payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 15-0173 Worksheet S Parts I-III From 01/01/2018 AND SETTLEMENT SUMMARY 12/31/2018 Date/Time Prepared:

					5/28/2019 6:	14 pm
PART I - COST	REPORT STATUS					
Provi der	1. [X] Electronically filed	cost report		Date: 5/28/201	9 Time:	6: 14 p
use only	2. [] Manually submitted co	ost report				
	3. [0] If this is an amended 4. [F] Medicare Utilization.			esubmitted this co	st report	
Contractor use only	5. [1]Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	7. Contractor No.	r this Provider CCN 12.	NPR Date: Contractor's Vendo [O]If line 5, col number of time	umn 1 is 4:	

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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL (15-0173) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

[X]I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

TODD WILLIAMS (Si gned)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.) Date

Officer or Administrator of Provider(s)

		Title	XVIII			
Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
	1. 00	2. 00	3. 00	4. 00	5. 00	
PART III - SETTLEMENT SUMMARY						
Hospi tal	0	445, 885	-74, 397	0	0	1.00
Subprovi der - IPF	0	0	0		0	2.00
Subprovi der - I RF	0	0	0		0	3. 00
Swing bed - SNF	0	0	0		0	5. 00
Swing bed - NF	0				0	6. 00
Total	0	445, 885	-74, 397	0	0	200. 00
	PART III - SETTLEMENT SUMMARY Hospital Subprovider - IPF Subprovider - IRF Swing bed - SNF Swing bed - NF	1.00	Cost Center Description	1.00 2.00 3.00	Cost Center Description	Cost Center Description

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. required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents , please contact 1-800-MEDICARE.

	reporting period? In column 2, enter "Y" for yes or	"N" for no.						
		In-State	In-State	Out-of	Out-of	Medi cai d	0ther	
		Medi cai d	Medi cai d	State	State	HMO days	Medi cai d	
		paid days	eligible	Medi cai d	Medi cai d		days	
			unpai d	paid days	el i gi bl e			
			days		unpai d			
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00	
24.00	If this provider is an IPPS hospital, enter the	487	150	16	40	8, 637	23	24. 00
	in-state Medicaid paid days in column 1, in-state							
	Medicaid eligible unpaid days in column 2,							
	out-of-state Medicaid paid days in column 3,							
	out-of-state Medicaid eligible unpaid days in column							
	4, Medicaid HMO paid and eligible but unpaid days in							
	column 5, and other Medicaid days in column 6.							

Health Financial Systems IU HEALTH	ARNETT H	HOSPI TAL			In Lie	eu of For	m CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provi der CC	CN: 15-0173	Period: From 01/		Worksh	eet S-2	
				31/2018				
	n-State	In-State	Out-of	Out-of	Medi c		ther	4 pm
	Medicaid	Medicaid	State	State	HMO d	·	di cai d	
l p	aid days	eligible unpaid	Medicaid paid days	Medicaid eligible			days	
		days		unpai d				
25.00 If this provider is an IRF, enter the in-state	1.00	2. 00	3.00	4. 00	5. 0	0 0	5. 00	25. 00
Medicaid paid days in column 1, the in-state								
Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state								
Medicaid eligible unpaid days in column 4, Medicaid								
HMO paid and eligible but unpaid days in column 5.				Urban/	 Rural S	Date of	Geogr	
				1.	00	2.		04.00
26.00 Enter your standard geographic classification (not wage cost reporting period. Enter "1" for urban or "2" for r		at the beg	ginning of t	ne				26. 00
27.00 Enter your standard geographic classification (not wage	e) status			t	1			27. 00
reporting period. Enter in column 1, "1" for urban or 'enter the effective date of the geographic reclassifications.			opl i cabl e,					
35.00 If this is a sole community hospital (SCH), enter the r			CH status in		(35. 00
effect in the cost reporting period.				Beair	nni ng:	Endi	na:	
				1.	00	2.		
36.00 Enter applicable beginning and ending dates of SCH states of periods in excess of one and enter subsequent dates.		cript line	36 for numb	er				36. 00
37.00 If this is a Medicare dependent hospital (MDH), enter t		r of period	ds MDH statu	S	(37. 00
is in effect in the cost reporting period. 37.01 Is this hospital a former MDH that is eligible for the	MDH tran	sitional na	avment in					37. 01
accordance with FY 2016 OPPS final rule? Enter "Y" for								37.01
instructions) 38.00 If line 37 is 1, enter the beginning and ending dates of	of MDH st	atus Ifli	ne 37 is					38. 00
greater than 1, subscript this line for the number of p								00.00
enter subsequent dates.					/N	Y/	'N	
				1.	00	2.		
39.00 Does this facility qualify for the inpatient hospital phospitals in accordance with 42 CFR §412.101(b)(2)(i),					N	N	1	39. 00
1 "Y" for yes or "N" for no. Does the facility meet the				""				
accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii) or "N" for no. (see instructions)	? Enter	in column 2	Y" for ye	s				
40.00 Is this hospital subject to the HAC program reduction a					N	N	ı	40. 00
"N" for no in column 1, for discharges prior to October no in column 2, for discharges on or after October 1. (es or "N" f	or				
ino fili cordilli 2, for di scharges on or arter october 1.	See Thist	ructi ons)			V	XVIII	XI X	
Prospective Payment System (PPS)-Capital					1.0	0 2.00	3.00	
45.00 Does this facility qualify and receive Capital payment	for disp	roporti onat	e share in	accordance	e N	Y	N	45. 00
with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment except	tion for	ovtraordi na	rv circumet	ancoc	N	N	N	46. 00
pursuant to 42 CFR §412. 348(f)? If yes, complete Wkst.					l iv	IN IN	IN IN	40.00
Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS cap	nital? F	nter "V for	ves or "N"	for no	N	N	N	47. 00
48.00 Is the facility electing full federal capital payment?					N	N N	N	48. 00
Teaching Hospitals 56.00 Is this a hospital involved in training residents in ag	nroyed G	ME programs	2 Enter "V	" for yes	Y			56. 00
or "N" for no.	•	. 0		,				
57.00 If line 56 is yes, is this the first cost reporting per GME programs trained at this facility? Enter "Y" for y		9			1 Y	N		57. 00
is "Y" did residents start training in the first month								
for yes or "N" for no in column 2. If column 2 is "Y", "N", complete Wkst. D, Parts III & IV and D-2, Pt. II,			E-4. If co	lumn 2 is				
58.00 If line 56 is yes, did this facility elect cost reimbur			ans' service	s as	N			58. 00
defined in CMS Pub. 15-1, chapter 21, §2148? If yes, co 59.00 Are costs claimed on line 100 of Worksheet A? If yes,			D+ I		l N			59. 00
57. 55 par 6 costs charmed on time 100 of worksheet A! II yes,	comprete	πκοι. υ-Ζ,	NAHE 413.8	35 Works	heet A	Pass-T	hrough	37.00
			Y/N		ne #	Qual i fi	cation	
						Cri teri	on coae	
(0.00 100	IALIEN		1.00	2	.00	3.	00	10.00
60.00 Are you claiming nursing and allied health education (Nany programs that meet the criteria under §413.85? (see			Y					60.00
60.01 If line 60 is yes, complete columns 2 and 3 for each pr					23. 00	1		60. 01
i nstructi ons)			l	1		1		l

Health Financial Systems IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0173 Peri od: Worksheet S-2 From 01/01/2018 Part I Date/Time Prepared: 12/31/2018 5/28/2019 6:14 pm Y/N IME Direct GME IME Direct GME 5.00 1.00 2.00 3. 00 4.00 0.00 61.00 61.00 Did your hospital receive FTE slots under ACA 0 00 Ν section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) Enter the average number of unweighted primary care 61.01 FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 61.02 Enter the current year total unweighted primary care 61.02 FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) 61.03 Enter the base line FTE count for primary care 61.03 and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) Enter the number of unweighted primary care/or 61.04 surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). 61.05 Enter the difference between the baseline primary 61.05 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) 61.06 Enter the amount of ACA \$5503 award that is being 61.06 used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) Program Code Unweighted IME Unweighted Program Name FTE Count 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 0.00 0.00 61.10 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. Enter in column 4, the direct GME FTE unweighted count. 61.20 Of the FTEs in line 61.05, specify each expanded 0.00 0.00 61.20 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. Enter in column 4, the direct GME FTE unweighted count. 1.00 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 0.00 62.00 62.00 your hospital received HRSA PCRE funding (see instructions) 62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 0.00 62.01 during in this cost reporting period of HRSA THC program. (see instructions) 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 through 67. (see instructions) 63.00 Unwei ghted Unwei ghted Ratio (col. FTEs FTEs in (col . 1 + col Nonnrovi de

	Noribi ovi dei	l liospi tai	 	
	Si te			
	1. 00	2.00	3. 00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings	This base year	is your cost r	eporti ng	
period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00 Enter in column 1, if line 63 is yes, or your facility trained residents	0.00	0. 00	0. 000000	64.00
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)				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0173 Peri od: Worksheet S-2 From 01/01/2018 Part I Date/Time Prepared: 12/31/2018 5/28/2019 6:14 pm Program Code Unwei ghted Unwei ghted Program Name Ratio (col. (col. 3 + col FTEs FTEs in Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3.00 4.00 5.00 65.00 Enter in column 1, if line 63 is yes, or your facility 0.000000 65.00 0. 00 0. 00 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) Unwei ghted Unwei ghted Ratio (col. 1/ FTEs FTEs in (col. 1 + col Nonprovi der Hospi tal 2)) Si te 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 Enter in column 1 the number of unweighted non-primary care resident 0.00 0. 00 0.000000 66.00 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) Program Name Unwei ghted Ratio (col. 3/ Program Code Unwei ahted FTES FTEs in (col. 3 + col Nonprovi der Hospi tal 4)) Si te 2.00 3. 00 1.00 4.00 5.00 67.00 Enter in column 1, the program FAMILY MEDICINE 1350 0.74 1.78 0. 293651 67. 00 name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)) (see instructions) 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most O 71.00 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) Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF N 75.00 subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most 76.00 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)

Long Term Care Hospital PPS 1.00	OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der CO	CN: 15-0173	Period: From 01/01/2018	Worksheet S-2 Part I	
Dog Term Carre Respit Lat PPS 100 101 101 102 103 10					Date/Time Pre	pared:
0.00 is this a LTCR co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no. 10 is this a LTCR co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no. 10 is this a few lospital under 42 CFR Section \$413.40(f)(1)(1) TEFRA? Enter "Y" for yes or "N" for no. 10 is this his a report of the subprovider (excluded unit) under 42 CFR Section \$60.00 ind this few lospital in extended neoplastic disease care hospital classified under section \$60.00 ind this few lospital in extended neoplastic disease care hospital classified under section \$60.00 ind this few lospital in extended neoplastic disease care hospital classified under section \$60.00 ind this few lospital in extended neoplastic disease care hospital classified under section \$60.00 ind this few lospital relations to the section \$60.00 ind this few lospital relations to the section \$60.00 ind this few lospital relations to the section \$60.00 ind this few lospital relations to the section \$60.00 ind this few lospital relations disease care hospital services? Enter "Y" for yes or "N" for no in the applicable column. 10 is this hospital relations of the section \$60.00 ind this septicable column. 10 is this hospital relations of the septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hospital relations of this septicable column. 10 is this hosp					1. 00	
Statis a LiCia co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		s and "N" for r	no.		N	80.0
Section Sect	"Y" for yes and "N" for no.	or all of the d	cost reportin	g period? Enter	N	81.0
Statis hospital an extended neoplastic disease care hospital classified under section N 81	5.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) 6.00 Did this facility establish a new Other subprovider (exclude				N	85. 0 86. 0
Title V and XIX Services 1.00 2.00	7.00 Is this hospital an extended neoplastic disease care hospita	al classified ι	under section		N	87. 0
Title V and XIX Services On Does this facility have title V and/or XIX inpatient hospital services? Enter "" for yes or "N" for no in the applicable column. On Dis this hagality have 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. On 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. On Are title XIX NP patients occupying title XVIII SNP beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column. On Does this facility operate an IcTo/IID facility for purposes of title V and XIX? Enter NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN				V	XI X	
0.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "V" for yes or "N" for no in the applicable column. 1.00 Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "V" for yes or "N" for no in the applicable column. 2.00 Are title XIX NP patients occupying title XVIII SNP beds (dual certification)? (see instructions) Enter "V" for yes or "N" for no in the applicable column. 3.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "V" for yes or "N" for no in the applicable column. 3.00 Does title V or XIX reduce capital cost? Enter "V" for yes, and "N" for no in the applicable column. 3.00 Does title V or XIX reduce capital cost? Enter "V" for yes, and "N" for no in the applicable column. 3.00 Does title V or XIX reduce capital cost? Enter "V" for yes or "N" for no in the applicable column. 3.00 Does title V or XIX reduce operating cost? Enter "V" for yes or "N" for no in the applicable column. 3.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "V" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 3.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "V" for yes or "N" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 3.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D., Pt. IV, line 89? Enter "V" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 3.04 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "V" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 3.05 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed for Wkst. D, P. IV. IV. Column 2 for title XIX. 3.06 Does title V or				1. 00	2. 00	
1.00 1.00	Does this facility have title V and/or XIX inpatient hospital	al services? Er	nter "Y" for	N	Υ	90.0
2.00 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. 3.00 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. 4.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column. 5.00 If line 94 is "Y", enter the reduction percentage in the applicable column. 6.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column. 6.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column. 6.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25° Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 6.10 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. 6.11 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV. Ilne 89° Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 6.10 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) neimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 6.11 Does title V, and in column 2 for title XIX. 7.12 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) neimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 1 for title V, and in column 2 for title XIX. 6.12 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed 101% of No		the cost report	t either in	N	N	91. (
3.00 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. 1.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column. 5.00 If I in e 94 is "", enter the reduction percentage in the applicable column. 5.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column. 7.00 If I in e 94 is "Y", enter the reduction percentage in the applicable column. 8.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 257 Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 9.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. 9.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, I ine 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 9.03 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 10% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 9.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 9.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I., col. 42 Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 9.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, PS. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 10.01 title XIX. 10.01 this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) 10.01 title					N	92. (
1.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column. 5.00 If line 94 is "Y", enter the reduction percentage in the applicable column. 5.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column. 7.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. 8.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.02 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for t			d XIX? Enter	N	N	93. (
1.00 f ine 94 is "Y", enter the reduction percentage in the applicable column. 0.00 0.00 95		and "N" for no	o in the	N	N	94.
applicable column. 0 If line 96 is "Y", enter the reduction percentage in the applicable column. 0 If line 96 is "Y", enter the reduction percentage in the applicable column. 0 Obes title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 10 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. 10 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. 10 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 10 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) relmbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 10 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 10 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 10 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 10 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 10 Does title V or XIX follow Medicare (title XVIII) when cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, c		olicable column	٦.	0. 00	0. 00	95.
100 f	·	s or "N" for no	o in the	N	N	96.
stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. N Y 98 (C, Pt. !? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.03 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, N Y 98 (Column 2 for title XIX. 8.07 Pys. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.08 Pys. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.09 Pys. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.10 Pys. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 8.10 Pys. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in	7.00 If line 96 is "Y", enter the reduction percentage in the app				ł	97.
Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Rural Providers DODOes this hospital qualify as a CAH? DODOes this hospital qualify as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) To 00 [f this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II. B. 00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 N 108 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" 1			N	Y	98.
Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) N N N 96 reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through Iv? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. The column 2 for title XIX. So Dobes title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through Iv? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. To District the column 2 for title XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through Iv? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, N Y 96 for outpatient services? (see instructions) If the column 2 for title XIX. To District the column 2 for title XIX follow for title XIX	8.01 Does title V or XIX follow Medicare (title XVIII) for the re C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for ti				Y	98.
18.03 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 18.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 18.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 18.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 18.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 18.00 Does this hospital qualifies as a CAH? 18.00 Does this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) 19.00 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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II. 18.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 N 19.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 N 10.01 Physical Occupational Speech Respiratory	B.O2 Does title V or XIX follow Medicare (title XVIII) for the case bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes			N	Y	98.
Obes title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Obes title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Obes title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Rural Providers 5.00 Does this hospital qualify as a CAH? 6.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) 7.00 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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II. 8.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 N CFR Section §412.113(c). Enter "Y" for yes or "N" for no. Physical Occupational Speech Respiratory	.03 Does title V or XIX follow Medicare (title XVIII) for a crit reimbursed 101% of inpatient services cost? Enter "Y" for ye				N	98.
Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Rural Providers Does this hospital qualify as a CAH? However this hospital qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) Does this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II. B. 00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 N 108 CFR Section §412.113(c). Enter "Y" for yes or "N" for no. Physical Occupational Speech Respiratory	8.04 Does title V or XIX follow Medicare (title XVIII) for a CAH				N	98.
column 2 for title XIX. 8.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. Rural Providers 8.5.00 Does this hospital qualify as a CAH? 8.6.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) 8.7.00 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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II. 8.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 N CFR Section §412.113(c). Enter "Y" for yes or "N" for no. Physical Occupational Speech Respiratory	8.05 Does title V or XIX follow Medicare (title XVIII) and add ba				Y	98.
column 2 for title XIX. Rural Providers D5.00 Does this hospital qualify as a CAH? D6.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) D7.00 If this facility qualifies as a CAH, is it eligible for cost reimbursement for L&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II. D8.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 N 108. CFR Section §412.113(c). Enter "Y" for yes or "N" for no. Physical Occupational Speech Respiratory	column 2 for title XIX. 3.06 Does title V or XIX follow Medicare (title XVIII) when cost	reimbursed for	~ Wkst. D,		Y	98.
Does this hospital qualify as a CAH? 105.00 Does this hospital qualify as a CAH? 106.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) 107.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) 107.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for L&R 108.10 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for L&R 109.10 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for L&R 109.10 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for L&R 109.10 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for lock for outpatient for L&R 109.10 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for lock for outpatient for L&R 109.10 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient for L&R 109.10 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for lock for outpatient for L&R 109.10 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient for outpatient for L&R 109.10 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient for outpatient for outpatient for outpatient for outpatient for outpatient for lock for outpatient for lock for outpatient for lock for outpatient for outpatien	column 2 for title XIX.	i i for title \	, and in			
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7.00 f this facility qualifies as a CAH, is it eligible for cost reimbursement for L&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II. 3.00 s this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 N CFR Section §412.113(c). Enter "Y" for yes or "N" for no. Physical Occupational Speech Respiratory	5.00 If this facility qualifies as a CAH, has it elected the all-	-inclusive meth	nod of paymen	· ·		106.
reimbursed. If yes complete Wkst. D-2, Pt. II. 3.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 N 108 CFR Section §412.113(c). Enter "Y" for yes or "N" for no. Physical Occupational Speech Respiratory	7.00 f this facility qualifies as a CAH, is it eligible for cost training programs? Enter "Y" for yes or "N" for no in column	n 1. (see instr	ructions) If	+		107.
CFR Section §412.113(c). Enter "Y" for yes or "N" for no. Physical Occupational Speech Respiratory	reimbursed. If yes complete Wkst. D-2, Pt. II.	•	· ·			100
					Di	100.
		Physi cal 1.00	0ccupationa 2.00	Speech 3.00	Respiratory 4.00	-
	therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					L
therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						

ork section 3412. 113(c). Enter 1 for yes or in for no.					
	Physi cal	Occupati onal	Speech	Respi ratory	
	1. 00	2. 00	3. 00	4. 00	
109.00 If this hospital qualifies as a CAH or a cost provider, are					109. 00
therapy services provided by outside supplier? Enter "Y"					
for yes or "N" for no for each therapy.					
				1. 00	
110.00 Did this hospital participate in the Rural Community Hospita				N	110. 00
Demonstration) for the current cost reporting period? Enter					
complete Worksheet E, Part A, lines 200 through 218, and Wor	rksheet E-2, li	nes 200 throug	h 215, as		
appl i cabl e.				į	1

ealth Financial Systems IU HEALTH ARNETT HOSPITAL OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN	I· 15_0173	Peri od:	Worksheet :	
OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA PROVIDER COM		From 01/01/2 To 12/31/2	018 Part I	Prepare
		1. 00	2.00	
11.00 If this facility qualifies as a CAH, did it participate in the Frontier Com Health Integration Project (FCHIP) demonstration for this cost reporting pe "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, er integration prong of the FCHIP demo in which this CAH is participating in c Enter all that apply: "A" for Ambulance services; "B" for additional beds; for tele-health services.	eriod? Enter nter the column 2.	N	2.00	111.
			1.00 2.00 3.0	00
Miscellaneous Cost Reporting Information 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 3 either "93" percent for short term hospital or "98" percent for long term psychiatric, rehabilitation and long term hospitals providers) based on the Pub. 15-1, chapter 22, §2208.1.	s "E", enter n care (incl e definition	in column udes	N C	
16.00 Is this facility classified as a referral center? Enter "Y" for yes or "N" 17.00 Is this facility legally-required to carry malpractice insurance? Enter "Y" no.		"N" for	N	116. 117.
18.00 s the malpractice insurance a claims-made or occurrence policy? Enter 1 if claim-made. Enter 2 if the policy is occurrence.	the policy	is	1	118.
pratim made. Effect 2 11 the porrey 13 decarrence.	Premi ums	Losses	Insurance	
	1. 00	2.00	3.00	
18.01 List amounts of malpractice premiums and paid losses:	771, 2	22	0	0 118.
		1. 00	2.00	
18.02 Are malpractice premiums and paid losses reported in a cost center other the Administrative and General? If yes, submit supporting schedule listing cost and amounts contained therein. 19.00 DO NOT USE THIS LINE 20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless proving \$3121 and applicable amendments? (see instructions) Enter in column 1, "Y" "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Hold Harmless proving since the Hold Harmless proving since the Hold Harmless proving the Hold Harmless provi	st centers sion in ACA for yes or Outpatient		N	118. 119. 120.
Enter in column 2, "Y" for yes or "N" for no. 21.00 Did this facility incur and report costs for high cost implantable devices	•	Y		121.
patients? Enter "Y" for yes or "N" for no. 22.00 Does the cost report contain healthcare related taxes as defined in §1903(w Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included.			5. 06	122.
Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" f	for no. If	N		125.
yes, enter certification date(s) (mm/dd/yyyy) below. 6.00 If this is a Medicare certified kidney transplant center, enter the certifiin column 1 and termination date, if applicable, in column 2.	cation date			126.
7.00 If this is a Medicare certified heart transplant center, enter the certific	cation date			127.
in column 1 and termination date, if applicable, in column 2. 8.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.	cation date			128.
in column I and termination date, If applicable, In column 2. 9.00 f this is a Medicare certified lung transplant center, enter the certifica column 1 and termination date, if applicable, in column 2.	ntion date i	n		129.
0.00 on this is a Medicare certified pancreas transplant center, enter the certified pancreas transplant center.	fi cati on			130.
1.00 If this is a Medicare certified intestinal transplant center, enter the cer date in column 1 and termination date, if applicable, in column 2.	tification			131.
2.00 If this is a Medicare certified islet transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.				132.
3.00 If this is a Medicare certified other transplant center, enter the certific in column 1 and termination date, if applicable, in column 2. 4.00 If this is an organ procurement organization (OPO), enter the OPO number in				133.
and termination date, if applicable, in column 2.	. 50			
All Providers 40.00 Are there any related organization or home office costs as defined in CMS F chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home of		Y	15H059	140.

