	2,790,429	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	6,973	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	1,279	0		8.00
9.00	NURSERY	43.00	0	3,135	0		9.00
10.00	OPERATING ROOM	50.00	0	48,173,752	0		10.00
11.00	AMBULATORY SURGERY	50.01	0	2,752,372	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,179	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,350,055	0		13.00
14.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	176,992	0		14.00
15.00	ULTRASOUND	54.02	0	169,819	0		15.00
16.00	ECHOCARDIOLOGY	54.03	0	788,573	0		16.00
17.00	ONCOLOGY	54.04	0	3,168,610	0		17.00
18.00	CT SCAN	57.00	0	1,164,100	0		18.00
19.00	MRI	58.00	0	136,110	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	25,612	0		20.00
21.00	LABORATORY	60.00	0	3,544,091	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	1,272,345	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	862,406	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	17,217,307	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,518	0		25.00
26.00	RENAL DIALYSIS	74.00	0	9,596	0		26.00
27.00	ASC (NON-DISTINCT PART)	75.00	0	433,554	0		27.00
28.00	PARTIAL HOSPITALIZATION	90.01	0	46,476	0		28.00
29.00	EMERGENCY	91.00	0	293,493	0		29.00
30.00	WOUND CARE 002	91.01	0	1,299,110	0		30.00
31.00	WOUND CARE 001	91.02	0	479	0		31.00
32.00	ZIONSVILLE CLINIC	91.04	0	61,313	0		32.00
33.00	ST VINCENT OUTPATIENT TREATMENT	91.07	0	136,712	0		33.00
34.00	FAMILY PRACTICE	91.08	0	10,879	0		34.00
35.00	OBSERVATION BEDS (DISTINCT PART	92.01	0	588	0		35.00
36.00	KIDNEY ACQUISITION	105.00	0	29,169	0		36.00
37.00	HEART ACQUISITION	106.00	0	20,131	0		37.00
38.00	PHYSICIANS PRIVATE OFFICES	192.00	0	19,323	0		38.00
39.00	BILLING	193.07	0	2,429,884	0		39.00
	O		0	103,486,770			
AC - EMS PRECEPTING							
1.00	CARDIAC CATHETERIZATION	59.00	2,731	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	2,731	0	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	7,169	0	0		3.00
4.00	OPERATING ROOM	50.00	12,269	0	0		4.00
5.00	EMERGENCY	91.00	17,390	0	0		5.00
6.00	EMERGENCY	91.00	480	0	0		6.00
7.00	EMERGENCY	91.00	55,542	0	0		7.00
	O		98,312	0	0		
AD - ELECTROCONVULSIVE THERAPY							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	24,872	0		1.00
	O		0	24,872			
500.00	Grand Total: Decreases		12,665,782	254,029,010			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2017 12:58 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,827,236	0	0	0	1.00
2.00	Land Improvements	10,890,260	202,754	0	202,754	2.00
3.00	Buildings and Fixtures	463,978,342	29,154,679	0	29,154,679	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	274,814,005	8,615,940	0	8,615,940	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	759,509,843	37,973,373	0	37,973,373	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	759,509,843	37,973,373	0	37,973,373	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,827,236	0			1.00
2.00	Land Improvements	11,093,014	0			2.00
3.00	Buildings and Fixtures	493,133,021	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	283,429,945	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	797,483,216	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	797,483,216	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description		SUMMARY OF CAPITAL					
		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 WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	12,568,442	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	273,560	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	138,125	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	0	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	16,793,926	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	29,774,053	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	12,568,442				1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	273,560				1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	138,125				1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0				1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	16,793,926				2.00
3.00	Total (sum of lines 1-2)	0	29,774,053				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	493,133,021	0	493,133,021	0.635020	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	0.000000	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	283,429,945	0	283,429,945	0.364980	0	2.00
3.00	Total (sum of lines 1-2)	776,562,966	0	776,562,966	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	31,091,304	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	275,622	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	0	4,997	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	0	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	16,797,301	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	48,169,224	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	79,570	450,003	0	0	31,620,877	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	14,543	0	0	290,165	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	0	0	4,997	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	0	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,797,301	2.00
3.00	Total (sum of lines 1-2)	79,570	464,546	0	0	48,713,340	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8

Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,453,085	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG-STRESS (chapter 2)	B	-202,405	NEW CAP REL COSTS-BLDG-STRESS		1.01	11	1.01
1.02 Investment income - NEW CAP REL COSTS-BLDG-MARTEN H (chapter 2)			NEW CAP REL COSTS-BLDG-MARTEN H		1.02	0	1.02
1.03 Investment income - NEW CAP REL COSTS-BLDG-WOMENS (chapter 2)			NEW CAP REL COSTS-BLDG-WOMENS		1.03	0	1.03
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-33,857	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-8,397	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)	A	-118,121	OPERATION OF PLANT		7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-63,691,627				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-33,890,929				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-5,608,593	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG-STRESS			NEW CAP REL COSTS-BLDG-STRESS		1.01	0	26.01
26.02 Depreciation - NEW CAP REL COSTS-BLDG-MARTEN H			NEW CAP REL COSTS-BLDG-MARTEN H		1.02	0	26.02
26.03 Depreciation - NEW CAP REL COSTS-BLDG-WOMENS			NEW CAP REL COSTS-BLDG-WOMENS		1.03	0	26.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8

Date/Time Prepared:
11/30/2017 12:58 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		0 28.00
29.00	Physicians' assistant			0	0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		0 30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		0 30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		0 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00		0 32.00
33.00	CARRY FORWARD ADJUSTMENT	A	4,820	CAP REL COSTS-MVBLE EQUIP	2.00		9 33.00
33.01	VISITOR PARKING LOT	A	-118,121	OPERATION OF PLANT	7.00		0 33.01
33.02	VISITOR PARKING LOT - BENEFITS	A	-365	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.02
33.03	NON-REIMBURSEABLE ITEMS	A	-16	PHYSICIANS PRIVATE OFFICES	192.00		0 33.03
33.04	NON-REIMBURSEABLE ITEMS	A	-789	FOUNDATION	193.03		0 33.04
33.05	NON-REIMBURSEABLE ITEMS	A	-276	ADMINISTRATIVE & GENERAL	5.00		0 33.05
33.06	NON-REIMBURSEABLE ITEMS	A	-10	PHARMACY	15.00		0 33.06
33.07	NON-REIMBURSEABLE ITEMS	A	-2,058	I&R SERVICES-OTHER PRGM COSTS A	22.00		0 33.07
33.08	NON-REIMBURSEABLE ITEMS	A	-26	ADULTS & PEDIATRICS	30.00		0 33.08
33.09	NON-REIMBURSEABLE ITEMS	A	-697	SPORTS PERFORMANCE	66.01		0 33.09
33.10	NON-REIMBURSEABLE ITEMS	A	-1,276	FAMILY PRACTICE	91.08		0 33.10
33.11	NON-REIMBURSEABLE ITEMS	A	-127	KIDNEY ACQUISITION	105.00		0 33.11
33.12			0		0.00		0 33.12
33.13			0		0.00		0 33.13
33.14	LOBBYING DUES	A	-16,111	ADMINISTRATIVE & GENERAL	5.00		0 33.14
33.15			0		0.00		0 33.15
33.16	PROVIDER TAX	A	-25,672,961	ADMINISTRATIVE & GENERAL	5.00		0 33.16
33.17			0		0.00		0 33.17
33.18	GUEST TRAY OFFSET	A	-149,342	DIETARY	10.00		0 33.18
33.19			0		0.00		0 33.19
33.20	LATE FEES	A	-3,188	CENTRAL SERVICES & SUPPLY	14.00		0 33.20
33.21			0		0.00		0 33.21
33.22			0		0.00		0 33.22
33.23	MI SC REVENUE	B	-934,594	CAP REL COSTS-BLDG & FIXT	1.00		9 33.23
33.24	MI SC REVENUE	B	-251,855	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.24
33.25	MI SC REVENUE	B	-2,291,169	ADMINISTRATIVE & GENERAL	5.00		0 33.25
33.26	MI SC REVENUE	B	-484,344	OPERATION OF PLANT	7.00		0 33.26
33.27	MI SC REVENUE	B	-25,000	HOUSEKEEPING	9.00		0 33.27
33.28	MI SC REVENUE	B	-3,724,534	DIETARY	10.00		0 33.28
33.29	MI SC REVENUE	B	-2,505	NURSING ADMINISTRATION	13.00		0 33.29
33.30	MI SC REVENUE	B	517,291	PHARMACY	15.00		0 33.30
33.31	MI SC REVENUE	B	-1,295	MEDICAL RECORDS & LIBRARY	16.00		0 33.31
33.32	MI SC REVENUE	B	-1,392	SOCIAL SERVICE	17.00		0 33.32
33.33	MI SC REVENUE	B	-21,912	I&R SERVICES-OTHER PRGM COSTS A	22.00		0 33.33
33.34	MI SC REVENUE	B	-11,267	PARAMED ED PRGM - CPE	23.01		0 33.34
33.35	MI SC REVENUE	B	-46,372	PARAMED ED PRGM - RADIOLOGY	23.02		0 33.35
33.36	MI SC REVENUE	B	-1,614,590	PARAMED ED PRGM - EMS	23.03		0 33.36
33.37	MI SC REVENUE	B	-94,903	ADULTS & PEDIATRICS	30.00		0 33.37
33.38	MI SC REVENUE	B	-1,471	PEDIATRIC INTENSIVE CARE UNIT	33.01		0 33.38
33.39	MI SC REVENUE	B	1,125	NEONATAL INTENSIVE CARE UNIT	34.01		0 33.39
33.40	MI SC REVENUE	B	-1	SUBPROVIDER - IPF	40.00		0 33.40
33.41	MI SC REVENUE	B	-59	OPERATING ROOM	50.00		0 33.41
33.42	MI SC REVENUE	B	-8,713	AMBULATORY SURGERY	50.01		0 33.42
33.43	MI SC REVENUE	B	-24,568	DELIVERY ROOM & LABOR ROOM	52.00		0 33.43
33.44	MI SC REVENUE	B	-13,701	RADIOLOGY-DIAGNOSTIC	54.00		0 33.44
33.45	MI SC REVENUE	B	-25	ECHOCARDIOLOGY	54.03		0 33.45
33.46	MI SC REVENUE	B	-211,440	ONCOLOGY	54.04		0 33.46
33.47	MI SC REVENUE	B	-23,968	PHYSICAL THERAPY	66.00		0 33.47
33.48	MI SC REVENUE	B	-4	ELECTROCARDIOLOGY	69.00		0 33.48
33.49	MI SC REVENUE	B	-4,000	ELECTROENCEPHALOGRAPHY	70.00		0 33.49
33.50	MI SC REVENUE	B	-6,127,822	DRUGS CHARGED TO PATIENTS	73.00		0 33.50
33.51	MI SC REVENUE	B	-243,111	CLINIC	90.00		0 33.51

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.52	MISC REVENUE	B	-941	PARTIAL HOSPITALIZATION	90.01	0	33.52
33.53	MISC REVENUE	B	-22,042	EMERGENCY	91.00	0	33.53
33.54	MISC REVENUE	B	-25,624	WOUND CARE 002	91.01	0	33.54
33.55	MISC REVENUE	B	-255,658	FAMILY PRACTICE	91.08	0	33.55
33.56	MISC REVENUE	B	-58	KIDNEY ACQUISITION	105.00	0	33.56
33.57	MISC REVENUE	B	-181	ADULTS & PEDIATRICS	30.00	0	33.57
33.58	EMS TRAINING	A	115,002	PARAMED ED PRGM - EMS	23.03	0	33.58
33.59			0		0.00	0	33.59
33.60	PHYSICIAN RECRUITMENT FEES	A	-6,250	SURGICAL INTENSIVE CARE UNIT	34.00	0	33.60
33.61	PHYSICIAN RECRUITMENT FEES	A	-20,000	PHYSICIANS PRIVATE OFFICES	192.00	0	33.61
33.62			0		0.00	0	33.62
33.63			0		0.00	0	33.63
33.64	INCENTIVE ADJUSTMENT	A	3,487,549	ADMINISTRATIVE & GENERAL	5.00	0	33.64
33.65	INCENTIVE ADJUSTMENT - FICA	A	204,793	ADMINISTRATIVE & GENERAL	5.00	0	33.65
33.66	INCENTIVE ADJUSTMENT	A	-375,866	ADMINISTRATIVE & GENERAL	5.00	0	33.66
33.67	INCENTIVE ADJUSTMENT - FICA	A	-116,836	ADMINISTRATIVE & GENERAL	5.00	0	33.67
33.68			0		0.00	0	33.68
33.69			0		0.00	0	33.69
33.70			0		0.00	0	33.70
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-147,629,868				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:
11/30/2017 12:58 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	SVH	19,052,040	0
2.00	5.00	ADMINISTRATIVE & GENERAL	SVH	123,482,449	0
3.00	193.01	MARKETING	SVH	5,400,345	0
4.00	0.00			0	0
4.11	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION - INTEREST	5,453,085	5,482,290
4.12	1.01	NEW CAP REL COSTS-BLDG-STRES	ASCENSION - INTEREST	202,405	203,489
4.13	0.00			0	0
4.14	0.00			0	0
4.15	5.00	ADMINISTRATIVE & GENERAL	ASCENSION - TRIMEDX	20,032,419	20,178,343
4.16	4.00	EMPLOYEE BENEFITS DEPARTMENT	ASCENSION - PENSION	13,610,518	5,259,735
4.17	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - SELF-INSURANCE	46,891,104	54,167,234
4.18	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH CHARGEBACKS	0	3,802,037
4.19	5.00	ADMINISTRATIVE & GENERAL	SVH CHARGEBACKS	0	164,541,798
4.20	7.00	OPERATION OF PLANT	SVH CHARGEBACKS	0	-123,816
4.21	10.00	DIETARY	SVH CHARGEBACKS	0	4,390
4.22	13.00	NURSING ADMINISTRATION	SVH CHARGEBACKS	0	1,157,574
4.23	14.00	CENTRAL SERVICES & SUPPLY	SVH CHARGEBACKS	0	230,329
4.24	15.00	PHARMACY	SVH CHARGEBACKS	0	1,004
4.25	16.00	MEDICAL RECORDS & LIBRARY	SVH CHARGEBACKS	0	5,583,307
4.26	17.00	SOCIAL SERVICE	SVH CHARGEBACKS	0	925
4.27	22.00	I&R SERVICES-OTHER PRGM COST	SVH CHARGEBACKS	0	45,027
4.28	23.00	PARAMED PRGM-(SPECIFY)	SVH CHARGEBACKS	0	175
4.29	23.02	PARAMED PRGM - RADIOLOGY	SVH CHARGEBACKS	0	-49,591
4.30	30.00	ADULTS & PEDIATRICS	SVH CHARGEBACKS	0	13,263
4.31	31.00	INTENSIVE CARE UNIT	SVH CHARGEBACKS	0	1,413,408
4.32	32.01	CARDIOTHORACIC VASCULAR TRAN	SVH CHARGEBACKS	0	80,654
4.33	33.01	PEDIATRIC INTENSIVE CARE UNI	SVH CHARGEBACKS	0	109,923
4.34	34.01	NEONATAL INTENSIVE CARE UNIT	SVH CHARGEBACKS	0	-126,803
4.35	40.00	SUBPROVIDER - IPF	SVH CHARGEBACKS	0	250
4.36	50.00	OPERATING ROOM	SVH CHARGEBACKS	0	54,383
4.37	52.00	DELIVERY ROOM & LABOR ROOM	SVH CHARGEBACKS	0	-1,397
4.38	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACKS	0	94,960
4.39	54.01	AMBULATORY CARDIOVASCULAR SV	SVH CHARGEBACKS	0	-118,445
4.40	54.03	ECHOCARDIOLOGY	SVH CHARGEBACKS	0	92
4.41	54.04	ONCOLOGY	SVH CHARGEBACKS	0	206,356
4.42	57.00	CT SCAN	SVH CHARGEBACKS	0	-99,928
4.43	65.00	RESPIRATORY THERAPY	SVH CHARGEBACKS	0	-8,183
4.44	65.01	SLEEP LAB	SVH CHARGEBACKS	0	266,264
4.45	66.00	PHYSICAL THERAPY	SVH CHARGEBACKS	0	349,032
4.46	66.01	SPORTS PERFORMANCE	SVH CHARGEBACKS	0	68,323
4.47	69.00	ELECTROCARDIOLOGY	SVH CHARGEBACKS	0	296,296
4.48	70.00	ELECTROENCEPHALOGRAPHY	SVH CHARGEBACKS	0	111,314
4.49	75.00	ASC (NON-DISTINCT PART)	SVH CHARGEBACKS	0	91,425
4.50	90.00	CLINIC	SVH CHARGEBACKS	0	508,843
4.51	90.01	PARTIAL HOSPITALIZATION	SVH CHARGEBACKS	0	41,660
4.52	91.00	EMERGENCY	SVH CHARGEBACKS	0	8,023
4.53	91.02	WOUND CARE 001	SVH CHARGEBACKS	0	-9,256
4.54	91.04	ZIONSVILLE CLINIC	SVH CHARGEBACKS	0	11,426
4.55	91.08	FAMILY PRACTICE	SVH CHARGEBACKS	0	261,934
4.56	98.01	ELECTROCONVULSIVE THERAPY	SVH CHARGEBACKS	0	24,872
4.57	30.00	ADULTS & PEDIATRICS	SVH CHARGEBACKS	0	32,281
4.58	192.00	PHYSICIANS PRIVATE OFFICES	SVH CHARGEBACKS	0	1,790,543
4.59	193.01	MARKETING	SVH CHARGEBACKS	0	1,996,513
4.60	193.02	MISSION SERVICES	SVH CHARGEBACKS	0	63,018
4.63	0.00			0	0
4.65	0.00			0	0
4.77	0.00			0	0
4.78	0.00			0	0
4.79	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			234,124,365	268,015,294

* 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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:
11/30/2017 12:58 pm

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

6.00	G		0.00	ASCENSION HOME OFFICE	100.00	6.00
7.00	G		0.00	ST VINCENT HEALTH	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE				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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:
11/30/2017 12:58 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	19,052,040	9	1.00
2.00	123,482,449	0	2.00
3.00	5,400,345	0	3.00
4.00	0	0	4.00
4.11	-29,205	11	4.11
4.12	-1,084	11	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	-145,924	0	4.15
4.16	8,350,783	0	4.16
4.17	-7,276,130	0	4.17
4.18	-3,802,037	0	4.18
4.19	-164,541,798	0	4.19
4.20	123,816	0	4.20
4.21	-4,390	0	4.21
4.22	-1,157,574	0	4.22
4.23	-230,329	0	4.23
4.24	-1,004	0	4.24
4.25	-5,583,307	0	4.25
4.26	-925	0	4.26
4.27	-45,027	0	4.27
4.28	-175	0	4.28
4.29	49,591	0	4.29
4.30	-13,263	0	4.30
4.31	-1,413,408	0	4.31
4.32	-80,654	0	4.32
4.33	-109,923	0	4.33
4.34	126,803	0	4.34
4.35	-250	0	4.35
4.36	-54,383	0	4.36
4.37	1,397	0	4.37
4.38	-94,960	0	4.38
4.39	118,445	0	4.39
4.40	-92	0	4.40
4.41	-206,356	0	4.41
4.42	99,928	0	4.42
4.43	8,183	0	4.43
4.44	-266,264	0	4.44
4.45	-349,032	0	4.45
4.46	-68,323	0	4.46
4.47	-296,296	0	4.47
4.48	-111,314	0	4.48
4.49	-91,425	0	4.49
4.50	-508,843	0	4.50
4.51	-41,660	0	4.51
4.52	-8,023	0	4.52
4.53	9,256	0	4.53
4.54	-11,426	0	4.54
4.55	-261,934	0	4.55
4.56	-24,872	0	4.56
4.57	-32,281	0	4.57
4.58	-1,790,543	0	4.58
4.59	-1,996,513	0	4.59
4.60	-63,018	0	4.60
4.63	0	0	4.63
4.65	0	0	4.65
4.77	0	0	4.77
4.78	0	0	4.78
4.79	0	0	4.79
5.00	-33,890,929		5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:
11/30/2017 12:58 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HOME OFFICE		6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period: From 07/01/2016 To 06/30/2017

Worksheet A-8-2

Date/Time Prepared: 11/30/2017 12:58 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	53,302	53,302	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1,223,331	1,223,331	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	2,094	2,094	0	0	3.00
4.00	15.00	PHARMACY	7,720	7,720	0	0	4.00
5.00	17.00	SOCIAL SERVICE	228,957	228,957	0	0	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	3,817,301	3,817,301	0	0	6.00
7.00	23.03	PARAMED ED PRGM - EMS	303,840	303,840	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	16,665,498	16,665,498	0	0	8.00
9.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,250	1,250	0	0	9.00
10.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	1,524,912	1,524,912	0	0	10.00
11.00	34.01	NEONATAL INTENSIVE CARE UNIT	8,897,707	8,897,707	0	0	11.00
12.00	50.00	OPERATING ROOM	6,324,840	6,324,840	0	0	12.00
13.00	54.04	ONCOLOGY	580,597	580,597	0	0	13.00
14.00	66.00	PHYSICAL THERAPY	2,313	2,313	0	0	14.00
15.00	66.01	SPORTS PERFORMANCE	519,095	519,095	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	4,608,432	4,608,432	0	0	16.00
17.00	75.00	ASC (NON-DISTINCT PART)	478,340	478,340	0	0	17.00
18.00	90.00	CLINIC	11,800	11,800	0	0	18.00
19.00	91.00	EMERGENCY	10,407,666	10,407,666	0	0	19.00
20.00	91.07	ST VINCENT OUTPATIENT TREATMENT	443,771	443,711	0	0	20.00
21.00	91.08	FAMILY PRACTICE	6,786,521	6,786,521	0	0	21.00
22.00	105.00	KIDNEY ACQUISITION	1,378,215	594,195	784,020	211,500	22.00
200.00			64,267,502	63,483,422	784,020	4,410	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	3.00
4.00	15.00	PHARMACY	0	0	0	0	4.00
5.00	17.00	SOCIAL SERVICE	0	0	0	0	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	6.00
7.00	23.03	PARAMED ED PRGM - EMS	0	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	8.00
9.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	0	9.00
10.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	10.00
11.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	11.00
12.00	50.00	OPERATING ROOM	0	0	0	0	12.00
13.00	54.04	ONCOLOGY	0	0	0	0	13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	0	14.00
15.00	66.01	SPORTS PERFORMANCE	0	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	16.00
17.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	19.00
20.00	91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	20.00
21.00	91.08	FAMILY PRACTICE	0	0	0	0	21.00
22.00	105.00	KIDNEY ACQUISITION	448,421	22,421	0	224,049	22.00
200.00			448,421	22,421	0	224,049	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	53,302	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	1,223,331	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	2,094	3.00
4.00	15.00	PHARMACY	0	0	7,720	4.00
5.00	17.00	SOCIAL SERVICE	0	0	228,957	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	0	3,817,301	6.00
7.00	23.03	PARAMED ED PRGM - EMS	0	0	303,840	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	16,665,498	8.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-2