Health Financial Systems IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0173 Peri od: Worksheet S-2 From 01/01/2018 Part I 12/31/2018 Date/Time Prepared: 5/28/2019 6:14 pm 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
Name: INDIANA UNIVERSITY HEALTH | Contractor's Name: WPS 141. 00 Name: INDIANA UNIVERSITY HEALTH Contractor's Number: 08101 141 00 142.00 Street: 340 WEST 10TH STREET PO Box: 142.00 143.00 City: INDIANAPOLIS State: Zip Code: 46202 143. 00 1.00 144.00 Are provider based physicians' costs included in Worksheet A? γ 144. 00 1. 00 2.00 145.00 of costs for renal services are claimed on Wkst. A, line 74, are the costs for 145.00 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. 146.00 Has the cost allocation methodology changed from the previously filed cost report? 11/15/2018 146.00 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. 1.00 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. 147. 00 148 00 N 149.00Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no Ν 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 Hospi tal Ν N 155.00 N 156.00 Subprovider - IPF Ν Ν Ν Ν 156.00 157.00 Subprovi der - IRF 157 00 N Ν Ν N 158. 00 SUBPROVI DER 158. 00 159.00 SNF Ν Ν Ν Ν 159. 00 160.00 HOME HEALTH AGENCY 160. 00 Ν Ν Ν Ν 161.00 CMHC Ν Ν N 161. 00 1.00 Multicampus 165.00 s this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 165.00 Enter "Y" for yes or "N" for no. 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 0.00 166.00 campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 1.00

incar in this matron recimeregy (in i) the one to the remember of and kernivestment			
167.00 s this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Υ	167. 00
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), reasonable cost incurred for the HIT assets (see instructions)	enter the	1	0168. 00
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)	hardshi p		168. 01
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N transition factor. (see instructions)	l"), enter the	9. 9	9169. 00
	Begi nni ng	Endi ng	
	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)	01/01/2018	03/31/2018	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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y	1, 840	6 171. 00

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

	Financial Systems IU HEALTH ARN		on 45 1		u of Form CMS-	
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 15-0173	Peri od: From 01/01/2018 To 12/31/2018		epared:
		'		Y/N	Date	, p
				1. 00	2. 00	
	General Instruction: Enter Y for all YES responses. Enter Mmm/dd/yyyy format. COMPLETED BY ALL HOSPITALS Description on Apparition	lfor all NO re	sponses. Ente	er all dates in t	the	
1. 00	Provider Organization and Operation Has the provider changed ownership immediately prior to the	e heainnina of	the cost	N		1.00
1.00	reporting period? If yes, enter the date of the change in o	column 2. (see	instructions)			1.00
			Y/N	Date	V/I	
			1. 00 N	2. 00	3. 00	
2. 00	Has the provider terminated participation in the Medicare F yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.		2. 00			
3.00	Is the provider involved in business transactions, includir contracts, with individuals or entities (e.g., chain home or medical supply companies) that are related to the provide officers, medical staff, management personnel, or members of directors through ownership, control, or family and other relationships? (see instructions)	offices, drug der or its of the board	Y			3.00
			Y/N	Туре	Date	
	<u> </u>		1.00	2. 00	3. 00	
4 00	Financial Data and Reports	rieii Dubli-	I v	Δ.		4 00
4.00	Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" for "R" for Reviewed. Submit complete copy or enter date avacolumn 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues differences.	for Compiled, ailable in	Y	A		4.00
5.00	those on the filed financial statements? If yes, submit rec		IN IN			5. 00
	Those on the fired financial Statements. If yes, Submit Fee	Sonor Fra Cron.		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 th	e provider is	S N		6. 00
7. 00	the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see in	nstructions		Υ		7.00
8.00	Were nursing school and/or allied health programs approved cost reporting period? If yes, see instructions.	and/or renewed	G	N		8. 00
9. 00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction		ai education	Y		9. 00
10. 00	Was an approved Intern and Resident GME program initiated cost reporting period? If yes, see instructions.		he current	Y		10.00
11. 00	Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	roved	N	Y/N	11. 00
					1. 00	
	Bad Debts					
12. 00 13. 00	Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection period? If yes, submit copy.			ost reporting	Y N	12. 00 13. 00
14. 00	If line 12 is yes, were patient deductibles and/or co-payme Bed Complement	ents waived? If	yes, see ins	structi ons.	N	14. 00
15. 00	Did total beds available change from the prior cost reporti				t B	15. 00
		Y/N	t A 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	Y	04/03/2019	Y	04/03/2019	17. 00
18. 00	Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	N		N		18. 00
19. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	N		N		19. 00

Heal th	Financial Systems IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CM	S-2552-10		
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 15-0173	Peri od: From 01/01/2018 To 12/31/2018	Worksheet S Part II Date/Time P 5/28/2019 6	repared:		
			i pti on	Y/N	Y/N			
20. 00	If line 16 or 17 is yes, were adjustments made to PS&R		0	1. 00 N	3. 00 N	20. 00		
20.00	Report data for Other? Describe the other adjustments:			IN IN	IV	20.00		
		Y/N	Date	Y/N	Date			
04.00	lui di	1.00	2. 00	3. 00	4. 00	0.1.00		
21. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21. 00		
					1. 00			
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	PT CHILDRENS H	HOSPI TALS)		1.00			
	Capital Related Cost							
22. 00	Have assets been relifed for Medicare purposes? If yes, see				N	22. 00		
23. 00	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.	due to apprais	sais made dur	ing the cost	N	23. 00		
24. 00	Were new leases and/or amendments to existing leases entere	ed into during	this cost re	porting period?	N	24. 00		
25. 00	If yes, see instructions Have there been new capitalized leases entered into during	the cost repor	rtina period?	If ves. see	N	25. 00		
	instructions.	·	0.					
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during th instructions.	ne cost reporti	ng period? I	f yes, see	N	26. 00		
27. 00	Has the provider's capitalization policy changed during the copy.	e cost reportir	ng period? If	yes, submit	N	27. 00		
	Interest Expense							
28. 00	Were new loans, mortgage agreements or letters of credit en period? If yes, see instructions.	ntered into dur	ing the cost	reporting	N	28. 00		
29. 00	Did the provider have a funded depreciation account and/or		ebt Service R	eserve Fund)	N	29. 00		
30. 00	treated as a funded depreciation account? If yes, see instr Has existing debt been replaced prior to its scheduled matu		debt? If yes	, see	N	30. 00		
31. 00	instructions. Has debt been recalled before scheduled maturity without is	ssuance of new	debt? If yes	, see	N	31. 00		
	instructions. Purchased Services							
32. 00	Have changes or new agreements occurred in patient care ser		ed through co	ntractual	N	32. 00		
33. 00	arrangements with suppliers of services? If yes, see instru If line 32 is yes, were the requirements of Sec. 2135.2 app		ng to competi	tive bidding? If	N	33. 00		
	no, see instructions. Provider-Based Physicians							
34. 00	Are services furnished at the provider facility under an ar	rangement with	n provi der-ba	sed physi ci ans?	Υ	34. 00		
35. 00	If yes, see instructions. If line 34 is yes, were there new agreements or amended exi	sting agreemer	nts with the	nrovi der-based	N	35, 00		
	physicians during the cost reporting period? If yes, see in					00.00		
				Y/N 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 pr If yes, see instructions.	epared by the	nome office?	Y		37. 00		
38. 00	If line 36 is yes , was the fiscal year end of the home off			N		38. 00		
39. 00	, , ,			, Y		39. 00		
40. 00	see instructions. If line 36 is yes, did the provider render services to the		40. 00					
	0.00 If line 36 is yes, did the provider render services to the home office? If yes, see N instructions.							
		1.	00	2.	00			
	Cost Report Preparer Contact Information	lau au a		LITTED.				
41. 00	held by the cost report preparer in columns 1, 2, and 3,	RHONDA		UTTER		41.00		
42. 00	respectively. Enter the employer/company name of the cost report	IU HEALTH				42. 00		
12 00	preparer.	317-962-1093		DUTTEDALUHEALT	J ODC	43.00		
43. 00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	D17-902-1093		RUTTER@I UHEALTI	i. UKG	43. UU		

Heal th I	Financial Systems IU H	HEALTH ARNET	TT_HOSPITAL			In Lieu	of Form CMS-	2552-10
HOSPI TA	L AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTION	NNAI RE	Provi der	CCN: 15-0173	Peri		Worksheet S-2	
					To			
			3	3. 00				
	Cost Report Preparer Contact Information							
41. 00 I	Enter the first name, last name and the title/posi	ition D	I RECTOR, GOV	T PROGRAMS				41.00
	held by the cost report preparer in columns 1, 2,	and 3,						
	respecti vel y.							
42. 00 I	Enter the employer/company name of the cost repor	`t						42.00
l l	preparer.							
43. 00 i	Enter the telephone number and email address of t	he cost						43.00
	report preparer in columns 1 and 2, respectively.							

Health Financial Systems IU HEAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 15-0173

						То	12/31/2018	Date/Time Prep	
								5/28/2019 6: 14 1/P Days / 0/P	+ piii
								Visits / Trips	
	Component	Worksheet A	No	of Beds	Bed Days		CAH Hours	Title V	
	Component	Line Number	INO.	or beus	Avai I abl e		CAIT HOULS	ii tie v	
		1.00		2. 00	3.00		4. 00	5. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00		154		10	0.00	0.00	1. 00
1.00	8 exclude Swing Bed, Observation Bed and	00.00		101	00,2		0.00	J	1.00
	Hospice days) (see instructions for col. 2								
	for the portion of LDP room available beds)								
2.00	HMO and other (see instructions)								2.00
3.00	HMO I PF Subprovi der								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			154	56, 2 ⁻	10	0.00	0	7.00
	beds) (see instructions)								
8.00	INTENSIVE CARE UNIT	31. 00		14	5, 1 ⁻	10	0.00	0	8.00
9.00	CORONARY CARE UNIT								9.00
10.00	BURN INTENSIVE CARE UNIT	33. 00		0	1	0	0.00	0	10.00
10. 01	BURN INTENSIVE CARE UNIT	33. 01		0	1	0	0.00	0	10. 01
11.00	SURGICAL INTENSIVE CARE UNIT								11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35. 00		17	6, 20	05	0.00	0	12.00
13.00	NURSERY	43.00						0	13.00
14.00	Total (see instructions)			185	67, 5	25	0.00	0	14.00
15.00	CAH visits							0	15.00
16.00	SUBPROVI DER - I PF								16.00
17.00	SUBPROVI DER - I RF								17.00
18.00	SUBPROVI DER								18.00
19.00	SKILLED NURSING FACILITY								19.00
20.00	NURSING FACILITY								20.00
21.00	OTHER LONG TERM CARE								21.00
22. 00	HOME HEALTH AGENCY								22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)								23.00
24.00	HOSPI CE								24.00
24. 10	HOSPICE (non-distinct part)	30. 00							24. 10
25.00	CMHC - CMHC								25.00
26.00	RURAL HEALTH CLINIC								26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00						0	26. 25
27. 00	Total (sum of lines 14-26)			185					27.00
28. 00	Observation Bed Days							0	28.00
29. 00	Ambul ance Tri ps								29. 00
30.00	Employee discount days (see instruction)								30.00
31.00	Employee discount days - IRF								31.00
32. 00	Labor & delivery days (see instructions)			7	2, 5!	55			32.00
32. 01	Total ancillary labor & delivery room								32. 01
	outpatient days (see instructions)								
33. 00	LTCH non-covered days								33. 00
33. 01	LTCH site neutral days and discharges				1				33. 01

| Peri od: | Worksheet S-3 | From 01/01/2018 | Part I | To 12/31/2018 | Date/Time Prepared: Provider CCN: 15-0173

				1	0 12/31/2018	5/28/2019 6:1	
		I/P Days	/ O/P Visits	/ Tri ps	Full Time	Equi val ents	Pill
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
				Pati ents	& Residents	Payrol I	
		6. 00	7. 00	8.00	9. 00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	17, 112	247	36, 350			1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)	5, 494	7, 510				2. 00
3.00	HMO IPF Subprovider	0	0				3. 00
4.00	HMO IRF Subprovider	0	0				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			6. 00
7. 00	Total Adults and Peds. (exclude observation	17, 112	247	36, 350			7. 00
0.00	beds) (see instructions)	4 07/	10/	0 (70			0.00
8.00	INTENSIVE CARE UNIT	1, 076	196	2, 678			8. 00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10. 01	BURN INTENSIVE CARE UNIT	0	U	0			10. 01
11. 00	SURGICAL INTENSIVE CARE UNIT		20	2.0/7			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	30	3, 067			12.00
13.00	NURSERY	10 100	1, 347	2, 853		1 000 0/	13.00
14. 00 15. 00	Total (see instructions)	18, 188	1, 820	44, 948	2. 52	1, 808. 86	14. 00 15. 00
16. 00	CAH visits	٥	٩	U			16.00
17. 00	SUBPROVI DER - I PF SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER - TRF						18.00
19. 00	SKILLED NURSING FACILITY						19.00
20. 00	NURSING FACILITY						20.00
21. 00	OTHER LONG TERM CARE						21.00
22. 00	HOME HEALTH AGENCY						22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24. 00	HOSPI CE						24.00
24. 10	HOSPICE (non-distinct part)			216			24. 10
25. 00	CMHC - CMHC			210			25. 00
26. 00	RURAL HEALTH CLINIC						26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	
27. 00	Total (sum of lines 14-26)	J.	J	Ü	2. 52		
28. 00	Observation Bed Days		69	4, 053		1,000.00	28. 00
29. 00	Ambul ance Trips	0		.,			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	23	509			32. 00
32. 01	Total ancillary labor & delivery room	١	23	0			32. 01
	outpatient days (see instructions)			_			
33.00	LTCH non-covered days	0					33. 00
33. 01	LTCH site neutral days and discharges	o					33. 01

| Period: | Worksheet S-3 | From 01/01/2018 | Part | To 12/31/2018 | Date/Time Prepared: Provider CCN: 15-0173

				То	12/31/2018	Date/Time Prep 5/28/2019 6:14	
		Full Time	_	Di scha	arges		
		Equi val ents					
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)		0	4, 046	99	11, 473	1. 00
2.00 3.00	HMO and other (see instructions) HMO IPF Subprovider			1, 145	1, 611		2. 00 3. 00
	1				0		4. 00
4.00	HMO IRF Subprovider				٩		5. 00
5.00	Hospital Adults & Peds. Swing Bed SNF						
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
10. 00	BURN INTENSIVE CARE UNIT						10. 00
10. 01	BURN INTENSIVE CARE UNIT						10. 01
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0. 00	0	4, 046	99	11, 473	14.00
15.00	CAH visits						15. 00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVI DER - I RF						17. 00
18.00	SUBPROVI DER						18. 00
19.00	SKILLED NURSING FACILITY						19. 00
20.00	NURSING FACILITY						20. 00
21.00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY						22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24.00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)						24. 10
25. 00	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	Ambul ance Trips						29. 00
30. 00	Employee discount days (see instruction)						30. 00
31. 00	Employee discount days - IRF						31. 00
32. 00	Labor & delivery days (see instructions)						32. 00
32. 00	Total ancillary labor & delivery room						32. 00
JZ. U1	outpatient days (see instructions)						JZ. U1
33. 00	LTCH non-covered days			0			33. 00
	LTCH site neutral days and discharges			0			33. 01
55. 01	21011 St to floati at days and at solid yes	I		o _l	I	ı	33.01

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet S-3 | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | From CMS-2552-10 | Part II | Pa

					1		Date/lime Pre 5/28/2019 6:1	4 pm
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)		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	200. 00	175, 322, 714	-601, 863	174, 720, 851	3, 762, 428. 09	46. 44	1. 00
2.00	instructions) Non-physician anesthetist Part		0	0	0	0. 00	0. 00	2. 00
3. 00	Non-physician anesthetist Part		167, 079	0	167, 079	1, 920. 00	87. 02	3. 00
4. 00	Physician-Part A - Administrative		1, 962, 690	0	1, 962, 690	10, 056. 62	195. 16	4. 00
4. 01 5. 00	Physicians - Part A - Teaching Physician and Non		275, 820 15, 660, 869			,	l e	
6. 00	Physician-Part B Non-physician-Part B for		0			0. 00		
7. 00	hospital-based RHC and FQHC services	21. 00	0	0	0	0.00	0.00	7. 00
	Interns & residents (in an approved program)	21.00	_	_		0.00		
7. 01	Contracted interns and residents (in an approved programs)		249, 991	0	249, 991	5, 200. 00	48. 08	7. 01
8. 00	Home office and/or related organization personnel		0	0	0	0.00	0. 00	8. 00
9. 00 10. 00	SNF Excluded area salaries (see	44. 00	0 86, 050, 624	958, 894	0 87, 009, 518	0. 00 1, 302, 577. 87	0. 00 66. 80	
	instructions) OTHER WAGES & RELATED COSTS							
11. 00	Contract Labor: Direct Patient Care		809, 709	0	809, 709	11, 761. 39	68. 84	11.00
12. 00	Contract labor: Top level management and other management and administrative		0	0	0	0.00	0.00	12.00
13. 00	services Contract Labor: Physician-Part		2, 875, 222	0	2, 875, 222	31, 425. 37	91. 49	13. 00
14. 00	A - Administrative Home office and/or related organization salaries and		0	О	О	0.00	0.00	14. 00
14. 01	wage-related costs Home office salaries		32, 812, 414	0	32, 812, 414			14. 01
14. 02 15. 00	Related organization salaries Home office: Physician Part A		0	0	0	0. 00 0. 00		1
16. 00	- Administrative Home office and Contract Physicians Part A - Teaching		0	0	0	0. 00	0. 00	16. 00
17. 00	WAGE-RELATED COSTS Wage-related costs (core) (see		19, 315, 500	0	19, 315, 500			17. 00
18. 00	instructions) Wage-related costs (other)		0	0	0			18. 00
19. 00	(see instructions) Excluded areas		15, 850, 695	0	15, 850, 695			19. 00
20. 00	Non-physician anesthetist Part A		05.775	0	0			20.00
21. 00 22. 00	Non-physician anesthetist Part B Physician Part A -		25, 775 202, 554		25, 775 202, 554			21.00
22. 00	Administrative Physician Part A - Teaching		33, 993		33, 993			22. 00
23. 00	Physician Part B		1, 861, 693		1, 861, 693			23. 00
24. 00 25. 00	Wage-related costs (RHC/FQHC) Interns & residents (in an		0	0	0			24. 00 25. 00
25. 50	approved program) Home office wage-related		9, 819, 562	0	9, 819, 562			25. 50
25. 51	(core) Related organization		0	0	0			25. 51
25. 52	wage-related (core) Home office: Physician Part A - Administrative -		0	0	0			25. 52
25. 53	wage-related (core) Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25. 53
26. 00	OVERHEAD COSTS - DIRECT SALARIE Employee Benefits Department	4. 00	688, 590		688, 590			
27. 00	Administrative & General	5. 00	9, 875, 256	-630, 523	9, 244, 733	278, 014. 78	33. 25	27. 00