Date/Time Prepared:
11/30/2017 12:58 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
9.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	1,250		9.00
10.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,524,912		10.00
11.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,897,707		11.00
12.00	50.00	OPERATING ROOM	0	0	0	6,324,840		12.00
13.00	54.04	ONCOLOGY	0	0	0	580,597		13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	2,313		14.00
15.00	66.01	SPORTS PERFORMANCE	0	0	0	519,095		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	4,608,432		16.00
17.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	478,340		17.00
18.00	90.00	CLINIC	0	0	0	11,800		18.00
19.00	91.00	EMERGENCY	0	0	0	10,407,666		19.00
20.00	91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	443,771		20.00
21.00	91.08	FAMILY PRACTICE	0	0	0	6,786,521		21.00
22.00	105.00	KIDNEY ACQUISITION	127,454	575,875	208,145	802,340		22.00
200.00			127,454	575,875	208,145	63,691,627		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 12: 58 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	NEW BLDG-WOMENS	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	31,620,877	31,620,877			1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	290,165	0	290,165		1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H	4,997	0	0	4,997	1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	0	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,797,301				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	76,187,334	252,118	2,398	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	117,885,375	1,117,724	19,701	0	5.00
7.00	00700	OPERATION OF PLANT	40,520,089	5,943,886	15,149	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,508,496	0	0	0	8.00
9.00	00900	HOUSEKEEPING	9,867,961	349,218	2,749	0	9.00
10.00	01000	DIETARY	2,938,268	704,288	5,259	0	10.00
11.00	01100	CAFETERIA	1,624,866	5,485	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	13,414,910	95,131	2,299	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,449,756	1,007,966	0	0	14.00
15.00	01500	PHARMACY	20,685,872	436,446	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,579,594	288,320	3,367	0	16.00
17.00	01700	SOCIAL SERVICE	8,025,513	60,392	539	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	9,235,143	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	4,142,691	341,905	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	272,455	33,361	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	423,773	30,604	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	470,494	40,055	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	545,547	2,841	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,040,025	7,269,201	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,885,935	1,232,095	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	7,515,760	546,035	0	0	32.01
32.02	03202	RENAL TRANSPLANT	953,075	393,915	0	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	1,990,129	524,517	0	0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	-6,250	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	11,289,461	0	0	0	34.01
40.00	04000	SUBPROVIDER - I PF	4,249,471	0	152,216	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,395,753	358,782	0	0	41.00
43.00	04300	NURSERY	1,851,704	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,028,476	3,728,353	0	0	50.00
50.01	03951	AMBULATORY SURGERY	13,216,158	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,295,136	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,622,938	614,444	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	3,987,862	333,494	0	0	54.01
54.02	05403	ULTRASOUND	755,216	55,189	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	261,777	0	0	0	54.03
54.04	05401	ONCOLOGY	6,327,883	282,019	0	0	54.04
57.00	05700	CT SCAN	370,768	61,377	0	0	57.00
58.00	05800	MRI	1,252,038	207,703	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,385,319	263,229	0	0	59.00
59.01	05901	CARDIAC REHAB	785,864	0	0	0	59.01
60.00	06000	LABORATORY	19,439,819	396,897	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	897,220	84,780	0	0	65.00
65.01	06501	SLEEP LAB	650,704	3,347	46,623	0	65.01
66.00	06600	PHYSICAL THERAPY	10,300,463	343,846	239	0	66.00
66.01	06601	SPORTS PERFORMANCE	8,243,556	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	419,295	593,404	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,580,745	19,409	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	60,065,018	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,486,770	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,541,818	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	NEW BLDG-WOMENS	
			0	1.00	1.01	1.02	1.03	
74.00	07400	RENAL DIALYSIS	4,618,458	98,338	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	3,664,753	330,963	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,598,408	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,502,336	144,188	39,626	0	0	90.01
91.00	09100	EMERGENCY	15,286,402	1,077,078	0	0	0	91.00
91.01	09101	WOUND CARE 002	640,729	187,534	0	0	0	91.01
91.02	09102	WOUND CARE 001	499,976	15,555	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	621,829	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,525,251	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	3,486,503	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,067	320,865	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	14,730	172,879	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	3,602	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	257,715	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	339,764	0	0	0	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,947,293	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,982,962	0	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	859,591,161	30,369,176	290,165	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	794,157	75,413	0	0	0	190.00
191.00	19100	RESEARCH	2,157,231	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	38,811,830	233,440	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	8,366,844	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	345,660	73,979	0	0	0	193.02
193.03	19306	FOUNDATION	3,190,048	0	0	0	0	193.03
193.04	19307	WELLNESS	879,587	0	0	0	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	14,061,263	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	149	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	2,765,075	0	0	4,997	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	868,869	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
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)	930,963,005	31,620,877	290,165	4,997	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
	MVBLE EQUIP					
	2.00	4.00	4A	5.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02 00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02
1.03 00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00 00200	CAP REL COSTS-MVBLE EQUIP	16,797,301				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,807	76,456,657			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	171,196	11,728,395	130,922,391	130,922,391	5.00
7.00 00700	OPERATION OF PLANT	2,000,596	330,170	48,809,890	7,987,397	56,797,287
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	2,508,496	410,498	19,730
9.00 00900	HOUSEKEEPING	3,312	0	10,223,240	1,672,962	780,791
10.00 01000	DIETARY	38,871	0	3,686,686	603,300	1,752,951
11.00 01100	CAFETERIA	0	0	1,630,351	266,796	10,566
13.00 01300	NURSING ADMINISTRATION	496,499	2,235,420	16,244,259	2,658,259	214,011
14.00 01400	CENTRAL SERVICES & SUPPLY	834,883	53,841	12,346,446	2,020,409	2,134,129
15.00 01500	PHARMACY	135,357	2,829,084	24,086,759	3,941,630	984,937
16.00 01600	MEDICAL RECORDS & LIBRARY	995	737,468	3,609,744	590,709	591,307
17.00 01700	SOCIAL SERVICE	0	1,186,139	9,272,583	1,517,393	121,884
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	1,896,076	11,131,219	1,821,546	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	121,666	906,470	5,512,732	902,120	675,025
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	49,816	355,632	58,197	63,934
23.01 02301	PARAMED ED PRGM - CPE	0	74,671	529,048	86,575	58,651
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	99,647	610,196	99,854	76,764
23.03 02303	PARAMED ED PRGM - EMS	49,987	357,312	955,687	156,391	5,445
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRIC CS	460,595	15,546,176	86,315,997	14,125,009	16,040,978
31.00 03100	INTENSIVE CARE UNIT	69,681	2,773,628	17,961,339	2,939,247	2,361,239
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	66,297	1,528,544	9,656,636	1,580,241	1,046,445
32.02 03202	RENAL TRANSPLANT	0	138,314	1,485,304	243,060	754,915
33.00 02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 02400	PEDIATRIC INTENSIVE CARE UNIT	39,890	748,736	3,303,272	540,557	1,005,206
33.02 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.03 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.04 03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05 03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.06 03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 02060	SURGICAL INTENSIVE CARE UNIT	0	0	-6,250	0	0
34.01 02401	NEONATAL INTENSIVE CARE UNIT	257,089	4,249,383	15,795,933	2,584,894	1,528,590
40.00 04000	SUBPROVIDER - I PF	39,677	860,812	5,302,176	867,664	1,660,662
41.00 04100	SUBPROVIDER - I RF	951	299,889	3,055,375	499,991	687,585
43.00 04300	NURSERY	18,966	325,510	2,196,180	359,389	485,703
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,968,497	4,685,454	41,410,780	6,776,584	7,892,055
50.01 03951	AMBULATORY SURGERY	383,056	672,922	14,272,136	2,335,535	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	44,711	899,799	6,239,646	1,021,074	1,106,713
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	566,596	1,038,858	9,842,836	1,610,711	1,358,998
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	120,334	581,390	5,023,080	821,992	639,123
54.02 05403	ULTRASOUND	30,242	224,673	1,065,320	174,332	105,766
54.03 05404	ECHOCARDIOLOGY	421,501	169,867	853,145	139,611	0
54.04 05401	ONCOLOGY	916,319	1,003,669	8,529,890	1,395,857	540,473
57.00 05700	CT SCAN	50,475	304,872	787,492	128,868	117,625
58.00 05800	MRI	584,853	198,240	2,242,834	367,024	458,318
59.00 05900	CARDIAC CATHETERIZATION	97,519	88,235	1,834,302	300,171	504,463
59.01 05901	CARDIAC REHAB	498	112,574	898,936	147,105	0
60.00 06000	LABORATORY	5,265	6,037	19,848,018	3,247,989	932,970
65.00 06500	RESPIRATORY THERAPY	99,163	1,282,557	2,363,720	386,806	175,575
65.01 06501	SLEEP LAB	3,527	138,542	842,743	137,909	543,114
66.00 06600	PHYSICAL THERAPY	69,268	1,895,772	12,609,588	2,063,471	661,710
66.01 06601	SPORTS PERFORMANCE	120,342	1,003,968	9,367,866	1,532,986	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,153,498	1,100,535	3,266,732	534,578	1,137,224
70.00 07000	ELECTROENCEPHALOGRAPHY	99,517	329,298	3,028,969	495,670	37,196
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	60,065,018	9,829,220	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	103,486,770	16,935,208	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	58,541,818	9,579,959	0
74.00 07400	RENAL DIALYSIS	523	0	4,717,319	771,956	188,459
75.00 03330	ASC (NON-DISTINCT PART)	670,197	445,963	5,111,876	836,523	634,271

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT		
	MVBLE EQUIP							
	2.00	4.00						4A
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	642,129	671,002	7,911,539	1,294,668	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	9,716	417,816	3,113,682	509,532	732,490	90.01
91.00	09100	EMERGENCY	278,346	2,530,157	19,171,983	3,137,361	2,064,157	91.00
91.01	09101	WOUND CARE 002	9,026	115,978	953,267	155,995	516,915	91.01
91.02	09102	WOUND CARE 001	34,943	89,379	639,853	104,707	29,811	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	107,372	86,512	815,713	133,486	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	86,811	1,612,062	263,803	0	91.07
91.08	04040	FAMILY PRACTICE	3,158	1,527,724	5,017,385	821,060	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	97,562	2,460	449,954	73,632	614,918	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	187,609	30,701	331,313	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	3,602	589	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	257,715	42,173	0	98.01
98.02	09852	DIABETES EDUCATION	24,321	62,976	427,061	69,886	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	11,145	179,818	5,138,256	840,840	0	105.00
106.00	10600	HEART ACQUISITION	17,865	101,573	3,102,400	507,686	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,462,799	71,010,932	852,554,236	118,091,346	54,385,105	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	510	29,958	900,038	147,285	157,894	190.00
191.00	19100	RESEARCH	3,064	339,910	2,500,205	409,141	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	311,526	4,694,786	44,051,582	7,208,733	447,375	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	8,366,844	1,369,175	0	193.01
193.02	19305	MISSION SERVICES	7,189	50,410	477,238	78,097	141,776	193.02
193.03	19306	FOUNDATION	4,137	241,834	3,436,019	562,280	0	193.03
193.04	19307	WELLNESS	0	88,827	968,414	158,474	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	14,061,263	2,301,027	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	149	24	0	193.08
193.09	19312	LIFELINE	8,076	0	8,076	1,322	0	193.09
193.10	19313	MARTEN HOUSE	0	0	2,770,072	453,303	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	868,869	142,184	1,665,137	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,797,301	76,456,657	930,963,005	130,922,391	56,797,287	202.00

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800	2,938,724					8.00
9.00	00900	0	12,676,993				9.00
10.00	01000	0	396,847	6,439,784			10.00
11.00	01100	0	2,392	0	1,910,105		11.00
13.00	01300	0	48,450	0	77,321	19,242,300	13.00
14.00	01400	3,962	483,141	0	3,675	0	14.00
15.00	01500	2,184	222,978	0	74,814	0	15.00
16.00	01600	6,297	133,865	0	35,930	0	16.00
17.00	01700	0	27,593	0	37,320	492,299	17.00
21.00	02100	0	0	0	83,789	0	21.00
22.00	02200	362	152,817	0	14,852	0	22.00
23.00	02300	0	14,474	0	2,372	0	23.00
23.01	02301	0	13,278	0	2,871	0	23.01
23.02	02302	0	17,378	0	3,332	0	23.02
23.03	02303	0	1,233	0	15,809	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,125,416	3,631,487	4,728,068	483,831	6,429,627	30.00
31.00	03100	203,666	534,556	86,034	89,673	1,182,914	31.00
32.00	03200	0	0	0	0	0	32.00
32.01	03201	54,647	236,902	0	52,335	690,375	32.01
32.02	03202	26,719	170,904	201,466	4,510	59,488	32.02
33.00	02080	0	0	0	0	0	33.00
33.01	02400	27,306	227,566	28,994	16,997	224,216	33.01
33.02	03300	0	0	0	0	0	33.02
33.03	03301	0	0	0	0	0	33.03
33.04	03302	0	0	0	0	0	33.04
33.05	03303	0	0	0	0	0	33.05
33.06	03304	0	0	0	0	0	33.06
34.00	02060	0	0	0	0	0	34.00
34.01	02401	238,090	346,054	0	101,885	1,344,003	34.01
40.00	04000	222,828	375,954	684,634	35,803	472,292	40.00
41.00	04100	22,654	155,661	0	11,885	156,784	41.00
43.00	04300	22,493	109,957	0	11,176	147,429	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	324,006	1,786,666	25,322	155,867	2,056,112	50.00
50.01	03951	0	0	0	24,368	321,446	50.01
52.00	05200	97,916	250,546	0	30,548	402,968	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	42,187	307,661	615	42,079	555,088	54.00
54.01	05402	47,120	144,690	0	20,633	272,176	54.01
54.02	05403	0	23,944	0	5,654	0	54.02
54.03	05404	0	0	0	5,850	0	54.03
54.04	05401	14,268	122,357	0	34,568	456,004	54.04
57.00	05700	35,870	26,629	0	9,584	0	57.00
58.00	05800	16,324	103,758	0	6,691	0	58.00
59.00	05900	0	114,204	0	3,322	43,815	59.00
59.01	05901	0	0	0	4,555	60,082	59.01
60.00	06000	0	211,213	0	190	0	60.00
65.00	06500	0	39,748	0	47,084	0	65.00
65.01	06501	0	122,954	0	5,869	0	65.01
66.00	06600	17,836	149,803	0	66,806	0	66.00
66.01	06601	0	0	0	38,293	0	66.01
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	35,601	257,454	0	41,487	0	69.00
70.00	07000	5,252	8,421	0	10,199	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	7,545	42,665	0	0	0	74.00
75.00	03330	29,940	143,591	0	15,623	206,086	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	35,768	471,825	90.00
90.01	09001	0	165,827	0	15,874	0	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
91.00	09100	EMERGENCY	263,302	467,300	32,702	84,425	1,113,688	91.00
91.01	09101	WOUND CARE 002	7,243	117,023	0	4,643	61,241	91.01
91.02	09102	WOUND CARE 001	0	6,749	0	2,718	35,853	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	42,141	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	253,127	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	37,690	139,210	0	101	1,330	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	75,005	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	1,948	25,701	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	5,329	70,300	105.00
106.00	10600	HEART ACQUISITION	0	0	0	3,257	42,969	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,938,724	12,130,905	5,787,835	1,883,513	17,691,379	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	35,745	0	2,193	0	190.00
191.00	19100	RESEARCH	0	0	0	9,996	131,867	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	101,280	0	0	1,340,115	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	32,096	0	1,900	0	193.02
193.03	19306	FOUNDATION	0	0	0	6,519	0	193.03
193.04	19307	WELLNESS	0	0	0	5,984	78,939	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	376,967	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	651,949	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,938,724	12,676,993	6,439,784	1,910,105	19,242,300	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A		
		14.00	15.00	16.00	17.00	21.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01	
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02	
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	16,991,762				14.00	
15.00	01500	PHARMACY	306,090	29,619,392			15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	46,645	4,188	5,018,685		16.00	
17.00	01700	SOCIAL SERVICE	2,050	428,378	0	11,899,500	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	13,036,554	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	177,871	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
23.01	02301	PARAMED ED PRGM - CPE	0	0	0	0	23.01	
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02	
23.03	02303	PARAMED ED PRGM - EMS	38	77	0	0	23.03	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,202,638	677,087	419,990	2,947,638	6,591,643	30.00
31.00	03100	INTENSIVE CARE UNIT	485,135	396,681	27,661	904,439	1,004,548	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	1,546,327	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	153,818	135,089	9,297	1,642	0	32.01
32.02	03202	RENAL TRANSPLANT	0	116	18,097	0	135,445	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	82,722	18,541	4,629	477,951	0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	304,809	46,890	14,003	1,916,184	56,435	34.01
40.00	04000	SUBPROVIDER - I PF	7,170	7,443	45,815	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	16,592	11,686	0	1,642	0	41.00
43.00	04300	NURSERY	71,877	917	46,753	540,911	90,296	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,698,027	2,327,494	473,668	88,692	349,899	50.00
50.01	03951	AMBULATORY SURGERY	905,170	1,263,228	140,316	6,022	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	111,185	76,184	19,627	396,924	79,009	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	596,966	214,236	1,263,376	0	22,574	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	120,233	937,457	0	0	0	54.01
54.02	05403	ULTRASOUND	38,178	235	188,159	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	48,492	10,583	23,089	0	0	54.03
54.04	05401	ONCOLOGY	370,184	48,469	249,105	0	0	54.04
57.00	05700	CT SCAN	169,764	41,010	0	0	0	57.00
58.00	05800	MRI	83,494	15,829	19	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	111,198	15,450	120,459	0	0	59.00
59.01	05901	CARDIAC REHAB	3,218	0	4,017	0	0	59.01
60.00	06000	LABORATORY	2,658	311,049	184,849	0	304,751	60.00
65.00	06500	RESPIRATORY THERAPY	320,299	8,212,581	12,989	0	0	65.00
65.01	06501	SLEEP LAB	20,981	4,963	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	81,670	19,336	84,668	0	259,602	66.00
66.01	06601	SPORTS PERFORMANCE	21,300	63,562	54,194	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,296,029	1,053,448	32,635	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,473	0	59,455	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,287	73.00
74.00	07400	RENAL DIALYSIS	130,251	100,712	0	0	45,148	74.00
75.00	03330	ASC (NON-DISTINCT PART)	526,209	45,185	24,103	76,647	112,871	75.00

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	14.00	15.00	16.00	17.00	21.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	44,295	606,143	22,707	493,280	451,482	90.00
90.01 09001 PARTIAL HOSPITALIZATION	9,341	0	18,938	0	0	90.01
91.00 09100 EMERGENCY	415,903	149,442	1,076,498	3,809,921	756,233	91.00
91.01 09101 WOUND CARE 002	1,581	3,072	16,413	0	474,057	91.01
91.02 09102 WOUND CARE 001	19,696	7,000	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	11,694	318	123,252	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	15,012	2,374	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	6,171	695	0	22,994	496,631	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	1,510	4,674	232,386	88,692	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	4,206	102,928	4,400	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 09853 GERIATRIC CLINIC	0	17,534	0	0	135,445	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	560	3,118	0	0	98.02
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	887	894	0	0	0	105.00
106.00 10600 HEART ACQUISITION	2,392	142	0	0	0	106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	16,896,251	17,561,751	5,018,685	11,773,579	12,923,683	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	2	0	0	0	112,871	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	92,601	12,042,384	0	125,921	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	0	9,663	0	0	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	2,908	5,594	0	0	0	193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	0	0	0	0	0	193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 19312 LIFELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 19314 SPN	0	0	0	0	0	193.11
193.12 19315 ST. JOES	0	0	0	0	0	193.12
193.13 19301 NEW HOPE	0	0	0	0	0	193.13
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.17 19317 HOSPICE	0	0	0	0	0	193.17
193.18 19318 HOME HEALTH	0	0	0	0	0	193.18
200.00						200.00
201.00						201.00
202.00						202.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	16,991,762	29,619,392	5,018,685	11,899,500	13,036,554	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - EMS	
	SERVICES-OTHER PRGM COSTS A					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						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
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	7,435,779					22.00
23.00 02300 PARAMED PRGM - (SPECIFY)		494,609				23.00
23.01 02301 PARAMED PRGM - CPE			690,423			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY				807,524		23.02
23.03 02303 PARAMED PRGM - EMS					1,134,680	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,759,735	0	404,591	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	572,973	0	95,277	0	0	31.00
32.00 03200 CORONARY CARE UNIT	881,993	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	0	0	8,540	0	0	32.01
32.02 03202 RENAL TRANSPLANT	77,255	0	3,203	0	0	32.02
33.00 02080 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02400 PEDIATRIC INTENSIVE CARE UNIT	0	0	1,068	0	0	33.01
33.02 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03303 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00 02060 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02401 NEONATAL INTENSIVE CARE UNIT	32,190	0	50,441	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	0	0	72,592	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	1,068	0	0	41.00
43.00 04300 NURSERY	51,503	0	6,405	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	199,575	0	5,871	0	0	50.00
50.01 03951 AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	45,065	0	1,068	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,876	0	0	380,837	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 05403 ULTRASOUND	0	0	0	143,808	0	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04 05401 ONCOLOGY	0	0	0	0	0	54.04
57.00 05700 CT SCAN	0	0	0	206,342	0	57.00
58.00 05800 MRI	0	0	0	76,537	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0	0	0	0	0	59.01
60.00 06000 LABORATORY	173,823	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	148,072	0	0	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	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 PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,438	494,609	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	25,752	0	0	0	0	74.00
75.00 03330 ASC (NON-DISTINCT PART)	64,379	0	0	0	0	75.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - EMS	
	SERVICES-OTHER PRGM COSTS A					
	22.00					
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	257,516	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	431,340	0	40,299	0	1,134,680	91.00
91.01 09101 WOUND CARE 002	270,392	0	0	0	0	91.01
91.02 09102 WOUND CARE 001	0	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	283,268	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 09853 GERIATRIC CLINIC	77,255	0	0	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,371,400	494,609	690,423	807,524	1,134,680	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	64,379	0	0	0	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	0	0	0	0	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	0	0	0	0	0	193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	0	0	0	0	0	193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 19312 LIFELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 19314 SPN	0	0	0	0	0	193.11
193.12 19315 ST. JOES	0	0	0	0	0	193.12
193.13 19301 NEW HOPE	0	0	0	0	0	193.13
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.17 19317 HOSPICE	0	0	0	0	0	193.17
193.18 19318 HOME HEALTH	0	0	0	0	0	193.18
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,435,779	494,609	690,423	807,524	1,134,680	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS				1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H				1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS				1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				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
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED PRGM - CPE				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY				23.02
23.03	02303	PARAMED ED PRGM - EMS				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	148,883,735	-10,351,378	138,532,357	30.00
31.00	03100	INTENSIVE CARE UNIT	28,845,382	-1,577,521	27,267,861	31.00
32.00	03200	CORONARY CARE UNIT	2,428,320	-2,428,320	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	13,625,967	0	13,625,967	32.01
32.02	03202	RENAL TRANSPLANT	3,180,482	-212,700	2,967,782	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	5,959,025	0	5,959,025	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	-6,250	0	-6,250	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	24,360,401	-88,625	24,271,776	34.01
40.00	04000	SUBPROVIDER - I/PF	9,755,033	0	9,755,033	40.00
41.00	04100	SUBPROVIDER - I/RF	4,620,923	0	4,620,923	41.00
43.00	04300	NURSERY	4,140,989	-141,799	3,999,190	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	70,570,618	-549,474	70,021,144	50.00
50.01	03951	AMBULATORY SURGERY	19,268,221	0	19,268,221	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,878,473	-124,074	9,754,399	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,251,040	-35,450	16,215,590	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	8,026,504	0	8,026,504	54.01
54.02	05403	ULTRASOUND	1,745,396	0	1,745,396	54.02
54.03	05404	ECHOCARDIOLOGY	1,080,770	0	1,080,770	54.03
54.04	05401	ONCOLOGY	11,761,175	0	11,761,175	54.04
57.00	05700	CT SCAN	1,523,184	0	1,523,184	57.00
58.00	05800	MRI	3,370,828	0	3,370,828	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,047,384	0	3,047,384	59.00
59.01	05901	CARDIAC REHAB	1,117,913	0	1,117,913	59.01
60.00	06000	LABORATORY	25,217,510	-478,574	24,738,936	60.00
65.00	06500	RESPIRATORY THERAPY	11,558,802	0	11,558,802	65.00
65.01	06501	SLEEP LAB	1,678,533	0	1,678,533	65.01
66.00	06600	PHYSICAL THERAPY	16,162,562	-407,674	15,754,888	66.00
66.01	06601	SPORTS PERFORMANCE	11,078,201	0	11,078,201	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,655,188	0	9,655,188	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,673,635	0	3,673,635	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	69,894,238	0	69,894,238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	120,421,978	0	120,421,978	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,634,111	-17,725	68,616,386	73.00
74.00	07400	RENAL DIALYSIS	6,029,807	-70,900	5,958,907	74.00
75.00	03330	ASC (NON-DISTINCT PART)	7,827,304	-177,250	7,650,054	75.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 12: 58 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,589,223	-708,998	10,880,225	90.00
90.01	09001	PARTIAL HOSPITALIZATION	4,565,684	0	4,565,684	90.01
91.00	09100	EMERGENCY	34,149,234	-1,187,573	32,961,661	91.00
91.01	09101	WOUND CARE 002	2,581,842	-744,449	1,837,393	91.01
91.02	09102	WOUND CARE 001	846,387	0	846,387	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	1,084,463	0	1,084,463	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,935,392	0	1,935,392	91.07
91.08	04040	FAMILY PRACTICE	6,901,331	-779,899	6,121,432	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	1,644,097	0	1,644,097	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	736,162	0	736,162	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	234,425	-212,700	21,725	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	299,888	0	299,888	98.01
98.02	09852	DIABETES EDUCATION	528,274	0	528,274	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,056,506	0	6,056,506	105.00
106.00	10600	HEART ACQUISITION	3,658,846	0	3,658,846	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	112.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	822,079,136	-20,295,083	801,784,053	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,243,155	0	1,243,155	190.00
191.00	19100	RESEARCH	3,228,461	-177,250	3,051,211	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	65,409,991	0	65,409,991	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19304	MARKETING	9,736,019	0	9,736,019	193.01
193.02	19305	MISSION SERVICES	740,770	0	740,770	193.02
193.03	19306	FOUNDATION	4,004,818	0	4,004,818	193.03
193.04	19307	WELLNESS	1,220,313	0	1,220,313	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	193.06
193.07	19310	BILLING	16,362,290	0	16,362,290	193.07
193.08	19311	OCCUPATIONAL HEALTH	173	0	173	193.08
193.09	19312	LIFELINE	9,398	0	9,398	193.09
193.10	19313	MARTEN HOUSE	3,223,375	0	3,223,375	193.10
193.11	19314	SPN	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	193.13
193.14	19302	VACANT SPACE	3,053,157	0	3,053,157	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	193.15
193.16	19316	SETON BOARD	651,949	0	651,949	193.16
193.17	19317	HOSPICE	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	193.18
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)	930,963,005	-20,472,333	910,490,672	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	NEW BLDG-WOMENS	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	252,118	2,398	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,117,724	19,701	0	5.00
7.00	00700	OPERATION OF PLANT	0	5,943,886	15,149	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	349,218	2,749	0	9.00
10.00	01000	DIETARY	0	704,288	5,259	0	10.00
11.00	01100	CAFETERIA	0	5,485	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	95,131	2,299	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,007,966	0	0	14.00
15.00	01500	PHARMACY	0	436,446	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	288,320	3,367	0	16.00
17.00	01700	SOCIAL SERVICE	0	60,392	539	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	341,905	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	33,361	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	30,604	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	40,055	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	2,841	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,269,201	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,232,095	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	546,035	0	0	32.01
32.02	03202	RENAL TRANSPLANT	0	393,915	0	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	0	524,517	0	0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	152,216	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	358,782	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,728,353	0	0	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	614,444	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	333,494	0	0	54.01
54.02	05403	ULTRASOUND	0	55,189	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	282,019	0	0	54.04
57.00	05700	CT SCAN	0	61,377	0	0	57.00
58.00	05800	MRI	0	207,703	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	263,229	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	59.01
60.00	06000	LABORATORY	0	396,897	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	84,780	0	0	65.00
65.01	06501	SLEEP LAB	0	3,347	46,623	0	65.01
66.00	06600	PHYSICAL THERAPY	0	343,846	239	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	593,404	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,409	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	98,338	0	0	74.00