					11	0 12/31/2018	5/28/2019 6: 14	
		Wkst. A Line	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col. 5)	
				A-6)	3)	col. 4		
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00	
	dministrative & General under		253, 364	0	253, 364	2, 407. 16	105. 25	28. 00
	ontract (see inst.)							
	laintenance & Repairs	6. 00	0	0	0	0. 00		29. 00
	peration of Plant	7. 00	1, 782, 881	-73, 520	1, 709, 361	68, 903. 63		
	aundry & Linen Service	8. 00	0	0	0	0. 00		
	lousekeepi ng	9. 00	2, 492, 566	-15, 516	2, 477, 050	170, 129. 44	14. 56	
33. 00 Ho	lousekeeping under contract		0	0	0	0.00	0. 00	33. 00
	see instructions)							
34. 00 Di	i etary	10. 00	877, 345	-312, 383	564, 962	41, 211. 71		34.00
35. 00 Di	ietary under contract (see		0	0	0	0.00	0. 00	35. 00
	nstructions)							
	afeteri a	11. 00	0	306, 860	306, 860	22, 167. 47		36. 00
37. 00 Ma	laintenance of Personnel	12. 00	0	0	0	0.00	0. 00	37. 00
38. 00 Nu	ursing Administration	13. 00	3, 775, 705	-42, 535	3, 733, 170	101, 433. 98	36. 80	38. 00
39. 00 Ce	entral Services and Supply	14. 00	299, 953	-31, 502	268, 451	13, 679. 03	19. 63	39. 00
40. 00 Pł	harmacy	15. 00	3, 550, 927	-569, 510	2, 981, 417	72, 298. 67	41. 24	40.00
41. 00 Me	ledical Records & Medical	16. 00	0	0	0	0.00	0. 00	41.00
Re	ecords Li brary							
42. 00 Sc	oci al Servi ce	17. 00	422, 508	-1, 574	420, 934	15, 739. 30	26. 74	42.00
43. 00 01	ther General Service	18. 00	476, 842	-2, 231	474, 611	33, 625. 29	14. 11	43.00

| Peri od: | Worksheet S-3 | From 01/01/2018 | Part III | To 12/31/2018 | Date/Time Prepared: | Part | From 01/01/2018 | Part | From 01/2019 | Part |

					'	0 12/31/2010	5/28/2019 6: 1	
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		159, 222, 319	-601, 863	158, 620, 456	3, 644, 762. 08	43. 52	1. 00
	instructions)							
2.00	Excluded area salaries (see		86, 050, 624	958, 894	87, 009, 518	1, 302, 577. 87	66. 80	2. 00
	instructions)							
3.00	Subtotal salaries (line 1		73, 171, 695	-1, 560, 757	71, 610, 938	2, 342, 184. 21	30. 57	3. 00
	minus line 2)							
4.00	Subtotal other wages & related		36, 497, 345	0	36, 497, 345	970, 312. 91	37. 61	4. 00
	costs (see inst.)							
5. 00	Subtotal wage-related costs		29, 337, 616	0	29, 337, 616	0.00	40. 97	5. 00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		139, 006, 656	-1, 560, 757	137, 445, 899	3, 312, 497. 12	41. 49	6. 00
7.00	Total overhead cost (see		24, 495, 937	-1, 372, 434	23, 123, 503	819, 611. 46	28. 21	7. 00
	instructions)							

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 15-0	0173 Period: Worksheet S-3 From 01/01/2018 Part IV
		To 12/31/2018 Date/Time Prepared:

	To 12/31/2018	3 Date/lime Prep 5/28/2019 6:1	
		Amount	
		Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		1
	RETI REMENT COST		1
1.00	401K Employer Contributions	8, 802, 198	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4. 00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6. 00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		1
8.00	Health Insurance (Purchased or Self Funded)	0	8. 00
8. 01	Health Insurance (Self Funded without a Third Party Administrator)	16, 231, 763	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	544, 894	10.00
11. 00	Life Insurance (If employee is owner or beneficiary)	91, 058	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)	850, 823	
14.00		0	1
15. 00		649, 832	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
	Non cumulative portion)		
	TAXES		
	FICA-Employers Portion Only	9, 962, 120	
	Medicare Taxes - Employers Portion Only	0	18. 00
19. 00	Unemployment Insurance	0	
20. 00	State or Federal Unemployment Taxes	157, 522	20. 00
	OTHER		
21. 00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see	0	21. 00
	<pre>instructions))</pre>		
22. 00	Day Care Cost and Allowances	0	22. 00
	Tuition Reimbursement	0	23. 00
24. 00	Total Wage Related cost (Sum of lines 1 -23)	37, 290, 210	24. 00
25 62	Part B - Other than Core Related Cost		25.00
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	1 0	25. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15	From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/28/2019 6:14 pm

		0 12/31/2010	5/28/2019 6: 14				
	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	809, 709	37, 290, 210	1.00			
2.00	Hospi tal	809, 709	19, 315, 500	2.00			
3.00	Subprovi der - I PF			3.00			
4.00	Subprovi der - I RF			4.00			
5.00	Subprovi der - (Other)	0	0	5.00			
6.00	Swing Beds - SNF	0	0	6.00			
7.00	Swing Beds - NF	0	0	7.00			
8.00	Hospi tal -Based SNF			8. 00			
9.00	Hospi tal -Based NF			9. 00			
10.00	Hospi tal -Based OLTC			10.00			
11. 00	Hospi tal -Based HHA			11. 00			
12.00	Separately Certified ASC			12.00			
13.00	Hospi tal -Based Hospi ce			13.00			
14.00	Hospital-Based Health Clinic RHC			14.00			
15.00	Hospital-Based Health Clinic FQHC			15.00			
16.00	Hospi tal -Based-CMHC			16.00			
17. 00	Renal Di al ysi s	0	0	17.00			
18.00	Other	0	17, 974, 710	18.00			

10SPI 1	Financial Systems IU HEALTH ARNETT HOS TAL UNCOMPENSATED AND INDIGENT CARE DATA Pro	ovider CCI	N: 15-0173	Peri od:	u of Form CMS-2 Worksheet S-10	
				From 01/01/2018		
				To 12/31/2018	Date/Time Pre 5/28/2019 6:1	
					1. 00	
	Uncompensated and indigent care cost computation					
00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divide	ded by lin	ie 202 column	າ 8)	0. 202892	1. (
00	Medicaid (see instructions for each line)				20. 700. 072	1 , ,
. 00 . 00	Net revenue from Medicaid Did you receive DSH or supplemental payments from Medicaid?				20, 708, 972 N	2. C
. 00	If line 3 is yes, does line 2 include all DSH and/or supplemental	navments	from Medic	ai d?	IN	4. (
. 00	If line 4 is no, then enter DSH and/or supplemental payments from			31 4.	o	
. 00	Medi cai d charges				169, 352, 265	
. 00	Medicaid cost (line 1 times line 6)				34, 360, 220	7.0
. 00	Difference between net revenue and costs for Medicaid program (li	ne 7 minu	s sum of lir	nes 2 and 5; if	13, 651, 248	8.0
	<pre>< zero then enter zero) Children a Hard the Large Program (CHLP) (case instructions for the contract of t</pre>		`			
. 00	Children's Health Insurance Program (CHIP) (see instructions for a Net revenue from stand-alone CHIP	each ithe	•)		0	9.0
0. 00	Stand-alone CHIP charges				0	
1. 00	Stand-alone CHIP cost (line 1 times line 10)				Ö	11. 0
2. 00	Difference between net revenue and costs for stand-alone CHIP (lin	ne 11 min	us line 9; i	f < zero then	0	12.0
	enter zero)					
	Other state or local government indigent care program (see instruc					1 40 6
3. 00 4. 00	Net revenue from state or local indigent care program (Not include Charges for patients covered under state or local indigent care p				0	13. 0 14. 0
4.00	10)	or ogram (N	ot meruded	TIL TITLES 0 01	U	14. (
5. 00	State or local indigent care program cost (line 1 times line 14)				0	15.0
6. 00	Difference between net revenue and costs for state or local indige	nent care	program (Lir	oo 15 minus lino	0	16.0
		joint care	program (iii	ie 13 illi lius i i lie	U	J 10. U
	13; if < zero then enter zero)				_	10.0
	13; if < zero then enter zero) Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line)				_	10. 0
	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund	and state	/local indic		ns (see	17. C
7. 00 8. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos	and state	/local indicate ty care	gent care progran	ns (see	17. C
	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in	and state	/local indicate ty care	gent care progran	ns (see	17. 0 18. 0
8. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos	and state	/local indicate ty care	gent care progran	ns (see	17. C
8. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in	and state	ty care erations eare programs Uninsured patients	gent care program s (sum of lines Insured patients	0 0 13,651,248 Total (col. 1 + col. 2)	17. C
8. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)	and state	/local indicaty care erations care programs Uninsured	gent care program s (sum of lines	0 0 13,651,248 Total (col. 1	17. C
8. 00 9. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of host Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line)	and state	ty care erations eare programs Uninsured patients 1.00	gent care program s (sum of lines Insured patients 2.00	0 0 13,651,248 Total (col. 1 + col. 2) 3.00	17. C 18. C 19. C
8. 00 9. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)	and state	ty care erations eare programs Uninsured patients	gent care program s (sum of lines Insured patients 2.00	0 0 13,651,248 Total (col. 1 + col. 2) 3.00	17. C 18. C 19. C
8. 00 9. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities instructions) Cost of patients approved for charity care and uninsured discounts	and state ding chari spital ope ndigent c	ty care erations eare programs Uninsured patients 1.00	gent care program s (sum of lines Insured patients 2.00 83 497,394	Total (col. 1 + col. 2) 3.00	17. C 18. C 19. C
8. 00 9. 00 0. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities instructions) Cost of patients approved for charity care and uninsured discounts instructions)	and state ding chari spital ope ndigent c	ty care traitions are programs Uninsured patients 1.00 24,605,56 4,992,2	gent care program s (sum of lines Insured patients 2.00 83 497,394 497,394	0 0 13,651,248 Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670	17. C 18. C 19. C
8. 00 9. 00 20. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facili (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of	and state ding chari spital ope ndigent c	/local indigity care erations are programs Uninsured patients 1.00	gent care program s (sum of lines Insured patients 2.00 83 497,394 497,394	0 0 13,651,248 Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670	17. 0 18. 0 19. 0
8. 00 9. 00 0. 00 1. 00 2. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities instructions) Cost of patients approved for charity care and uninsured discounts instructions)	and state ding chari spital ope ndigent c	ty care traitions are programs Uninsured patients 1.00 24,605,56 4,992,2	gent care program s (sum of lines Insured patients 2.00 83 497,394 497,394 12,689	Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670	17. 0 18. 0 19. 0 20. 0 21. 0 22. 0
8. 00 9. 00 0. 00 1. 00 2. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of host Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facili (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care	and state ding chari spital ope ndigent c	/local indigity care trations hare programs Uninsured patients 1.00 24,605,56 4,992,2	gent care program s (sum of lines Insured patients 2.00 83 497,394 497,394 82 12,689	Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670 137,571 5,352,099	17. C 18. C 19. C 20. C 21. C 22. C
8. 00 9. 00 0. 00 1. 00 2. 00 3. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22)	and state ding chari spital ope ndigent c	ty care prations are programs Uninsured patients 1.00 24,605,56 4,992,2 124,86 4,867,36	gent care program s (sum of lines	0 0 13,651,248 Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670 137,571 5,352,099	20. C 21. C 23. C
8. 00 9. 00 0. 00 1. 00 2. 00 3. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosy Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22)	and state ding chari spital ope ndigent c ity ts (see ff as days beyorogram?	ty care trations hare programs Uninsured patients 1.00 24,605,56 4,992,2 124,86 4,867,36	gent care program s (sum of lines Insured patients 2.00 83 497,394 497,394 12,689 94 484,705	Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670 137,571 5,352,099	20. C 21. C 23. C
3. 00 9. 00 0. 00 1. 00 2. 00 3. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22)	and state ding chari spital ope ndigent c ity ts (see ff as days beyorogram?	ty care trations hare programs Uninsured patients 1.00 24,605,56 4,992,2 124,86 4,867,36	gent care program s (sum of lines Insured patients 2.00 83 497,394 497,394 12,689 94 484,705	0 0 13,651,248 Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670 137,571 5,352,099	20. C 21. C 23. C 24. C
8. 00 9. 00 0. 00 11. 00 2. 00 4. 00 5. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosy Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care prolifications.	and state ding chari spital ope ndigent c ity ts (see ff as days beyor ogram? indigent	ty care trations hare programs Uninsured patients 1.00 24,605,56 4,992,2 124,86 4,867,36	gent care program s (sum of lines Insured patients 2.00 83 497,394 497,394 12,689 94 484,705	Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670 137,571 5,352,099	20. (C 21. (C 23. (C 25. (C
8. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of host Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care profif line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instrumedicare reimbursable bad debts for the entire hospital complex (see instrumedicare reimbursable bad debts for the entire hospital complex (see instrumedicare reimbursable bad debts for the entire hospital complex (see instrumedicare reimbursable bad debts for the entire hospital complex (see instrumedicare reimbursable bad debts for the entire hospital complex (see instrumedicare reimbursable bad debts for the entire hospital complex (see instrumedicare reimbursable page for patient contents for the entire hospital complex (see instrumedicare reimbursable page for patient contents for the entire hospital complex (see instrumedicare reimbursable page for patient for the entire hospital complex (see instrumedicare reimbursable page for page	and state ding chari spital ope ndigent c ity ts (see ff as days beyo cogram? indigent ructions) (see instr	ty care erations are programs Uninsured patients 1.00 24,605,56 4,992,2 124,86 4,867,30 and a Length care program	gent care program s (sum of lines Insured patients 2.00 83 497,394 497,394 12,689 94 484,705	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20. 0 21. 0 22. 0 23. 0 24. 0 25. 0 26. 0 27. 0
8. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 7. 01	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosy Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care profif line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instrumedicare reimbursable bad debts for the entire hospital complex (see	and state ding chari spital ope ndigent c ity ts (see ff as days beyo cogram? indigent ructions) (see instr	ty care erations are programs Uninsured patients 1.00 24,605,56 4,992,2 124,86 4,867,30 and a Length care program	gent care program s (sum of lines Insured patients 2.00 83 497,394 76 497,394 12,689 94 484,705	0 0 13,651,248 Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670 137,571 5,352,099 1.00 N 0 21,125,495 731,939 1,126,059	20. C 21. C 22. C 23. C 25. C 26. C 27. C 27. C
8. 00 9. 00 0. 00 11. 00 2. 00 3. 00 5. 00 6. 00 7. 00 7. 01 8. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosy Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care profif line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instructions) Medicare reimbursable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	and state ding chari spital ope ndigent c ity ts (see ff as days beyor ogram? indigent ructions) (see instruct	ty care trations are programs Uninsured patients 1.00 24,605,56 4,992,2 124,86 4,867,36 and a length care programs uctions)	gent care program s (sum of lines linsured patients 2.00 83 497, 394 76 497, 394 82 12, 689 94 484, 705 of stay limit m's length of	0 0 13, 651, 248 Total (col. 1 + col. 2) 3.00 25, 102, 977 5, 489, 670 137, 571 5, 352, 099 1.00 0 21, 125, 495 731, 939 1, 126, 059 19, 999, 436	20. C 21. C 22. C 23. C 24. C 25. C 27. C 27. C 28. C
8. 00 9. 00 20. 00 21. 00 22. 00 23. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP a instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosy Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care profif line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instructions) Medicare reimbursable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	and state ding chari spital ope ndigent c ity ts (see ff as days beyor ogram? indigent ructions) (see instruct	ty care trations are programs Uninsured patients 1.00 24,605,56 4,992,2 124,86 4,867,36 and a length care programs uctions)	gent care program s (sum of lines linsured patients 2.00 83 497, 394 76 497, 394 82 12, 689 94 484, 705 of stay limit m's length of	0 0 13,651,248 Total (col. 1 + col. 2) 3.00 25,102,977 5,489,670 137,571 5,352,099 1.00 N 0 21,125,495 731,939 1,126,059	20. 0 21. 0 22. 0 23. 0 25. 0 26. 0 27. 0 28. 0 29. 0

	Financial Systems SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	IU HEALTH ARNET F FXPENSES	Provider CO	CN: 15-0173 F	In_Lie Period:	u of Form CMS- Worksheet A	2552-10
		. 2711 211020		F	rom 01/01/2018	Date/Time Pre	pared:
	Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	5/28/2019 6: 1 Recl assi fi ed	4 pm
	cost center bescription	Sararres	other	+ col . 2)	ons (See A-6)	Trial Balance	
						(col. 3 +- col. 4)	
		1.00	2. 00	3. 00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS		-				
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FLXT 00101 CAP REL COSTS-BLDG & FLXT - NONHOSP		0			4, 755, 966 3, 349, 100	
1. 02	00102 CAP REL COSTS INTEREST EXPENSE		Ö	Č	11, 616, 983	11, 616, 983	1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP		0	(4, 414, 688	4, 414, 688	
2. 01 3. 00	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 00300 OTHER CAP REL COSTS		0		1, 720, 638 0	1, 720, 638 0	1
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	688, 590	736, 460			27, 293, 835	4. 00
5. 01 5. 06	00570 ADMITTING 00590 OTHER ADMINISTRATIVE & GENERAL	2, 841, 919 7, 033, 337	1, 620, 212 32, 326, 898			3, 510, 647 84, 209, 702	1
7. 00	00700 OPERATION OF PLANT	1, 431, 211	13, 396, 189			8, 880, 435	1
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL	351, 670	10, 257, 569	10, 609, 239	-3, 288, 863	7, 320, 376	7. 01
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0 2, 492, 566	0 2, 222, 560	1		16, 507 3, 802, 783	
10.00	01000 DI ETARY	877, 345	1, 737, 071	2, 614, 416		1, 450, 842	
11. 00	01100 CAFETERI A	0	0	(1 , =]	799, 269	
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	3, 775, 705 299, 953	1, 748, 553 1, 266, 235			4, 260, 671 12, 395, 440	
15. 00	01500 PHARMACY	3, 550, 927	6, 161, 585			3, 716, 381	
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	1	1	0	
17. 00 18. 00	01700 SOCIAL SERVICE 01850 PATIENT TRANSPORT SERVICES	422, 508 476, 842	107, 718 331, 247	530, 226 808, 089		459, 068 699, 964	
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	0	(249, 991	249, 991	1
22. 00	02200 &R SERVICES-OTHER PRGM. COSTS APPRVD	333, 038	379, 575			762, 349	1
23. 00	02300 PARAMED ED PRGM - PHARMACY INPATIENT ROUTINE SERVICE COST CENTERS	48, 497	38, 199	86, 696	70, 766	157, 462	23. 00
30. 00	03000 ADULTS & PEDIATRICS	25, 391, 275	9, 952, 498	35, 343, 773	-6, 738, 268	28, 605, 505	30.00
31.00	03100 NTENSI VE CARE UNI T	2, 301, 555	2, 393, 123		1	3, 683, 389	
33. 00 33. 01	03300 BURN INTENSIVE CARE UNIT 03301 BURN INTENSIVE CARE UNIT	0	0			0	
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	3, 110, 632	1, 056, 495	4, 167, 127	-570, 649	3, 596, 478	1
43.00	04300 NURSERY	0	0	(736, 446	736, 446	43. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	4, 138, 635	15, 252, 051	19, 390, 686	-14, 435, 807	4, 954, 879	50.00
51. 00	05100 RECOVERY ROOM	646, 983	212, 956			701, 045	
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	2, 333, 697 8, 624, 165	1, 163, 176 4, 410, 529			2, 557, 203 12, 036, 332	
53. 01	05301 ASC ANESTHESI OLOGY	0, 024, 103	124, 929			5, 624	1
54.00	05400 RADI OLOGY -DI AGNOSTI C	3, 519, 254	5, 574, 624	9, 093, 878	-5, 079, 784	4, 014, 094	
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	237, 436	0 851, 722	1, 089, 158	768, 425	0 320, 733	
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 285, 786	4, 866, 778	6, 152, 564	-4, 418, 376	1, 734, 188	59. 00
	06000 LABORATORY	5, 000	8, 041, 785			8, 046, 785	1
63. 00 65. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	1, 813, 606	590, 792 768, 700			590, 792 1, 942, 059	
66.00	06600 PHYSI CAL THERAPY	492, 151	130, 583	622, 734	-92, 195	530, 539	66. 00
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	293, 706	79, 176			316, 713	
69. 00	06900 ELECTROCARDI OLOGY	173, 943 1, 411, 856	62, 541 670, 152	236, 48 ² 2, 082, 008		204, 707 1, 589, 713	
70.00	07000 ELECTROENCEPHALOGRAPHY	98, 084	19, 791	117, 875	-12, 765	105, 110	70.00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		1	7, 211, 219 11, 417, 258	1
73. 00	07300 DRUGS CHARGED TO PATIENTS	o	0		34, 166, 204	34, 166, 204	1
74. 00	07400 RENAL DIALYSIS	O	843, 526	843, 526	-17, 284	826, 242	1
75. 00 75. 01	07500 ASC (NON-DISTINCT PART) 07501 ASC (NON-DISTINCT PART)	0 2, 968, 736	0 5, 248, 133	8, 216, 869	0 -4, 167, 257	0 4, 049, 612	
76. 00	03950 CARDI AC CATHERI ZATI ON	0	0, 240, 133	0, 210, 00	0	0,047,012	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	306, 298	225, 521	531, 819	-42, 589	489, 230	76. 97
90. 00	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC	O	0		ol ol	0	90.00
90. 01	04950 SLEEP CLINIC	454, 013	205, 849			520, 146	90. 01
90. 03 90. 04	09002 ARNETT CANCER CARE CENTER 09003 OUTPATIENT INFUSION CENTER	753, 753 14, 015	22, 491, 309 6, 719			2, 171, 226 17, 767	1
91.00	09100 EMERGENCY	4, 321, 900	4, 636, 445	1		6, 993, 193	1
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92. 01 93. 00	09201 OBSERVATION BEDS (DISTINCT PART) 04951 OTHER OUTPATIENT SERVICES	0	0			0	
75.00	SPECIAL PURPOSE COST CENTERS	<u> </u>			, VI		75.00
118.00		89, 320, 587	162, 209, 974	251, 530, 561	78, 446, 967	329, 977, 528	118. 00
190.00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	27, 961	118, 517	146, 478	-10, 781	135, 697	190. 00
191.00	19100 RESEARCH	O	0		o	0	191. 00

Health Financial Systems	IU HEALTH ARNET	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der Co		Period: From 01/01/2018	Worksheet A	
				o 12/31/2018		
Cost Center Description	Sal ari es	0ther	Total (col. 1	Recl assi fi cati	Recl assi fi ed	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col . 4)	
	1. 00	2. 00	3.00	4. 00	5. 00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	85, 383, 652	90, 290, 688	175, 674, 340	-80, 788, 338	94, 886, 002	192.00
193. 00 19300 NONPALD WORKERS	0	0	C	0	0	193.00
193.01 19301 RETAIL PHARMACY	590, 514	4, 889, 157	5, 479, 671	-119, 434	5, 360, 237	193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0	C	1, 338, 957	1, 338, 957	193. 02
193. 03 19303 HOSPI CE	0	0		0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	o	0	(1, 132, 629	1, 132, 629	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0		0	0	194. 00
200.00 TOTAL (SUM OF LINES 118 through 199)	175, 322, 714	257, 508, 336	432, 831, 050	0	432, 831, 050	200. 00

Heal th	Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lieu of I	Form CMS-2552-10
RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CCN:	15-0173		sheet A
					From 01/01/2018 To 12/31/2018 Date	:/Time Prepared:
					5/28	3/2019 6: 14 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 & FLXT	1, 086, 334				1.00
1. 01 1. 02	OO101 CAP REL COSTS-BLDG & FIXT - NONHOSP OO102 CAP REL COSTS INTEREST EXPENSE	-2, 921, 779	-, ,			1. 01 1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP	3, 810, 079				2.00
2. 01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP	0				2. 01
3.00	00300 OTHER CAP REL COSTS	0	1			3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	6, 841, 156				4. 00
5. 01	00570 ADMITTING	-800				5. 01
5. 06 7. 00	00590 OTHER ADMINISTRATIVE & GENERAL	-19, 692, 345				5. 06 7. 00
7. 00	OO700 OPERATION OF PLANT OO701 OPERATION OF PLANT - NONHOSPITAL	-211, 428 -5, 909				7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	-3, 707				8.00
9. 00	00900 HOUSEKEEPI NG	-234	1			9. 00
10.00	01000 DI ETARY	0	1, 450, 842			10.00
11.00	01100 CAFETERI A	-731, 927	1			11. 00
13.00	01300 NURSING ADMINISTRATION	-95, 169				13.00
14. 00 15. 00	O1400 CENTRAL SERVI CES & SUPPLY O1500 PHARMACY	-14, 050 -75, 431				14. 00 15. 00
	01600 MEDICAL RECORDS & LIBRARY	-75, 431				16. 00
	01700 SOCIAL SERVICE	Ö	1			17. 00
	01850 PATIENT TRANSPORT SERVICES	0				18. 00
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	249, 991			21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	-153, 474	1			22. 00
23. 00	02300 PARAMED ED PRGM - PHARMACY	-915	156, 547			23. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	-7, 346, 140	21, 259, 365			30.00
31. 00	03100 INTENSIVE CARE UNIT	-7, 346, 140				31. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	271,200	1			33.00
33. 01	03301 BURN INTENSIVE CARE UNIT	0	O			33. 01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	-1, 129, 492	2, 466, 986			35. 00
43.00	04300 NURSERY	0	736, 446			43. 00
FO 00	ANCI LLARY SERVI CE COST CENTERS	21 425	4 000 454			F0.00
50. 00 51. 00	O5000 OPERATING ROOM O5100 RECOVERY ROOM	-31, 425	4, 923, 454 701, 045			50. 00 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	-4, 623				52. 00
53. 00	05300 ANESTHESI OLOGY	-9, 382, 194				53. 00
53. 01	05301 ASC ANESTHESI OLOGY	0	5, 624			53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	-3, 800				54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0				55. 00
56. 00 59. 00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON	1 142	,			56.00
60.00	06000 LABORATORY	-1, 163				59. 00 60. 00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	Ö				63.00
65.00	06500 RESPI RATORY THERAPY	-250				65. 00
66.00	06600 PHYSI CAL THERAPY	0	530, 539			66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	,			67. 00
	06800 SPEECH PATHOLOGY	0	204, 707			68. 00
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	-20, 800	1, 568, 913 105, 110			69. 00 70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1			71.00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	Ö	11, 417, 258			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	34, 166, 204			73. 00
	07400 RENAL DIALYSIS	0	826, 242			74. 00
	07500 ASC (NON-DISTINCT PART)	0				75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	-878				75. 01
	03950 CARDIAC CATHERIZATION 07697 CARDIAC REHABILITATION	0				76. 00 76. 97
70. 97	OUTPATIENT SERVICE COST CENTERS		409, 230			70. 97
90. 00	09000 CLI NI C	0	0			90.00
	04950 SLEEP CLINIC	-1, 289				90. 01
	09002 ARNETT CANCER CARE CENTER	-44				90. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	0	17, 767			90. 04
	09100 EMERGENCY	-10, 658	6, 982, 535			91.00
	O9200 OBSERVATION BEDS (NON-DISTINCT PART) O9201 OBSERVATION BEDS (DISTINCT PART)	0	o			92. 00 92. 01
92.01	04951 OTHER OUTPATIENT SERVICES	0				92.01
,5.00	SPECIAL PURPOSE COST CENTERS		ı U			73.00
118.00		-30, 369, 908	299, 607, 620			118. 00
	NONREI MBURSABLE COST CENTERS					
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		· <u> </u>		190. 00
	19100 RESEARCH	1 2/4 200	-			191. 00
	19200 PHYSICIANS' PRIVATE OFFICES 19300 NONPAID WORKERS	-1, 364, 380 0				192. 00 193. 00
173.00	לויסססלווסווו עום וויסוערעס	1 0	ı o			J193. 00

Health Financial Systems IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0173 Period: From 01/01/2018 To 12/31/2018 Date/Time Prepared: 5/28/2019 6: 14 pm

				3/20/2019 0.1	4 PIII
	Cost Center Description	Adjustments	Net Expenses		
		(See A-8)	For Allocation		
		6. 00	7. 00		
193.01	1 19301 RETALL PHARMACY	0	5, 360, 237		193. 01
193. 02	19302 WHI TE HOSPI TAL	0	1, 338, 957		193. 02
193.03	3 19303 HOSPI CE	0	0		193. 03
193. 04	19304 FRANKFORT HOSPITAL	0	1, 132, 629		193. 04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0		194. 00
200.00	TOTAL (SUM OF LINES 118 through 199)	-31, 734, 288	401, 096, 762		200. 00

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

Peri od: From 01/01/2018 To 12/31/2018 Date/Time Prepared: 5/28/2019 6:14 pm

		Increases			3/20/2014 0.	Т Т
	Cost Center	Li ne #	Sal ary	Other		
	2. 00 A - NONBILLABLE SUPPLIES	3. 00	4. 00	5. 00		
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11, 207, 102		1. 00
2.00	OTHER ADMINISTRATIVE &	5. 06	0	95		2. 00
3.00	GENERAL OPERATION OF PLANT -	7. 01	o	1, 662		3. 00
	NONHOSPI TAL			.,		
4. 00	SOCI AL SERVI CE	17.00	0	14 0		4. 00
5. 00 6. 00		0. 00 0. 00	0	0		5. 00 6. 00
7. 00		0.00	0	0		7. 00
8.00		0.00	0	0		8. 00
9. 00 10. 00		0. 00 0. 00	0	0		9. 00 10. 00
11. 00		0.00	Ö	0		11. 00
12.00		0.00	0	0		12.00
13. 00 14. 00		0. 00 0. 00	0	0		13. 00 14. 00
15. 00		0.00	0	0		15. 00
16.00		0.00	0	0		16.00
17. 00 18. 00		0. 00 0. 00	0	0		17. 00 18. 00
19. 00		0.00	0	0		19. 00
20. 00 21. 00		0. 00 0. 00	0	0		20. 00 21. 00
22. 00		0.00	0	0		22. 00
23.00		0.00	0	0		23. 00
24. 00 25. 00		0. 00 0. 00	0	0		24. 00 25. 00
26. 00		0.00	0	0		26. 00
27. 00		0.00	0	0		27. 00
28. 00 29. 00		0. 00 0. 00	0	0		28. 00 29. 00
30. 00		0.00	0	0		30.00
31. 00		0.00	O	0		31.00
32. 00 33. 00		0. 00 0. 00	0	0		32. 00 33. 00
34. 00		0.00	0	0		34. 00
	O B - BILLABLE SUPPLIES		0	11, 208, 873		-
1.00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	7, 211, 219		1. 00
2.00	PATI ENTS	0.00	0	0		2. 00
2.00 3.00		0.00	0	0		3. 00
4.00		0.00	0	0		4. 00
5. 00 6. 00		0. 00 0. 00	0	0		5. 00 6. 00
7. 00		0.00	0	0		7. 00
8. 00		0.00	o	0		8. 00
9. 00 10. 00		0. 00 0. 00	0	0		9. 00 10. 00
11. 00		0.00	o	Ö		11. 00
12.00		0.00	0	0		12.00
13. 00 14. 00		0. 00 0. 00	0	0		13. 00 14. 00
15.00		0.00	0	0		15. 00
16. 00 17. 00		0. 00 0. 00	0	0		16. 00 17. 00
18. 00		0.00	0	0		18.00
19. 00		0.00	O	0		19. 00
20. 00 21. 00		0. 00 0. 00	0	0		20. 00 21. 00
21.00	0 — — — — —			7, 211, 219		21.00
1 00	C - IMPLANTS IMPL. DEV. CHARGED TO	72.00	0	11, 417, 258		1 00
1. 00	PATIENTS	/2.00	U	11,417,208		1.00
2.00		0.00	0	0		2.00
3. 00 4. 00		0. 00 0. 00	0	0		3. 00 4. 00
5.00		0.00	0	0		5. 00
6. 00 7. 00		0. 00 0. 00	0	0		6. 00 7. 00
7. 00 8. 00		0.00	0	0		8. 00
9.00		0.00	0	0		9. 00
10. 00	l	0.00	0	0		10.00

Health Financial Systems RECLASSIFICATIONS | Period: | Worksheet A-6 | From 01/01/2018 | To 12/31/2018 | Date/Time Prepared: 5/28/2019 6: 14 pm Provider CCN: 15-0173

					5/28/2019 6:	14 pm
		Increases				
	Cost Center	Li ne #	Sal ary	Other 5		
11. 00	2. 00	3.00	4.00	5. 00		11. 00
12. 00		0.00	0	0		12.00
	<u> </u>			11, 417, 258		12.00
	D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73. 00	0	34, 166, 204		1. 00
2.00	CENTRAL SERVICES & SUPPLY	14. 00	0	1, 492		2. 00
3.00	SLEEP CLINIC	90. 01	0	26		3. 00
4.00		0.00	0	0		4. 00
5.00		0.00	0	0		5. 00
6. 00 7. 00		0. 00 0. 00	0	0		6. 00 7. 00
8. 00		0.00	o	0		8. 00
9. 00		0.00	o	Ö		9. 00
10.00		0.00	О	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 16. 00		0. 00 0. 00	0	0		15. 00 16. 00
17. 00		0.00	0	0		17. 00
18. 00		0.00	0	0		18. 00
19. 00		0.00	o	O		19. 00
20. 00		0.00	o	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
	E - BENEFITS		<u> </u>	34, 167, 722		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	25, 868, 826		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 6. 00		0. 00 0. 00	0	0		5. 00 6. 00
7. 00		0.00	o	0		7. 00
8. 00		0.00	o	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 13. 00		0. 00 0. 00	0	0		12. 00 13. 00
14. 00		0.00	0	0		14. 00
15. 00		0.00	Ö	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 21. 00		0. 00 0. 00	0	0		20. 00 21. 00
22. 00		0.00	0	0		22. 00
23. 00		0.00	o	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 28. 00		0. 00 0. 00	0	0		27. 00 28. 00
29. 00		0.00	0	0		29. 00
30.00		0.00	0	0		30. 00
31.00		0.00	O	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 36. 00		0. 00 0. 00	0	0		35. 00 36. 00
36. 00 37. 00		0.00	0	0		37. 00
38. 00		0.00	0	0		38. 00
	0			25, 868, 826		
1 00	F - CAFETERIA	44 00	201 215			4
1. 00	CAFETERI A		30 <u>6, 8</u> 60_ 306, 860	49 <u>2, 4</u> 09 492, 409		1. 00
	ı~	ı	300, 800	472, 409		1

Health Financial Systems RECLASSIFICATIONS | Period: | Worksheet A-6 | From 01/01/2018 | To 12/31/2018 | Date/Time Prepared: 5/28/2019 6: 14 pm Provider CCN: 15-0173

						5/28/2019 6:	14 pm
	Cost Center	Increases Line #	Sal ary	Other			
	2. 00	3. 00	4. 00	5. 00			
	G - PROPERTY TAX						
	CAP REL COSTS-BLDG & FIXT -	1. 01	0	33, 117			1. 00
	NONHOSP OTHER ADMINISTRATIVE &	5. 06	0	275, 217			2. 00
	GENERAL		1	,			
3. 00		0.00	0	0			3. 00
4.00	$\overline{}$		0	0 308, 334			4. 00
İ	H - PROPERTY INSURANCE		<u> </u>	300, 334			
	CAP REL COSTS-BLDG & FIXT	1.00	0	215, 065			1.00
	CAP REL COSTS-BLDG & FIXT - NONHOSP	1. 01	0	33, 594			2. 00
	CAP REL COSTS-MVBLE EQUIP	2. 00	o	10, 926			3. 00
	0			259, 585			
	I - LEASE EXPENSE	4 00	ما	0/0 0/0			1 00
	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT -	1. 00 1. 01	0	262, 868 756, 988			1.00
	NONHOSP	1.01	J	730, 700			2.00
	CAP REL COSTS-MVBLE EQUIP	2.00	0	325, 947			3. 00
	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2. 01	0	2, 798			4. 00
5. 00	NONTIOSI	0.00	О	О			5. 00
6. 00		0.00	O	0			6. 00
7. 00 8. 00		0. 00 0. 00	0	0			7. 00 8. 00
9.00		0.00	0	0			9.00
	TOTALS			1, 348, 601			
	J - INTEREST EXPENSE RECLASS		-1				
	CAP REL COSTS INTEREST EXPENSE	1. 02	0	11, 616, 983			1.00
	0	+		11, 616, 983			
	K - HOUSEKEEPING SUPPLIES						
1. 00 2. 00	HOUSEKEEPI NG	9. 00 0. 00	0	59, 261 0			1.00
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 7. 00		0. 00 0. 00	0	0			6. 00 7. 00
8. 00		0.00	Ö	Ö			8. 00
9. 00		0.00	0	0			9. 00
10. 00 11. 00		0. 00 0. 00	0	0			10. 00 11. 00
12. 00		0.00	o	o			12. 00
13. 00		0.00	О	0			13. 00
14. 00 15. 00		0. 00 0. 00	0	0			14.00
16. 00		0.00	0	0			15. 00 16. 00
17. 00		0.00	0	0			17. 00
18. 00		0.00	0	0			18. 00
19. 00 20. 00		0. 00 0. 00	0	0			19. 00 20. 00
21. 00		0.00	Ö	Ö			21. 00
22. 00		0.00	0	0			22. 00
23. 00	+		0	$ \frac{0}{50.261}$			23. 00
	U		U	59, 261			1
	LAUNDRY & LINEN SERVICE	8.00	0	16, 507			1.00
2.00		0.00	0	0			2.00
3. 00 4. 00		0. 00 0. 00	0	0			3. 00 4. 00
5. 00		0.00	0	0			5. 00
6. 00		0.00	o	0			6.00
7.00		0.00	0	0			7.00
8. 00 9. 00		0. 00 0. 00	0	0			8. 00 9. 00
10.00		0.00		Ö			10.00
	0			16, 507			1
	O - TELEPHONE RECLASS OTHER ADMINISTRATIVE &	5. 06	O	9, 882			1.00
	GENERAL	5.00	٩	9, 002			1.00
2.00		0.00	О	0			2. 00
3.00		0.00	0	0			3.00
4. 00		0.00	0	0			4. 00

Health Financial Systems RECLASSIFICATIONS | Period: | Worksheet A-6 | From 01/01/2018 | To 12/31/2018 | Date/Time Prepared: 5/28/2019 6: 14 pm Provider CCN: 15-0173

					5/28/2019 6:	14 pm
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
F 00	2. 00	3.00	4. 00	5. 00		F 00
5.00		0.00	0	0		5. 00
6. 00 7. 00		0. 00 0. 00	0	0		6. 00 7. 00
8. 00		0.00	0	0		8. 00
9. 00		0.00	0	0		9. 00
7. 00	0 — — — — —		— — <u> </u>	9, 882		7.00
	P - DEPRECIATION EXPENSE	l l	-	.,,		
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4, 551, 417		1. 00
2.00	CAP REL COSTS-BLDG & FIXT -	1. 01	0	2, 525, 401		2. 00
	NONHOSP					
3.00	CAP REL COSTS-MVBLE EQUIP	2. 00	0	4, 077, 815		3. 00
4.00	CAP REL COSTS-MVBLE EQUIP -	2. 01	0	1, 717, 840		4. 00
F 00	NONHOSP	0.00				F 00
5.00		0.00	0	0		5. 00
6. 00 7. 00		0.00	0	0		6.00
8. 00	•	0. 00 0. 00	0	0		7. 00 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 25. 00	•	0. 00 0. 00	0	0		24. 00 25. 00
23.00	<u> </u>		— — <u> </u>	12, 872, 473		25.00
	Q - FMLA RECLASS		<u> </u>	12/0/2/1/0		1
1.00	ADMI TTI NG	5. 01	0	18, 887		1. 00
2.00	OTHER ADMINISTRATIVE &	5. 06	0	48, 520		2. 00
	GENERAL					
3.00	OPERATION OF PLANT	7.00	0	662		3. 00
4.00	HOUSEKEEPI NG	9. 00	0	15, 516		4. 00
5.00	DIETARY	10.00	0	5, 523		5. 00
6.00	NURSI NG ADMI NI STRATI ON	13.00	0	23, 534		6. 00
7. 00 8. 00	CENTRAL SERVICES & SUPPLY PHARMACY	14. 00 15. 00	0	454 20, 720		7. 00 8. 00
9. 00	SOCIAL SERVICE	17. 00	0	1, 574		9. 00
10. 00	PATIENT TRANSPORT SERVICES	18. 00	0	2, 231		10.00
11. 00	ADULTS & PEDIATRICS	30.00	0	79, 435		11. 00
12. 00	INTENSIVE CARE UNIT	31.00	0	4, 665		12. 00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	19, 748		13. 00
14.00	OPERATING ROOM	50.00	0	25, 574		14. 00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	24, 264		15. 00
16.00	ANESTHESI OLOGY	53. 00	0	16, 827		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	38, 767		17. 00
18. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	17, 928		18. 00
19. 00	RESPIRATORY THERAPY	65.00	0	18, 622		19. 00
20.00	ELECTROCARDI OLOGY	69.00	0	9, 572		20. 00
21. 00	ASC (NON-DISTINCT PART)	75. 01	0	8, 865		21. 00
22. 00 23. 00	SLEEP CLINIC EMERGENCY	90. 01 91. 00	0	1, 351 35, 759		22. 00 23. 00
24. 00	PHYSICIANS' PRIVATE OFFICES	192.00	0	162, 865		24. 00
∠+. ∪∪	0			601, 863		24.00
	R - NURSERY	ll	0	301, 003		1
1.00	NURSERY	43.00	668, 870	67, 576		1. 00
2. 00		0.00	0	0,,0,0		2. 00
3.00		0.00	0	0		3. 00
	0		668, 870	67, 576		
	U - CORPORATE ADMIN EXPENSE					4
1.00	OTHER ADMINISTRATIVE &	5. 06	0	58, 565, 401		1. 00
	GENERAL					
	TOTALS		0	58, 565, 401		1