11/30/2017 12: 58 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period: From 07/01/2016 To 06/30/2017

Worksheet B Part II Date/Time Prepared: 11/30/2017 12: 58 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	NEW BLDG-WOMENS		
		1.00	1.01	1.02	1.03		
75.00 03330 ASC (NON-DISTINCT PART)	0	330,963	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0	144,188	39,626	0	0	90.01	
91.00 09100 EMERGENCY	0	1,077,078	0	0	0	91.00	
91.01 09101 WOUND CARE 002	0	187,534	0	0	0	91.01	
91.02 09102 WOUND CARE 001	0	15,555	0	0	0	91.02	
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03	
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04	
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05	
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07	
91.08 04040 FAMILY PRACTICE	0	0	0	0	0	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	320,865	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	172,879	0	0	0	95.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01	
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01	
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	30,369,176	290,165	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	75,413	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	233,440	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19304 MARKETING	0	0	0	0	0	193.01	
193.02 19305 MISSION SERVICES	0	73,979	0	0	0	193.02	
193.03 19306 FOUNDATION	0	0	0	0	0	193.03	
193.04 19307 WELLNESS	0	0	0	0	0	193.04	
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05	
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06	
193.07 19310 BILLING	0	0	0	0	0	193.07	
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08	
193.09 19312 LIFELINE	0	0	0	0	0	193.09	
193.10 19313 MARTEN HOUSE	0	0	0	4,997	0	193.10	
193.11 19314 SPN	0	0	0	0	0	193.11	
193.12 19315 ST. JOES	0	0	0	0	0	193.12	
193.13 19301 NEW HOPE	0	0	0	0	0	193.13	
193.14 19302 VACANT SPACE	0	868,869	0	0	0	193.14	
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15	
193.16 19316 SETON BOARD	0	0	0	0	0	193.16	
193.17 19317 HOSPICE	0	0	0	0	0	193.17	
193.18 19318 HOME HEALTH	0	0	0	0	0	193.18	
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)	0	31,620,877	290,165	4,997	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
	MVBLE EQUIP					
	2.00	2A	4.00	5.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02 00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02
1.03 00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,807	269,323	269,323		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	171,196	1,308,621	41,301	1,349,922	5.00
7.00 00700	OPERATION OF PLANT	2,000,596	7,959,631	1,163	82,342	8,043,136
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	4,232	2,794
9.00 00900	HOUSEKEEPING	3,312	355,279	0	17,247	110,569
10.00 01000	DIETARY	38,871	748,418	0	6,219	248,238
11.00 01100	CAFETERIA	0	5,485	0	2,750	1,496
13.00 01300	NURSING ADMINISTRATION	496,499	593,929	7,872	27,404	30,306
14.00 01400	CENTRAL SERVICES & SUPPLY	834,883	1,842,849	190	20,828	302,217
15.00 01500	PHARMACY	135,357	571,803	9,963	40,634	139,478
16.00 01600	MEDICAL RECORDS & LIBRARY	995	292,682	2,597	6,090	83,736
17.00 01700	SOCIAL SERVICE	0	60,931	4,177	15,643	17,260
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	6,677	18,778	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	121,666	463,571	3,192	9,300	95,591
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	33,361	175	600	9,054
23.01 02301	PARAMED ED PRGM - CPE	0	30,604	263	893	8,306
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	40,055	351	1,029	10,871
23.03 02303	PARAMED ED PRGM - EMS	49,987	52,828	1,258	1,612	771
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	460,595	7,729,796	54,826	145,615	2,271,581
31.00 03100	INTENSIVE CARE UNIT	69,681	1,301,776	9,767	30,301	334,378
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	66,297	612,332	5,383	16,291	148,188
32.02 03202	RENAL TRANSPLANT	0	393,915	487	2,506	106,905
33.00 02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 02400	PEDIATRIC INTENSIVE CARE UNIT	39,890	564,407	2,637	5,573	142,348
33.02 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.03 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.04 03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05 03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.06 03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01 02401	NEONATAL INTENSIVE CARE UNIT	257,089	257,089	14,964	26,648	216,466
40.00 04000	SUBPROVIDER - I PF	39,677	191,893	3,031	8,945	235,169
41.00 04100	SUBPROVIDER - IRF	951	359,733	1,056	5,154	97,370
43.00 04300	NURSERY	18,966	18,966	1,146	3,705	68,781
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,968,497	8,696,850	16,500	69,860	1,117,604
50.01 03951	AMBULATORY SURGERY	383,056	383,056	2,370	24,077	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	44,711	44,711	3,169	10,526	156,723
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	566,596	1,181,040	3,658	16,605	192,449
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	120,334	453,828	2,047	8,474	90,507
54.02 05403	ULTRASOUND	30,242	85,431	791	1,797	14,978
54.03 05404	ECHOCARDIOLOGY	421,501	421,501	598	1,439	0
54.04 05401	ONCOLOGY	916,319	1,198,338	3,534	14,390	76,537
57.00 05700	CT SCAN	50,475	111,852	1,074	1,328	16,657
58.00 05800	MRI	584,853	792,556	698	3,784	64,903
59.00 05900	CARDIAC CATHETERIZATION	97,519	360,748	311	3,094	71,438
59.01 05901	CARDIAC REHAB	498	498	396	1,517	0
60.00 06000	LABORATORY	5,265	402,162	21	33,484	132,119
65.00 06500	RESPIRATORY THERAPY	99,163	183,943	4,517	3,988	24,863
65.01 06501	SLEEP LAB	3,527	53,497	488	1,422	76,911
66.00 06600	PHYSICAL THERAPY	69,268	413,353	6,676	21,272	93,706
66.01 06601	SPORTS PERFORMANCE	120,342	120,342	3,535	15,804	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,153,498	1,746,902	3,876	5,511	161,044
70.00 07000	ELECTROENCEPHALOGRAPHY	99,517	118,926	1,160	5,110	5,267
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	101,330	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	174,825	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	98,760	0
74.00 07400	RENAL DIALYSIS	523	98,861	0	7,958	26,688
75.00 03330	ASC (NON-DISTINCT PART)	670,197	1,001,160	1,570	8,624	89,820

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
	MVBLE EQUIP						
	2.00	2A					
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	642,129	642,129	2,363	13,347	0	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	9,716	193,530	1,471	5,253	103,729	90.01	
91.00 09100 EMERGENCY	278,346	1,355,424	8,910	32,343	292,308	91.00	
91.01 09101 WOUND CARE 002	9,026	196,560	408	1,608	73,201	91.01	
91.02 09102 WOUND CARE 001	34,943	50,498	315	1,079	4,222	91.02	
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03	
91.04 09104 ZIONSVILLE CLINIC	107,372	107,372	305	1,376	0	91.04	
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05	
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	306	2,720	0	91.07	
91.08 04040 FAMILY PRACTICE	3,158	3,158	5,380	8,464	0	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT		0				92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART	97,562	418,427	9	759	87,079	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	172,879	0	316	46,918	95.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01	
98.00 09853 GERIATRIC CLINIC	0	0	0	6	0	98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	435	0	98.01	
98.02 09852 DIABETES EDUCATION	24,321	24,321	222	720	0	98.02	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	11,145	11,145	633	8,668	0	105.00	
106.00 10600 HEART ACQUISITION	17,865	17,865	358	5,234	0	106.00	
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00	
113.00 11300 INTEREST EXPENSE						113.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	16,462,799	47,122,140	250,145	1,217,646	7,701,544	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	510	75,923	105	1,518	22,360	190.00	
191.00 19100 RESEARCH	3,064	3,064	1,197	4,218	0	191.00	
192.00 19200 PHYSICIANS PRIVATE OFFICES	311,526	544,966	16,533	74,315	63,353	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19304 MARKETING	0	0	0	14,115	0	193.01	
193.02 19305 MISSION SERVICES	7,189	81,168	178	805	20,077	193.02	
193.03 19306 FOUNDATION	4,137	4,137	852	5,797	0	193.03	
193.04 19307 WELLNESS	0	0	313	1,634	0	193.04	
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05	
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06	
193.07 19310 BILLING	0	0	0	23,721	0	193.07	
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08	
193.09 19312 LI FELINE	8,076	8,076	0	14	0	193.09	
193.10 19313 MARTEN HOUSE	0	4,997	0	4,673	0	193.10	
193.11 19314 SPN	0	0	0	0	0	193.11	
193.12 19315 ST. JOES	0	0	0	0	0	193.12	
193.13 19301 NEW HOPE	0	0	0	0	0	193.13	
193.14 19302 VACANT SPACE	0	868,869	0	1,466	235,802	193.14	
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15	
193.16 19316 SETON BOARD	0	0	0	0	0	193.16	
193.17 19317 HOSPICE	0	0	0	0	0	193.17	
193.18 19318 HOME HEALTH	0	0	0	0	0	193.18	
200.00						200.00	
201.00						201.00	
202.00						202.00	
200.00						200.00	
201.00						201.00	
202.00	16,797,301	48,713,340	269,323	1,349,922	8,043,136	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 12:58 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,026					8.00
9.00	00900	HOUSEKEEPING	0	483,095				9.00
10.00	01000	DIETARY	0	15,123	1,017,998			10.00
11.00	01100	CAFETERIA	0	91	0	9,822		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,846	0	398	661,755	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9	18,412	0	19	0	14.00
15.00	01500	PHARMACY	5	8,497	0	385	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15	5,101	0	185	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,052	0	192	16,931	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	431	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	1	5,824	0	76	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	552	0	12	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	506	0	15	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	662	0	17	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	47	0	81	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,689	138,388	747,410	2,492	221,119	30.00
31.00	03100	INTENSIVE CARE UNIT	487	20,371	13,600	461	40,681	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	131	9,028	0	269	23,742	32.01
32.02	03202	RENAL TRANSPLANT	64	6,513	31,848	23	2,046	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	65	8,672	4,583	87	7,711	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	569	13,187	0	524	46,221	34.01
40.00	04000	SUBPROVIDER - I/PF	533	14,327	108,227	184	16,242	40.00
41.00	04100	SUBPROVIDER - I/RF	54	5,932	0	61	5,392	41.00
43.00	04300	NURSERY	54	4,190	0	57	5,070	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	775	68,086	4,003	801	70,711	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	125	11,055	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	234	9,548	0	157	13,858	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	101	11,724	97	216	19,090	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	113	5,514	0	106	9,360	54.01
54.02	05403	ULTRASOUND	0	912	0	29	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	30	0	54.03
54.04	05401	ONCOLOGY	34	4,663	0	178	15,682	54.04
57.00	05700	CT SCAN	86	1,015	0	49	0	57.00
58.00	05800	MRI	39	3,954	0	34	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,352	0	17	1,507	59.00
59.01	05901	CARDIAC REHAB	0	0	0	23	2,066	59.01
60.00	06000	LABORATORY	0	8,049	0	1	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,515	0	242	0	65.00
65.01	06501	SLEEP LAB	0	4,686	0	30	0	65.01
66.00	06600	PHYSICAL THERAPY	43	5,709	0	343	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	197	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	85	9,811	0	213	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13	321	0	52	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	18	1,626	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	72	5,472	0	80	7,087	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	184	16,226	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	6,319	0	82	0	90.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

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Part II
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
91.00	09100	EMERGENCY	630	17,808	5,170	434	38,301	91.00
91.01	09101	WOUND CARE 002	17	4,460	0	24	2,106	91.01
91.02	09102	WOUND CARE 001	0	257	0	14	1,233	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	1,449	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	8,705	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	90	5,305	0	1	46	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,858	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	10	884	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	27	2,418	105.00
106.00	10600	HEART ACQUISITION	0	0	0	17	1,478	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,026	462,285	914,938	9,685	608,417	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,362	0	11	0	190.00
191.00	19100	RESEARCH	0	0	0	51	4,535	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	3,860	0	0	46,088	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	1,223	0	10	0	193.02
193.03	19306	FOUNDATION	0	0	0	34	0	193.03
193.04	19307	WELLNESS	0	0	0	31	2,715	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	14,365	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	103,060	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,026	483,095	1,017,998	9,822	661,755	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/30/2017 12:58 pm			
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
		14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,184,524				14.00
15.00	01500	PHARMACY	39,352	810,117			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,997	115	396,518		16.00
17.00	01700	SOCIAL SERVICE	264	11,717	0	128,167	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	4,865	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	5	2	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	154,616	18,519	33,183	31,748	30.00
31.00	03100	INTENSIVE CARE UNIT	62,371	10,850	2,185	9,742	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	19,776	3,695	735	18	32.01
32.02	03202	RENAL TRANSPLANT	0	3	1,430	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	10,635	507	366	5,148	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	39,188	1,282	1,106	20,639	34.01
40.00	04000	SUBPROVIDER - I PF	922	204	3,620	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,133	320	0	18	41.00
43.00	04300	NURSERY	9,241	25	3,694	5,826	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	861,117	63,659	37,424	955	50.00
50.01	03951	AMBULATORY SURGERY	116,373	34,551	11,086	65	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,294	2,084	1,551	4,275	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,748	5,860	99,819	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	15,458	25,640	0	0	54.01
54.02	05403	ULTRASOUND	4,908	6	14,866	0	54.02
54.03	05404	ECHOCARDIOLOGY	6,234	289	1,824	0	54.03
54.04	05401	ONCOLOGY	47,592	1,326	19,681	0	54.04
57.00	05700	CT SCAN	21,826	1,122	0	0	57.00
58.00	05800	MRI	10,734	433	2	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,296	423	9,517	0	59.00
59.01	05901	CARDIAC REHAB	414	0	317	0	59.01
60.00	06000	LABORATORY	342	8,507	14,605	0	60.00
65.00	06500	RESPIRATORY THERAPY	41,179	224,622	1,026	0	65.00
65.01	06501	SLEEP LAB	2,697	136	0	0	65.01
66.00	06600	PHYSICAL THERAPY	10,500	529	6,689	0	66.00
66.01	06601	SPORTS PERFORMANCE	2,738	1,738	4,282	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	423,752	28,813	2,578	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,661	0	4,697	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	16,746	2,755	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	67,652	1,236	1,904	826	75.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	14.00	15.00	16.00	17.00	21.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	5,695	16,579	1,794	5,313		90.00
90.01 09001 PARTIAL HOSPITALIZATION	1,201	0	1,496	0		90.01
91.00 09100 EMERGENCY	53,470	4,087	85,052	41,035		91.00
91.01 09101 WOUND CARE 002	203	84	1,297	0		91.01
91.02 09102 WOUND CARE 001	2,532	191	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	1,503	9	9,738	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	1,930	65	0	0		91.07
91.08 04040 FAMILY PRACTICE	793	19	0	248		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	194	128	18,360	955		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	541	2,815	348	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0		97.01
98.00 09853 GERIATRIC CLINIC	0	480	0	0		98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0		98.01
98.02 09852 DIABETES EDUCATION	0	15	246	0		98.02
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	114	24	0	0		105.00
106.00 10600 HEART ACQUISITION	308	4	0	0		106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0		112.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00	2,172,245	480,333	396,518	126,811	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0		191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	11,905	329,367	0	1,356		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
193.01 19304 MARKETING	0	0	0	0		193.01
193.02 19305 MISSION SERVICES	0	264	0	0		193.02
193.03 19306 FOUNDATION	0	0	0	0		193.03
193.04 19307 WELLNESS	374	153	0	0		193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0		193.05
193.06 19309 JOINT VENTURE	0	0	0	0		193.06
193.07 19310 BILLING	0	0	0	0		193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0		193.08
193.09 19312 LIFELINE	0	0	0	0		193.09
193.10 19313 MARTEN HOUSE	0	0	0	0		193.10
193.11 19314 SPN	0	0	0	0		193.11
193.12 19315 ST. JOES	0	0	0	0		193.12
193.13 19301 NEW HOPE	0	0	0	0		193.13
193.14 19302 VACANT SPACE	0	0	0	0		193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0		193.15
193.16 19316 SETON BOARD	0	0	0	0		193.16
193.17 19317 HOSPICE	0	0	0	0		193.17
193.18 19318 HOME HEALTH	0	0	0	0		193.18
200.00					25,886	200.00
201.00					0	201.00
202.00	2,184,524	810,117	396,518	128,167	25,886	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - EMS	
	SERVICES-OTHER PRGM COSTS A					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						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
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	582,420					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		43,754				23.00
23.01 02301 PARAMED PRGM - CPE			40,587			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY				52,985		23.02
23.03 02303 PARAMED PRGM - EMS					56,604	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
32.00 03200 CORONARY CARE UNIT						32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL						32.01
32.02 03202 RENAL TRANSPLANT						32.02
33.00 02080 BURN INTENSIVE CARE UNIT						33.00
33.01 02400 PEDIATRIC INTENSIVE CARE UNIT						33.01
33.02 03300 BURN INTENSIVE CARE UNIT						33.02
33.03 03301 BURN INTENSIVE CARE UNIT						33.03
33.04 03302 BURN INTENSIVE CARE UNIT						33.04
33.05 03303 BURN INTENSIVE CARE UNIT						33.05
33.06 03304 BURN INTENSIVE CARE UNIT						33.06
34.00 02060 SURGICAL INTENSIVE CARE UNIT						34.00
34.01 02401 NEONATAL INTENSIVE CARE UNIT						34.01
40.00 04000 SUBPROVIDER - IPF						40.00
41.00 04100 SUBPROVIDER - IRF						41.00
43.00 04300 NURSERY						43.00
44.00 04400 SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM						50.00
50.01 03951 AMBULATORY SURGERY						50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM						52.00
53.00 05300 ANESTHESIOLOGY						53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC						54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC						54.01
54.02 05403 ULTRASOUND						54.02
54.03 05404 ECHOCARDIOLOGY						54.03
54.04 05401 ONCOLOGY						54.04
57.00 05700 CT SCAN						57.00
58.00 05800 MRI						58.00
59.00 05900 CARDIAC CATHETERIZATION						59.00
59.01 05901 CARDIAC REHAB						59.01
60.00 06000 LABORATORY						60.00
65.00 06500 RESPIRATORY THERAPY						65.00
65.01 06501 SLEEP LAB						65.01
66.00 06600 PHYSICAL THERAPY						66.00
66.01 06601 SPORTS PERFORMANCE						66.01
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT						71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
74.00 07400 RENAL DIALYSIS						74.00
75.00 03330 ASC (NON-DISTINCT PART)						75.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - EMS	
	SERVICES-OTHER PRGM COSTS A					
	22.00					
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00
90.01 09001 PARTIAL HOSPITALIZATION						90.01
91.00 09100 EMERGENCY						91.00
91.01 09101 WOUND CARE 002						91.01
91.02 09102 WOUND CARE 001						91.02
91.03 09103 LAFAYETTE RD CLINIC						91.03
91.04 09104 ZIONSVILLE CLINIC						91.04
91.05 09105 BROWNSBURG CLINIC						91.05
91.06 09106 OP ANTI COAGULATION CLINIC						91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT						91.07
91.08 04040 FAMILY PRACTICE						91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART						92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD						97.00
97.01 09701 FAMILY PRACTICE						97.01
98.00 09853 GERIATRIC CLINIC						98.00
98.01 09851 ELECTROCONVULSIVE THERAPY						98.01
98.02 09852 DIABETES EDUCATION						98.02
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION						105.00
106.00 10600 HEART ACQUISITION						106.00
112.00 08600 PANCREAS ACQUISITION						112.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN						190.00
191.00 19100 RESEARCH						191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES						192.00
193.00 19300 NONPAID WORKERS						193.00
193.01 19304 MARKETING						193.01
193.02 19305 MISSION SERVICES						193.02
193.03 19306 FOUNDATION						193.03
193.04 19307 WELLNESS						193.04
193.05 19308 NETWORK DEVELOPMENT						193.05
193.06 19309 JOINT VENTURE						193.06
193.07 19310 BILLING						193.07
193.08 19311 OCCUPATIONAL HEALTH						193.08
193.09 19312 LI FELINE						193.09
193.10 19313 MARTEN HOUSE						193.10
193.11 19314 SPN						193.11
193.12 19315 ST. JOES						193.12
193.13 19301 NEW HOPE						193.13
193.14 19302 VACANT SPACE						193.14
193.15 19303 EXTENDED CARE RESIDENTIAL						193.15
193.16 19316 SETON BOARD						193.16
193.17 19317 HOSPICE						193.17
193.18 19318 HOME HEALTH						193.18
200.00 Cross Foot Adjustments	582,420	43,754	40,587	52,985	56,604	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	582,420	43,754	40,587	52,985	56,604	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	11,551,982	0	11,551,982	30.00
31.00	03100	1,836,970	0	1,836,970	31.00
32.00	03200	0	0	0	32.00
32.01	03201	839,588	0	839,588	32.01
32.02	03202	545,740	0	545,740	32.02
33.00	02080	0	0	0	33.00
33.01	02400	752,739	0	752,739	33.01
33.02	03300	0	0	0	33.02
33.03	03301	0	0	0	33.03
33.04	03302	0	0	0	33.04
33.05	03303	0	0	0	33.05
33.06	03304	0	0	0	33.06
34.00	02060	0	0	0	34.00
34.01	02401	637,883	0	637,883	34.01
40.00	04000	583,297	0	583,297	40.00
41.00	04100	477,223	0	477,223	41.00
43.00	04300	120,755	0	120,755	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	11,008,345	0	11,008,345	50.00
50.01	03951	582,758	0	582,758	50.01
52.00	05200	261,130	0	261,130	52.00
53.00	05300	0	0	0	53.00
54.00	05400	1,607,407	0	1,607,407	54.00
54.01	05402	611,047	0	611,047	54.01
54.02	05403	123,718	0	123,718	54.02
54.03	05404	431,915	0	431,915	54.03
54.04	05401	1,381,955	0	1,381,955	54.04
57.00	05700	155,009	0	155,009	57.00
58.00	05800	877,137	0	877,137	58.00
59.00	05900	465,703	0	465,703	59.00
59.01	05901	5,231	0	5,231	59.01
60.00	06000	599,290	0	599,290	60.00
65.00	06500	485,895	0	485,895	65.00
65.01	06501	139,867	0	139,867	65.01
66.00	06600	558,820	0	558,820	66.00
66.01	06601	148,636	0	148,636	66.01
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	2,382,585	0	2,382,585	69.00
70.00	07000	139,207	0	139,207	70.00
71.00	07100	101,330	0	101,330	71.00
72.00	07200	174,825	0	174,825	72.00
73.00	07300	98,760	0	98,760	73.00
74.00	07400	154,652	0	154,652	74.00
75.00	03330	1,185,503	0	1,185,503	75.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 12: 58 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	703,630	0	703,630	90.00
90.01	09001	PARTIAL HOSPITALIZATION	313,081	0	313,081	90.01
91.00	09100	EMERGENCY	1,934,972	0	1,934,972	91.00
91.01	09101	WOUND CARE 002	279,968	0	279,968	91.01
91.02	09102	WOUND CARE 001	60,341	0	60,341	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	120,303	0	120,303	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	6,470	0	6,470	91.07
91.08	04040	FAMILY PRACTICE	26,767	0	26,767	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	531,353	0	531,353	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	226,675	0	226,675	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	486	0	486	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	435	0	435	98.01
98.02	09852	DIABETES EDUCATION	26,418	0	26,418	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	23,029	0	23,029	105.00
106.00	10600	HEART ACQUISITION	25,264	0	25,264	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	112.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,306,094	0	45,306,094	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	101,279	0	101,279	190.00
191.00	19100	RESEARCH	13,065	0	13,065	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,091,743	0	1,091,743	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19304	MARKETING	14,115	0	14,115	193.01
193.02	19305	MISSION SERVICES	103,725	0	103,725	193.02
193.03	19306	FOUNDATION	10,820	0	10,820	193.03
193.04	19307	WELLNESS	5,220	0	5,220	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	193.06
193.07	19310	BILLING	23,721	0	23,721	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	193.08
193.09	19312	LIFELINE	8,090	0	8,090	193.09
193.10	19313	MARTEN HOUSE	9,670	0	9,670	193.10
193.11	19314	SPN	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	193.13
193.14	19302	VACANT SPACE	1,120,502	0	1,120,502	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	193.15
193.16	19316	SETON BOARD	103,060	0	103,060	193.16
193.17	19317	HOSPICE	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	193.18
200.00		Cross Foot Adjustments	802,236	0	802,236	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	48,713,340	0	48,713,340	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN H (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,124,148					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	0	61,963				1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	149,190			1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	158,379		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					10,634,160	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,963	512	0	2,169	9,374	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	39,736	4,207	0	7,226	108,382	5.00
7.00	00700	OPERATION OF PLANT	211,310	3,235	0	13,518	1,266,552	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	366	0	8.00
9.00	00900	HOUSEKEEPING	12,415	587	0	1,483	2,097	9.00
10.00	01000	DIETARY	25,038	1,123	0	6,356	24,609	10.00
11.00	01100	CAFETERIA	195	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,382	491	0	97	314,327	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,834	0	0	3,756	528,554	14.00
15.00	01500	PHARMACY	15,516	0	0	2,755	85,693	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,250	719	0	0	630	16.00
17.00	01700	SOCIAL SERVICE	2,147	115	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,155	0	0	367	77,025	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,186	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	1,088	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,424	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	101	0	0	0	31,646	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	258,426	0	0	37,442	291,597	30.00
31.00	03100	INTENSIVE CARE UNIT	43,802	0	0	0	44,114	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	19,412	0	0	0	41,972	32.01
32.02	03202	RENAL TRANSPLANT	14,004	0	0	0	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	18,647	0	0	0	25,254	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	0	0	0	28,356	162,760	34.01
40.00	04000	SUBPROVIDER - I PF	0	32,505	0	0	25,119	40.00
41.00	04100	SUBPROVIDER - I RF	12,755	0	0	0	602	41.00
43.00	04300	NURSERY	0	0	0	9,010	12,007	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	132,546	0	0	13,855	3,145,494	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	242,508	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	20,530	28,306	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,844	0	0	3,366	358,705	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	0	0	76,182	54.01
54.02	05403	ULTRASOUND	1,962	0	0	0	19,146	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	266,847	54.03
54.04	05401	ONCOLOGY	10,026	0	0	0	580,110	54.04
57.00	05700	CT SCAN	2,182	0	0	0	31,955	57.00
58.00	05800	MRI	7,384	0	0	1,118	370,263	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,358	0	0	0	61,738	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	315	59.01
60.00	06000	LABORATORY	14,110	0	0	3,197	3,333	60.00
65.00	06500	RESPIRATORY THERAPY	3,014	0	0	243	62,779	65.00
65.01	06501	SLEEP LAB	119	9,956	0	0	2,233	65.01
66.00	06600	PHYSICAL THERAPY	12,224	51	0	0	43,853	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	76,187	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,096	0	0	0	730,265	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	690	0	0	0	63,003	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,496	0	0	0	331	74.00
75.00	03330	ASC (NON-DISTINCT PART)	11,766	0	0	0	424,293	75.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN H (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	406,524	90.00
90.01	09001	PARTIAL HOSPITALIZATION	5,126	8,462	0	0	6,151	90.01
91.00	09100	EMERGENCY	38,291	0	0	0	176,217	91.00
91.01	09101	WOUND CARE 002	6,667	0	0	2,921	5,714	91.01
91.02	09102	WOUND CARE 001	553	0	0	0	22,122	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	67,976	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	1,999	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	11,407	0	0	0	61,765	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,146	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	15,397	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	7,056	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	11,310	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,079,649	61,963	0	158,131	10,422,391	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	2,681	0	0	248	323	190.00
191.00	19100	RESEARCH	0	0	0	0	1,940	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,299	0	0	0	197,223	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	2,630	0	0	0	4,551	193.02
193.03	19306	FOUNDATION	0	0	0	0	2,619	193.03
193.04	19307	WELLNESS	0	0	0	0	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	5,113	193.09
193.10	19313	MARTEN HOUSE	0	0	149,190	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	30,889	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
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)	31,620,877	290,165	4,997	0	16,797,301	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.128749	4.682875	0.033494	0.000000	1.579561	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			4.00	5A	5.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	372,393,716					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	57,125,019	-130,922,391	800,046,864			5.00
7.00	00700	OPERATION OF PLANT	1,608,147	0	48,809,890	1,053,614		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,508,496	366	1,170,490	8.00
9.00	00900	HOUSEKEEPING	0	0	10,223,240	14,484	0	9.00
10.00	01000	DIETARY	0	0	3,686,686	32,518	0	10.00
11.00	01100	CAFETERIA	0	0	1,630,351	196	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,887,971	0	16,244,259	3,970	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	262,240	0	12,346,446	39,589	1,578	14.00
15.00	01500	PHARMACY	13,779,506	0	24,086,759	18,271	870	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,591,958	0	3,609,744	10,969	2,508	16.00
17.00	01700	SOCIAL SERVICE	5,777,281	0	9,272,583	2,261	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	9,235,143	0	11,131,219	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	4,415,109	0	5,512,732	12,522	144	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	242,635	0	355,632	1,186	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	363,699	0	529,048	1,088	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	485,345	0	610,196	1,424	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	1,740,346	0	955,687	101	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,719,502	0	86,315,997	297,567	448,251	30.00
31.00	03100	INTENSIVE CARE UNIT	13,509,397	0	17,961,339	43,802	81,120	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	7,445,016	0	9,656,636	19,412	21,766	32.01
32.02	03202	RENAL TRANSPLANT	673,678	0	1,485,304	14,004	10,642	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	3,646,837	0	3,303,272	18,647	10,876	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	6,250	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	20,697,296	0	15,795,933	28,356	94,831	34.01
40.00	04000	SUBPROVIDER - I PF	4,192,720	0	5,302,176	30,806	88,752	40.00
41.00	04100	SUBPROVIDER - I RF	1,460,655	0	3,055,375	12,755	9,023	41.00
43.00	04300	NURSERY	1,585,448	0	2,196,180	9,010	8,959	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,821,253	0	41,410,780	146,401	129,051	50.00
50.01	03951	AMBULATORY SURGERY	3,277,573	0	14,272,136	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,382,613	0	6,239,646	20,530	39,000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,059,922	0	9,842,836	25,210	16,803	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	2,831,753	0	5,023,080	11,856	18,768	54.01
54.02	05403	ULTRASOUND	1,094,305	0	1,065,320	1,962	0	54.02
54.03	05404	ECHOCARDIOLOGY	827,363	0	853,145	0	0	54.03
54.04	05401	ONCOLOGY	4,888,531	0	8,529,890	10,026	5,683	54.04
57.00	05700	CT SCAN	1,484,927	0	787,492	2,182	14,287	57.00
58.00	05800	MRI	965,561	0	2,242,834	8,502	6,502	58.00
59.00	05900	CARDIAC CATHETERIZATION	429,762	0	1,834,302	9,358	0	59.00
59.01	05901	CARDIAC REHAB	548,309	0	898,936	0	0	59.01
60.00	06000	LABORATORY	29,402	0	19,848,018	17,307	0	60.00
65.00	06500	RESPIRATORY THERAPY	6,246,900	0	2,363,720	3,257	0	65.00
65.01	06501	SLEEP LAB	674,789	0	842,743	10,075	0	65.01
66.00	06600	PHYSICAL THERAPY	9,233,660	0	12,609,588	12,275	7,104	66.00
66.01	06601	SPORTS PERFORMANCE	4,889,984	0	9,367,866	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,360,332	0	3,266,732	21,096	14,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,603,900	0	3,028,969	690	2,092	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	60,065,018	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	103,486,770	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	58,541,818	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,717,319	3,496	3,005	74.00
75.00	03330	ASC (NON-DISTINCT PART)	2,172,135	0	5,111,876	11,766	11,925	75.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/30/2017 12: 58 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		
		4.00	5A	5.00	7.00	8.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,268,220	0	7,911,539	0	90.00	
90.01	09001	PARTIAL HOSPITALIZATION	2,035,038	0	3,113,682	13,588	90.01	
91.00	09100	EMERGENCY	12,323,532	0	19,171,983	38,291	91.00	
91.01	09101	WOUND CARE 002	564,890	0	953,267	9,589	91.01	
91.02	09102	WOUND CARE 001	435,333	0	639,853	553	91.02	
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	91.03	
91.04	09104	ZIONSVILLE CLINIC	421,372	0	815,713	0	91.04	
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	91.05	
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	91.06	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	422,826	0	1,612,062	0	91.07	
91.08	04040	FAMILY PRACTICE	7,441,025	0	5,017,385	0	91.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART	11,981	0	449,954	11,407	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	187,609	6,146	95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
97.01	09701	FAMILY PRACTICE	0	0	0	0	97.01	
98.00	09853	GERIATRIC CLINIC	0	0	3,602	0	98.00	
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	257,715	0	98.01	
98.02	09852	DIABETES EDUCATION	306,737	0	427,061	0	98.02	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	875,834	0	5,138,256	0	105.00	
106.00	10600	HEART ACQUISITION	494,728	0	3,102,400	0	106.00	
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	112.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	345,869,438	-130,916,141	721,638,095	1,008,867	1,170,490	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	145,913	0	900,038	2,929	190.00	
191.00	19100	RESEARCH	1,655,587	0	2,500,205	0	191.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	22,866,705	0	44,051,582	8,299	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
193.01	19304	MARKETING	0	0	8,366,844	0	193.01	
193.02	19305	MISSION SERVICES	245,532	0	477,238	2,630	193.02	
193.03	19306	FOUNDATION	1,177,893	0	3,436,019	0	193.03	
193.04	19307	WELLNESS	432,648	0	968,414	0	193.04	
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	193.05	
193.06	19309	JOINT VENTURE	0	0	0	0	193.06	
193.07	19310	BILLING	0	0	14,061,263	0	193.07	
193.08	19311	OCCUPATIONAL HEALTH	0	0	149	0	193.08	
193.09	19312	LIFELINE	0	0	8,076	0	193.09	
193.10	19313	MARTEN HOUSE	0	0	2,770,072	0	193.10	
193.11	19314	SPN	0	0	0	0	193.11	
193.12	19315	ST. JOES	0	0	0	0	193.12	
193.13	19301	NEW HOPE	0	0	0	0	193.13	
193.14	19302	VACANT SPACE	0	0	868,869	30,889	193.14	
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	193.15	
193.16	19316	SETON BOARD	0	0	0	0	193.16	
193.17	19317	HOSPICE	0	0	0	0	193.17	
193.18	19318	HOME HEALTH	0	0	0	0	193.18	
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)	76,456,657		130,922,391	56,797,287	2,938,724	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.205311		0.163643	53.907111	2.510678	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	269,323		1,349,922	8,043,136	7,026	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000723		0.001687	7.633855	0.006003	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,038,764					9.00
10.00	01000	DIETARY	32,518	366,474				10.00
11.00	01100	CAFETERIA	196	0	7,977,395			11.00
13.00	01300	NURSING ADMINISTRATION	3,970	0	322,925	6,092,122		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39,589	0	15,349	0	59,036,711	14.00
15.00	01500	PHARMACY	18,271	0	312,454	0	1,063,487	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,969	0	150,060	0	162,064	16.00
17.00	01700	SOCIAL SERVICE	2,261	0	155,863	155,862	7,124	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	349,938	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,522	0	62,027	0	0	22.00
23.00	02300	PARAMED ED PRGM - (SPECIFY)	1,186	0	9,908	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	1,088	0	11,989	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,424	0	13,916	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	101	0	66,024	0	131	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	297,567	269,064	2,020,686	2,035,624	4,178,481	30.00
31.00	03100	INTENSIVE CARE UNIT	43,802	4,896	374,511	374,511	1,685,567	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	19,412	0	218,573	218,573	534,431	32.01
32.02	03202	RENAL TRANSPLANT	14,004	11,465	18,834	18,834	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	18,647	1,650	70,987	70,987	287,412	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	28,356	0	425,512	425,512	1,059,039	34.01
40.00	04000	SUBPROVIDER - I PF	30,806	38,961	149,528	149,528	24,910	40.00
41.00	04100	SUBPROVIDER - I RF	12,755	0	49,638	49,638	57,649	41.00
43.00	04300	NURSERY	9,010	0	46,676	46,676	249,733	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	146,401	1,441	650,966	650,966	23,271,849	50.00
50.01	03951	AMBULATORY SURGERY	0	0	101,770	101,770	3,144,950	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,530	0	127,580	127,580	386,303	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,210	35	175,741	175,741	2,074,115	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	86,171	86,171	417,740	54.01
54.02	05403	ULTRASOUND	1,962	0	23,612	0	132,648	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	24,434	0	168,483	54.03
54.04	05401	ONCOLOGY	10,026	0	144,371	144,371	1,286,177	54.04
57.00	05700	CT SCAN	2,182	0	40,025	0	589,834	57.00
58.00	05800	MRI	8,502	0	27,943	0	290,094	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,358	0	13,872	13,872	386,349	59.00
59.01	05901	CARDIAC REHAB	0	0	19,022	19,022	11,182	59.01
60.00	06000	LABORATORY	17,307	0	795	0	9,235	60.00
65.00	06500	RESPIRATORY THERAPY	3,257	0	196,644	0	1,112,858	65.00
65.01	06501	SLEEP LAB	10,075	0	24,510	0	72,897	65.01
66.00	06600	PHYSICAL THERAPY	12,275	0	279,011	0	283,757	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	159,928	0	74,004	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,096	0	173,268	0	11,451,822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	690	0	42,596	0	98,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,496	0	0	0	452,549	74.00
75.00	03330	ASC (NON-DISTINCT PART)	11,766	0	65,247	65,247	1,828,275	75.00

11/30/2017 12:58 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
		9.00	10.00	11.00	13.00	14.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	149,380	149,380	153,900	90.00
90.01	09001	PARTIAL HOSPITALIZATION	13,588	0	66,298	0	32,453	90.01
91.00	09100	EMERGENCY	38,291	1,861	352,594	352,594	1,445,025	91.00
91.01	09101	WOUND CARE 002	9,589	0	19,389	19,389	5,493	91.01
91.02	09102	WOUND CARE 001	553	0	11,351	11,351	68,434	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	40,631	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	13,342	52,159	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	80,140	21,441	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	11,407	0	421	421	5,248	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,146	0	0	0	14,612	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	8,137	8,137	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	22,257	22,257	3,082	105.00
106.00	10600	HEART ACQUISITION	0	0	13,604	13,604	8,312	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	994,017	329,373	7,866,335	5,601,100	58,704,867	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	2,929	0	9,157	0	0	190.00
191.00	19100	RESEARCH	0	0	41,749	41,749	7	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,299	0	0	424,281	321,734	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	2,630	0	7,937	0	0	193.02
193.03	19306	FOUNDATION	0	0	27,225	0	0	193.03
193.04	19307	WELLNESS	0	0	24,992	24,992	10,103	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	30,889	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	37,101	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
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)	12,676,993	6,439,784	1,910,105	19,242,300	16,991,762	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.203920	17.572281	0.239440	3.158555	0.287817	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	483,095	1,017,998	9,822	661,755	2,184,524	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.465067	2.777818	0.001231	0.108625	0.037003	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	9,207,997					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,302	262,352				16.00
17.00 01700 SOCIAL SERVICE	133,173		21,735			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	1,155		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	55,296	0	0	0	1,155	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM - CPE	0	0	0	0		23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	0	0	0		23.02
23.03 02303 PARAMED ED PRGM - EMS	24	0	0	0		23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	210,491	21,955	5,384	584	584	30.00
31.00 03100 INTENSIVE CARE UNIT	123,319	1,446	1,652	89	89	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	137	137	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	41,996	486	3	0	0	32.01
32.02 03202 RENAL TRANSPLANT	36	946	0	12	12	32.02
33.00 02080 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02400 PEDIATRIC INTENSIVE CARE UNIT	5,764	242	873	0	0	33.01
33.02 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03303 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00 02060 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02401 NEONATAL INTENSIVE CARE UNIT	14,577	732	3,500	5	5	34.01
40.00 04000 SUBPROVIDER - IPF	2,314	2,395	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	3,633	0	3	0	0	41.00
43.00 04300 NURSERY	285	2,444	988	8	8	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	723,565	24,761	162	31	31	50.00
50.01 03951 AMBULATORY SURGERY	392,709	7,335	11	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	23,684	1,026	725	7	7	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	66,601	66,043	0	2	2	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	291,434	0	0	0	0	54.01
54.02 05403 ULTRASOUND	73	9,836	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	3,290	1,207	0	0	0	54.03
54.04 05401 ONCOLOGY	15,068	13,022	0	0	0	54.04
57.00 05700 CT SCAN	12,749	0	0	0	0	57.00
58.00 05800 MRI	4,921	1	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,803	6,297	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0	210	0	0	0	59.01
60.00 06000 LABORATORY	96,698	9,663	0	27	27	60.00
65.00 06500 RESPIRATORY THERAPY	2,553,105	679	0	0	0	65.00
65.01 06501 SLEEP LAB	1,543	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	6,011	4,426	0	23	23	66.00
66.01 06601 SPORTS PERFORMANCE	19,760	2,833	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	327,493	1,706	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,108	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1	1	73.00
74.00 07400 RENAL DIALYSIS	31,309	0	0	4	4	74.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
				15.00	16.00	
75.00 03330 ASC (NON-DISTINCT PART)	14,047	1,260	140			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	188,436	1,187	901	40	40	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	990	0	0	0	90.01
91.00 09100 EMERGENCY	46,458	56,274	6,959	67	67	91.00
91.01 09101 WOUND CARE 002	955	858	0	42	42	91.01
91.02 09102 WOUND CARE 001	2,176	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZI ONSVILLE CLINIC	99	6,443	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	738	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	216	0	42	44	44	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	1,453	12,148	162	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	31,998	230	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 09853 GERIATRIC CLINIC	5,451	0	0	12	12	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	174	163	0	0	0	98.02
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	278	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	44	0	0	0	0	106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPI CE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,459,549	262,352	21,505	1,145	1,145	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	10	10	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	3,743,705	0	230	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	3,004	0	0	0	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	1,739	0	0	0	0	193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	0	0	0	0	0	193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 19312 LIFELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 19314 SPN	0	0	0	0	0	193.11
193.12 19315 ST. JOES	0	0	0	0	0	193.12
193.13 19301 NEW HOPE	0	0	0	0	0	193.13
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.17 19317 HOSPI CE	0	0	0	0	0	193.17
193.18 19318 HOME HEALTH	0	0	0	0	0	193.18
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)	29,619,392	5,018,685	11,899,500	13,036,554	7,435,779	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.216703	19.129585	547.481021	11,287.059740	6,437.903896	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	810,117	396,518	128,167	25,886	582,420	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.087980	1.511397	5.896802	22.412121	504.259740	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - CPE (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (CHARGES)	PARAMED PRGM - EMS (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
1.02	00102					1.02
1.03	00103					1.03
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300	100				23.00
23.01	02301		64,675			23.01
23.02	02302			129,385,565		23.02
23.03	02303				100	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	37,900	0	0	30.00
31.00	03100	0	8,925	0	0	31.00
32.00	03200	0	0	0	0	32.00
32.01	03201	0	800	0	0	32.01
32.02	03202	0	300	0	0	32.02
33.00	02080	0	0	0	0	33.00
33.01	02400	0	100	0	0	33.01
33.02	03300	0	0	0	0	33.02
33.03	03301	0	0	0	0	33.03
33.04	03302	0	0	0	0	33.04
33.05	03303	0	0	0	0	33.05
33.06	03304	0	0	0	0	33.06
34.00	02060	0	0	0	0	34.00
34.01	02401	0	4,725	0	0	34.01
40.00	04000	0	6,800	0	0	40.00
41.00	04100	0	100	0	0	41.00
43.00	04300	0	600	0	0	43.00
44.00	04400	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	550	0	0	50.00
50.01	03951	0	0	0	0	50.01
52.00	05200	0	100	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	61,017,157	0	54.00
54.01	05402	0	0	0	0	54.01
54.02	05403	0	0	23,042,518	0	54.02
54.03	05404	0	0	0	0	54.03
54.04	05401	0	0	0	0	54.04
57.00	05700	0	0	33,062,371	0	57.00
58.00	05800	0	0	12,263,519	0	58.00
59.00	05900	0	0	0	0	59.00
59.01	05901	0	0	0	0	59.01
60.00	06000	0	0	0	0	60.00
65.00	06500	0	0	0	0	65.00
65.01	06501	0	0	0	0	65.01
66.00	06600	0	0	0	0	66.00
66.01	06601	0	0	0	0	66.01
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	100	0	0	0	73.00
74.00	07400	0	0	0	0	74.00
75.00	03330	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM - CPE (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (CHARGES)	PARAMED ED PRGM - EMS (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	3,775	0	100	91.00
91.01	09101 WOUND CARE 002	0	0	0	0	91.01
91.02	09102 WOUND CARE 001	0	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT					92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	0	98.02
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00
112.00	08600 PANCREAS ACQUISITION	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	64,675	129,385,565	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
193.01	19304 MARKETING	0	0	0	0	193.01
193.02	19305 MISSION SERVICES	0	0	0	0	193.02
193.03	19306 FOUNDATION	0	0	0	0	193.03
193.04	19307 WELLNESS	0	0	0	0	193.04
193.05	19308 NETWORK DEVELOPMENT	0	0	0	0	193.05
193.06	19309 JOINT VENTURE	0	0	0	0	193.06
193.07	19310 BILLING	0	0	0	0	193.07
193.08	19311 OCCUPATIONAL HEALTH	0	0	0	0	193.08
193.09	19312 LI FELINE	0	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	193.10
193.11	19314 SPN	0	0	0	0	193.11
193.12	19315 ST. JOES	0	0	0	0	193.12
193.13	19301 NEW HOPE	0	0	0	0	193.13
193.14	19302 VACANT SPACE	0	0	0	0	193.14
193.15	19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	193.15
193.16	19316 SETON BOARD	0	0	0	0	193.16
193.17	19317 HOSPICE	0	0	0	0	193.17
193.18	19318 HOME HEALTH	0	0	0	0	193.18
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)	494,609	690,423	807,524	1,134,680	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4,946.090000	10.675269	0.006241	11,346.800000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	43,754	40,587	52,985	56,604	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	437.540000	0.627553	0.000410	566.040000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period: From 07/01/2016 To 06/30/2017