					5/28/2019 6:14 pm
		Increases			
	Cost Center	Li ne #	Sal ary	Other	
	2. 00	3. 00	4. 00	5. 00	
	V - GENERAL SURGERY LAF METRO	- HOSPITAL			
1.00	OPERATING ROOM	50.00	84, 522	213, 831	1. 00
2.00	ASC (NON-DISTINCT PART)	<u>75.</u> 01	42, 261	10 <u>6, 9</u> 15	2. 00
	TOTALS		126, 783	320, 746	
	W - MEDICAL DIRECTOR FEES				
1.00	ADULTS & PEDIATRICS	30.00	0	12, 075	1.00
2.00	RADI OLOGY-DI AGNOSTI C	54.00	0	32, 925	2. 00
3.00	ELECTROCARDI OLOGY	69.00	0	<u>33, 2</u> 00	3. 00
	0		0	78, 200	
	X - ARNETT TO WHITE ALLOCATION				
1.00	WHITE HOSPITAL	193. 02	789, 270	549, 687	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
	TOTALS		789, 270	549, 687	
	Y - ARNETT TO FRANKFORT ALLOC				
1.00	FRANKFORT HOSPITAL	193. 04	654, 069	478, 560	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
	TOTALS		654, 069	478, 560	
	Z - RESIDENCY STAFF				
1.00	I&R SERVICES-OTHER PRGM.	22. 00	269, 696	20, 632	1. 00
	COSTS APPRVD	+	— — , — , +	— <u> </u>	
	TOTALS		269, 696	20, 632	
4 00	AA - RESI DENCY EQUI PMENT	20.00	ما	27.044	1.00
1.00	I&R SERVICES-OTHER PRGM.	22. 00	0	37, 246	1. 00
	COSTS APPRVD	+	+	— — _{37, 246}	
	AB - INTERNS AND RESIDENTS		U_	37, 240	
1. 00	I&R SERVICES-SALARY &	21. 00	0	249, 991	1. 00
1.00	FRINGES APPRVD	21.00	٥	247, 771	1.00
	TOTALS	+			
	AC - PARAMEDICAL EDUCATION		U _I	Z47, 77 I	
1.00	PARAMED ED PRGM - PHARMACY	23. 00	80, 457	0	1.00
2.00	THOUSE ED THOM THANNACT	0.00	00, 437	Ö	2. 00
2.00	TOTALS — — — —		80, 457	— — 	2.00
500 00	Grand Total: Increases		2, 896, 005	177, 827, 835	500.00
300.00	Joi and Total. Thereases	1	2, 070, 000	1,7,027,000	1 300.00

RECLASSI FI CATIONS

Provider CCN: 15-0173

Peri od: Worksheet A-6 From 01/01/2018

Date/Time Prepared:

12/31/2018

5/28/2019 6:14 pm Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 - NONBILLABLE SUPPLIES 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 41 1.00 ADMI TTI NG 0 2.00 5.01 4, 547 0 2.00 OPERATION OF PLANT 7 00 0 123, 886 0 3.00 3.00 4.00 HOUSEKEEPI NG 9.00 0 164, 090 0 4.00 o 0 5.00 DI ETARY 10.00 111 5.00 o 0 6.00 NURSING ADMINISTRATION 13.00 1.746 6.00 **IPHARMACY** 0 0 7.00 15.00 21, 158 7.00 8.00 PATIENT TRANSPORT SERVICES 18.00 0 523 0 8.00 0 9.00 ADULTS & PEDIATRICS 30.00 0 2, 163, 408 9.00 10 00 INTENSIVE CARE UNIT 31 00 o 0 10 00 355 444 0 11.00 NEONATAL INTENSIVE CARE UNIT 35.00 0 130, 736 11.00 OPERATING ROOM 50.00 o 2, 498, 725 0 12.00 12.00 13.00 RECOVERY ROOM 51.00 0 30, 133 0 13.00 DELIVERY ROOM & LABOR ROOM 0 0 14 00 52 00 221, 635 14 00 265, 806 0 15.00 ANESTHESI OLOGY 53.00 0 15.00 16.00 ASC ANESTHESIOLOGY 53.01 o 76, 515 0 16.00 17.00 RADI OLOGY-DI AGNOSTI C 54.00 0 854, 357 0 17.00 0 0 56.00 RADI OL SOTOPE 10, 266 18.00 18.00 19.00 CARDIAC CATHETERIZATION 59.00 0 413, 495 0 19.00 RESPIRATORY THERAPY o 0 20.00 65.00 169, 782 20.00 0 0 21.00 PHYSICAL THERAPY 66, 00 710 21.00 22.00 OCCUPATI ONAL THERAPY 67.00 0 284 0 22.00 SPEECH PATHOLOGY 0 0 23.00 68.00 1, 211 23.00 ELECTROCARDI OLOGY 69.00 o 14, 080 0 24.00 24.00 0 0 25.00 ELECTROENCEPHALOGRAPHY 70.00 2 309 25 00 26.00 RENAL DIALYSIS 74.00 0 9,828 0 26.00 ASC (NON-DISTINCT PART) o 1, 345, 388 0 27.00 75.01 27.00 CARDIAC REHABILITATION 0 o 28.00 76. 97 6,013 28.00 29 00 SLEEP CLINIC 90.01 0 32, 177 29 00 30.00 ARNETT CANCER CARE CENTER 90.03 0 128, 372 0 30.00 31.00 OUTPATIENT INFUSION CENTER 90.04 o 1, 992 0 31.00 0 32.00 EMERGENCY 91.00 0 812, 252 32.00 PHYSICIANS' PRIVATE OFFICES 33.00 192.00 0 1, 343, 783 0 33.00 4, 070 RETAIL PHARMACY 34.00 193.01 0 34.00 ō 11, 208, 873 B - BILLABLE SUPPLIES 1.00 NURSING ADMINISTRATION 13.00 0 1, 444 0 1.00 2.00 CENTRAL SERVICES & SUPPLY 14.00 0 4,704 0 2.00 0 0 3.00 PHARMACY 15.00 305 3.00 ADULTS & PEDIATRICS 0 0 4.00 30.00 26, 071 4.00 5.00 INTENSIVE CARE UNIT 31.00 0 61, 260 0 5.00 0 6.00 NEONATAL INTENSIVE CARE UNIT 35.00 0 5, 379 6.00 7.00 50.00 ol 3, 034, 635 0 7.00 OPERATING ROOM RECOVERY ROOM 0 0 8.00 51.00 40 8.00 9.00 DELIVERY ROOM & LABOR ROOM 52.00 o 135, 418 0 9.00 10.00 ANESTHESI OLOGY 53.00 0 88, 780 0 10.00 0 ASC ANESTHESIOLOGY 0 11.00 53.01 8, 433 11 00 0 12.00 RADI OLOGY-DI AGNOSTI C 54.00 0 1, 762, 288 12.00 13.00 CARDIAC CATHETERIZATION 59.00 0 944, 927 0 13.00 0 RESPIRATORY THERAPY 0 14 00 65 00 83, 463 14 00 0| ELECTROCARDI OLOGY 0 15.00 69.00 143 15.00 16.00 RENAL DIALYSIS 74.00 0 1, 455 0 16.00 17.00 ASC (NON-DISTINCT PART) 75.01 0 815, 294 0 17.00 0 0 ARNETT CANCER CARE CENTER 90 03 18 00 13, 130 18 00 19.00 OUTPATIENT INFUSION CENTER 90.04 0 57 0 19.00 EMERGENCY 91.00 o 31, 419 0 20.00 20.00 19<u>2, 5</u>74 PHYSICIANS' PRIVATE OFFICES 0 0 21.00 21.00 192.00 7, 211, 219 - IMPLANTS CENTRAL SERVICES & SUPPLY 1.00 0 0 14.00 1,777 1.00 ADULTS & PEDIATRICS 30.00 0 0 2.00 1.667 2.00 Ol 0 3.00 INTENSIVE CARE UNIT 31.00 5,075 3 00 4.00 NEONATAL INTENSIVE CARE UNIT 35.00 0 814 0 4.00 o 0 5.00 OPERATING ROOM 50.00 7, 530, 953 5.00 0 6.00 o DELIVERY ROOM & LABOR ROOM 52.00 6.00 143 0 7.00 RADI OLOGY-DI AGNOSTI C 54.00 0 331, 465 7 00 8.00 CARDIAC CATHETERIZATION 59.00 0 2, 261, 011 0 8.00 0 9.00 RESPIRATORY THERAPY 65.00 0 550 9.00 ASC (NON-DISTINCT PART) 0 10.00 10.00 75.01 0 1, 281, 253 0 11.00 **EMERGENCY** 91.00 0 352 11.00 PHYSICIANS' PRIVATE OFFICES 0 12.00 192.00 2, 198 0 12.00 11, 417, 258

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10

	Thans a cyclome						a o o oo L	
RECLASS	I FI CATI ONS			Provi der (Peri od: From 01/01/2018	Worksheet A-6	
							Date/Time Prep 5/28/2019 6:14	
		Decreases						•
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref			
	/ 00	7 00	0.00	0.00	10.00			

D. PRUSS D. PLANT T. P.			Decreases				
D		Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.	
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3 00 PARAMACY 15.00 0 4,716,319 0 0 1							
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20.00 OUTPATTENT INVUSION CENTER 90.04 0 341 0			•	-			18.00
21.00 EMERGENCY 91.00 0 54.927 0 22.00 PHYSICIANS PRIVATE OFFICES 192.00 0 6.960, 437 0 8 E - BENEFITS			•	-		0	19.00
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3.00 OPERATION OF PLANT 7.00 0 279,595 0	2.00	OTHER ADMINISTRATIVE &	5. 06	0			2. 00
4.00 OPERATION OF PLANT - 7.01 0 91,703 0		GENERAL					
MONHOSPITAL		l .	•	-			3. 00
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9.00 PHARMACY		1		-			8. 00
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31. 00 CARDI AC REHABI LI TATI ON 76. 97 0 36, 576 0 32. 00 SLEEP CLINI C 90. 01 0 93, 606 0 33. 00 ARNETT CANCER CARE CENTER 90. 03 0 134, 681 0 34. 00 OUTPATI ENT I NFUSI ON CENTER 90. 04 0 577 0 35. 00 EMERGENCY 91. 00 0 812, 655 0 36. 00 GI FT, FLOWER, COFFEE SHOP & 190. 00 0 10, 781 0 CANTEEN 192. 00 0 11, 587, 490 0 38. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 11, 587, 490 0 RETAIL PHARMACY 193. 01 0 106, 249 0 0 25, 868, 826		l .		- 1			29. 00
32. 00 SLEEP CLINIC 90. 01 0 93, 606 0 33. 00 ARNETT CANCER CARE CENTER 90. 03 0 134, 681 0 34. 00 OUTPATIENT INFUSION CENTER 90. 04 0 577 0 35. 00 EMERGENCY 91. 00 0 812, 655 0 36. 00 GIFT, FLOWER, COFFEE SHOP & 190. 00 0 10, 781 0 CANTEEN 70 71, 587, 490 0 37. 00 PHYSICIANS' PRIVATE OFFICES 192. 00 0 11, 587, 490 0 RETAIL PHARMACY 193. 01 0 106, 249 0 0 RETAIL PHARMACY 0 0 25, 868, 826 0 F - CAFETERIA 10. 00 306, 860 492, 409 0		,		- 1			30.00
33. 00 ARNETT CANCER CARE CENTER 90. 03 0 134, 681 0 34. 00 OUTPATIENT INFUSION CENTER 90. 04 0 577 0 35. 00 EMERGENCY 91. 00 0 812, 655 0 36. 00 GIFT, FLOWER, COFFEE SHOP & 190. 00 0 10, 781 0 CANTEEN 7. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 11, 587, 490 0 38. 00 RETAIL PHARMACY 193. 01 0 106, 249 0 F - CAFETERI A 10. 00 306, 860 492, 409 0			·	-			31. 00 32. 00
34. 00 OUTPATIENT INFUSION CENTER 90. 04 0 577 0 35. 00 EMERGENCY 91. 00 0 812, 655 0 36. 00 GIFT, FLOWER, COFFEE SHOP & 190. 00 0 10, 781 0 CANTEEN 37. 00 PHYSICIANS' PRIVATE OFFICES 192. 00 0 11, 587, 490 0 38. 00 RETAIL PHARMACY 193. 01 0 106, 249 0 0 25, 868, 826 F - CAFETERIA 10. 00 157AY 10. 00 15			•	-	The state of the s	1	32.00
35. 00 EMERGENCY 91. 00 0 812, 655 0 36. 00 GI FT, FLOWER, COFFEE SHOP & 190. 00 0 10, 781 0 37. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 11, 587, 490 0 88. 00 RETAIL PHARMACY 193. 01 0 106, 249 0 0 0 25, 868, 826				-			34.00
36. 00 GI FT, FLOWER, COFFEE SHOP & 190. 00 0 10, 781 0 37. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 11, 587, 490 0 38. 00 RETAIL PHARMACY 193. 01 0 106, 249 0 0 25, 868, 826 F - CAFETERI A 1. 00 DI ETARY 10. 00 306, 860 492, 409 0		l .		-		1	35. 00
CANTEEN PHYSI CI ANS' PRI VATE OFFI CES 192.00 0 11, 587, 490 0 38.00 RETAIL PHARMACY 193.01 0 106, 249 0 F - CAFETERI A 1.00 DI ETARY 10.00 306, 860 492, 409 0		l .	•	-			36. 00
38. 00 RETAIL PHARMACY 193. 01 0 106, 249 0 0 25, 868, 826 F - CAFETERIA 1. 00 DI ETARY 10. 00 306, 860 492, 409 0							
0 0 25, 868, 826 F - CAFETERI A 1. 00 DI ETARY 10. 00 306, 860 492, 409 0			· · · · · · · · · · · · · · · · · · ·				37. 00
F - CAFETERI A 1. 00 DI ETARY 10. 00 306, 860 492, 409 0	38. 00	REIAIL PHARMACY	1 <u>93.</u> 01				38. 00
1. 00 DI ETARY		U CAFETER! A		0	25, 868, 826		 -
	1 00		10.00	204 940	402 400		1 00
10 1 200, 0001 472, 4071	1.00	0	10.00				1.00
		10	ı I	300, 000	472,407	1	I

RECLASSIFICATIONS

Provider CCN: 15-0173

Peri od: Worksheet A-6 From 01/01/2018 To 12/31/2018 Date/Ti me Prepared:

5/28/2019 6:14 pm Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 G - PROPERTY TAX 1.00 1.00 CAP REL COSTS-BLDG & FIXT 273, 384 13 1.00 OPERATION OF PLANT 7.00 0 1,536 0 2.00 2.00 OPERATION OF PLANT -7.01 0 3.00 33, 117 0 3.00 NONHOSPI TAL 4.00 PHARMACY 15.00 0 4.00 308, 334 H - PROPERTY INSURANCE OTHER ADMINISTRATIVE & 0 1.00 5.06 259, 585 12 1.00 GENERAL 2.00 0.00 0 12 2.00 3.00 0.00 3.00 12 ō 259, 585 LEASE EXPENSE 1.00 OPERATION OF PLANT 7. 00 289, 373 10 1.00 OPERATION OF PLANT -7. 01 0 10 2.00 726, 786 2.00 NONHOSPI TAI 3.00 CENTRAL SERVICES & SUPPLY 14.00 0 141, 101 10 3.00 4.00 ADULTS & PEDIATRICS 30.00 0 10 7.384 4.00 5.00 INTENSIVE CARE UNIT 31.00 0 14, 200 0 5.00 0 6.00 6.00 NEONATAL INTENSIVE CARE UNIT 35 00 9.828 0 7.00 OPERATING ROOM 50.00 0 126, 878 0 7.00 ASC (NON-DISTINCT PART) o 0 8.00 75.01 2, 104 8.00 PHYSICIANS' PRIVATE OFFICES 30, 947 9.00 9.00 192.00 0 0 T0TALS 0 1, 348, 601 J - INTEREST EXPENSE RECLASS OTHER ADMINISTRATIVE & 5. 06 0 1.00 11, 616, 983 11 1.00 GENERAL 11, 616, 983 HOUSEKEEPING SUPPLIES ADMITTING 1.00 5.01 819 1.00 0 2.00 CENTRAL SERVICES & SUPPLY 14.00 381 0 2.00 IPHARMACY 15.00 0 0 3.00 1, 158 3.00 4.00 PATIENT TRANSPORT SERVICES 18.00 0 159 0 4.00 0 0 5.00 ADULTS & PEDIATRICS 30.00 14, 136 5.00 INTENSIVE CARE UNIT 0 1, 708 0 6 00 31 00 6 00 0 0 7.00 NEONATAL INTENSIVE CARE UNIT 35.00 127 7.00 8.00 OPERATING ROOM 50.00 o 4, 921 0 8.00 9.00 RECOVERY ROOM 51.00 o 1, 347 0 9.00 DELIVERY ROOM & LABOR ROOM o 0 10.00 52 00 10 00 268 0 11.00 ANESTHESI OLOGY 53.00 0 28 11.00 12.00 ASC ANESTHESIOLOGY 53.01 o 25 0 12.00 0 13.00 RADI OLOGY-DI AGNOSTI C 54.00 0 3,842 13.00 0 0 RADI OL SOTOPE 56.00 14 00 142 14 00 15.00 CARDIAC CATHETERIZATION 59.00 0 614 0 15.00 RESPIRATORY THERAPY o 0 16.00 65.00 324 16.00 0 ELECTROCARDI OLOGY 69.00 0 17.00 17.00 14 74.00 0 18.00 RENAL DIALYSIS 64 18.00 19.00 ASC (NON-DISTINCT PART) 75.01 0 2,877 0 19.00 SLEEP CLINIC 0 0 20.00 90.01 236 20.00 0 0 21.00 ARNETT CANCER CARE CENTER 90.03 2.730 21.00 22.00 EMERGENCY 91.00 0 18, 444 0 22.00 4, 897 PHYSICIANS' PRIVATE OFFICES 23.00 192.00 0 23.00 ō 59, 261 - LAUNDRY SUPPLIES 1.00 CENTRAL SERVICES & SUPPLY 14.00 0 0 1.00 INTENSIVE CARE UNIT 0 0 2.00 31.00 16 2 00 0 0 3.00 NEONATAL INTENSIVE CARE UNIT 35.00 176 3.00 0 4.00 OPERATING ROOM 50.00 11,838 4 00 5.00 DELIVERY ROOM & LABOR ROOM 52.00 0 784 0 5.00 RADI OLOGY-DI AGNOSTI C 0 0 6.00 54.00 152 6.00 7.00 RESPIRATORY THERAPY 65.00 0 0 7.00 63 8.00 ASC (NON-DISTINCT PART) 75.01 0 3, 254 0 8.00 91.00 EMERGENCY 0 0 9.00 14 9.00 0 10.00 PHYSICIANS' PRIVATE OFFICES 192.00 206 0 10.00 16, 507 O - TELEPHONE RECLASS 1.00 ADMI TTI NG 5.01 0 579 0 1.00 NURSING ADMINISTRATION 13.00 0 0 2.00 53 2.00 14.00 0 CENTRAL SERVICES & SUPPLY 0 3.00 867 3.00 4.00 PHARMACY 15.00 0 434 0 4.00 5.00 PATIENT TRANSPORT SERVICES 18.00 0 237 0 5.00 INTENSIVE CARE UNIT 0 6 00 31 00 0 6 00 124 0 7.00 OPERATING ROOM 50.00 867 0 7.00

Peri od: Worksheet A-6 From 01/01/2018 To 12/31/2018 Date/Time Prepared: 5/28/2019 6:14 pm