Worksheet C Part I Date/Time Prepared: 11/30/2017 12:58 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	138,532,357		138,532,357	0	138,532,357	30.00
31.00	03100 INTENSIVE CARE UNIT	27,267,861		27,267,861	0	27,267,861	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL	13,625,967		13,625,967	0	13,625,967	32.01
32.02	03202 RENAL TRANSPLANT	2,967,782		2,967,782	0	2,967,782	32.02
33.00	02080 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	02400 PEDIATRIC INTENSIVE CARE UNIT	5,959,025		5,959,025	0	5,959,025	33.01
33.02	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.02
33.03	03301 BURN INTENSIVE CARE UNIT	0		0	0	0	33.03
33.04	03302 BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03303 BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
33.06	03304 BURN INTENSIVE CARE UNIT	0		0	0	0	33.06
34.00	02060 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02401 NEONATAL INTENSIVE CARE UNIT	24,271,776		24,271,776	0	24,271,776	34.01
40.00	04000 SUBPROVIDER - I PF	9,755,033		9,755,033	0	9,755,033	40.00
41.00	04100 SUBPROVIDER - I RF	4,620,923		4,620,923	0	4,620,923	41.00
43.00	04300 NURSERY	3,999,190		3,999,190	0	3,999,190	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	70,021,144		70,021,144	0	70,021,144	50.00
50.01	03951 AMBULATORY SURGERY	19,268,221		19,268,221	0	19,268,221	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,754,399		9,754,399	0	9,754,399	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,215,590		16,215,590	0	16,215,590	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	8,026,504		8,026,504	0	8,026,504	54.01
54.02	05403 ULTRASOUND	1,745,396		1,745,396	0	1,745,396	54.02
54.03	05404 ECHOCARDIOLOGY	1,080,770		1,080,770	0	1,080,770	54.03
54.04	05401 ONCOLOGY	11,761,175		11,761,175	0	11,761,175	54.04
57.00	05700 CT SCAN	1,523,184		1,523,184	0	1,523,184	57.00
58.00	05800 MRI	3,370,828		3,370,828	0	3,370,828	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,047,384		3,047,384	0	3,047,384	59.00
59.01	05901 CARDIAC REHAB	1,117,913		1,117,913	0	1,117,913	59.01
60.00	06000 LABORATORY	24,738,936		24,738,936	0	24,738,936	60.00
65.00	06500 RESPIRATORY THERAPY	11,558,802	0	11,558,802	0	11,558,802	65.00
65.01	06501 SLEEP LAB	1,678,533	0	1,678,533	0	1,678,533	65.01
66.00	06600 PHYSICAL THERAPY	15,754,888	0	15,754,888	0	15,754,888	66.00
66.01	06601 SPORTS PERFORMANCE	11,078,201	0	11,078,201	0	11,078,201	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	9,655,188		9,655,188	0	9,655,188	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,673,635		3,673,635	0	3,673,635	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	69,894,238		69,894,238	0	69,894,238	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	120,421,978		120,421,978	0	120,421,978	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	68,616,386		68,616,386	0	68,616,386	73.00
74.00	07400 RENAL DIALYSIS	5,958,907		5,958,907	0	5,958,907	74.00
75.00	03330 ASC (NON-DISTINCT PART)	7,650,054		7,650,054	0	7,650,054	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	10,880,225		10,880,225	0	10,880,225	90.00
90.01	09001 PARTIAL HOSPITALIZATION	4,565,684		4,565,684	0	4,565,684	90.01
91.00	09100 EMERGENCY	32,961,661		32,961,661	0	32,961,661	91.00
91.01	09101 WOUND CARE 002	1,837,393		1,837,393	0	1,837,393	91.01
91.02	09102 WOUND CARE 001	846,387		846,387	0	846,387	91.02
91.03	09103 LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104 ZIONVILLE CLINIC	1,084,463		1,084,463	0	1,084,463	91.04
91.05	09105 BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0		0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	1,935,392		1,935,392	0	1,935,392	91.07
91.08	04040 FAMILY PRACTICE	6,121,432		6,121,432	0	6,121,432	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	8,343,864		8,343,864	0	8,343,864	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	1,644,097		1,644,097	0	1,644,097	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	736,162		736,162	0	736,162	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0		0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	21,725		21,725	0	21,725	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	299,888		299,888	0	299,888	98.01
98.02	09852 DIABETES EDUCATION	528,274		528,274	0	528,274	98.02
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2016
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS
				Costs		RCE Disallowance	Total Costs	
				Total Costs	Total Costs			
		1.00	2.00	3.00	4.00	5.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,056,506		6,056,506		6,056,506	105.00
106.00	10600	HEART ACQUISITION	3,658,846		3,658,846		3,658,846	106.00
112.00	08600	PANCREAS ACQUISITION	0		0		0	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	810,134,167	0	810,134,167	0	810,134,167	200.00
201.00		Less Observation Beds	8,343,864		8,343,864		8,343,864	201.00
202.00		Total (see instructions)	801,790,303	0	801,790,303	0	801,790,303	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 12:58 pm
				Title XVIII	Hospital	PPS
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient				
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	290,210,945		290,210,945	30.00
31.00	03100	INTENSIVE CARE UNIT	80,104,956		80,104,956	31.00
32.00	03200	CORONARY CARE UNIT	0		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	32,678,969		32,678,969	32.01
32.02	03202	RENAL TRANSPLANT	876,359		876,359	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	20,368,343		20,368,343	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	148,444,208		148,444,208	34.01
40.00	04000	SUBPROVIDER - I/PF	31,845,150		31,845,150	40.00
41.00	04100	SUBPROVIDER - I/RF	7,123,566		7,123,566	41.00
43.00	04300	NURSERY	25,379,986		25,379,986	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	336,336,408	245,087,841	581,424,249	50.00
50.01	03951	AMBULATORY SURGERY	0	121,128,860	121,128,860	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,890,228	2,401,929	58,292,157	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,807,534	41,209,623	61,017,157	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	6,445,443	20,592,794	27,038,237	54.01
54.02	05403	ULTRASOUND	11,960,188	11,082,330	23,042,518	54.02
54.03	05404	ECHOCARDIOLOGY	859,766	28,662,258	29,522,024	54.03
54.04	05401	ONCOLOGY	6,077,903	92,692,468	98,770,371	54.04
57.00	05700	CT SCAN	15,225,427	17,836,945	33,062,372	57.00
58.00	05800	MRI	4,383,716	7,879,803	12,263,519	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,010	16,224,523	16,248,533	59.00
59.01	05901	CARDIAC REHAB	631,936	2,230,029	2,861,965	59.01
60.00	06000	LABORATORY	203,099,397	79,121,803	282,221,200	60.00
65.00	06500	RESPIRATORY THERAPY	56,304,516	5,132,595	61,437,111	65.00
65.01	06501	SLEEP LAB	32,722	10,106,292	10,139,014	65.01
66.00	06600	PHYSICAL THERAPY	27,074,123	18,872,349	45,946,472	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	78,702,157	103,483,637	182,185,794	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,396,696	3,494,477	14,891,173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	137,254,362	82,435,633	219,689,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	207,508,635	128,754,086	336,262,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	307,391,469	80,255,030	387,646,499	73.00
74.00	07400	RENAL DIALYSIS	12,804,708	0	12,804,708	74.00
75.00	03330	ASC (NON-DISTINCT PART)	13,588,819	30,792,861	44,381,680	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	15,424,304	15,424,304	90.00
90.01	09001	PARTIAL HOSPITALIZATION	6,631	10,588,692	10,595,323	90.01
91.00	09100	EMERGENCY	61,797,796	140,492,660	202,290,456	91.00
91.01	09101	WOUND CARE 002	465,060	12,359,924	12,824,984	91.01
91.02	09102	WOUND CARE 001	1,468,175	164,329	1,632,504	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	23,579	3,937,932	3,961,511	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	30,906	5,889,973	5,920,879	91.07
91.08	04040	FAMILY PRACTICE	115,413	1,097,263	1,212,676	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	7,347,294	17,060,145	24,407,439	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	1,501,758	3,487,027	4,988,785	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	806,990	0	806,990	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,281,199	373,116	6,654,315	105.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

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Cost Center Description			Title XVIII			Hospital	PPS
			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col . 6 + col . 7)		
6.00	7.00	8.00	9.00	10.00			
106.00	10600	HEART ACQUISITION	4,643,791	18,676	4,662,467		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	2,234,321,237	1,360,372,207	3,594,693,444		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,234,321,237	1,360,372,207	3,594,693,444		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 12: 58 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL			32.01
32.02	03202	RENAL TRANSPLANT			32.02
33.00	02080	BURN INTENSIVE CARE UNIT			33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT			33.01
33.02	03300	BURN INTENSIVE CARE UNIT			33.02
33.03	03301	BURN INTENSIVE CARE UNIT			33.03
33.04	03302	BURN INTENSIVE CARE UNIT			33.04
33.05	03303	BURN INTENSIVE CARE UNIT			33.05
33.06	03304	BURN INTENSIVE CARE UNIT			33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120430		50.00
50.01	03951	AMBULATORY SURGERY	0.159072		50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.167336		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265755		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.296858		54.01
54.02	05403	ULTRASOUND	0.075747		54.02
54.03	05404	ECHOCARDIOLOGY	0.036609		54.03
54.04	05401	ONCOLOGY	0.119076		54.04
57.00	05700	CT SCAN	0.046070		57.00
58.00	05800	MRI	0.274866		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187548		59.00
59.01	05901	CARDIAC REHAB	0.390610		59.01
60.00	06000	LABORATORY	0.087658		60.00
65.00	06500	RESPIRATORY THERAPY	0.188140		65.00
65.01	06501	SLEEP LAB	0.165552		65.01
66.00	06600	PHYSICAL THERAPY	0.342897		66.00
66.01	06601	SPORTS PERFORMANCE	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.052996		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246699		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.318149		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358119		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177008		73.00
74.00	07400	RENAL DIALYSIS	0.465368		74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.172370		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.705395		90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.430915		90.01
91.00	09100	EMERGENCY	0.162942		91.00
91.01	09101	WOUND CARE 002	0.143267		91.01
91.02	09102	WOUND CARE 001	0.518459		91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000		91.03
91.04	09104	ZIONSVILLE CLINIC	0.273750		91.04
91.05	09105	BROWNSBURG CLINIC	0.000000		91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.326876		91.07
91.08	04040	FAMILY PRACTICE	5.047871		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.341857		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.329559		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
97.01	09701	FAMILY PRACTICE	0.000000		97.01
98.00	09853	GERIATRIC CLINIC	0.000000		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.371613		98.01
98.02	09852	DIABETES EDUCATION	0.000000		98.02
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
112.00	08600	PANCREAS ACQUISITION			112.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 12:58 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

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		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE		Total Costs		
				Dissallowance				
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,883,735		148,883,735	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	28,845,382		28,845,382	0	0	31.00
32.00	03200	CORONARY CARE UNIT	2,428,320		2,428,320	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	13,625,967		13,625,967	0	0	32.01
32.02	03202	RENAL TRANSPLANT	3,180,482		3,180,482	0	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	5,959,025		5,959,025	0	0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	24,360,401		24,360,401	0	0	34.01
40.00	04000	SUBPROVIDER - I PF	9,755,033		9,755,033	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	4,620,923		4,620,923	0	0	41.00
43.00	04300	NURSERY	4,140,989		4,140,989	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	70,570,618		70,570,618	0	0	50.00
50.01	03951	AMBULATORY SURGERY	19,268,221		19,268,221	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,878,473		9,878,473	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,251,040		16,251,040	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	8,026,504		8,026,504	0	0	54.01
54.02	05403	ULTRASOUND	1,745,396		1,745,396	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	1,080,770		1,080,770	0	0	54.03
54.04	05401	ONCOLOGY	11,761,175		11,761,175	0	0	54.04
57.00	05700	CT SCAN	1,523,184		1,523,184	0	0	57.00
58.00	05800	MRI	3,370,828		3,370,828	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,047,384		3,047,384	0	0	59.00
59.01	05901	CARDIAC REHAB	1,117,913		1,117,913	0	0	59.01
60.00	06000	LABORATORY	25,217,510		25,217,510	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	11,558,802	0	11,558,802	0	0	65.00
65.01	06501	SLEEP LAB	1,678,533	0	1,678,533	0	0	65.01
66.00	06600	PHYSICAL THERAPY	16,162,562	0	16,162,562	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	11,078,201	0	11,078,201	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,655,188		9,655,188	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,673,635		3,673,635	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	69,894,238		69,894,238	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	120,421,978		120,421,978	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,634,111		68,634,111	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,029,807		6,029,807	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	7,827,304		7,827,304	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,589,223		11,589,223	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	4,565,684		4,565,684	0	0	90.01
91.00	09100	EMERGENCY	34,149,234		34,149,234	0	0	91.00
91.01	09101	WOUND CARE 002	2,581,842		2,581,842	0	0	91.01
91.02	09102	WOUND CARE 001	846,387		846,387	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	1,084,463		1,084,463	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0		0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,935,392		1,935,392	0	0	91.07
91.08	04040	FAMILY PRACTICE	6,901,331		6,901,331	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0		0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,644,097		1,644,097	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	736,162		736,162	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0		0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	234,425		234,425	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	299,888		299,888	0	0	98.01
98.02	09852	DIABETES EDUCATION	528,274		528,274	0	0	98.02
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		Total Costs
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	6,056,506		6,056,506		0
106.00	10600 HEART ACQUISITION	3,658,846		3,658,846		0
112.00	08600 PANCREAS ACQUISITION	0		0		0
113.00	11300 INTEREST EXPENSE					0
116.00	11600 HOSPICE	0		0		0
200.00	Subtotal (see instructions)	822,085,386	0	822,085,386	0	0
201.00	Less Observation Beds	0		0		0
202.00	Total (see instructions)	822,085,386	0	822,085,386	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0084		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/30/2017 12:58 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00							
10.00							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	290,210,945		290,210,945		30.00
31.00	03100	INTENSIVE CARE UNIT	80,104,956		80,104,956		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	32,678,969		32,678,969		32.01
32.02	03202	RENAL TRANSPLANT	876,359		876,359		32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	20,368,343		20,368,343		33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0		0		33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0		0		33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0		0		33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0		0		33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	148,444,208		148,444,208		34.01
40.00	04000	SUBPROVIDER - I/PF	31,845,150		31,845,150		40.00
41.00	04100	SUBPROVIDER - I/RF	7,123,566		7,123,566		41.00
43.00	04300	NURSERY	25,379,986		25,379,986		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	336,336,408	245,087,841	581,424,249	0.121375	50.00
50.01	03951	AMBULATORY SURGERY	0	121,128,860	121,128,860	0.159072	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,890,228	2,401,929	58,292,157	0.169465	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,807,534	41,209,623	61,017,157	0.266336	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	6,445,443	20,592,794	27,038,237	0.296858	54.01
54.02	05403	ULTRASOUND	11,960,188	11,082,330	23,042,518	0.075747	54.02
54.03	05404	ECHOCARDIOLOGY	859,766	28,662,258	29,522,024	0.036609	54.03
54.04	05401	ONCOLOGY	6,077,903	92,692,468	98,770,371	0.119076	54.04
57.00	05700	CT SCAN	15,225,427	17,836,945	33,062,372	0.046070	57.00
58.00	05800	MRI	4,383,716	7,879,803	12,263,519	0.274866	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,010	16,224,523	16,248,533	0.187548	59.00
59.01	05901	CARDIAC REHAB	631,936	2,230,029	2,861,965	0.390610	59.01
60.00	06000	LABORATORY	203,099,397	79,121,803	282,221,200	0.089354	60.00
65.00	06500	RESPIRATORY THERAPY	56,304,516	5,132,595	61,437,111	0.188140	65.00
65.01	06501	SLEEP LAB	32,722	10,106,292	10,139,014	0.165552	65.01
66.00	06600	PHYSICAL THERAPY	27,074,123	18,872,349	45,946,472	0.351769	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	78,702,157	103,483,637	182,185,794	0.052996	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,396,696	3,494,477	14,891,173	0.246699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	137,254,362	82,435,633	219,689,995	0.318149	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	207,508,635	128,754,086	336,262,721	0.358119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	307,391,469	80,255,030	387,646,499	0.177053	73.00
74.00	07400	RENAL DIALYSIS	12,804,708	0	12,804,708	0.470905	74.00
75.00	03330	ASC (NON-DISTINCT PART)	13,588,819	30,792,861	44,381,680	0.176363	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	15,424,304	15,424,304	0.751361	90.00
90.01	09001	PARTIAL HOSPITALIZATION	6,631	10,588,692	10,595,323	0.430915	90.01
91.00	09100	EMERGENCY	61,797,796	140,492,660	202,290,456	0.168813	91.00
91.01	09101	WOUND CARE 002	465,060	12,359,924	12,824,984	0.201313	91.01
91.02	09102	WOUND CARE 001	1,468,175	164,329	1,632,504	0.518459	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	23,579	3,937,932	3,961,511	0.273750	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	30,906	5,889,973	5,920,879	0.326876	91.07
91.08	04040	FAMILY PRACTICE	115,413	1,097,263	1,212,676	5.690993	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	7,347,294	17,060,145	24,407,439	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,501,758	3,487,027	4,988,785	0.329559	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0.000000	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	806,990	0	806,990	0.371613	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,281,199	373,116	6,654,315		105.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			Title XIX			Hospital	Cost
			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
6.00	7.00	8.00	9.00	10.00			
106.00	10600	HEART ACQUISITION	4,643,791	18,676	4,662,467		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	2,234,321,237	1,360,372,207	3,594,693,444		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,234,321,237	1,360,372,207	3,594,693,444		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 12:58 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL				32.01
32.02	03202	RENAL TRANSPLANT				32.02
33.00	02080	BURN INTENSIVE CARE UNIT				33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT				33.01
33.02	03300	BURN INTENSIVE CARE UNIT				33.02
33.03	03301	BURN INTENSIVE CARE UNIT				33.03
33.04	03302	BURN INTENSIVE CARE UNIT				33.04
33.05	03303	BURN INTENSIVE CARE UNIT				33.05
33.06	03304	BURN INTENSIVE CARE UNIT				33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT				34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT				34.01
40.00	04000	SUBPROVIDER - I PF				40.00
41.00	04100	SUBPROVIDER - I RF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03951	AMBULATORY SURGERY	0.000000			50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000			54.01
54.02	05403	ULTRASOUND	0.000000			54.02
54.03	05404	ECHOCARDIOLOGY	0.000000			54.03
54.04	05401	ONCOLOGY	0.000000			54.04
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
59.01	05901	CARDIAC REHAB	0.000000			59.01
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	SLEEP LAB	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	SPORTS PERFORMANCE	0.000000			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	WOUND CARE 002	0.000000			91.01
91.02	09102	WOUND CARE 001	0.000000			91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000			91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000			91.04
91.05	09105	BROWNSBURG CLINIC	0.000000			91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000			91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000			91.07
91.08	04040	FAMILY PRACTICE	0.000000			91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
97.01	09701	FAMILY PRACTICE	0.000000			97.01
98.00	09853	GERIATRIC CLINIC	0.000000			98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000			98.01
98.02	09852	DIABETES EDUCATION	0.000000			98.02
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
112.00	08600	PANCREAS ACQUISITION				112.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 12:58 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
113.00	11300			113.00
116.00	11600			116.00
200.00				200.00
201.00				201.00
202.00				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/30/2017 12:58 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,551,982	0	11,551,982	136,958	84.35	30.00
31.00	INTENSIVE CARE UNIT	1,836,970		1,836,970	16,897	108.72	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	839,588		839,588	6,733	124.70	32.01
32.02	RENAL TRANSPLANT	545,740		545,740	1,973	276.60	32.02
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	752,739		752,739	3,053	246.56	33.01
33.02	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.02
33.03	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
33.06	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.06
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	637,883		637,883	25,366	25.15	34.01
40.00	SUBPROVIDER - IPF	583,297	0	583,297	15,322	38.07	40.00
41.00	SUBPROVIDER - IRF	477,223	0	477,223	4,223	113.01	41.00
43.00	NURSERY	120,755		120,755	7,231	16.70	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	17,346,177		17,346,177	217,756		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	48,914	4,125,896				30.00
31.00	INTENSIVE CARE UNIT	6,109	664,170				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	2,434	303,520				32.01
32.02	RENAL TRANSPLANT	180	49,788				32.02
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				33.01
33.02	BURN INTENSIVE CARE UNIT	0	0				33.02
33.03	BURN INTENSIVE CARE UNIT	0	0				33.03
33.04	BURN INTENSIVE CARE UNIT	0	0				33.04
33.05	BURN INTENSIVE CARE UNIT	0	0				33.05
33.06	BURN INTENSIVE CARE UNIT	0	0				33.06
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
34.01	NEONATAL INTENSIVE CARE UNIT	0	0				34.01
40.00	SUBPROVIDER - IPF	2,586	98,449				40.00
41.00	SUBPROVIDER - IRF	2,154	243,424				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	62,377	5,485,247				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet D
Part II
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,008,345	581,424,249	0.018933	113,342,903	2,145,921	50.00
50.01	03951	AMBULATORY SURGERY	582,758	121,128,860	0.004811	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	261,130	58,292,157	0.004480	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,607,407	61,017,157	0.026344	7,341,419	193,402	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	611,047	27,038,237	0.022599	3,934,180	88,909	54.01
54.02	05403	ULTRASOUND	123,718	23,042,518	0.005369	5,109,028	27,430	54.02
54.03	05404	ECHOCARDIOLOGY	431,915	29,522,024	0.014630	813	12	54.03
54.04	05401	ONCOLOGY	1,381,955	98,770,371	0.013992	2,551,783	35,705	54.04
57.00	05700	CT SCAN	155,009	33,062,372	0.004688	7,477,723	35,056	57.00
58.00	05800	MRI	877,137	12,263,519	0.071524	1,513,467	108,249	58.00
59.00	05900	CARDIAC CATHETERIZATION	465,703	16,248,533	0.028661	0	0	59.00
59.01	05901	CARDIAC REHAB	5,231	2,861,965	0.001828	254,238	465	59.01
60.00	06000	LABORATORY	599,290	282,221,200	0.002123	77,043,053	163,562	60.00
65.00	06500	RESPIRATORY THERAPY	485,895	61,437,111	0.007909	17,424,436	137,810	65.00
65.01	06501	SLEEP LAB	139,867	10,139,014	0.013795	0	0	65.01
66.00	06600	PHYSICAL THERAPY	558,820	45,946,472	0.012162	10,037,081	122,071	66.00
66.01	06601	SPORTS PERFORMANCE	148,636	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,382,585	182,185,794	0.013078	35,811,386	468,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139,207	14,891,173	0.009348	3,252,707	30,406	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	101,330	219,689,995	0.000461	29,674,474	13,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,825	336,262,721	0.000520	39,329,495	20,451	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,760	387,646,499	0.000255	66,224,199	16,887	73.00
74.00	07400	RENAL DIALYSIS	154,652	12,804,708	0.012078	7,648,841	92,383	74.00
75.00	03330	ASC (NON-DISTINCT PART)	1,185,503	44,381,680	0.026712	5,568,407	148,743	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	703,630	15,424,304	0.045618	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	313,081	10,595,323	0.029549	0	0	90.01
91.00	09100	EMERGENCY	1,934,972	202,290,456	0.009565	22,957,572	219,589	91.00
91.01	09101	WOUND CARE 002	279,968	12,824,984	0.021830	81,598	1,781	91.01
91.02	09102	WOUND CARE 001	60,341	1,632,504	0.036962	685,271	25,329	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	120,303	3,961,511	0.030368	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0.000000	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	6,470	5,920,879	0.001093	562	1	91.07
91.08	04040	FAMILY PRACTICE	26,767	1,212,676	0.022073	1,967	43	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	695,778	24,407,439	0.028507	3,067,241	87,438	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	531,353	4,988,785	0.106510	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	09853	GERIATRIC CLINIC	486	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	435	806,990	0.000539	78,153	42	98.01
98.02	09852	DIABETES EDUCATION	26,418	0	0.000000	0	0	98.02
200.00		Total (lines 50-199)	28,380,727	2,946,344,180		460,411,997	4,183,706	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/30/2017 12:58 pm
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Cost Center Description	Title XVIII				Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	404,591	0	0	404,591	30.00
31.00	03100	INTENSIVE CARE UNIT	0	95,277	0	0	95,277	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	8,540	0	0	8,540	32.01
32.02	03202	RENAL TRANSPLANT	0	3,203	0	0	3,203	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	0	1,068	0	0	1,068	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	0	50,441	0	0	50,441	34.01
40.00	04000	SUBPROVIDER - IPF	0	72,592	0	0	72,592	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,068	0	0	1,068	41.00
43.00	04300	NURSERY	0	6,405	0	0	6,405	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	643,185	0	0	643,185	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient 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	136,958	2.95	48,914	144,296	30.00
31.00	03100	INTENSIVE CARE UNIT	16,897	5.64	6,109	34,455	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	6,733	1.27	2,434	3,091	32.01
32.02	03202	RENAL TRANSPLANT	1,973	1.62	180	292	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	3,053	0.35	0	0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	25,366	1.99	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	15,322	4.74	2,586	12,258	40.00
41.00	04100	SUBPROVIDER - IRF	4,223	0.25	2,154	539	41.00
43.00	04300	NURSERY	7,231	0.89	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	217,756		62,377	194,931	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/30/2017 12: 58 pm		
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,871	0	5,871	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,068	0	1,068	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	380,837	0	380,837	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	143,808	0	143,808	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	0	54.04
57.00	05700	CT SCAN	0	0	206,342	0	206,342	57.00
58.00	05800	MRI	0	0	76,537	0	76,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	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 PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	494,609	0	494,609	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	1,174,979	0	1,174,979	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	24,372	0	24,372	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50-199)	0	0	2,508,423	0	2,508,423	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,871	581,424,249	0.000010	0.000010	113,342,903	50.00
50.01	03951 AMBULATORY SURGERY	0	121,128,860	0.000000	0.000000	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,068	58,292,157	0.000018	0.000018	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	380,837	61,017,157	0.006241	0.006241	7,341,419	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	27,038,237	0.000000	0.000000	3,934,180	54.01
54.02	05403 ULTRASOUND	143,808	23,042,518	0.006241	0.006241	5,109,028	54.02
54.03	05404 ECHOCARDIOLOGY	0	29,522,024	0.000000	0.000000	813	54.03
54.04	05401 ONCOLOGY	0	98,770,371	0.000000	0.000000	2,551,783	54.04
57.00	05700 CT SCAN	206,342	33,062,372	0.006241	0.006241	7,477,723	57.00
58.00	05800 MRI	76,537	12,263,519	0.006241	0.006241	1,513,467	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,248,533	0.000000	0.000000	0	59.00
59.01	05901 CARDIAC REHAB	0	2,861,965	0.000000	0.000000	254,238	59.01
60.00	06000 LABORATORY	0	282,221,200	0.000000	0.000000	77,043,053	60.00
65.00	06500 RESPIRATORY THERAPY	0	61,437,111	0.000000	0.000000	17,424,436	65.00
65.01	06501 SLEEP LAB	0	10,139,014	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	45,946,472	0.000000	0.000000	10,037,081	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	182,185,794	0.000000	0.000000	35,811,386	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,891,173	0.000000	0.000000	3,252,707	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	219,689,995	0.000000	0.000000	29,674,474	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	336,262,721	0.000000	0.000000	39,329,495	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	494,609	387,646,499	0.001276	0.001276	66,224,199	73.00
74.00	07400 RENAL DIALYSIS	0	12,804,708	0.000000	0.000000	7,648,841	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	44,381,680	0.000000	0.000000	5,568,407	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	15,424,304	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	10,595,323	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	1,174,979	202,290,456	0.005808	0.005808	22,957,572	91.00
91.01	09101 WOUND CARE 002	0	12,824,984	0.000000	0.000000	81,598	91.01
91.02	09102 WOUND CARE 001	0	1,632,504	0.000000	0.000000	685,271	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	3,961,511	0.000000	0.000000	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0.000000	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	5,920,879	0.000000	0.000000	562	91.07
91.08	04040 FAMILY PRACTICE	0	1,212,676	0.000000	0.000000	1,967	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	24,372	24,407,439	0.000999	0.000999	3,067,241	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	4,988,785	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	806,990	0.000000	0.000000	78,153	98.01
98.02	09852 DIABETES EDUCATION	0	0	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	2,508,423	2,946,344,180			460,411,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,133	57,250,186	573	50.00
50.01	03951 AMBULATORY SURGERY	0	77,692	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	45,818	8,850,441	55,236	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	7,796,237	0	54.01
54.02	05403 ULTRASOUND	31,885	2,678,520	16,717	54.02
54.03	05404 ECHOCARDIOLOGY	0	10,355,357	0	54.03
54.04	05401 ONCOLOGY	0	34,049,539	0	54.04
57.00	05700 CT SCAN	46,668	6,797,633	42,424	57.00
58.00	05800 MRI	9,446	1,980,002	12,357	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,126,881	0	59.00
59.01	05901 CARDIAC REHAB	0	1,303,794	0	59.01
60.00	06000 LABORATORY	0	18,528,176	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	884,164	0	65.00
65.01	06501 SLEEP LAB	0	246,401	0	65.01
66.00	06600 PHYSICAL THERAPY	0	647,424	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	45,238,199	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,862,190	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	14,729,185	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	20,217,866	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	84,502	29,191,640	37,249	73.00
74.00	07400 RENAL DIALYSIS	0	252,427	0	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	8,348,189	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	7,778	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	108,207	0	90.01
91.00	09100 EMERGENCY	133,338	21,651,602	125,753	91.00
91.01	09101 WOUND CARE 002	0	6,572,940	0	91.01
91.02	09102 WOUND CARE 001	0	45,677	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	133,968	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	1,886,834	0	91.07
91.08	04040 FAMILY PRACTICE	0	17,977	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	3,064	3,651,082	3,647	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	98.02
200.00	Total (lines 50-199)	355,854	312,488,208	293,956	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 12: 58 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.120430	57,250,186	0	0	6,894,640
50.01 03951 AMBULATORY SURGERY	0.159072	77,692	0	0	12,359
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.167336	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.265755	8,850,441	0	0	2,352,049
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.296858	7,796,237	0	0	2,314,375
54.02 05403 ULTRASOUND	0.075747	2,678,520	0	0	202,890
54.03 05404 ECHOCARDIOLOGY	0.036609	10,355,357	0	0	379,099
54.04 05401 ONCOLOGY	0.119076	34,049,539	0	0	4,054,483
57.00 05700 CT SCAN	0.046070	6,797,633	0	0	313,167
58.00 05800 MRI	0.274866	1,980,002	0	0	544,235
59.00 05900 CARDIAC CATHETERIZATION	0.187548	7,126,881	0	0	1,336,632
59.01 05901 CARDIAC REHAB	0.390610	1,303,794	0	0	509,275
60.00 06000 LABORATORY	0.087658	18,528,176	507	0	1,624,143
65.00 06500 RESPIRATORY THERAPY	0.188140	884,164	0	0	166,347
65.01 06501 SLEEP LAB	0.165552	246,401	0	0	40,792
66.00 06600 PHYSICAL THERAPY	0.342897	647,424	0	0	222,000
66.01 06601 SPORTS PERFORMANCE	0.000000	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.052996	45,238,199	0	0	2,397,444
70.00 07000 ELECTROENCEPHALOGRAPHY	0.246699	1,862,190	0	0	459,400
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.318149	14,729,185	8,561	0	4,686,075
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.358119	20,217,866	0	0	7,240,402
73.00 07300 DRUGS CHARGED TO PATIENTS	0.177008	29,191,640	535	150,572	5,167,154
74.00 07400 RENAL DIALYSIS	0.465368	252,427	0	0	117,471
75.00 03330 ASC (NON-DISTINCT PART)	0.172370	8,348,189	0	0	1,438,977
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.705395	7,778	0	0	5,487
90.01 09001 PARTIAL HOSPITALIZATION	0.430915	108,207	0	0	46,628
91.00 09100 EMERGENCY	0.162942	21,651,602	0	0	3,527,955
91.01 09101 WOUND CARE 002	0.143267	6,572,940	0	0	941,685
91.02 09102 WOUND CARE 001	0.518459	45,677	0	0	23,682
91.03 09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0
91.04 09104 ZIONSVILLE CLINIC	0.273750	133,968	0	0	36,674
91.05 09105 BROWNSBURG CLINIC	0.000000	0	0	0	0
91.06 09106 OP ANTI COAGULATION CLINIC	0.000000	0	0	0	0
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.326876	1,886,834	0	0	616,761
91.08 04040 FAMILY PRACTICE	5.047871	17,977	0	0	90,746
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.341857	3,651,082	0	0	1,248,148
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0.329559	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
97.01 09701 FAMILY PRACTICE	0.000000	0	0	0	0
98.00 09853 GERIATRIC CLINIC	0.000000	0	0	0	0
98.01 09851 ELECTROCONVULSIVE THERAPY	0.371613	0	0	0	0
98.02 09852 DIABETES EDUCATION	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	312,488,208	9,603	150,572	49,011,175
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	312,488,208	9,603	150,572	49,011,175

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 12:58 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03951 AMBULATORY SURGERY	0	0		50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02 05403 ULTRASOUND	0	0		54.02
54.03 05404 ECHOCARDIOLOGY	0	0		54.03
54.04 05401 ONCOLOGY	0	0		54.04
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
59.01 05901 CARDIAC REHAB	0	0		59.01
60.00 06000 LABORATORY	44	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 SPORTS PERFORMANCE	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	2,724	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	95	26,652		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 03330 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 WOUND CARE 002	0	0		91.01
91.02 09102 WOUND CARE 001	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	0	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08 04040 FAMILY PRACTICE	0	0		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
97.01 09701 FAMILY PRACTICE	0	0		97.01
98.00 09853 GERIATRIC CLINIC	0	0		98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02 09852 DIABETES EDUCATION	0	0		98.02
200.00 Subtotal (see instructions)	2,863	26,652		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,863	26,652		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/30/2017 12:58 pm		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,008,345	581,424,249	0.018933	374,531	7,091	50.00
50.01	03951	AMBULATORY SURGERY	582,758	121,128,860	0.004811	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	261,130	58,292,157	0.004480	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,607,407	61,017,157	0.026344	21,245	560	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	611,047	27,038,237	0.022599	16,905	382	54.01
54.02	05403	ULTRASOUND	123,718	23,042,518	0.005369	1,566	8	54.02
54.03	05404	ECHOCARDIOLOGY	431,915	29,522,024	0.014630	0	0	54.03
54.04	05401	ONCOLOGY	1,381,955	98,770,371	0.013992	4	0	54.04
57.00	05700	CT SCAN	155,009	33,062,372	0.004688	34,000	159	57.00
58.00	05800	MRI	877,137	12,263,519	0.071524	2,856	204	58.00
59.00	05900	CARDIAC CATHETERIZATION	465,703	16,248,533	0.028661	0	0	59.00
59.01	05901	CARDIAC REHAB	5,231	2,861,965	0.001828	0	0	59.01
60.00	06000	LABORATORY	599,290	282,221,200	0.002123	391,523	831	60.00
65.00	06500	RESPIRATORY THERAPY	485,895	61,437,111	0.007909	7,156	57	65.00
65.01	06501	SLEEP LAB	139,867	10,139,014	0.013795	0	0	65.01
66.00	06600	PHYSICAL THERAPY	558,820	45,946,472	0.012162	48,666	592	66.00
66.01	06601	SPORTS PERFORMANCE	148,636	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,382,585	182,185,794	0.013078	10,886	142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139,207	14,891,173	0.009348	10,808	101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	101,330	219,689,995	0.000461	30,272	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,825	336,262,721	0.000520	507	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,760	387,646,499	0.000255	429,613	110	73.00
74.00	07400	RENAL DIALYSIS	154,652	12,804,708	0.012078	10,424	126	74.00
75.00	03330	ASC (NON-DISTINCT PART)	1,185,503	44,381,680	0.026712	481	13	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	703,630	15,424,304	0.045618	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	313,081	10,595,323	0.029549	0	0	90.01
91.00	09100	EMERGENCY	1,934,972	202,290,456	0.009565	285,834	2,734	91.00
91.01	09101	WOUND CARE 002	279,968	12,824,984	0.021830	0	0	91.01
91.02	09102	WOUND CARE 001	60,341	1,632,504	0.036962	2,961	109	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	120,303	3,961,511	0.030368	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0.000000	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	6,470	5,920,879	0.001093	0	0	91.07
91.08	04040	FAMILY PRACTICE	26,767	1,212,676	0.022073	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	24,407,439	0.000000	66,224	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	531,353	4,988,785	0.106510	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	09853	GERIATRIC CLINIC	486	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	435	806,990	0.000539	1,108	1	98.01
98.02	09852	DIABETES EDUCATION	26,418	0	0.000000	0	0	98.02
200.00		Total (lines 50-199)	27,684,949	2,946,344,180		1,747,570	13,234	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,871	0	5,871	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,068	0	1,068	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	380,837	0	380,837	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	143,808	0	143,808	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	0	54.04
57.00	05700	CT SCAN	0	0	206,342	0	206,342	57.00
58.00	05800	MRI	0	0	76,537	0	76,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	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 PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	494,609	0	494,609	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	1,174,979	0	1,174,979	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50-199)	0	0	2,484,051	0	2,484,051	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,871	581,424,249	0.000010	0.000010	374,531	50.00
50.01	03951 AMBULATORY SURGERY	0	121,128,860	0.000000	0.000000	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,068	58,292,157	0.000018	0.000018	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	380,837	61,017,157	0.006241	0.006241	21,245	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	27,038,237	0.000000	0.000000	16,905	54.01
54.02	05403 ULTRASOUND	143,808	23,042,518	0.006241	0.006241	1,566	54.02
54.03	05404 ECHOCARDIOLOGY	0	29,522,024	0.000000	0.000000	0	54.03
54.04	05401 ONCOLOGY	0	98,770,371	0.000000	0.000000	4	54.04
57.00	05700 CT SCAN	206,342	33,062,372	0.006241	0.006241	34,000	57.00
58.00	05800 MRI	76,537	12,263,519	0.006241	0.006241	2,856	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,248,533	0.000000	0.000000	0	59.00
59.01	05901 CARDIAC REHAB	0	2,861,965	0.000000	0.000000	0	59.01
60.00	06000 LABORATORY	0	282,221,200	0.000000	0.000000	391,523	60.00
65.00	06500 RESPIRATORY THERAPY	0	61,437,111	0.000000	0.000000	7,156	65.00
65.01	06501 SLEEP LAB	0	10,139,014	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	45,946,472	0.000000	0.000000	48,666	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	182,185,794	0.000000	0.000000	10,886	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,891,173	0.000000	0.000000	10,808	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	219,689,995	0.000000	0.000000	30,272	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	336,262,721	0.000000	0.000000	507	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	494,609	387,646,499	0.001276	0.001276	429,613	73.00
74.00	07400 RENAL DIALYSIS	0	12,804,708	0.000000	0.000000	10,424	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	44,381,680	0.000000	0.000000	481	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	15,424,304	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	10,595,323	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	1,174,979	202,290,456	0.005808	0.005808	285,834	91.00
91.01	09101 WOUND CARE 002	0	12,824,984	0.000000	0.000000	0	91.01
91.02	09102 WOUND CARE 001	0	1,632,504	0.000000	0.000000	2,961	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	3,961,511	0.000000	0.000000	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0.000000	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	5,920,879	0.000000	0.000000	0	91.07
91.08	04040 FAMILY PRACTICE	0	1,212,676	0.000000	0.000000	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	24,407,439	0.000000	0.000000	66,224	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0	4,988,785	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	806,990	0.000000	0.000000	1,108	98.01
98.02	09852 DIABETES EDUCATION	0	0	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	2,484,051	2,946,344,180			1,747,570	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	4	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	133	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	54.01
54.02	05403 ULTRASOUND	10	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	0	0	54.03
54.04	05401 ONCOLOGY	0	0	0	54.04
57.00	05700 CT SCAN	212	0	0	57.00
58.00	05800 MRI	18	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0	0	0	59.01
60.00	06000 LABORATORY	0	1,427	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	548	1,334	2	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	14,308	0	90.01
91.00	09100 EMERGENCY	1,660	3,211	19	91.00
91.01	09101 WOUND CARE 002	0	0	0	91.01
91.02	09102 WOUND CARE 001	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	10,640	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	98.02
200.00	Total (lines 50-199)	2,585	30,920	21	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 12:58 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.120430	0	0	0	0	50.00
50.01 03951 AMBULATORY SURGERY	0.159072	0	0	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.167336	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.265755	0	0	0	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.296858	0	0	0	0	54.01
54.02 05403 ULTRASOUND	0.075747	0	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0.036609	0	0	0	0	54.03
54.04 05401 ONCOLOGY	0.119076	0	0	0	0	54.04
57.00 05700 CT SCAN	0.046070	0	0	0	0	57.00
58.00 05800 MRI	0.274866	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.187548	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0.390610	0	0	0	0	59.01
60.00 06000 LABORATORY	0.087658	1,427	0	0	125	60.00
65.00 06500 RESPIRATORY THERAPY	0.188140	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0.165552	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.342897	0	0	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	0.000000	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.052996	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.246699	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.318149	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.358119	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.177008	1,334	0	491	236	73.00
74.00 07400 RENAL DIALYSIS	0.465368	0	0	0	0	74.00
75.00 03330 ASC (NON-DISTINCT PART)	0.172370	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.705395	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0.430915	14,308	0	0	6,166	90.01
91.00 09100 EMERGENCY	0.162942	3,211	0	0	523	91.00
91.01 09101 WOUND CARE 002	0.143267	0	0	0	0	91.01
91.02 09102 WOUND CARE 001	0.518459	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0.273750	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0.000000	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.326876	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	5.047871	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.341857	10,640	0	0	3,637	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0.329559	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0.000000	0	0	0	0	97.01
98.00 09853 GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0.371613	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00	Subtotal (see instructions)	30,920	0	491	10,687	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	30,920	0	491	10,687	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 12:58 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03951 AMBULATORY SURGERY	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	54.01
54.02 05403 ULTRASOUND	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	54.03
54.04 05401 ONCOLOGY	0	0	54.04
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
59.01 05901 CARDIAC REHAB	0	0	59.01
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	87	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 03330 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 WOUND CARE 002	0	0	91.01
91.02 09102 WOUND CARE 001	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	91.07
91.08 04040 FAMILY PRACTICE	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
97.01 09701 FAMILY PRACTICE	0	0	97.01
98.00 09853 GERIATRIC CLINIC	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	0	98.02
200.00 Subtotal (see instructions)	0	87	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	87	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/30/2017 12:58 pm	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,008,345	581,424,249	0.018933	15,020	284
50.01	03951	AMBULATORY SURGERY	582,758	121,128,860	0.004811	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	261,130	58,292,157	0.004480	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,607,407	61,017,157	0.026344	28,204	743
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	611,047	27,038,237	0.022599	4,500	102
54.02	05403	ULTRASOUND	123,718	23,042,518	0.005369	13,408	72
54.03	05404	ECHOCARDIOLOGY	431,915	29,522,024	0.014630	2	0
54.04	05401	ONCOLOGY	1,381,955	98,770,371	0.013992	43	1
57.00	05700	CT SCAN	155,009	33,062,372	0.004688	35,505	166
58.00	05800	MRI	877,137	12,263,519	0.071524	7,629	546
59.00	05900	CARDIAC CATHETERIZATION	465,703	16,248,533	0.028661	0	0
59.01	05901	CARDIAC REHAB	5,231	2,861,965	0.001828	1	0
60.00	06000	LABORATORY	599,290	282,221,200	0.002123	824,456	1,750
65.00	06500	RESPIRATORY THERAPY	485,895	61,437,111	0.007909	57,993	459
65.01	06501	SLEEP LAB	139,867	10,139,014	0.013795	0	0
66.00	06600	PHYSICAL THERAPY	558,820	45,946,472	0.012162	2,177,775	26,486
66.01	06601	SPORTS PERFORMANCE	148,636	0	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	2,382,585	182,185,794	0.013078	71,407	934
70.00	07000	ELECTROENCEPHALOGRAPHY	139,207	14,891,173	0.009348	27,575	258
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	101,330	219,689,995	0.000461	166,069	77
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,825	336,262,721	0.000520	8,286	4
73.00	07300	DRUGS CHARGED TO PATIENTS	98,760	387,646,499	0.000255	573,330	146
74.00	07400	RENAL DIALYSIS	154,652	12,804,708	0.012078	133,297	1,610
75.00	03330	ASC (NON-DISTINCT PART)	1,185,503	44,381,680	0.026712	951	25
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	703,630	15,424,304	0.045618	0	0
90.01	09001	PARTIAL HOSPITALIZATION	313,081	10,595,323	0.029549	0	0
91.00	09100	EMERGENCY	1,934,972	202,290,456	0.009565	2,641	25
91.01	09101	WOUND CARE 002	279,968	12,824,984	0.021830	28,938	632
91.02	09102	WOUND CARE 001	60,341	1,632,504	0.036962	15,322	566
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0
91.04	09104	ZIONSVILLE CLINIC	120,303	3,961,511	0.030368	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0.000000	0	0
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	6,470	5,920,879	0.001093	1	0
91.08	04040	FAMILY PRACTICE	26,767	1,212,676	0.022073	1	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	24,407,439	0.000000	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	531,353	4,988,785	0.106510	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0
97.01	09701	FAMILY PRACTICE	0	0	0.000000	0	0
98.00	09853	GERIATRIC CLINIC	486	0	0.000000	0	0
98.01	09851	ELECTROCONVULSIVE THERAPY	435	806,990	0.000539	15	0
98.02	09852	DIABETES EDUCATION	26,418	0	0.000000	0	0
200.00		Total (lines 50-199)	27,684,949	2,946,344,180		4,192,369	34,886