					'	5/28/2019 6:	
		Decreases		·			
	Cost Center	Li ne #	Sal ary	Other Other	Wkst. A-7 Ref.		
8. 00	6. 00 EMERGENCY	7. 00	8. 00	9. 00	10.00		8. 00
9. 00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2, 901 3, 820			9. 00
7. 00	0			9, 882			7.00
	P - DEPRECIATION EXPENSE		-	,			
1.00	OTHER ADMINISTRATIVE &	5. 06	0	388, 092	9		1. 00
	GENERAL	7 00		- 450 -05			
2.00	OPERATION OF PLANT	7.00	0	5, 159, 525			2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7. 01	U U	2, 438, 759	9		3. 00
4.00	DI ETARY	10.00	o	14, 598	9		4. 00
5.00	NURSING ADMINISTRATION	13.00	o	264, 380			5. 00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	44, 917	0		6. 00
7. 00	PHARMACY	15. 00	0	74, 266			7. 00
8.00	ADULTS & PEDIATRICS	30.00	0	81, 843			8. 00
9. 00 10. 00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31. 00 35. 00	0	79, 834 14, 538			9.00
11. 00	OPERATING ROOM	50.00	0	583, 542	_		11. 00
12. 00	RECOVERY ROOM	51.00	o	926			12. 00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	О	60, 994	. 0		13. 00
14.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 339, 633			14. 00
15. 00	RADI OI SOTOPE	56. 00	0	2, 708			15. 00
16.00	CARDI AC CATHETERI ZATI ON	59.00	0	525, 187			16.00
17. 00 18. 00	RESPI RATORY THERAPY ELECTROCARDI OLOGY	65. 00 69. 00	0	70, 240 186, 740	_		17. 00 18. 00
19. 00	RENAL DIALYSIS	74. 00	0	135			19. 00
20. 00	ASC (NON-DISTINCT PART)	75. 01	ő	248, 213			20. 00
21. 00	SLEEP CLINIC	90. 01	0	13, 723			21. 00
22. 00	ARNETT CANCER CARE CENTER	90. 03	0	7, 724	0		22. 00
23. 00	EMERGENCY	91.00	0	31, 147			23. 00
24. 00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1, 237, 724			24. 00
25. 00	RETAIL PHARMACY	1 <u>93.</u> 01	0	<u>3, 0</u> 85 12, 872, 473			25. 00
	Q - FMLA RECLASS	l		12, 072, 473	'		
1.00	ADMI TTI NG	5. 01	18, 887	0	0		1. 00
2.00	OTHER ADMINISTRATIVE &	5. 06	48, 520	0	0		2. 00
2.00	GENERAL OF PLANT	7.00	//2	0			2 00
3. 00 4. 00	OPERATION OF PLANT HOUSEKEEPING	7. 00 9. 00	662 15 514	0	0		3. 00 4. 00
4. 00 5. 00	DI ETARY	10.00	15, 516 5, 523	0	0		5. 00
6. 00	NURSING ADMINISTRATION	13. 00	23, 534	0	0		6. 00
7.00	CENTRAL SERVICES & SUPPLY	14. 00	454	0	0		7. 00
8.00	PHARMACY	15. 00	20, 720	0	0		8. 00
9. 00	SOCI AL SERVI CE	17. 00	1, 574	0	0		9. 00
10.00	PATIENT TRANSPORT SERVICES	18.00	2, 231	0	0		10.00
11. 00 12. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	79, 435 4, 665	0	0		11. 00 12. 00
13. 00	NEONATAL INTENSIVE CARE UNIT	35.00	19, 748	0	0		13. 00
14. 00	OPERATING ROOM	50.00	25, 574	0			14. 00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	24, 264	0	0		15. 00
16.00	ANESTHESI OLOGY	53.00	16, 827	0	_		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	38, 767	0	0		17. 00
18. 00 19. 00	CARDI AC CATHETERI ZATI ON RESPIRATORY THERAPY	59. 00 65. 00	17, 928 18, 622	0	0		18. 00 19. 00
20. 00	ELECTROCARDI OLOGY	69. 00	9, 572	0	0		20.00
21. 00	ASC (NON-DISTINCT PART)	75. 01	8, 865	0	Ö		21. 00
22. 00	SLEEP CLINIC	90. 01	1, 351	0	0		22. 00
23. 00	EMERGENCY	91.00	35, 759	0	0		23. 00
24. 00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	16 <u>2, 8</u> 65	0	0		24. 00
	0 NUDGEDV		601, 863	0)		
1.00	R - NURSERY ADULTS & PEDIATRICS	30.00	643, 822	65, 026	0		1.00
2. 00	NEONATAL INTENSIVE CARE UNIT	35.00	4, 988	470			2. 00
3. 00	DELIVERY ROOM & LABOR ROOM	52.00	20, 060	2, 080			3. 00
	0		668, 870	67, 576			_
	U - CORPORATE ADMIN EXPENSE						
1.00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	0	<u>58, 565, 401</u>			1. 00
	TOTALS	A HOSDITAL	0	58, 565, 401			-
1. 00	V - GENERAL SURGERY LAF METRO PHYSICIANS' PRIVATE OFFICES	192.00	126, 783	320, 746	0		1.00
2. 00	I TOTOLANS TRIVALE OFFICES	0.00	120, 783	320, 740	0		2. 00
	TOTALS		126, 783	320, 746			
		,			,		•

							2019 6: 14 pm
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
	W - MEDICAL DIRECTOR FEES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	78, 200)		1. 00
2.00		0.00	0	0	(2. 00
3.00		0.00	0	0	(3. 00
	0		0	78, 200			
	X - ARNETT TO WHITE ALLOCATIO	N					
1.00	OTHER ADMINISTRATIVE &	5. 06	330, 686	231, 596	(1. 00
	GENERAL						
2.00	OPERATION OF PLANT	7.00	25, 335	5, 042	! (0	2. 00
3.00	DI ETARY	10.00	0	35, 084	. (0	3. 00
4.00	NURSING ADMINISTRATION	13. 00	11, 569	2, 947	'	0	4. 00
5.00	PHARMACY	15. 00	267, 653	68, 509	(0	5. 00
6.00	ADULTS & PEDIATRICS	30.00	28, 542	52, 701	(0	6. 00
7.00	OPERATING ROOM	50.00	80, 075	49, 872	!		7. 00
8.00	ELECTROCARDI OLOGY	69.00	0	5, 933	(0	8. 00
9.00	ASC (NON-DISTINCT PART)	75. 01	5, 971	15, 036	(0	9. 00
10.00	EMERGENCY	91.00	39, 439	8 <u>2, 9</u> 67		<u>D</u>	10. 00
	TOTALS		789, 270	549, 687	1		
	Y - ARNETT TO FRANKFORT ALLOC	ATI ON					
1.00	OTHER ADMINISTRATIVE &	5. 06	232, 430	166, 335	(1. 00
	GENERAL						
2.00	OPERATION OF PLANT	7. 00	47, 523	15, 150		- 1	2. 00
3.00	NURSING ADMINISTRATION	13. 00	7, 432	1, 893		D	3. 00
4.00	CENTRAL SERVICES & SUPPLY	14. 00	31, 048	87, 152	!	0	4. 00
5.00	PHARMACY	15. 00	206, 238	52, 691	(0	5. 00
6.00	ADULTS & PEDIATRICS	30.00	18, 336	33, 856	(0	6. 00
7.00	OPERATING ROOM	50.00	51, 442	31, 564	. (0	7. 00
8.00	ELECTROCARDI OLOGY	69. 00	21, 852	10, 451		-	8. 00
9.00	ASC (NON-DISTINCT PART)	75. 01	12, 432	26, 169		0	9. 00
10.00	EMERGENCY	<u>91.</u> 00	2 <u>5, 3</u> 36	5 <u>3, 2</u> 99		<u>D</u>	10.00
	TOTALS		654, 069	478, 560			
	Z - RESIDENCY STAFF						
1.00	PHYSICIANS' PRIVATE OFFICES	192. 00	<u>269, 6</u> 96	2 <u>0, 6</u> 32		<u>)</u>	1.00
	TOTALS		269, 696	20, 632			
	AA - RESIDENCY EQUIPMENT						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	<u>37, 2</u> 46		D	1. 00
	TOTALS		0	37, 246			
	AB - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM.	22. 00	0	249, 991	(1. 00
	COSTS APPRVD				L	⅃	
	TOTALS		0	249, 991			
	AC - PARAMEDICAL EDUCATION						
1.00	PHARMACY	15. 00	74, 899	0	(1. 00
2.00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	<u>5, 5</u> 58	0		<u>D</u>	2. 00
	TOTALS		80, 457	_ 0		_	
500.00	Grand Total: Decreases		3, 497, 868	177, 225, 972			500. 00

					To 12/31/2018	Date/Time Pre	pared:
			Acqui si ti ons		5/28/2019 6: 1	4 pm	
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances	i ui chases	Donation	Total	Retirements	
		1.00	2. 00	3. 00	4, 00	5. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						
1.00	Land	3, 921, 268	261, 500		0 261, 500	521, 000	1.00
2.00	Land Improvements	107, 468	284, 028		0 284, 028	0	2. 00
3.00	Buildings and Fixtures	175, 525, 700	18, 161, 708		0 18, 161, 708	3, 373, 546	3. 00
4.00	Building Improvements	17, 047, 833	3, 530, 310		0 3, 530, 310	117, 372	4.00
5.00	Fi xed Equipment	0	0		0 0	0	5. 00
6.00	Movable Equipment	108, 478, 879	13, 006, 762		0 13, 006, 762	20, 397, 800	6. 00
7.00	HIT designated Assets	0	0		0 0	0	7. 00
8.00	Subtotal (sum of lines 1-7)	305, 081, 148	35, 244, 308		0 35, 244, 308	24, 409, 718	8. 00
9.00	Reconciling Items	0	0		0 0	0	9. 00
10.00	Total (line 8 minus line 9)	305, 081, 148	35, 244, 308		0 35, 244, 308	24, 409, 718	10.00
		Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
	DART 1 ANNUALS OF SUMMES 111 AND TALL ASSE	6.00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						
1.00	Land	3, 661, 768	0				1.00
2.00	Land Improvements	391, 496	0				2.00
3.00	Buildings and Fixtures	190, 313, 862	-1, 396, 635				3.00
4.00	Building Improvements	20, 460, 771	1, 107, 752				4.00
5.00	Fi xed Equi pment	101 007 041	D 704 F00				5. 00
6.00	Movable Equipment	101, 087, 841	52, 794, 599				6. 00 7. 00
7. 00 8. 00	HIT designated Assets Subtotal (sum of lines 1-7)	315, 915, 738	E2 E0E 714				8.00
9. 00	Reconciling Items	310, 915, 738	52, 505, 716				9.00
10, 00	Total (line 8 minus line 9)	315, 915, 738	52, 505, 716				10.00
. 5. 66	1.000 (1.110)	0.0,710,700	32, 300, 710	l			

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0173	Peri od:	Worksheet A-7

RESONGLETATION OF SALTIME GOSTS GENTERS		Trovider of		From 01/01/2018 To 12/31/2018	Part II Date/Time Pre 5/28/2019 6:1	
	SUMMARY OF CAPITAL					
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)		
	9. 00	10. 00	11. 00	12. 00	13. 00	
PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00 CAP REL COSTS-BLDG & FLXT	0	0		0	0	1. 00
1. 01 CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0		0	0	1. 01
1. 02 CAP REL COSTS INTEREST EXPENSE	0	0		0	0	1. 02
2. 00 CAP REL COSTS-MVBLE EQUIP	0	0		0	0	2. 00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP 3.00 Total (sum of lines 1-2)	0	0		0	0	2. 01 3. 00
5.00 Total (Suil of Titles 1-2)	SUMMARY OF CAPITAL					
	Sommari					
Cost Center Description	Other '	Total (1) (sum				
	Capi tal -Relate					
	d Costs (see	through 14)				
	instructions)	45.00				
DART II. DECONCILIATION OF ANOUNTS FROM WORK	14.00	15. 00				
PART II - RECONCILIATION OF AMOUNTS FROM WORK 1.00 CAP REL COSTS-BLDG & FLXT	SHEET A, CULUMI	N Z, LINES I a	na z			1. 00
1.01 CAP REL COSTS-BLDG & FLXT - NONHOSP	0	0				1. 00
1. 02 CAP REL COSTS INTEREST EXPENSE		0				1. 02
2. 00 CAP REL COSTS-MVBLE EQUIP		0				2.00
2. 01 CAP REL COSTS-MVBLE EQUIP - NONHOSP	l	0				2. 01
3.00 Total (sum of lines 1-2)	O	0				3. 00
	•					

Uool +h	Financial Systems	IU HEALTH ARNI	TT HOODI TAI		Inlio	u of Form CMS 1	DEE2 10
	Financial Systems CILIATION OF CAPITAL COSTS CENTERS	TO HEALTH ARNI	Provider C	F	reni od: from 01/01/2018 fo 12/31/2018	u of Form CMS-2 Worksheet A-7 Part III Date/Time Prep 5/28/2019 6:14	pared:
		COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPIT					
	Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col.	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4. 00	5. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C		2.00	3.00	4.00	3.00	
1. 00	CAP REL COSTS-BLDG & FIXT	214, 827, 897	0	214, 827, 897	0. 680016	0	1. 00
1. 00	CAP REL COSTS-BLDG & FIXT - NONHOSP	214,027,097	0	214, 021, 097	0. 000000	0	1. 00
1. 01	CAP REL COSTS INTEREST EXPENSE		0		0.00000	0	1. 01
2. 00	CAP REL COSTS INTEREST EXPENSE	101, 087, 841		101, 087, 841		0	2. 00
2.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	101,007,041		101,007,041	0. 000000	0	2. 00
3. 00	Total (sum of lines 1-2)	315, 915, 738		315, 915, 738		0	3. 00
3.00	Total (suii of Titles 1-2)		TION OF OTHER (F CAPITAL	3.00
		ALLOCA	ITON OF OTHER (DAFITAL	SUMMART	CAPITAL	
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
			Capi tal -Relate	col s. 5			
			d Costs	through 7)			
		6.00	7. 00	8. 00	9. 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	C	0,00,,00	262, 868	1.00
1.01	CAP REL COSTS-BLDG & FLXT - NONHOSP	0	0	C	2, 525, 401	756, 988	1. 01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	C	0	0	1. 02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	C	7, 887, 894		2. 00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	C	1, 717, 840	2, 798	2. 01
3.00	Total (sum of lines 1-2)	0	0	C	17, 768, 886	1, 348, 601	3. 00
			Sl	JMMARY OF CAPIT	AL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
			instructions)		Capi tal -Relate		
				,	d Costs (see	through 14)	
					instructions)	,	
		11. 00	12.00	13. 00	14.00	15. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	215, 065		. 0	5, 842, 300	1.00
1 01	CAD DEL COSTS DIDC & ELVE MONHOSD		22 504	22 117		2 240 100	1 01

8, 695, 204

8, 695, 204

33, 594

10, 926

259, 585

-240, 267

33, 117

0

3, 349, 100

8, 695, 204

8, 224, 767

1, 720, 638 2. 01 27, 832, 009 3. 00

1.01

1.02

2. 00

1.01

1.02

2.00

CAP REL COSTS-BLDG & FIXT - NONHOSP

CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP - NONHOSP

CAP REL COSTS INTEREST EXPENSE

3.00 Total (sum of lines 1-2)

Peri od: Wo From 01/01/2018 Provi der CCN: 15-0173

	To 12/31/2018					Date/Time Prepared 5/28/2019 6:14 pm	
				Expense Classification on		5/28/2019 6: 12	4 pili
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00	2.00	3.00 CAP REL COSTS-BLDG & FIXT	4. 00 1. 00	5. 00 0	1. 00
	COSTS-BLDG & FLXT (chapter 2)						
1. 01	Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1. 01	0	1. 01
1. 02	Investment income - CAP REL COSTS INTEREST EXPENSE	В		CAP REL COSTS INTEREST EXPENSE	1. 02	11	1. 02
2. 00	(chapter 2) Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2. 00
2. 01	Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP			CAP REL COSTS-MVBLE EQUIP - NONHOSP	2. 01	0	2. 01
3. 00	(chapter 2) Investment income - other		0		0.00	0	3. 00
4. 00	(chapter 2) Trade, quantity, and time		0		0.00	0	4. 00
5.00	discounts (chapter 8) Refunds and rebates of expenses (chapter 8)		0		0.00	0	5. 00
6. 00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6. 00
7. 00	Telephone services (pay stations excluded) (chapter		0		0.00	0	7. 00
8.00	21) Tellevision and radio service (chapter 21)		0		0.00	0	8. 00
9. 00 10. 00	Parking Lot (chapter 21) Provider-based physician	A-8-2	0 -18, 291, 524		0.00	0	9. 00 10. 00
11. 00	adjustment Sale of scrap, waste, etc.		0		0.00	0	11. 00
12. 00	(chapter 23) Related organization transactions (chapter 10)	A-8-1	32, 525, 139			0	12. 00
13. 00 14. 00	Laundry and Linen service Cafeteria-employees and quests		0		0. 00 0. 00	0	13. 00 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		0		0.00	0	16. 00
17. 00	patients Sale of drugs to other than		0		0. 00	0	17. 00
18. 00	patients Sale of medical records and		0		0.00	0	18. 00
19. 00	Nursing and allied health education (tuition, fees,		0		0. 00	0	19. 00
20. 00	books, etc.) Vending machines		0		0.00	0	20. 00
21. 00	Income from imposition of interest, finance or penalty		0		0. 00	0	21. 00
22. 00	charges (chapter 21) Interest expense on Medicare overpayments and borrowings to		0		0.00	0	22. 00
23. 00	repay Medicare overpayments Adjustment for respiratory	A-8-3	0	RESPI RATORY THERAPY	65. 00		23. 00
24. 00	therapy costs in excess of limitation (chapter 14) Adjustment for physical	A-8-3	0	PHYSI CAL THERAPY	66. 00		24. 00
	therapy costs in excess of limitation (chapter 14)						
25. 00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114. 00		25. 00
26. 00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26. 00
26. 01	Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP		0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1. 01	0	26. 01
26. 02	Depreciation - CAP REL COSTS INTEREST EXPENSE			CAP REL COSTS INTEREST EXPENSE	1. 02	0	26. 02
27. 00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2. 00	0	27. 00

Health Financial Systems
ADJUSTMENTS TO EXPENSES In Lieu of Form CMS-2552-10
Worksheet A-8 Peri od: Wo From 01/01/2018 Provi der CCN: 15-0173

Suppress Class Finant on Individual Control	To 12/31/2018					Date/Time Prep 5/28/2019 6:14		
Cost Center Description							5/28/2019 0. 1	4 PIII
27.01					To/From Which the Amount is	to be Adjusted		
27.01								
27.01								
22 00 Depreciation - CAP REL DOIS - MORNESS DOIS		Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
20 00	27 01	Depreciation - CAP PEL	1.00					27 01
29.00 Physicians assistant	27.01			0		2.01	0	27.01
30.00 Adjustment for occupational heritary costs in occupational heritary costs in occupational heritary costs in occupation and literate heritary costs in occupation (Applied 14)				0	*** Cost Center Deleted ***			
Therapy costs In excess of			A-8-3	0	OCCUPATIONAL THERAPY			
10 10 10 10 10 10 10 10		therapy costs in excess of				27.00		
Instructions A -8-3 OSPECI PATHOLOGY	30 99			0	ADULTS & PEDLATRICS	30 00		30 99
10 10 10 10 10 10 10 10		instructions)						
Initiate Total pate Total	31. 00		A-8-3	0	SPEECH PAIHOLOGY	68. 00		31. 00
Depreciatión and Interest		limitation (chapter 14)						
33.00 LAPLOYCE BENEFITS A -25,880,99 LAPLOYCE BENEFITS DEPARTMENT 4,00 0,33,00	32. 00			0		0. 00	0	32. 00
33.02 JUNIONITE SITUATIONS A	33. 00		A	-25, 880, 939	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	33. 00
33.03 JANGONTEO SITUATIONS A		1			1			
13.30 WINDONTE SITUATIONS A 1,243 ASC (MON-DISTINCT PART) 75.01 0 33.04		1	1		l e			
33.06 ACCRUED PTO			1					
33.07 ACCRUED PTO A -52,029 OTHER ADMINISTRATIVE & 5.06 0 33.07			A			91.00	0	33. 05
GENERAL			1		l e			
33.09 ACCRUED PTO A -6.63CARDI AC CATHETERI ZATION 59.00 0 33.08	33.07	ACCRUED PIO	A	-52, 028		5.06	0	33.07
33. 10 CONTRIBUTION EXPENSE A			A		CARDIAC CATHETERIZATION	59. 00	0	
SCENERAL		1						
33.11 AMF ONTER BUTTON EXPENSE A -500/CARDIAC CATHETERI ZATION 59.00 0 33.11	33. 10	CONTRIBUTION EXPENSE	A	-405, 533	l .	5.00	0	33. 10
CENERAL S. 0.6 O. 33. 13			1		CARDIAC CATHETERIZATION		0	
33. 12 MI SCELLANEOUS INCOME B	33. 12	HAF OFFSET	A	-12, 795, 096		5. 06	0	33. 12
33 14 MI SCELLANEOUS NCOME B -211, 428 OPERATION OF PLANT 7, 00 0 33, 14	33. 13	MI SCELLANEOUS I NCOME	В	-169, 458	l e	5. 06	0	33. 13
33 15 MI SCELLANEOUS I NCOME B	33 1/	MI SCELLANEOUS I NOOME	R	_211_/28	l e	7 00	0	33 14
MI SCELLANEOUS I NCOME		1						
33. 17 MISCELLANEOUS INCOME B -75, 121 NURS ING ADMINI STRATION 13. 00 0 33. 17								00.47
33. 18 MI SCELLANEOUS I NCOME B		1						
33. 20 MI SCELLANEOUS I NCOME B -76, 264 PHARMACY 15, 00 0 33, 20					l e			
33. 21 MI SCELLANEOUS I NCOME B -55, 244 &R SERVI CES-OTHER PRGM. 22. 00 0 33. 21		MI SCELLANEOUS I NCOME				14. 00	0	33. 19
COSTS APPRVD		1						
33. 22 MI SCELLANEOUS INCOME B -32, 250 MENTAL INTENSIVE CARE UNIT 35. 00 0 33. 22 33. 23 MI SCELLANEOUS INCOME B -38, 255 DELI VERY ROOM & LABOR ROOM 52. 00 0 33. 23 33. 24 MI SCELLANEOUS INCOME B -144, 524 ANESTHESI OLOGY 53. 00 0 33. 24 33. 25 MI SCELLANEOUS INCOME B -3, 800 RADIO LOGY -DI AGNOSTI 54. 00 0 33. 25 33. 26 MI SCELLANEOUS INCOME B -3, 800 RADIO LOGY -DI AGNOSTI 54. 00 0 33. 25 33. 27 MI SCELLANEOUS INCOME B -20, 800 LECTROCARDI OLOGY 69. 00 0 33. 25 33. 28 TELEPHONE EXPENSE A -9, 882 OTHER ADMINISTRATI VE & 5. 06 0 33. 28 33. 29 NON-ALLOWABLE MARKETI NG A -50 ADMINISTRATI VE & 5. 06 0 33. 30 33. 30 NON-ALLOWABLE MARKETI NG A -24, 557 OTHER ADMINISTRATI VE & 5. 06 0 33. 30 33. 31 NON-ALLOWABLE MARKETI NG A -48 NURSI NG ADMINISTRATI ON 13. 00 0 33. 32 33. 33 NON-ALLOWABLE MARKETI NG A -88 NURSI NG ADMINISTRATI ON 13. 00 0 33. 32 33. 34 NON-ALLOWABLE MARKETI NG A -3, 389 & R SERVI CES-OTHER PRGM. 22. 00 0 33. 34 33. 35 NON-ALLOWABLE MARKETI NG A -79 BPARMACY 23. 00 0 33. 35 33. 36 NON-ALLOWABLE MARKETI NG A -79 SPARMED ED PRGM - PHARMACY 23. 00 0 33. 35 33. 36 NON-ALLOWABLE MARKETI NG A -79 BPARMACY 23. 00 0 33. 36 33. 37 NON-ALLOWABLE MARKETI NG A -79 BPARMACY 25. 00 0 33. 36 33. 38 NON-ALLOWABLE MARKETI NG A -79 BPARMACY 25. 00 0 33. 36 33. 39 NON-ALLOWABLE MARKETI NG A -79 BPARMACY 25. 00 0 33. 36 33. 30 NON-ALLOWABLE MARKETI NG A -79 BPARMACY 25. 00 0 33. 36 33. 34 NON-ALLOWABLE MARKETI NG A -79 BPARMACY 25. 00 0 33. 36 33. 34 NON-ALLOWABLE MARKETI NG A -79 BPARMACY 25. 00 0 33. 36 33. 34 NON-ALLOWABLE MARKETI NG A -79 BPARMACY 25. 00 0 33. 36 33. 34 NON-ALLOWABLE MARKETI NG A -79 BPARMACY	33. 21	MI SCELLANEOUS INCOME	В	-55, 244		22. 00	0	33. 21
33. 24 MI SCELLANEOUS I NCOME B -144, 524 ANESTHESI OLOGY 53. 00 0 33. 24 33. 25 MI SCELLANEOUS I NCOME B -3, 800 RADI OLOGY-DI AGNOSTI C 54. 00 0 33. 25 33. 26 MI SCELLANEOUS I NCOME B -20, 800 ELECTROCARDI OLOGY 69. 00 0 33. 26 33. 27 MI SCELLANEOUS I NCOME B -1, 364, 380 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 33. 26 33. 28 TELEPHONE EXPENSE A -9, 882 OTHER ADMI NI STRATI VE & 5. 06 0 33. 28 33. 29 NON-ALLOWABLE MARKETI NG A -50 ADMITTI NG 5. 01 0 33. 29 33. 30 NON-ALLOWABLE MARKETI NG A -24, 557 OTHER ADMI NI STRATI VE & 5. 06 0 33. 30 33. 31 NON-ALLOWABLE MARKETI NG A -48 NURSI NG ADMI NI STRATI ON 13. 00 0 33. 31 33. 32 NON-ALLOWABLE MARKETI NG A -48 NURSI NG ADMI NI STRATI ON 15. 00 0 33. 32 33. 33 NON-ALLOWABLE MARKETI NG A -3, 389 MAR SERVI (CS-OTHER PRGM. 22. 00 0 33. 33 33. 34 NON-ALLOWABLE MARKETI NG A -915 PARAMED ED PRGM - PHARMACY 23. 00 0 33. 35 33. 35 NON-ALLOWABLE MARKETI NG A -1, 442 DUIL TS & PEDI ATRI CS 30. 00 0 33. 35 33. 36 NON-ALLOWABLE MARKETI NG A -75 NEONATAL I NTENSI VE CARE UNIT 35. 00 0 33. 36 33. 36 NON-ALLOWABLE MARKETI NG A -798 DUIL TS & PEDI ATRI CS 30. 00 0 33. 36 33. 36 NON-ALLOWABLE MARKETI NG A -798 DUIL TS & PEDI ATRI CS 30. 00 0 33. 36 33. 39 NON-ALLOWABLE MARKETI NG A -798 DUIL TS & PEDI ATRI CS 30. 00 0 33. 37 33. 39 NON-ALLOWABLE MARKETI NG A -798 DUIL TS & PEDI ATRI CS 30. 00 0 33. 37 33. 39 NON-ALLOWABLE MARKETI NG A -798 DUIL TS & PEDI ATRI CS 30. 00 0 33. 38 33. 30 NON-ALLOWABLE MARKETI NG A -798 DUIL TS & PEDI ATRI CS 30. 00 0 33. 39 33. 30 NON-ALLOWABLE MARKETI NG A -798 DUIL TS & PEDI ATRI CS 30. 00 0 33. 39 33. 40 NON-ALLOWABLE MARKETI NG A -798 DUIL TS & PEDI ATRI CS 30. 00 0 33. 39		1	1		NEONATAL INTENSIVE CARE UNIT			
33. 25 MI SCELLANEOUS I NCOME B		1		·	l .		-	
33. 26 MI SCELLANEOUS I NCOME B							-	
33. 27 MI SCELLANEOUS I NCOME B		1			l .		-	
GENERAL GENE		MI SCELLANEOUS I NCOME					0	
33. 29 NON-ALLOWABLE MARKETING A -50 ADMINISTRATIVE & 5. 01 0 33. 29	33. 28	TELEPHONE EXPENSE	A	-9, 882		5. 06	0	33. 28
GENERAL 33.31 NON-ALLOWABLE MARKETI NG	33. 29	NON-ALLOWABLE MARKETING	A	-50		5. 01	0	33. 29
33. 31 NON-ALLOWABLE MARKETING A -48 NURSING ADMINISTRATION 13. 00 0 33. 31 33. 32 NON-ALLOWABLE MARKETING A 833 PHARMACY 15. 00 0 33. 32 33. 33 NON-ALLOWABLE MARKETING A -3, 389 I & R SERVI CES-OTHER PRGM. COSTS APPRVD 22. 00 0 33. 33 33. 34 NON-ALLOWABLE MARKETING A -915 PARAMED ED PRGM - PHARMACY 23. 00 0 33. 34 33. 35 NON-ALLOWABLE MARKETING A -1, 442 ADULTS & PEDIATRICS 30. 00 0 33. 35 33. 36 NON-ALLOWABLE MARKETING A -75 NEONATAL INTENSIVE CARE UNIT 35. 00 0 33. 36 33. 38 NON-ALLOWABLE MARKETING A -584 OPERATING ROOM 50. 00 0 33. 37 33. 39 NON-ALLOWABLE MARKETING A -798 DELIVERY ROOM & LABOR ROOM 50. 00 0 33. 38 33. 40 NON-ALLOWABLE MARKETING A -250 RESPI RATORY THERAPY 65. 00 0 33. 40 33. 41 NON-ALLOWABLE MARKETING A	33. 30	NON-ALLOWABLE MARKETING	A			5. 06	0	33. 30
33. 32 NON-ALLOWABLE MARKETING A 833 PHARMACY 15. 00 0 33. 32 33. 33 NON-ALLOWABLE MARKETING A -3, 389 I &R SERVICES-OTHER PRGM. 22. 00 0 33. 33 33. 34 NON-ALLOWABLE MARKETING A -915 PARAMED ED PRGM - PHARMACY 23. 00 0 33. 34 33. 35 NON-ALLOWABLE MARKETING A -1, 442 ADULTS & PEDI ATRICS 30. 00 0 33. 35 33. 36 NON-ALLOWABLE MARKETING A -75 NEONATAL INTENSIVE CARE UNIT 35. 00 0 33. 36 33. 37 NON-ALLOWABLE MARKETING A -584 OPERATING ROOM 50. 00 0 33. 37 33. 39 NON-ALLOWABLE MARKETING A -798 DELI VERY ROOM & LABOR ROOM 52. 00 0 33. 38 33. 40 NON-ALLOWABLE MARKETING A -250 RESPI RATORY THERAPY 65. 00 0 33. 40 33. 41 NON-ALLOWABLE MARKETING A -1, 289 SLEEP CLINIC 90. 01 0 33. 41 33. 42 NON-ALLOWABLE MARKETING A -1, 289 SLEEP C	33 31	NON-ALLOWABLE MARKETING	A			13 00	0	33 31
COSTS APPRVD 33. 34 NON-ALLOWABLE MARKETING A -915 PARAMED ED PRGM - PHARMACY 23. 00 0 33. 34 33. 35 NON-ALLOWABLE MARKETING A -1,442 ADULTS & PEDIATRICS 30. 00 0 33. 35 33. 36 NON-ALLOWABLE MARKETING A -75 NEONATAL INTENSIVE CARE UNIT 35. 00 0 33. 35 33. 37 NON-ALLOWABLE MARKETING A -584 OPERATING ROOM 50. 00 0 33. 37 33. 38 NON-ALLOWABLE MARKETING A -798 DELIVERY ROOM & LABOR ROOM 52. 00 0 33. 38 33. 39 NON-ALLOWABLE MARKETING A -250 RESPIRATORY THERAPY 65. 00 0 33. 39 33. 40 NON-ALLOWABLE MARKETING A -2, 121 ASC (NON-DISTINCT PART) 75. 01 0 33. 40 33. 41 NON-ALLOWABLE MARKETING A -1, 289 SLEEP CLINIC 90. 01 0 33. 41 33. 42 NON-ALLOWABLE MARKETING A -100 EMERGENCY 91. 00 0 33. 43 33. 44 RECRUITMENT A -285, 901 OTHER ADMINISTRATIVE & 5. 06 0 33. 44		1	1		l .			
33. 34 NON-ALLOWABLE MARKETING A -915 PARAMED ED PRGM - PHARMACY 23. 00 0 33. 34 33. 35 NON-ALLOWABLE MARKETING A -1,442 ADULTS & PEDIATRICS 30. 00 0 33. 35 33. 36 NON-ALLOWABLE MARKETING A -75 NEONATAL INTENSIVE CARE UNIT 35. 00 0 33. 36 33. 37 NON-ALLOWABLE MARKETING A -584 OPERATING ROOM 50. 00 0 33. 36 33. 38 NON-ALLOWABLE MARKETING A -798 DELIVERY ROOM & LABOR ROOM 50. 00 0 33. 38 33. 39 NON-ALLOWABLE MARKETING A -250 RESPIRATORY THERAPY 65. 00 0 33. 39 33. 40 NON-ALLOWABLE MARKETING A -2, 121 ASC (NON-DISTINCT PART) 75. 01 0 33. 40 33. 41 NON-ALLOWABLE MARKETING A -1, 289 SLEEP CLINIC 90. 01 0 33. 41 33. 42 NON-ALLOWABLE MARKETING A -44 ARNETT CANCER CARE CENTER 90. 03 0 33. 42 33. 43 NON-ALLOWABLE MARKETING A -285, 901 OTHER ADMINISTRATIVE & 5. 06 0 33. 44	33. 33	NON-ALLOWABLE MARKETING	A	-3, 389	I .	22. 00	0	33. 33
33. 35 NON-ALLOWABLE MARKETING A -1, 442 ADULTS & PEDIATRICS 30. 00 0 33. 35 33. 36 NON-ALLOWABLE MARKETING A -75 NEONATAL INTENSIVE CARE UNIT 35. 00 0 33. 36 33. 37 NON-ALLOWABLE MARKETING A -584 OPERATING ROOM 50. 00 0 33. 37 33. 38 NON-ALLOWABLE MARKETING A -798 DELIVERY ROOM & LABOR ROOM 52. 00 0 33. 38 33. 40 NON-ALLOWABLE MARKETING A -250 RESPIRATORY THERAPY 65. 00 0 33. 39 33. 41 NON-ALLOWABLE MARKETING A -2, 121 ASC (NON-DISTINCT PART) 75. 01 0 33. 40 33. 42 NON-ALLOWABLE MARKETING A -1, 289 SLEEP CLINIC 90. 01 0 33. 41 33. 43 NON-ALLOWABLE MARKETING A -44 ARNETT CANCER CARE CENTER 90. 03 0 33. 42 33. 43 NON-ALLOWABLE MARKETING A -100 EMERGENCY 91. 00 0 33. 43 33. 44 RECRUITMENT A -285, 901 OTHER ADMINISTRATIVE & 5. 06 0 33. 44	33. 34	NON-ALLOWABLE MARKETING	A	-915	l .	23. 00	o	33. 34
33. 37 NON-ALLOWABLE MARKETING A -584 OPERATING ROOM 50.00 0 33. 37 33. 38 NON-ALLOWABLE MARKETING A -798 DELIVERY ROOM & LABOR ROOM 52.00 0 33. 38 33. 39 NON-ALLOWABLE MARKETING A -250 RESPIRATORY THERAPY 65.00 0 33. 39 33. 40 NON-ALLOWABLE MARKETING A -2, 121 ASC (NON-DISTINCT PART) 75.01 0 33. 40 33. 41 NON-ALLOWABLE MARKETING A -1, 289 SLEEP CLINIC 90.01 0 33. 41 33. 42 NON-ALLOWABLE MARKETING A -44 ARNETT CANCER CARE CENTER 90.03 0 33. 42 33. 43 NON-ALLOWABLE MARKETING A -100 EMERGENCY 91.00 0 33. 43 33. 44 RECRUITMENT A -285, 901 OTHER ADMINISTRATIVE & 5.06 0 33. 44			1				0	
33. 38 NON-ALLOWABLE MARKETING A -798 DELIVERY ROOM & LABOR ROOM 52.00 O 33.38 33. 39 NON-ALLOWABLE MARKETING A -250 RESPIRATORY THERAPY 65.00 O 33.39 33. 40 NON-ALLOWABLE MARKETING A -2,121 ASC (NON-DISTINCT PART) 75.01 O 33.40 33. 41 NON-ALLOWABLE MARKETING A -1,289 SLEEP CLINIC 90.01 O 33.41 33. 42 NON-ALLOWABLE MARKETING A -44 ARNETT CANCER CARE CENTER 90.03 O 33.42 33. 43 NON-ALLOWABLE MARKETING A -100 EMERGENCY 91.00 O 33.43 33. 44 RECRUITMENT A -285, 901 OTHER ADMINISTRATIVE & 5.06 O 33.44		1	1		l .		_	
33. 39 NON-ALLOWABLE MARKETING A -250 RESPIRATORY THERAPY 65. 00 0 33. 39 33. 40 NON-ALLOWABLE MARKETING A -2, 121 ASC (NON-DISTINCT PART) 75. 01 0 33. 40 33. 41 NON-ALLOWABLE MARKETING A -1, 289 SLEEP CLINIC 90. 01 0 33. 41 33. 42 NON-ALLOWABLE MARKETING A -44 ARNETT CANCER CARE CENTER 90. 03 0 33. 42 33. 43 NON-ALLOWABLE MARKETING A -100 EMERGENCY 91. 00 0 33. 43 33. 44 RECRUITMENT A -285, 901 OTHER ADMINISTRATIVE & GENERAL 5. 06 0 33. 44		1	1		l e		-	
33. 40 NON-ALLOWABLE MARKETING A -2, 121 ASC (NON-DISTINCT PART) 75. 01 0 33. 40 33. 41 NON-ALLOWABLE MARKETING A -1, 289 SLEEP CLINIC 90. 01 0 33. 41 33. 42 NON-ALLOWABLE MARKETING A -44 ARNETT CANCER CARE CENTER 90. 03 0 33. 42 33. 43 NON-ALLOWABLE MARKETING A -100 EMERGENCY 91. 00 0 33. 43 33. 44 RECRUITMENT A -285, 901 OTHER ADMINISTRATIVE & GENERAL 5. 06 0 33. 44		1	1		l e			
33. 42 NON-ALLOWABLE MARKETING A -44 ARNETT CANCER CARE CENTER 90. 03 0 33. 42 33. 43 NON-ALLOWABLE MARKETING A -100 EMERGENCY 91. 00 0 33. 43 33. 44 RECRUITMENT A -285, 901 OTHER ADMINISTRATIVE & 5. 06 0 33. 44	33. 40	NON-ALLOWABLE MARKETING	A	-2, 121	ASC (NON-DISTINCT PART)	75. 01		33. 40
33. 43 NON-ALLOWABLE MARKETING A -100 EMERGENCY 91. 00 0 33. 43 33. 44 RECRUITMENT A -285, 901 OTHER ADMINISTRATIVE & 5. 06 0 33. 44 GENERAL		1	1		l e			
33. 44 RECRUI TMENT A -285, 901 OTHER ADMI NI STRATI VE & 5. 06 0 33. 44 GENERAL			1					
GENERAL			1		l e			
33. 45 KEUKUI IMENT A -424 ANESTHESTULUGY 53. 00 0 33. 45	22 45		Δ.		GENERAL			
	33. 45	KECKUI IMENI	A	-424	FIAINE STHE STULUGY	53. 00	0	33. 45

Health Financial Systems		IU HEALTH ARNI	ETT HOSPITAL	In Li€	eu of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES				Peri od: From 01/01/2018	Worksheet A-8	
					Date/Time Pre 5/28/2019 6:1	
			Expense Classification o	n Worksheet A		
			To/From Which the Amount is	to be Adjusted		
				•		
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
	1.00	2. 00	3.00	4. 00	5. 00	
50.00 TOTAL (sum of lines 1 thru 49)		-31, 734, 288				50.00
(Transfer to Worksheet A,						
column 6, line 200.)						

- (1) Description all chapter references in this column pertain to CMS Pub. 15-1.(2) Basis for adjustment (see instructions).

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

 B. Amount Received if cost cannot be determined.

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

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

Provider CCN: 15-0173 | Period: From 01/01/2018

120, 167, 497

Worksheet A-8-1

87, 642, 358

5.00

12/31/2018 Date/Time Prepared: 5/28/2019 6:14 pm Li ne No. Cost Center Expense I tems Amount of Amount Allowable Cost Included in Wks. A, column 3.00 4.00 5.00 1.00 2.00 COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS 1.00 CAP REL COSTS-BLDG & FIXT 1.00 HOME OFFICE ALLOCATION 1, 086, 334 1.00 1. 02 CAP REL COSTS INTEREST EXPEN HOME OFFICE ALLOCATION 185.584 0 2.00 2.00 2. 00 CAP REL COSTS-MVBLE EQUIP HOME OFFICE ALLOCATION 0 3.00 3, 810, 079 3.00 4.00 4. 00 EMPLOYEE BENEFITS DEPARTMENT HOME OFFICE ALLOCATION 33, 164, 772 0 4.00 4.01 5. 06 OTHER ADMINISTRATIVE & GENER HOME OFFICE ALLOCATION 55, 043, 467 60, 765, 097 4.01 1. 02 CAP REL COSTS INTEREST EXPEN RELATED PARTY 11, 616, 983 4 02 11, 616, 983 4 02 4. 00 EMPLOYEE BENEFITS DEPARTMENT 4.03 RELATED PARTY 38, 976 38, 976 4.03 4.04 5.06 OTHER ADMINISTRATIVE & GENER RELATED PARTY 1, 072, 093 1, 072, 093 4.04 4.05 7. OOOPERATION OF PLANT RELATED PARTY 262, 143 4.05 262, 143 7. 01 OPERATION OF PLANT - NONHOSP 4.06 RELATED PARTY 324, 281 324, 281 4.06 4.07 50. 00 OPERATING ROOM RELATED PARTY 367, 735 367, 735 4.07 4.08 54. 00 RADI OLOGY-DI AGNOSTI C RELATED PARTY 14, 583 14, 583 4.08 60 OOL ABORATORY RELATED PARTY 7, 959, 174 7 959 174 4 09 4 09 4.10 70. 00 ELECTROENCEPHALOGRAPHY RELATED PARTY 12,000 12,000 4.10 192.00 PHYSICIANS' PRIVATE OFFICES RELATED PARTY 5, 209, 293 5, 209, 293 4.11 4.11

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

			Related Organization(s) and/	or Home Office	
Symbol (1)	Name	Percentage of	Name	Percentage of	
		Ownershi p		Ownershi p	
1. 00	2.00	3. 00	4. 00	5. 00	
B. INTERRELATIONSHIP TO RELAT	TED ORGANIZATION(S) AND/OR HO	ME OFFICE:			

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

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

6.00	В	IU HEALTH	100.00	IU HEALTH	100. 00	6. 00
7.00			0.00		0. 00	7. 00
8.00			0.00		0. 00	8. 00
9.00			0.00		0. 00	9. 00
10.00			0.00		0. 00	10.00
100.00	G. Other (financial or					100.00
	non-financial) specify:					

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

5.00

				10 12/31/2016	5/28/2019 6: 14 pm
	Net	Wkst. A-7 Ref.			
	Adjustments				
	(col. 4 minus				
	col. 5)*				
	6. 00	7. 00			
	A. COSTS INCUR	RED AND ADJUSTN	ENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED OF	RGANIZATIONS OR (CLAIMED
	HOME OFFICE CO				
1.00	1, 086, 334	1			1.00
2.00	185, 584	1			2.00
3.00	3, 810, 079				3.00
4.00	33, 164, 772				4.00
4. 01	-5, 721, 630	0			4. 0
4. 02	0	11			4. 02
4. 03	0	0			4. 03
4.04	0	0			4.04
4.05	0	0			4. 0!
4.06	0	0			4.00
4.07	0	0			4. 0
4.08	0	0			4. 08
4.09	0	0			4.09
4. 10	0	0			4. 10
4. 11	0	0			4. 1
5. 00	32, 525, 139				5. 00
4		4 4 6 1 1			

* 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

Deleted Organization(a)	
Rel ated 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.