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	5,871	0	5,871	50.00
50.01	03951 AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	1,068	0	1,068	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	380,837	0	380,837	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	143,808	0	143,808	54.02
54.03	05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401 ONCOLOGY	0	0	0	0	0	54.04
57.00	05700 CT SCAN	0	0	206,342	0	206,342	57.00
58.00	05800 MRI	0	0	76,537	0	76,537	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	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 PAT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	494,609	0	494,609	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	1,174,979	0	1,174,979	91.00
91.01	09101 WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102 WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	0	0	98.02
200.00	Total (lines 50-199)	0	0	2,484,051	0	2,484,051	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,871	581,424,249	0.000010	0.000010	15,020	50.00
50.01	03951 AMBULATORY SURGERY	0	121,128,860	0.000000	0.000000	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,068	58,292,157	0.000018	0.000018	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	380,837	61,017,157	0.006241	0.006241	28,204	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	27,038,237	0.000000	0.000000	4,500	54.01
54.02	05403 ULTRASOUND	143,808	23,042,518	0.006241	0.006241	13,408	54.02
54.03	05404 ECHOCARDIOLOGY	0	29,522,024	0.000000	0.000000	2	54.03
54.04	05401 ONCOLOGY	0	98,770,371	0.000000	0.000000	43	54.04
57.00	05700 CT SCAN	206,342	33,062,372	0.006241	0.006241	35,505	57.00
58.00	05800 MRI	76,537	12,263,519	0.006241	0.006241	7,629	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,248,533	0.000000	0.000000	0	59.00
59.01	05901 CARDIAC REHAB	0	2,861,965	0.000000	0.000000	1	59.01
60.00	06000 LABORATORY	0	282,221,200	0.000000	0.000000	824,456	60.00
65.00	06500 RESPIRATORY THERAPY	0	61,437,111	0.000000	0.000000	57,993	65.00
65.01	06501 SLEEP LAB	0	10,139,014	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	45,946,472	0.000000	0.000000	2,177,775	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	182,185,794	0.000000	0.000000	71,407	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,891,173	0.000000	0.000000	27,575	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	219,689,995	0.000000	0.000000	166,069	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	336,262,721	0.000000	0.000000	8,286	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	494,609	387,646,499	0.001276	0.001276	573,330	73.00
74.00	07400 RENAL DIALYSIS	0	12,804,708	0.000000	0.000000	133,297	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	44,381,680	0.000000	0.000000	951	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	15,424,304	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	10,595,323	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	1,174,979	202,290,456	0.005808	0.005808	2,641	91.00
91.01	09101 WOUND CARE 002	0	12,824,984	0.000000	0.000000	28,938	91.01
91.02	09102 WOUND CARE 001	0	1,632,504	0.000000	0.000000	15,322	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	3,961,511	0.000000	0.000000	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0.000000	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	5,920,879	0.000000	0.000000	1	91.07
91.08	04040 FAMILY PRACTICE	0	1,212,676	0.000000	0.000000	1	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	24,407,439	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0	4,988,785	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	806,990	0.000000	0.000000	15	98.01
98.02	09852 DIABETES EDUCATION	0	0	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	2,484,051	2,946,344,180			4,192,369	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	176	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	54.01
54.02	05403 ULTRASOUND	84	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	0	0	54.03
54.04	05401 ONCOLOGY	0	0	0	54.04
57.00	05700 CT SCAN	222	0	0	57.00
58.00	05800 MRI	48	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	732	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	90.01
91.00	09100 EMERGENCY	15	0	0	91.00
91.01	09101 WOUND CARE 002	0	0	0	91.01
91.02	09102 WOUND CARE 001	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	98.02
200.00	Total (lines 50-199)	1,277	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/30/2017 12:58 pm
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Cost Center Description	Title XIX			Hospital	Cost	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,551,982	0	11,551,982	136,958	84.35	30.00
31.00	INTENSIVE CARE UNIT	1,836,970		1,836,970	16,897	108.72	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	839,588		839,588	6,733	124.70	32.01
32.02	RENAL TRANSPLANT	545,740		545,740	1,973	276.60	32.02
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	752,739		752,739	3,053	246.56	33.01
33.02	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.02
33.03	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
33.06	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.06
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	637,883		637,883	25,366	25.15	34.01
40.00	SUBPROVIDER - IPF	583,297	0	583,297	15,322	38.07	40.00
41.00	SUBPROVIDER - IRF	477,223	0	477,223	4,223	113.01	41.00
43.00	NURSERY	120,755		120,755	7,231	16.70	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	17,346,177		17,346,177	217,756		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,376	369,116				30.00
31.00	INTENSIVE CARE UNIT	343	37,291				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0				32.01
32.02	RENAL TRANSPLANT	0	0				32.02
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	361	89,008				33.01
33.02	BURN INTENSIVE CARE UNIT	0	0				33.02
33.03	BURN INTENSIVE CARE UNIT	0	0				33.03
33.04	BURN INTENSIVE CARE UNIT	0	0				33.04
33.05	BURN INTENSIVE CARE UNIT	0	0				33.05
33.06	BURN INTENSIVE CARE UNIT	0	0				33.06
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
34.01	NEONATAL INTENSIVE CARE UNIT	8,036	202,105				34.01
40.00	SUBPROVIDER - IPF	4,993	190,084				40.00
41.00	SUBPROVIDER - IRF	59	6,668				41.00
43.00	NURSERY	4,359	72,795				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	22,527	967,067				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet D
Part II
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description		Title XIX			Hospital	Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,008,345	581,424,249	0.018933	18,915,349	358,124	50.00
50.01	03951 AMBULATORY SURGERY	582,758	121,128,860	0.004811	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	261,130	58,292,157	0.004480	6,585,331	29,502	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,607,407	61,017,157	0.026344	1,465,477	38,607	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	611,047	27,038,237	0.022599	167,637	3,788	54.01
54.02	05403 ULTRASOUND	123,718	23,042,518	0.005369	867,908	4,660	54.02
54.03	05404 ECHOCARDIOLOGY	431,915	29,522,024	0.014630	162,286	2,374	54.03
54.04	05401 ONCOLOGY	1,381,955	98,770,371	0.013992	371,416	5,197	54.04
57.00	05700 CT SCAN	155,009	33,062,372	0.004688	995,970	4,669	57.00
58.00	05800 MRI	877,137	12,263,519	0.071524	308,856	22,091	58.00
59.00	05900 CARDIAC CATHETERIZATION	465,703	16,248,533	0.028661	0	0	59.00
59.01	05901 CARDIAC REHAB	5,231	2,861,965	0.001828	18,346	34	59.01
60.00	06000 LABORATORY	599,290	282,221,200	0.002123	15,254,473	32,385	60.00
65.00	06500 RESPIRATORY THERAPY	485,895	61,437,111	0.007909	6,903,552	54,600	65.00
65.01	06501 SLEEP LAB	139,867	10,139,014	0.013795	10,542	145	65.01
66.00	06600 PHYSICAL THERAPY	558,820	45,946,472	0.012162	1,710,820	20,807	66.00
66.01	06601 SPORTS PERFORMANCE	148,636	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,382,585	182,185,794	0.013078	4,533,895	59,294	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	139,207	14,891,173	0.009348	773,204	7,228	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	101,330	219,689,995	0.000461	2,999,942	1,383	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	174,825	336,262,721	0.000520	2,986,215	1,553	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	98,760	387,646,499	0.000255	21,101,812	5,381	73.00
74.00	07400 RENAL DIALYSIS	154,652	12,804,708	0.012078	406,446	4,909	74.00
75.00	03330 ASC (NON-DISTINCT PART)	1,185,503	44,381,680	0.026712	657,525	17,564	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	703,630	15,424,304	0.045618	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	313,081	10,595,323	0.029549	0	0	90.01
91.00	09100 EMERGENCY	1,934,972	202,290,456	0.009565	4,772,934	45,653	91.00
91.01	09101 WOUND CARE 002	279,968	12,824,984	0.021830	34,308	749	91.01
91.02	09102 WOUND CARE 001	60,341	1,632,504	0.036962	109,201	4,036	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	120,303	3,961,511	0.030368	895	27	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	6,470	5,920,879	0.001093	868	1	91.07
91.08	04040 FAMILY PRACTICE	26,767	1,212,676	0.022073	31,211	689	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	24,407,439	0.000000	479,647	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	531,353	4,988,785	0.106510	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	09853 GERIATRIC CLINIC	486	0	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	435	806,990	0.000539	0	0	98.01
98.02	09852 DIABETES EDUCATION	26,418	0	0.000000	0	0	98.02
200.00	Total (lines 50-199)	27,684,949	2,946,344,180		92,626,066	725,450	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/30/2017 12:58 pm
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Cost Center Description	Title XIX				Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	404,591	0	0	404,591	30.00
31.00	03100	INTENSIVE CARE UNIT	0	95,277	0	0	95,277	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	8,540	0	0	8,540	32.01
32.02	03202	RENAL TRANSPLANT	0	3,203	0	0	3,203	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	0	1,068	0	0	1,068	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	0	50,441	0	0	50,441	34.01
40.00	04000	SUBPROVIDER - IPF	0	72,592	0	0	72,592	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,068	0	0	1,068	41.00
43.00	04300	NURSERY	0	6,405	0	0	6,405	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	643,185	0	0	643,185	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient 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	136,958	2.95	4,376	12,909	30.00
31.00	03100	INTENSIVE CARE UNIT	16,897	5.64	343	1,935	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	6,733	1.27	0	0	32.01
32.02	03202	RENAL TRANSPLANT	1,973	1.62	0	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	3,053	0.35	361	126	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	25,366	1.99	8,036	15,992	34.01
40.00	04000	SUBPROVIDER - IPF	15,322	4.74	4,993	23,667	40.00
41.00	04100	SUBPROVIDER - IRF	4,223	0.25	59	15	41.00
43.00	04300	NURSERY	7,231	0.89	4,359	3,880	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	217,756		22,527	58,524	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm
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Cost Center Description	Title XIX				Hospital	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	5,871	0	5,871	50.00	
50.01 03951 AMBULATORY SURGERY	0	0	0	0	0	50.01	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,068	0	1,068	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	380,837	0	380,837	54.00	
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01	
54.02 05403 ULTRASOUND	0	0	143,808	0	143,808	54.02	
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03	
54.04 05401 ONCOLOGY	0	0	0	0	0	54.04	
57.00 05700 CT SCAN	0	0	206,342	0	206,342	57.00	
58.00 05800 MRI	0	0	76,537	0	76,537	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
59.01 05901 CARDIAC REHAB	0	0	0	0	0	59.01	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01 06501 SLEEP LAB	0	0	0	0	0	65.01	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
66.01 06601 SPORTS PERFORMANCE	0	0	0	0	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	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 PAT	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	494,609	0	494,609	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00 03330 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01	
91.00 09100 EMERGENCY	0	0	1,174,979	0	1,174,979	91.00	
91.01 09101 WOUND CARE 002	0	0	0	0	0	91.01	
91.02 09102 WOUND CARE 001	0	0	0	0	0	91.02	
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03	
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04	
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05	
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07	
91.08 04040 FAMILY PRACTICE	0	0	0	0	0	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01	
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01	
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02	
200.00 Total (lines 50-199)	0	0	2,484,051	0	2,484,051	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm
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Cost Center Description		Title XIX			Hospital		Cost
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,871	581,424,249	0.000010	0.000010	18,915,349	50.00
50.01	03951 AMBULATORY SURGERY	0	121,128,860	0.000000	0.000000	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,068	58,292,157	0.000018	0.000018	6,585,331	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	380,837	61,017,157	0.006241	0.006241	1,465,477	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	27,038,237	0.000000	0.000000	167,637	54.01
54.02	05403 ULTRASOUND	143,808	23,042,518	0.006241	0.006241	867,908	54.02
54.03	05404 ECHOCARDIOLOGY	0	29,522,024	0.000000	0.000000	162,286	54.03
54.04	05401 ONCOLOGY	0	98,770,371	0.000000	0.000000	371,416	54.04
57.00	05700 CT SCAN	206,342	33,062,372	0.006241	0.006241	995,970	57.00
58.00	05800 MRI	76,537	12,263,519	0.006241	0.006241	308,856	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,248,533	0.000000	0.000000	0	59.00
59.01	05901 CARDIAC REHAB	0	2,861,965	0.000000	0.000000	18,346	59.01
60.00	06000 LABORATORY	0	282,221,200	0.000000	0.000000	15,254,473	60.00
65.00	06500 RESPIRATORY THERAPY	0	61,437,111	0.000000	0.000000	6,903,552	65.00
65.01	06501 SLEEP LAB	0	10,139,014	0.000000	0.000000	10,542	65.01
66.00	06600 PHYSICAL THERAPY	0	45,946,472	0.000000	0.000000	1,710,820	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	182,185,794	0.000000	0.000000	4,533,895	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,891,173	0.000000	0.000000	773,204	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	219,689,995	0.000000	0.000000	2,999,942	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	336,262,721	0.000000	0.000000	2,986,215	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	494,609	387,646,499	0.001276	0.001276	21,101,812	73.00
74.00	07400 RENAL DIALYSIS	0	12,804,708	0.000000	0.000000	406,446	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	44,381,680	0.000000	0.000000	657,525	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	15,424,304	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	10,595,323	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	1,174,979	202,290,456	0.005808	0.005808	4,772,934	91.00
91.01	09101 WOUND CARE 002	0	12,824,984	0.000000	0.000000	34,308	91.01
91.02	09102 WOUND CARE 001	0	1,632,504	0.000000	0.000000	109,201	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	3,961,511	0.000000	0.000000	895	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0.000000	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	5,920,879	0.000000	0.000000	868	91.07
91.08	04040 FAMILY PRACTICE	0	1,212,676	0.000000	0.000000	31,211	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	24,407,439	0.000000	0.000000	479,647	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	4,988,785	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	806,990	0.000000	0.000000	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	2,484,051	2,946,344,180			92,626,066	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 12:58 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	189	0	0		50.00
50.01	03951 AMBULATORY SURGERY	0	0	0		50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	119	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,146	0	0		54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0		54.01
54.02	05403 ULTRASOUND	5,417	0	0		54.02
54.03	05404 ECHOCARDIOLOGY	0	0	0		54.03
54.04	05401 ONCOLOGY	0	0	0		54.04
57.00	05700 CT SCAN	6,216	0	0		57.00
58.00	05800 MRI	1,928	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
59.01	05901 CARDIAC REHAB	0	0	0		59.01
60.00	06000 LABORATORY	0	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	06501 SLEEP LAB	0	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0		66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,926	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0		90.01
91.00	09100 EMERGENCY	27,721	0	0		91.00
91.01	09101 WOUND CARE 002	0	0	0		91.01
91.02	09102 WOUND CARE 001	0	0	0		91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0		91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0		91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0		91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0		91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0		91.07
91.08	04040 FAMILY PRACTICE	0	0	0		91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
97.01	09701 FAMILY PRACTICE	0	0	0		97.01
98.00	09853 GERIATRIC CLINIC	0	0	0		98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0		98.01
98.02	09852 DIABETES EDUCATION	0	0	0		98.02
200.00	Total (lines 50-199)	77,662	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 12:58 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		136,958	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		136,958	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		128,709	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		48,914	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		138,532,357	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 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 x line 20)		0	25.00
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)		138,532,357	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
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	31.00
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 27 minus line 36)		138,532,357	37.00
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)		1,011.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		49,476,511	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)		49,476,511	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 12: 58 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	27,267,861	16,897	1,613.77	6,109	9,858,521	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	13,625,967	6,733	2,023.76	2,434	4,925,832	44.01
44.02 RENAL TRANSPLANT	2,967,782	1,973	1,504.20	180	270,756	44.02
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	5,959,025	3,053	1,951.86	0	0	45.01
45.02 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.02
45.03 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.03
45.04 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
45.06 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.06
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	24,271,776	25,366	956.86	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					79,455,694	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					143,987,314	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,325,508	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,539,560	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					9,865,068	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					134,122,246	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/30/2017 12:58 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)			8,249		87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			1,011.50		88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			8,343,864		89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (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	11,551,982	138,532,357	0.083388	8,343,864	695,778	90.00
91.00	Nursing School cost	0	138,532,357	0.000000	8,343,864	0	91.00
92.00	Allied health cost	404,591	138,532,357	0.002921	8,343,864	24,372	92.00
93.00	All other Medical Education	0	138,532,357	0.000000	8,343,864	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 12:58 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,322	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,322	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		15,322	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,586	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,755,033	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 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 x line 20)		0	25.00
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)		9,755,033	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
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	31.00
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 27 minus line 36)		9,755,033	37.00
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)		636.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,646,429	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)		1,646,429	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1	
				Component CCN: 15-S084	Date/Time Prepared: 11/30/2017 12:58 pm		
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0		44.01
44.02 RENAL TRANSPLANT	0	0	0.00	0	0		44.02
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0		45.01
45.02 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.02
45.03 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.03
45.04 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.04
45.05 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.05
45.06 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.06
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.01
47.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0		47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					275,787		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,922,216		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					110,707		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,819		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					126,526		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,795,690		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00

11/30/2017 12:58 pm

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 12:58 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description					
					1.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00
Cost Center Description					
	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (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	583,297	9,755,033	0.059794	0 90.00
91.00	Nursing School cost	0	9,755,033	0.000000	0 91.00
92.00	Allied health cost	72,592	9,755,033	0.007441	0 92.00
93.00	All other Medical Education	0	9,755,033	0.000000	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 12:58 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,223	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,223	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,223	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,154	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,620,923	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 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 x line 20)		0	25.00
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)		4,620,923	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
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	31.00
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 27 minus line 36)		4,620,923	37.00
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)		1,094.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,356,971	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)		2,356,971	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1	
				Component CCN: 15-T084		Date/Time Prepared: 11/30/2017 12: 58 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0		44.01
44.02 RENAL TRANSPLANT	0	0	0.00	0	0		44.02
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0		45.01
45.02 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.02
45.03 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.03
45.04 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.04
45.05 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.05
45.06 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.06
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.01
47.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,087,928		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,444,899		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					243,963		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					36,163		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					280,126		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,164,773		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 12:58 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (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	477,223	4,620,923	0.103274	0	0	90.00
91.00	Nursing School cost	0	4,620,923	0.000000	0	0	91.00
92.00	Allied health cost	1,068	4,620,923	0.000231	0	0	92.00
93.00	All other Medical Education	0	4,620,923	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 12:58 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		109,738,998	30.00
31.00	03100	INTENSIVE CARE UNIT		35,932,791	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		16,519,398	32.01
32.02	03202	RENAL TRANSPLANT		380,342	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120430	113,342,903	13,649,886 50.00
50.01	03951	AMBULATORY SURGERY	0.159072	0	0 50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.167336	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265755	7,341,419	1,951,019 54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.296858	3,934,180	1,167,893 54.01
54.02	05403	ULTRASOUND	0.075747	5,109,028	386,994 54.02
54.03	05404	ECHOCARDIOLOGY	0.036609	813	30 54.03
54.04	05401	ONCOLOGY	0.119076	2,551,783	303,856 54.04
57.00	05700	CT SCAN	0.046070	7,477,723	344,499 57.00
58.00	05800	MRI	0.274866	1,513,467	416,001 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187548	0	0 59.00
59.01	05901	CARDIAC REHAB	0.390610	254,238	99,308 59.01
60.00	06000	LABORATORY	0.087658	77,043,053	6,753,440 60.00
65.00	06500	RESPIRATORY THERAPY	0.188140	17,424,436	3,278,233 65.00
65.01	06501	SLEEP LAB	0.165552	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.342897	10,037,081	3,441,685 66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.052996	35,811,386	1,897,860 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246699	3,252,707	802,440 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.318149	29,674,474	9,440,904 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358119	39,329,495	14,084,639 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177008	66,224,199	11,722,213 73.00
74.00	07400	RENAL DIALYSIS	0.465368	7,648,841	3,559,526 74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.172370	5,568,407	959,826 75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.705395	0	0 90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.430915	0	0 90.01
91.00	09100	EMERGENCY	0.162942	22,957,572	3,740,753 91.00
91.01	09101	WOUND CARE 002	0.143267	81,598	11,690 91.01
91.02	09102	WOUND CARE 001	0.518459	685,271	355,285 91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0 91.03
91.04	09104	ZIONSVILLE CLINIC	0.273750	0	0 91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0 91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	0 91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.326876	562	184 91.07
91.08	04040	FAMILY PRACTICE	5.047871	1,967	9,929 91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.341857	3,067,241	1,048,558 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.329559	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	0 97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	0 98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.371613	78,153	29,043 98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0 98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		460,411,997	79,455,694 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		460,411,997	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 12:58 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		5,887,329	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120430	374,531	50.00
50.01	03951	AMBULATORY SURGERY	0.159072	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.167336	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265755	21,245	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.296858	16,905	54.01
54.02	05403	ULTRASOUND	0.075747	1,566	54.02
54.03	05404	ECHOCARDIOLOGY	0.036609	0	54.03
54.04	05401	ONCOLOGY	0.119076	4	54.04
57.00	05700	CT SCAN	0.046070	34,000	57.00
58.00	05800	MRI	0.274866	2,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187548	0	59.00
59.01	05901	CARDIAC REHAB	0.390610	0	59.01
60.00	06000	LABORATORY	0.087658	391,523	60.00
65.00	06500	RESPIRATORY THERAPY	0.188140	7,156	65.00
65.01	06501	SLEEP LAB	0.165552	0	65.01
66.00	06600	PHYSICAL THERAPY	0.342897	48,666	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.052996	10,886	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246699	10,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.318149	30,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358119	507	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177008	429,613	73.00
74.00	07400	RENAL DIALYSIS	0.465368	10,424	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.172370	481	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.705395	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.430915	0	90.01
91.00	09100	EMERGENCY	0.162942	285,834	91.00
91.01	09101	WOUND CARE 002	0.143267	0	91.01
91.02	09102	WOUND CARE 001	0.518459	2,961	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273750	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.326876	0	91.07
91.08	04040	FAMILY PRACTICE	5.047871	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.341857	66,224	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.329559	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.371613	1,108	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,747,570	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,747,570	202.00

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 12:58 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		3,604,209	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120430	15,020	50.00
50.01	03951	AMBULATORY SURGERY	0.159072	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.167336	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265755	28,204	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.296858	4,500	54.01
54.02	05403	ULTRASOUND	0.075747	13,408	54.02
54.03	05404	ECHOCARDIOLOGY	0.036609	2	54.03
54.04	05401	ONCOLOGY	0.119076	43	54.04
57.00	05700	CT SCAN	0.046070	35,505	57.00
58.00	05800	MRI	0.274866	7,629	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187548	0	59.00
59.01	05901	CARDIAC REHAB	0.390610	1	59.01
60.00	06000	LABORATORY	0.087658	824,456	60.00
65.00	06500	RESPIRATORY THERAPY	0.188140	57,993	65.00
65.01	06501	SLEEP LAB	0.165552	0	65.01
66.00	06600	PHYSICAL THERAPY	0.342897	2,177,775	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.052996	71,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246699	27,575	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.318149	166,069	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358119	8,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177008	573,330	73.00
74.00	07400	RENAL DIALYSIS	0.465368	133,297	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.172370	951	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.705395	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.430915	0	90.01
91.00	09100	EMERGENCY	0.162942	2,641	91.00
91.01	09101	WOUND CARE 002	0.143267	28,938	91.01
91.02	09102	WOUND CARE 001	0.518459	15,322	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273750	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.326876	1	91.07
91.08	04040	FAMILY PRACTICE	5.047871	1	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.341857	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.329559	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.371613	15	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,192,369	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		4,192,369	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 11/30/2017 12:58 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		21,684,511	30.00
31.00	03100	INTENSIVE CARE UNIT		5,179,989	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		1,527,880	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		4,663,484	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		36,806,427	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		3,918,445	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.121375	18,915,349	2,295,850 50.00
50.01	03951	AMBULATORY SURGERY	0.159072	0	0 50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169465	6,585,331	1,115,983 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.266336	1,465,477	390,309 54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.296858	167,637	49,764 54.01
54.02	05403	ULTRASOUND	0.075747	867,908	65,741 54.02
54.03	05404	ECHOCARDIOLOGY	0.036609	162,286	5,941 54.03
54.04	05401	ONCOLOGY	0.119076	371,416	44,227 54.04
57.00	05700	CT SCAN	0.046070	995,970	45,884 57.00
58.00	05800	MRI	0.274866	308,856	84,894 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187548	0	0 59.00
59.01	05901	CARDIAC REHAB	0.390610	18,346	7,166 59.01
60.00	06000	LABORATORY	0.089354	15,254,473	1,363,048 60.00
65.00	06500	RESPIRATORY THERAPY	0.188140	6,903,552	1,298,834 65.00
65.01	06501	SLEEP LAB	0.165552	10,542	1,745 65.01
66.00	06600	PHYSICAL THERAPY	0.351769	1,710,820	601,813 66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.052996	4,533,895	240,278 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246699	773,204	190,749 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.318149	2,999,942	954,429 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358119	2,986,215	1,069,420 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177053	21,101,812	3,736,139 73.00
74.00	07400	RENAL DIALYSIS	0.470905	406,446	191,397 74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176363	657,525	115,963 75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.751361	0	0 90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.430915	0	0 90.01
91.00	09100	EMERGENCY	0.168813	4,772,934	805,733 91.00
91.01	09101	WOUND CARE 002	0.201313	34,308	6,907 91.01
91.02	09102	WOUND CARE 001	0.518459	109,201	56,616 91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0 91.03
91.04	09104	ZIONSVILLE CLINIC	0.273750	895	245 91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0 91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	0 91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.326876	868	284 91.07
91.08	04040	FAMILY PRACTICE	5.690993	31,211	177,622 91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	479,647	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.329559	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	0 97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	0 98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.371613	0	0 98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0 98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		92,626,066	14,916,981 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		92,626,066	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 12:58 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		3,199,546	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.121375	0	50.00
50.01	03951	AMBULATORY SURGERY	0.159072	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169465	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.266336	1,732	461 54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.296858	0	54.01
54.02	05403	ULTRASOUND	0.075747	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.036609	0	54.03
54.04	05401	ONCOLOGY	0.119076	0	54.04
57.00	05700	CT SCAN	0.046070	0	57.00
58.00	05800	MRI	0.274866	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187548	0	59.00
59.01	05901	CARDIAC REHAB	0.390610	0	59.01
60.00	06000	LABORATORY	0.089354	55,873	4,992 60.00
65.00	06500	RESPIRATORY THERAPY	0.188140	0	65.00
65.01	06501	SLEEP LAB	0.165552	0	65.01
66.00	06600	PHYSICAL THERAPY	0.351769	1,037	365 66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.052996	285	15 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246699	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.318149	621,255	197,652 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358119	44,460	15,922 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177053	93,825	16,612 73.00
74.00	07400	RENAL DIALYSIS	0.470905	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176363	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.751361	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.430915	0	90.01
91.00	09100	EMERGENCY	0.168813	0	91.00
91.01	09101	WOUND CARE 002	0.201313	0	91.01
91.02	09102	WOUND CARE 001	0.518459	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273750	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.326876	0	91.07
91.08	04040	FAMILY PRACTICE	5.690993	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.329559	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.371613	14,004	5,204 98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		832,471	241,223 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		832,471	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 12:58 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		511,649	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.121375	3,171	50.00
50.01	03951	AMBULATORY SURGERY	0.159072	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169465	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.266336	4,033	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.296858	0	54.01
54.02	05403	ULTRASOUND	0.075747	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.036609	0	54.03
54.04	05401	ONCOLOGY	0.119076	0	54.04
57.00	05700	CT SCAN	0.046070	5,545	57.00
58.00	05800	MRI	0.274866	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187548	0	59.00
59.01	05901	CARDIAC REHAB	0.390610	0	59.01
60.00	06000	LABORATORY	0.089354	71,820	60.00
65.00	06500	RESPIRATORY THERAPY	0.188140	3,596	65.00
65.01	06501	SLEEP LAB	0.165552	0	65.01
66.00	06600	PHYSICAL THERAPY	0.351769	396,656	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.052996	569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246699	853	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.318149	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358119	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177053	50,979	73.00
74.00	07400	RENAL DIALYSIS	0.470905	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176363	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.751361	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.430915	0	90.01
91.00	09100	EMERGENCY	0.168813	0	91.00
91.01	09101	WOUND CARE 002	0.201313	0	91.01
91.02	09102	WOUND CARE 001	0.518459	3,437	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273750	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.326876	0	91.07
91.08	04040	FAMILY PRACTICE	5.690993	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.329559	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.371613	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		540,659	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		540,659	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0084

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Date/Time Prepared: 11/30/2017 12:58 pm

Cost Center Description		Kidney			Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
		0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)								
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition								
1.00	ADULTS & PEDIATRICS	38.00	17,145	1,011.50	0	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	22,498	1,613.77	0	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	0	3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	0	2,023.76	0	0	0	3.01
3.02	RENAL TRANSPLANT	44.02	0	1,504.20	54	81,227	0	3.02
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	1,951.86	0	0	0	4.01
4.02	BURN INTENSIVE CARE UNIT	45.02	0	0.00	0	0	0	4.02
4.03	BURN INTENSIVE CARE UNIT	45.03	0	0.00	0	0	0	4.03
4.04	BURN INTENSIVE CARE UNIT	45.04	0	0.00	0	0	0	4.04
4.05	BURN INTENSIVE CARE UNIT	45.05	0	0.00	0	0	0	4.05
4.06	BURN INTENSIVE CARE UNIT	45.06	0	0.00	0	0	0	4.06
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	956.86	0	0	0	5.01
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		39,643		54	81,227		7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs			
		0	1.00	2.00	3.00			
Computation of Ancillary Service Cost Applicable to Organ Acquisition								
8.00	OPERATING ROOM	50.00	0.120430	984,173	118,524	8.00		
8.01	AMBULATORY SURGERY	50.01	0.159072	0	0	8.01		
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.167336	8,840	1,479	10.00		
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.265755	1,077,310	286,301	12.00		
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.296858	91,216	27,078	12.01		
12.02	ULTRASOUND	54.02	0.075747	7,406	561	12.02		
12.03	ECHOCARDIOLOGY	54.03	0.036609	703,434	25,752	12.03		
12.04	ONCOLOGY	54.04	0.119076	0	0	12.04		
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00		
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00		
15.00	CT SCAN	57.00	0.046070	342,457	15,777	15.00		
16.00	MRI	58.00	0.274866	3,622	996	16.00		
17.00	CARDIAC CATHETERIZATION	59.00	0.187548	18,510	3,472	17.00		
17.01	CARDIAC REHAB	59.01	0.390610	2,400	937	17.01		
18.00	LABORATORY	60.00	0.087658	2,058,528	180,446	18.00		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00		
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00		
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY	65.00	0.188140	92,487	17,401	23.00		
23.01	SLEEP LAB	65.01	0.165552	0	0	23.01		
24.00	PHYSICAL THERAPY	66.00	0.342897	0	0	24.00		
24.01	SPORTS PERFORMANCE	66.01	0.000000	0	0	24.01		
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00		
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00		
27.00	ELECTROCARDIOLOGY	69.00	0.052996	232,487	12,321	27.00		
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.246699	954	235	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.318149	62,187	19,785	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.358119	8,311	2,976	30.00		
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.177008	471,146	83,397	31.00		
32.00	RENAL DIALYSIS	74.00	0.465368	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)	75.00	0.172370	23,712	4,087	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00		
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00		
37.00	CLINIC	90.00	0.705395	169,538	119,591	37.00		
37.01	PARTIAL HOSPITALIZATION	90.01	0.430915	19,973	8,607	37.01		
38.00	EMERGENCY	91.00	0.162942	20,326	3,312	38.00		
38.01	WOUND CARE 002	91.01	0.143267	0	0	38.01		
38.02	WOUND CARE 001	91.02	0.518459	0	0	38.02		
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03		
38.04	ZIONSVILLE CLINIC	91.04	0.273750	0	0	38.04		
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05		
38.06	OP ANTI COAGULATION CLINIC	91.06	0.000000	0	0	38.06		
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.326876	0	0	38.07		
38.08	FAMILY PRACTICE	91.08	5.047871	0	0	38.08		

(1) 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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0084

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Date/Time Prepared: 11/30/2017 12:58 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.341857	25,890	8,851	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART	92.01	0.329559	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			6,424,907	941,886	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	0	0	44.01	
44.02	RENAL TRANSPLANT	4.02	0.00	54	0	44.02	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0	45.01	
45.02	BURN INTENSIVE CARE UNIT	5.02	0.00	0	0	45.02	
45.03	BURN INTENSIVE CARE UNIT	5.03	0.00	0	0	45.03	
45.04	BURN INTENSIVE CARE UNIT	5.04	0.00	0	0	45.04	
45.05	BURN INTENSIVE CARE UNIT	5.05	0.00	0	0	45.05	
45.06	BURN INTENSIVE CARE UNIT	5.06	0.00	0	0	45.06	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			54	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	169,538	0.000000	0	51.00	
51.01	PARTIAL HOSPITALIZATION	23.01	19,973	0.000000	0	51.01	
52.00	EMERGENCY	24.00	20,326	0.000000	0	52.00	
52.01	WOUND CARE 002	24.01	0	0.000000	0	52.01	
52.02	WOUND CARE 001	24.02	0	0.000000	0	52.02	
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0	52.03	
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0	52.04	
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0	52.05	
52.06	OP ANTI COAGULATION CLINIC	24.06	0	0.000000	0	52.06	
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0	52.07	
52.08	FAMILY PRACTICE	24.08	0	0.000000	0	52.08	
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	25,890	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		235,727		0	55.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0084

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Date/Time Prepared: 11/30/2017 12:58 pm

		Kidney		Hospital		PPS	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,023,113		6,464,550			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	6,056,506		6,046,170			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	7,079,619		12,510,720			61.00
62.00	Total Usable Organs (see instructions)		114				62.00
63.00	Medicare Usable Organs (see instructions)		87				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.763158				64.00
65.00	Medicare Cost/Charges (see instructions)	5,402,868		9,547,656			65.00
66.00	Revenue for Organs Sold	318,584		0			66.00
67.00	Subtotal (line 65 minus line 66)	5,084,284		9,547,656			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,084,284	0	9,547,656	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		16	39			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	59			73.00
74.00	Total (sum of lines 70 through 73)		16	98			74.00
75.00	Organs Transplanted		16	59	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	39	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		16	98			84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0084

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Date/Time Prepared: 11/30/2017 12:58 pm

Cost Center Description		Heart			Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
		0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)								
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition								
1.00	ADULTS & PEDIATRICS	38.00	0	1,011.50	0	0	1.00	
2.00	INTENSIVE CARE UNIT	43.00	5,192	1,613.77	0	0	2.00	
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00	
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	0	2,023.76	5	10,119	3.01	
3.02	RENAL TRANSPLANT	44.02	0	1,504.20	0	0	3.02	
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00	
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	1,951.86	0	0	4.01	
4.02	BURN INTENSIVE CARE UNIT	45.02	0	0.00	0	0	4.02	
4.03	BURN INTENSIVE CARE UNIT	45.03	0	0.00	0	0	4.03	
4.04	BURN INTENSIVE CARE UNIT	45.04	0	0.00	0	0	4.04	
4.05	BURN INTENSIVE CARE UNIT	45.05	0	0.00	0	0	4.05	
4.06	BURN INTENSIVE CARE UNIT	45.06	0	0.00	0	0	4.06	
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00	
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	956.86	0	0	5.01	
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00	
7.00	TOTAL (sum of lines 1-6)		5,192		5	10,119	7.00	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs			
		0	1.00	2.00	3.00			
Computation of Ancillary Service Cost Applicable to Organ Acquisition								
8.00	OPERATING ROOM	50.00	0.120430	148,144	17,841	8.00		
8.01	AMBULATORY SURGERY	50.01	0.159072	0	0	8.01		
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.167336	0	0	10.00		
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.265755	2,616	695	12.00		
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.296858	0	0	12.01		
12.02	ULTRASOUND	54.02	0.075747	100	8	12.02		
12.03	ECHOCARDIOLOGY	54.03	0.036609	6,360	233	12.03		
12.04	ONCOLOGY	54.04	0.119076	0	0	12.04		
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00		
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00		
15.00	CT SCAN	57.00	0.046070	4,463	206	15.00		
16.00	MRI	58.00	0.274866	178	49	16.00		
17.00	CARDIAC CATHETERIZATION	59.00	0.187548	0	0	17.00		
17.01	CARDIAC REHAB	59.01	0.390610	0	0	17.01		
18.00	LABORATORY	60.00	0.087658	51,697	4,532	18.00		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00		
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00		
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY	65.00	0.188140	12,303	2,315	23.00		
23.01	SLEEP LAB	65.01	0.165552	0	0	23.01		
24.00	PHYSICAL THERAPY	66.00	0.342897	0	0	24.00		
24.01	SPORTS PERFORMANCE	66.01	0.000000	0	0	24.01		
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00		
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00		
27.00	ELECTROCARDIOLOGY	69.00	0.052996	825	44	27.00		
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.246699	150	37	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.318149	3,753	1,194	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.358119	558	200	30.00		
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.177008	51,285	9,078	31.00		
32.00	RENAL DIALYSIS	74.00	0.465368	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)	75.00	0.172370	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00		
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00		
37.00	CLINIC	90.00	0.705395	0	0	37.00		
37.01	PARTIAL HOSPITALIZATION	90.01	0.430915	0	0	37.01		
38.00	EMERGENCY	91.00	0.162942	0	0	38.00		
38.01	WOUND CARE 002	91.01	0.143267	0	0	38.01		
38.02	WOUND CARE 001	91.02	0.518459	0	0	38.02		
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03		
38.04	ZIONSVILLE CLINIC	91.04	0.273750	0	0	38.04		
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05		
38.06	OP ANTI COAGULATION CLINIC	91.06	0.000000	0	0	38.06		
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.326876	0	0	38.07		
38.08	FAMILY PRACTICE	91.08	5.047871	0	0	38.08		

(1) 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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0084

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Date/Time Prepared: 11/30/2017 12:58 pm

Cost Center Description		Heart		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.341857	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART	92.01	0.329559	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			282,432	36,432	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	5	0	44.01	
44.02	RENAL TRANSPLANT	4.02	0.00	0	0	44.02	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0	45.01	
45.02	BURN INTENSIVE CARE UNIT	5.02	0.00	0	0	45.02	
45.03	BURN INTENSIVE CARE UNIT	5.03	0.00	0	0	45.03	
45.04	BURN INTENSIVE CARE UNIT	5.04	0.00	0	0	45.04	
45.05	BURN INTENSIVE CARE UNIT	5.05	0.00	0	0	45.05	
45.06	BURN INTENSIVE CARE UNIT	5.06	0.00	0	0	45.06	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0	51.01	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
52.01	WOUND CARE 002	24.01	0	0.000000	0	52.01	
52.02	WOUND CARE 001	24.02	0	0.000000	0	52.02	
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0	52.03	
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0	52.04	
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0	52.05	
52.06	OP ANTI COAGULATION CLINIC	24.06	0	0.000000	0	52.06	
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0	52.07	
52.08	FAMILY PRACTICE	24.08	0	0.000000	0	52.08	
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	

(1) 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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0084

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Date/Time Prepared: 11/30/2017 12:58 pm

		Heart		Hospital		PPS	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	46,551		287,624			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	3,658,846		3,652,603			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	3,705,397		3,940,227			61.00
62.00	Total Usable Organs (see instructions)		53				62.00
63.00	Medicare Usable Organs (see instructions)		22				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.415094				64.00
65.00	Medicare Cost/Charges (see instructions)	1,538,088		1,635,565			65.00
66.00	Revenue for Organs Sold	73,519		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,464,569		1,635,565			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,464,569	0	1,635,565	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	9			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OP0s		0	44			73.00
74.00	Total (sum of lines 70 through 73)		0	53			74.00
75.00	Organs Transplanted		0	44	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OP0s		0	9	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Discarded Organs		0	0			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	53			84.00

(1) 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.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 12: 58 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		27,508,724	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		84,713,644	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		5,027,309	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		34,784,311	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		733.23	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		92.11	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		18.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		110.11	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		150.66	10.00
11.00	FTE count for residents in dental and podiatric programs.		8.67	11.00
12.00	Current year allowable FTE (see instructions)		118.78	12.00
13.00	Total allowable FTE count for the prior year.		118.78	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		114.69	14.00
15.00	Sum of lines 12 through 14 divided by 3.		117.42	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		117.42	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.160141	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.170922	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.160141	21.00
22.00	IME payment adjustment (see instructions)		9,393,910	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,911,725	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.02	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		40.55	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.02	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000027	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000007	27.00
28.00	IME add-on adjustment amount (see instructions)		786	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		243	28.01
29.00	Total IME payment (sum of lines 22 and 28)		9,394,696	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,911,968	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.94	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.66	31.00
32.00	Sum of lines 30 and 31		35.60	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.58	33.00
34.00	Disproportionate share adjustment (see instructions)		5,212,729	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 12: 58 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00	
35.01	Factor 3 (see instructions)	0.001545443	0.001476254	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	9,900,333	8,824,285	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,488,607	6,600,080	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	9,088,687		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	2,444	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	523		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	140,945,789		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00	
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		143,857,757	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,520,873	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		3,294,018	52.00	
53.00	Nursing and Allied Health Managed Care payment		301,872	53.00	
54.00	Special add-on payments for new technologies		27,823	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		6,548,853	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		182,134	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		355,854	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		165,089,184	59.00	
60.00	Primary payer payments		58,286	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		165,030,898	61.00	
62.00	Deductibles billed to program beneficiaries		8,725,528	62.00	
63.00	Coinurance billed to program beneficiaries		507,451	63.00	
64.00	Allowable bad debts (see instructions)		1,009,182	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		655,968	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		416,313	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		156,453,887	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	RURAL DEMONSTRATION PROJECT		0	70.50	
70.88	SCH or MDH volume decrease adjustment		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		-766,788	70.93	
70.94	HRR adjustment amount (see instructions)		-75,607	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 12:58 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			382,569	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			155,228,923	71.00
71.01	Sequestration adjustment (see instructions)			3,104,578	71.01
72.00	Interim payments			148,167,900	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			3,956,445	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			733,390	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2017 12:58 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line 0	Amounts (from E, Part A) 1.00	Pre/Post Entitlement 2.00	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	Total (Col 2 through 4) 5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,508,724	0	27,508,724		27,508,724	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	84,713,644	0		84,713,644	84,713,644	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,027,309	0	1,615,751	3,411,558	5,027,309	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	34,784,311	0	8,315,307	26,469,004	34,784,311	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.160141	0.160141	0.160141	0.160141		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,393,910	0	2,302,700	7,091,210	9,393,910	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,911,725	0	0	2,911,725	2,911,725	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007	0.000007		7.00
8.00	IME adjustment (see instructions)	28.00	786	0	193	593	786	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	243	0	58	185	243	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,394,696	0	2,302,893	7,091,803	9,394,696	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,911,968	0	58	2,911,910	2,911,968	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1858	0.1858	0.1858	0.1858		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,212,729	0	1,277,780	3,934,949	5,212,729	11.00
11.01	Uncompensated care payments	36.00	9,088,687	0	2,488,607	6,600,080	9,088,687	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	140,945,789	0	35,193,755	105,752,034	140,945,789	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	143,857,757	0	35,193,813	108,663,944	143,857,757	15.00
16.00	Payment for inpatient program capital	50.00	10,520,873	0	2,553,675	7,967,198	10,520,873	16.00
17.00	Special add-on payments for new technologies	54.00	27,823	0	16,359	11,464	27,823	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2017 12:58 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	37,763,847	116,642,606	154,406,453	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	9,066,479	0	2,205,905	6,860,574	9,066,479	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	160,607	0	32,987	127,620	160,607	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0679	0.0679	0.0679	0.0679		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	615,614	0	149,781	465,833	615,614	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0748	0.0748	0.0748	0.0748		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	678,173	0	165,002	513,171	678,173	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,520,873	0	2,553,675	7,967,198	10,520,873	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2017 12:58 pm
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,508,724	27,508,724		27,508,724	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	84,713,644		84,713,644	84,713,644	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	5,027,309	1,615,751	3,411,558	5,027,309	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	34,784,311	8,315,307	26,469,004	34,784,311	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.160141	0.160141	0.160141		5.00	
6.00	IME payment adjustment (see instructions)	22.00	9,393,910	2,302,700	7,091,210	9,393,910	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,911,725	696,058	2,215,667	2,911,725	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007		7.00	
8.00	IME adjustment (see instructions)	28.00	786	193	593	786	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	243	58	185	243	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,394,696	2,302,893	7,091,803	9,394,696	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,911,968	696,116	2,215,852	2,911,968	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1858	0.1858	0.1858		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	5,212,729	1,277,780	3,934,949	5,212,729	11.00	
11.01	Uncompensated care payments	36.00	9,088,687	2,488,607	6,600,080	9,088,687	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	140,945,789	35,193,755	105,752,034	140,945,789	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	143,857,757	35,889,871	107,967,886	143,857,757	15.00	
16.00	Payment for inpatient program capital	50.00	10,520,873	2,553,675	7,967,198	10,520,873	16.00	
17.00	Special add-on payments for new technologies	54.00	27,823	16,359	11,464	27,823	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			38,459,905	115,946,548	154,406,453	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2017 12:58 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	9,066,479	2,205,905	6,860,574	9,066,479	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	160,607	32,987	127,620	160,607	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0679	0.0679	0.0679		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	615,614	149,781	465,833	615,614	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0748	0.0748	0.0748		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	678,173	165,002	513,171	678,173	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,520,873	2,553,675	7,967,198	10,520,873	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-766,788	-178,274	-588,514	-766,788	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-75,607	-24,773	-50,834	-75,607	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		382,569	0	382,569	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/30/2017 12: 58 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,515	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		48,717,219	2.00
3.00	PPS payments		53,298,373	3.00
4.00	Outlier payment (see instructions)		510,670	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		293,956	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,515	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		160,175	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		160,175	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		160,175	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		130,660	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		29,515	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		54,102,999	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,724	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,317,721	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		44,813,069	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,036,245	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		45,849,314	30.00
31.00	Primary payer payments		25,051	31.00
32.00	Subtotal (line 30 minus line 31)		45,824,263	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,206,389	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		784,153	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		700,297	36.00
37.00	Subtotal (see instructions)		46,608,416	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-220	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		46,608,636	40.00
40.01	Sequestration adjustment (see instructions)		932,173	40.01
41.00	Interim payments		45,809,401	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-132,938	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/30/2017 12:58 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		87	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,666	2.00
3.00	PPS payments		2,918	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		21	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		87	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		491	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		491	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		491	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		404	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		87	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,939	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		485	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		2,541	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,541	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,541	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,541	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,541	40.00
40.01	Sequestration adjustment (see instructions)		51	40.01
41.00	Interim payments		2,481	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		9	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2017 12:58 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		148,167,900		45,809,401	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		148,167,900		45,809,401	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		3,956,445		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		132,938	6.02	
7.00	Total Medicare program liability (see instructions)		152,124,345		45,676,463	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0084
Component CCN: 15-S084

Period:
From 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2017 12:58 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,948,118		2,481	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,948,118		2,481	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		14,564		9	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,962,682		2,490	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0084
Component CCN: 15-T084

Period:
From 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2017 12:58 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,264,073		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,264,073		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		13,774		0	6.02
7.00	Total Medicare program liability (see instructions)		3,250,299		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/30/2017 12:58 pm
		Title XVIII	Hospital	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. S-3, Pt. I col. 15 line 14		31,939	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		57,637	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		19,112	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		182,731	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		3,594,693,444	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		93,372,677	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		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 line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/30/2017 12: 58 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,264,030 1.00
2.00	Net IPF PPS Outlier Payments			14,108 2.00
3.00	Net IPF PPS ECT Payments			30,146 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			41.978082 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,308,284 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,308,284 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,308,284 18.00
19.00	Deductibles			243,488 19.00
20.00	Subtotal (line 18 minus line 19)			2,064,796 20.00
21.00	Coinsurance			76,902 21.00
22.00	Subtotal (line 20 minus line 21)			1,987,894 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,987,894 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			14,843 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,002,737 31.00
31.01	Sequestration adjustment (see instructions)			40,055 31.01
32.00	Interim payments			1,948,118 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			14,564 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			14,108 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/30/2017 12: 58 pm
	Title XVIII	Subprovider - IRF	PPS

			1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		3,162,010	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0372	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		116,362	3.00
4.00	Outlier Payments		66,061	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		11.569863	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		3,344,433	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,344,433	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,344,433	19.00
20.00	Deductibles		11,704	20.00
21.00	Subtotal (line 19 minus line 20)		3,332,729	21.00
22.00	Coinsurance		17,913	22.00
23.00	Subtotal (line 21 minus line 22)		3,314,816	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,314,816	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		1,816	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,316,632	32.00
32.01	Sequestration adjustment (see instructions)		66,333	32.01
33.00	Interim payments		3,264,073	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)		-13,774	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,324	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		66,061	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/30/2017 12:58 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			98.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			18.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			152.12	6.00
7.00	Enter the lesser of line 5 or line 6			116.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	111.49	36.14	147.63	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	85.69	27.78	113.47	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		7.50		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	85.69	35.28		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	82.60	39.24		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	84.03	31.46		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	84.11	35.33		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	84.11	35.33		17.00
18.00	Per resident amount	82,770.25	82,770.25		18.00
19.00	Approved amount for resident costs	6,961,806	2,924,273	9,886,079	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			12.89	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			35.20	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			12.51	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			97,376.76	23.00
24.00	Multiply line 22 time line 23			1,218,183	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			11,104,262	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	62,377	19,878		26.00
27.00	Total Inpatient Days (see instructions)	203,727	203,727		27.00
28.00	Ratio of inpatient days to total inpatient days	0.306179	0.097572		28.00
29.00	Program direct GME amount	3,399,892	1,083,465		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		153,094		30.00
31.00	Net Program direct GME amount			4,330,263	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/30/2017 12:58 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		12,804,708	33.00
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
36.00	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				
37.00	Reasonable cost (see instructions)		149,354,429	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		6,548,853	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		58,286	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		155,844,996	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		49,051,464	42.00
43.00	Primary payer payments (see instructions)		25,051	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		49,026,413	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		204,871,409	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.760697	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.239303	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,330,263	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,294,018	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,036,245	50.00

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

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet G

Date/Time Prepared:
11/30/2017 12:58 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	8,956,253	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	432,726,014	0	0	0	4.00
5.00	Other receivable	30,680,381	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-223,782,884	0	0	0	6.00
7.00	Inventory	19,320,283	0	0	0	7.00
8.00	Prepaid expenses	2,366,382	0	0	0	8.00
9.00	Other current assets	4,826,098	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	275,092,527	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,827,236	0	0	0	12.00
13.00	Land improvements	11,093,014	0	0	0	13.00
14.00	Accumulated depreciation	-10,343,463	0	0	0	14.00
15.00	Buildings	478,458,724	0	0	0	15.00
16.00	Accumulated depreciation	-333,916,006	0	0	0	16.00
17.00	Leasehold improvements	14,674,297	0	0	0	17.00
18.00	Accumulated depreciation	-11,823,490	0	0	0	18.00
19.00	Fixed equipment	27,640,363	0	0	0	19.00
20.00	Accumulated depreciation	-23,953,679	0	0	0	20.00
21.00	Automobiles and trucks	3,060,683	0	0	0	21.00
22.00	Accumulated depreciation	-1,830,783	0	0	0	22.00
23.00	Major movable equipment	252,728,899	0	0	0	23.00
24.00	Accumulated depreciation	-202,914,137	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	212,701,658	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	77,338,709	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	63,771,421	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	141,110,130	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	628,904,315	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	38,643,430	0	0	0	37.00
38.00	Salaries, wages, and fees payable	33,789,439	0	0	0	38.00
39.00	Payroll taxes payable	1,464,113	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	197,145,706	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	271,042,688	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	172,178,880	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	172,178,880	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	443,221,568	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	185,682,747	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	185,682,747	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	628,904,315	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-1

Date/Time Prepared:
11/30/2017 12:58 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		753,834,775			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		259,311,765				2.00
3.00	Total (sum of line 1 and line 2)		1,013,146,540			0	3.00
4.00	TRANSFER RSTRR CONTRIB	9,825,683		0		0	4.00
5.00	TEMP RESTRICTED	-11,316,761		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-1,491,078			0	10.00
11.00	Subtotal (line 3 plus line 10)		1,011,655,462			0	11.00
12.00	TRANSFER TO AFFLIATE	811,819,943		0		0	12.00
13.00	DIS OF CAP NONCTRL INT	14,152,772		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		825,972,715			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		185,682,747			0	19.00
		Endowment Fund		Plant 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	Total (sum of line 1 and line 2)	0		0			3.00
4.00	TRANSFER RSTRR CONTRIB		0				4.00
5.00	TEMP RESTRICTED		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFER TO AFFLIATE		0				12.00
13.00	DIS OF CAP NONCTRL INT		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2017 12:58 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	405,858,170		405,858,170	1.00
2.00	SUBPROVIDER - IPF	33,669,637		33,669,637	2.00
3.00	SUBPROVIDER - IRF	7,129,193		7,129,193	3.00
4.00	SUBPROVIDER				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	0		0	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)	446,657,000		446,657,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	92,391,980		92,391,980	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPL	39,848,298		39,848,298	12.01
12.02	RENAL TRANSPLANT	1,018,595		1,018,595	12.02
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	PEDIATRIC INTENSIVE CARE UNIT	28,999,566		28,999,566	13.01
13.02	BURN INTENSIVE CARE UNIT	0		0	13.02
13.03	BURN INTENSIVE CARE UNIT	0		0	13.03
13.04	BURN INTENSIVE CARE UNIT	0		0	13.04
13.05	BURN INTENSIVE CARE UNIT	0		0	13.05
13.06	BURN INTENSIVE CARE UNIT	0		0	13.06
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	196,177,791		196,177,791	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	358,436,230		358,436,230	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	805,093,230		805,093,230	17.00
18.00	Ancillary services	1,412,053,001	1,134,047,119	2,546,100,120	18.00
19.00	Outpatient services	65,547,395	209,695,135	275,242,530	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		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	811,423	811,423	26.00
27.00	OTHER	7,155,587	-46,428,789	-39,273,202	27.00
27.01	KIDNEY ACQUISITION	6,281,462	556,603	6,838,065	27.01
27.02	HEART ACQUISITION	6,597,224	201,762	6,798,986	27.02
27.03	PHYSICIAN PRIVATE OFFICES	0	61,259,379	61,259,379	27.03
27.04	BILLING	11,879	54,799,982	54,811,861	27.04
27.05	GERIATRIC CLINIC	806,990	0	806,990	27.05
27.06	NURSING FACILITIES	13,797,590	0	13,797,590	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,317,344,358	1,414,942,614	3,732,286,972	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,078,592,873		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,078,592,873		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-3

Date/Time Prepared:
11/30/2017 12:58 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,732,286,972	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,450,209,769	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,282,077,203	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,078,592,873	4.00
5.00	Net income from service to patients (line 3 minus line 4)	203,484,330	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-548,714	6.00
7.00	Income from investments	4,597	7.00
8.00	Revenues from telephone and other miscellaneous communication services	3,775,470	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	8,627,176	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	569,980	20.00
21.00	Rental of vending machines	94,481	21.00
22.00	Rental of hospital space	934,594	22.00
23.00	Governmental appropriations	881,251	23.00
24.00	OTHER	41,488,600	24.00
25.00	Total other income (sum of lines 6-24)	55,827,435	25.00
26.00	Total (line 5 plus line 25)	259,311,765	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	259,311,765	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0084	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/30/2017 12:58 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,066,479	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		160,607	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		504.61	3.00
4.00	Number of interns & residents (see instructions)		117.44	4.00
5.00	Indirect medical education percentage (see instructions)		6.79	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		615,614	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.94	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.66	8.00
9.00	Sum of lines 7 and 8		35.60	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.48	10.00
11.00	Disproportionate share adjustment (see instructions)		678,173	11.00
12.00	Total prospective capital payments (see instructions)		10,520,873	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00