	HEALTHCARE	6. 00
7. 00 8. 00		7.00
8.00		8.00
9. 00 10. 00 100. 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.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

| Period: | Worksheet A-8-2 | From 01/01/2018 | To 12/31/2018 | Date/Time Prepared: Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT Provider CCN: 15-0173

						To 12/31/2018	Date/Time Pre 5/28/2019 6:1	
	Wkst. A Line #		Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	7. 00	
1. 00	5. 06	OTHER ADMINISTRATIVE & GENERAL	479, 823	28, 400	451, 423	211, 500	2, 474	1. 00
2. 00	22. 00	I &R SERVI CES-OTHER PRGM. COSTS APPRVD	275, 820	0	275, 820	179, 000	2, 103	2. 00
3.00	30.00	ADULTS & PEDIATRICS	7, 552, 111	7, 108, 585	443, 526	211, 500	2, 080	3.00
4.00	31. 00	INTENSIVE CARE UNIT	1, 162, 000	0	1, 162, 000	211, 500	8, 760	4.00
5.00	35. 00	NEONATAL INTENSIVE CARE UNIT	1, 376, 286	901, 814	474, 472	211, 500	2, 745	5. 00
6.00	50.00	OPERATING ROOM	30, 841	30, 841	0	246, 400	0	6. 00
7.00	53. 00	ANESTHESI OLOGY	9, 545, 979	8, 952, 710	593, 269	239, 400	2, 758	7. 00
8.00	91. 00	EMERGENCY	1, 578, 608	0	1, 578, 608	211, 500	21, 916	8. 00
9.00	0.00		0	0	0	0	0	9. 00
10.00	0.00		0	0	0	0	0	10.00
200.00			22, 001, 468					200.00
	Wkst. A Line #		Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE		Component	of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
4.00	1.00	2.00	8.00	9.00	12. 00	13.00	14. 00	1.00
1. 00		OTHER ADMINISTRATIVE & GENERAL	251, 563			0		1. 00
2. 00	22. 00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	180, 979	9, 049	0	0	0	2. 00
3.00	30.00	ADULTS & PEDIATRICS	211, 500	10, 575	0	0	0	3.00
4.00	31. 00	INTENSIVE CARE UNIT	890, 740	44, 537	0	0	0	4.00
5.00		NEONATAL INTENSIVE CARE UNIT	279, 119	13, 956	0	0	0	5.00
6.00		OPERATING ROOM	0	0	0	0	0	6. 00
7. 00		ANESTHESI OLOGY	317, 435		0	0	0	7. 00
8.00		EMERGENCY	2, 228, 478			0	0	8. 00
9.00	0. 00	MI CONTRACTOR OF THE CONTRACTO	0	0	0	0	0	9. 00
10.00	0. 00		0	0	0	0	0	10. 00
200.00			4, 359, 814		0	0	0	200. 00
	Wkst. A Line #	1	Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
	1. 00	2.00	14 15. 00	16. 00	17. 00	18. 00		
1. 00		OTHER ADMINISTRATIVE &	15.00			228, 260		1. 00
1.00	5.00	GENERAL		251, 503	199,000	220, 200		1.00
2. 00	22. 00	I &R SERVI CES-OTHER PRGM. COSTS APPRVD	О	180, 979	94, 841	94, 841		2. 00
3. 00	30 00	ADULTS & PEDIATRICS	_	211, 500	232, 026	7, 340, 611		3. 00
4. 00		INTENSIVE CARE UNIT		890, 740		271, 260		4. 00
5.00		NEONATAL INTENSIVE CARE UNIT		279, 119		1, 097, 167		5. 00
6. 00		OPERATING ROOM		2/7, 119	170, 303	30, 841		6. 00
7. 00		ANESTHESI OLOGY	0	317, 435	275, 834	9, 228, 544		7. 00
8. 00		EMERGENCY		2, 228, 478		9, 220, 344		8. 00
9. 00	0.00	MI CONTRACTOR OF THE CONTRACTO		2,220,470		0		9. 00
10. 00	0.00	All controls and the second se				0		10. 00
200.00	0.00			4, 359, 814	1, 269, 174	18, 291, 524		200. 00
200.00	I	I	1	1 4, 557, 614	1,207,174	10, 2, 1, 324	ı I	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Peri od: Worksheet B From 01/01/2018 Part I To 12/31/2018 Date/Time Prepared:

5/28/2019 6:14 pm CAPITAL RELATED COSTS Cost Center Description Net Expenses BLDG & FIXT BLDG & FIXT - CAP REL COSTS MVBLE EQUIP for Cost NONHOSP INTEREST **FXPENSE** Allocation (from Wkst A col. 7) 1.00 1. 01 1. 02 2.00 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 5, 842, 300 5, 842, 300 1 00 1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 3, 349, 100 3, 349, 100 1.01 1.02 00102 CAP REL COSTS INTEREST EXPENSE 8, 695, 204 8, 695, 204 1.02 00200 CAP REL COSTS-MVBLE EQUIP 8, 224, 767 2 00 8, 224, 767 2 00 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 2.01 1, 720, 638 0 2.01 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 34, 134, 991 4.00 5.01 00570 ADMITTING 3, 509, 847 51, 740 29, 392 77,006 72,839 5.01 00590 OTHER ADMINISTRATIVE & GENERAL 64.517.357 240,085 227, 096 5 06 161, 313 172, 465 5 06 7.00 00700 OPERATION OF PLANT 8, 669, 007 1, 110, 796 1, 653, 218 1, 563, 774 7.00 00701 OPERATION OF PLANT - NONHOSPITAL 7.01 7, 314, 467 29, 755 7.01 00800 LAUNDRY & LINEN SERVICE 16, 507 8.00 8.00 0 9 00 00900 HOUSEKEEPI NG 3, 802, 549 56,044 1, 511 83.412 78, 899 9 00 10.00 01000 DI ETARY 1, 450, 842 133, 320 198, 423 187, 687 10.00 01100 CAFETERI A 11.00 67, 342 70,688 C 105, 206 99, 514 11.00 01300 NURSING ADMINISTRATION 216, 061 4. 165, 502 145, 172 204, 372 13.00 0 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 12, 381, 390 295, 069 765 439, 157 415, 397 14 00 86, 961 01500 PHARMACY 3, 640, 950 58, 429 82, 256 15.00 481 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 0 01700 SOCIAL SERVICE 17.00 459.068 0 0 17.00 01850 PATIENT TRANSPORT SERVICES 18.00 699, 964 19,050 0 28, 352 26, 818 18.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 249, 991 21.00 C 0 21.00 22.00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD 608, 875 17, 488 22.00 02300 PARAMED ED PRGM - PHARMACY 156, 547 118 2, 034 1, 924 23.00 1, 367 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 21, 259, 365 1, 624, 663 2, 418, 015 2, 287, 196 30.00 31.00 03100 INTENSIVE CARE UNIT 3, 412, 129 161, 255 0 239, 999 227.014 31.00 33.00 03300 BURN INTENSIVE CARE UNIT 0 Ω 33.00 03301 BURN INTENSIVE CARE UNIT 33.01 0 0 33.01 35.00 02060 NEONATAL INTENSIVE CARE UNIT 2, 466, 986 135, 719 0 201, 994 191, 065 35.00 04300 NURSERY 43.00 736, 446 60, 262 \cap 89, 688 84, 836 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 4, 923, 454 419, 591 3, 366 624, 485 590, 699 50.00 05100 RECOVERY ROOM 701, 045 59, 185 88, 087 83, 321 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 2, 552, 580 298, 716 52.00 200, 707 \cap 282, 554 52.00 53.00 05300 ANESTHESI OLOGY 2, 654, 138 15, 560 1, 492 23, 158 21, 905 53.00 53.01 05301 ASC ANESTHESI OLOGY 5,624 1, 148 53.01 0 05400 RADI OLOGY-DI AGNOSTI C 327, 133 54 00 4,010,294 219,800 0 309 434 54 00 05500 RADI OLOGY-THERAPEUTI C 55.00 0 Ω 55.00 56.00 05600 RADI OI SOTOPE 320, 733 25, 899 0 38, 546 36, 461 56.00 59.00 05900 CARDIAC CATHETERIZATION 1, 733, 025 110, 460 164, 400 155, 505 59.00 C 06000 LABORATORY 11, 894 8,046,785 131, 720 60 00 196 042 185, 435 60 00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 590, 792 9, 743 0 14, 501 13, 716 63.00 06500 RESPIRATORY THERAPY 1, 941, 809 14, 731 21, 924 65.00 0 20.738 65.00 66, 00 06600 PHYSI CAL THERAPY 530, 539 10, 383 0 15, 453 14.617 66, 00 06700 OCCUPATIONAL THERAPY 316, 713 5, 148 O 7, 247 67.00 67.00 7.662 68.00 06800 SPEECH PATHOLOGY 204, 707 4, 755 0 7,077 6, 694 68.00 1, 568, 913 06900 ELECTROCARDI OLOGY 69.00 32, 094 47, 766 45, 182 69.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 105, 110 70.00 C 0 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 7, 211, 219 C 0 0 71 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 11, 417, 258 0 72.00 0 07300 DRUGS CHARGED TO PATIENTS 73 00 34, 166, 204 0 Ω 73.00 07400 RENAL DIALYSIS 74 00 0 33, 676 31, 854 826, 242 22, 627 74 00 75.00 07500 ASC (NON-DISTINCT PART) 0 75.00 07501 ASC (NON-DISTINCT PART) 75.01 75.01 4,048,734 330, 946 0 0 03950 CARDI AC CATHERI ZATI ON 0 76.00 0 0 76, 00 07697 CARDIAC REHABILITATION 489, 230 27, 930 76.97 Ω 0 0 76.97 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLI NI C 90.00 90.01 04950 SLEEP CLINIC 518.857 60.688 90.01 0 0 0 09002 ARNETT CANCER CARE CENTER 90.03 2, 171, 182 r 123, 721 0 90.03 Λ 09003 OUTPATIENT INFUSION CENTER 17, 767 90.04 771 1, 147 1,085 90.04 91.00 09100 EMERGENCY 6, 982, 535 375, 558 0 558, 951 528, 710 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 92.01 09201 OBSERVATION BEDS (DISTINCT PART) C 0 92.01 93.00 04951 OTHER OUTPATIENT SERVICES 0 93.00 SPECIAL PURPOSE COST CENTERS 118.00 8, 085, 844 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 299, 607, 620 5, 743, 619 813, 160 8, 548, 335

			Т	o 12/31/2018	Date/Time Pre 5/28/2019 6:1			
			CAPITAL RE	CAPITAL RELATED COSTS				
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS I NTEREST EXPENSE	MVBLE EQUIP			
	0	1. 00	1. 01	1. 02	2. 00			
NONREI MBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	135, 697	34, 290	0	51, 034	48, 273	190. 00		
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00		
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	93, 521, 622	20, 606	2, 512, 053	30, 668	29, 009	192. 00		
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00		
193. 01 19301 RETAIL PHARMACY	5, 360, 237	0	0	0	0	193. 01		
193. 02 19302 WHI TE HOSPI TAL	1, 338, 957	22, 089	12, 169	32, 876	31, 097	193. 02		
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03		
193. 04 19304 FRANKFORT HOSPI TAL	1, 132, 629	21, 696	11, 718	32, 291	30, 544	193. 04		
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00		
200.00 Cross Foot Adjustments						200. 00		
201.00 Negative Cost Centers		0	0	0	0	201. 00		
202.00 TOTAL (sum lines 118 through 201)	401, 096, 762	5, 842, 300	3, 349, 100	8, 695, 204	8, 224, 767	202. 00		

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0173

			To	o 12/31/2018	Date/Time Prep 5/28/2019 6:14	
Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP - NONHOSP	EMPLOYEE BENEFITS DEPARTMENT	ADMI TTI NG	Subtotal	OTHER ADMINISTRATIVE & GENERAL	D
	2. 01	4. 00	5. 01	5A. 01	5. 06	
GENERAL SERVICE COST CENTERS 1.00 O0100 CAP REL COSTS-BLDG & FIXT 1.01 O0101 CAP REL COSTS-BLDG & FIXT NONHOSP 1.02 O0102 CAP REL COSTS INTEREST EXPENSE 2.00 O0200 CAP REL COSTS-MVBLE EQUIP NONHOSP 2.01 O0201 CAP REL COSTS-MVBLE EQUIP NONHOSP O0201 CAP REL COSTS-MVBLE O0201 O0201 CAP REL COSTS-MVBLE O0201 O0201	1, 720, 638					1. 00 1. 01 1. 02 2. 00 2. 01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.01 00570 ADMITTING 5.06 00590 OTHER ADMINISTRATIVE & GENERAL 7.00 00700 OPERATION OF PLANT 7.01 00701 OPERATION OF PLANT - NONHOSPITAL 8.00 00800 LAUNDRY & LINEN SERVICE 9.00 00900 HOUSEKEEPING	0 15, 100 88, 606 0 15, 287 0 776	34, 134, 991 553, 715 1, 259, 565 266, 300 68, 977 0 485, 854	4, 309, 639 0 0 0 0 0	66, 666, 487 13, 263, 095 7, 428, 486 16, 507 4, 509, 045	2, 643, 905 1, 480, 817 3, 291	4. 00 5. 01 5. 06 7. 00 7. 01 8. 00 9. 00
10. 00	0 0 0 393 247 0	110, 813 60, 188 732, 231 52, 655 584, 781	0 0 0 0	2, 081, 085 402, 938 5, 463, 338 13, 584, 826 4, 454, 105	414, 850 80, 323 1, 089, 078 2, 708, 040 887, 895	10. 00 11. 00 13. 00 14. 00 15. 00 16. 00
17. 00 01700 SOCIAL SERVICE 18. 00 01850 PATIENT TRANSPORT SERVICES 21. 00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 22. 00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD 23. 00 02300 PARAMED ED PRGM - PHARMACY INPATIENT ROUTINE SERVICE COST CENTERS	0 0 0 8, 985 61	82, 563 93, 091 0 118, 221 25, 293	0 0 0 0 0	541, 631 867, 275 249, 991 753, 569 187, 344	172, 885 49, 834 150, 219	18. 00 21. 00 22. 00
30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 33.00 03300 BURN INTENSIVE CARE UNIT 33.01 03301 BURN INTENSIVE CARE UNIT 35.00 02060 NEONATAL INTENSIVE CARE UNIT	0 0 0 0	4, 829, 240 450, 517 0 0 605, 274	361, 553 43, 280 0 0 41, 510	32, 780, 032 4, 534, 194 0 0 3, 642, 548	903, 860 0 0	31. 00 33. 00 33. 01
43. 00 O4300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	131, 193	10, 862	1, 113, 287		
50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 53. 01 05301 ASC ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C 55. 00 05500 RADI OLOGY-THERAPEUTI C	1, 729 0 0 766 590 0	797, 526 126, 901 449, 042 1, 688, 260 0 682, 670	377, 965 47, 460 70, 797 77, 263 10, 891 235, 279	7, 738, 815 1, 105, 999 3, 854, 396 4, 482, 542 18, 253 5, 784, 610	220, 473 768, 347 893, 563 3, 639	51. 00 52. 00 53. 00 53. 01
56. 00 05600 RADI OI SOTOPE 59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	6, 111 0 0 0 0 0	46, 571 248, 680 981 0 352, 072 96, 531 57, 608	39, 345 140, 392 158, 544 10, 859 39, 532 10, 557 5, 240	2, 552, 462 8, 737, 512 639, 611	101, 178 508, 815 1, 741, 762 127, 502 476, 590 135, 171	56. 00 59. 00 60. 00 63. 00 65. 00 66. 00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 73. 00 07300 DRUGS CHARGED TO PATI ENTS 74. 00 07400 RENAL DI ALYSI S	0 0 0 0 0	34, 118 270, 761 19, 238 0 0 0	77, 825 4, 826 102, 984 229, 672 487, 123 9, 189	262, 194 2, 042, 541 129, 174 7, 314, 203 11, 646, 930 34, 653, 327 923, 588	407, 166 25, 750 1, 458, 035 2, 321, 734 6, 907, 898 184, 111	70. 00 71. 00 72. 00 73. 00 74. 00
75. 00 07500 ASC (NON-DISTINCT PART) 75. 01 07501 ASC (NON-DISTINCT PART) 76. 00 03950 CARDIAC CATHERIZATION 76. 97 07697 CARDIAC REHABILITATION 0UTPATIENT SERVICE COST CENTERS	0 170, 027 0 14, 349	0 585, 235 0 60, 078	0 321, 698 0 344	5, 456, 640 0 591, 931	0	76. 00
90. 00	0 31, 179 63, 563 0 0	0 88, 786 147, 843 2, 749 827, 987	0 24, 785 59, 691 1, 743 488, 242	724, 295 2, 566, 000 25, 262 9, 761, 983	511, 514 5, 036 1, 945, 983	90. 03 90. 04 91. 00 92. 00
92. 01 09201 0BSERVATION BEDS (DISTINCT PART) 93. 00 04951 OTHER OUTPATIENT SERVICES SPECIAL PURPOSE COST CENTERS	0 0	0	0	0	0	92. 01 93. 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	417, 769	17, 094, 108	3, 494, 294	277, 528, 110	42, 033, 791	118. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	0	5, 484 0	0 0			190. 00 191. 00

| Period: | Worksheet B | From 01/01/2018 | Part | | Date/Time Prepared: | 5/28/2019 6:14 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS IU HEALTH ARNETT HOSPITAL Provider CCN: 15-0173

					5/28/2019 6: 1	4 pm
	CAPITAL RELATED COSTS					
Cost Center Description	MVBLE EQUIP -	EMPLOYEE	ADMITTING	Subtotal	OTHER	
	NONHOSP	BENEFITS			ADMI NI STRATI VE	
		DEPARTMENT			& GENERAL	
	2. 01	4.00	5. 01	5A. 01	5. 06	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1, 290, 597	16, 636, 475	799, 002	114, 840, 032	22, 892, 707	192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	115, 825	16, 343	5, 492, 405	1, 094, 872	193. 01
193. 02 19302 WHI TE HOSPI TAL	6, 252	154, 809	0	1, 598, 249	318, 600	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	6, 020	128, 290	0	1, 363, 188	271, 742	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments				0		200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	1, 720, 638	34, 134, 991	4, 309, 639	401, 096, 762	66, 666, 487	202. 00

Provider CCN: 15-0173

In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2018	Part
To 12/31/2018	Date/Time Prepared:
5/28/2019	6:14 pm

Case Center Description Case						'	0 12/31/2018	5/28/2019 6: 1	
STATES S			Cost Center Description				HOUSEKEEPI NG		•
CHARGE SERVICE DOST CHATTERS					NONHOSPI TAL		0.00	10.00	
1.00 1.00		GENER	AL SERVICE COST CENTERS	7.00	7.01	8.00	9.00	10.00	
1.02 001000 CAP REL DOSTS INTEREST EXPENSE	1.00								1.00
2 00 00000 CAP REL DOSTS-AVELE EQUI P - NONHOSP 4 00 00000 FURLY ERRET TS DEPARTMENT 4 CAPTER 1 15, 907,000	1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1. 01
2 00 00000 LOURS AVENUE EDUIL P. NONHOSP 2 01 0 00000 LOURS AVENUE EDUIL P. NONHOSP 3 0 0 00000 LOURS AVENUE EDUIL P. NONHOSP 3 0 0 0 00000 LOURS AVENUE EDUIL P. NONHOSP 3 0 0 0 00000 LOURS AVENUE P. NONHOSP 3 0 0 0 0 0000 LOURS AVENUE P. NONHOSP 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.02	00102	CAP REL COSTS INTEREST EXPENSE						1. 02
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5.06 0.0090 GUIHR AMMINISTRATION A GENERAL 15,907,000 2,000 0.0090 GENATION OF PLANT NONHOSPITAL 15,907,000 19,748 7,000 7,000 19,748 7,000 7,000 19,748 7,000 10,									•
0.0700 DOTATIO OF PERATION OF PLANT NONHOSPITAL 0 0 9.909, 303 0 7.000 0 1 9.98 1 1 9.88 1 1 1 9.88 1 1 1 9.88 1 1 1 9.88 1 1 1 9.88 1 1 1 1 1 1 1 1 1									1
7. 01 0.0791 0.				15, 907, 000					•
9.00 0.0900 INJEKEEPI NG				0					•
10.00 01000 DETARY				0	0	19, 798			ł
11.00 01300 (CAFETERIA) 248,864 0 0 13.672 0 11 00 14.00 (CAFETERIA) 11.00 13.00 1300 (CAFETERIA) 11.00 13.00 1300 (CAFETERIA) 11.00 1300 (CAFETER						1	l		•
13.00 01300 NURSIN CADMIN STRATION 511,070 0 89,689 0 13.00		1			_	1	l		
14.00 01400 CENTRAL SERVICES & SUPPLY 1.038,777 2.188 0 182,998 0 14.00 16		1					· · ·		•
15.00 01500 PIAMSHACY 205, 697		1				1	l		•
17.00 01700 SOCIAL SERVICE 0 0 0 0 0 17.00							l		•
18.00 01800 PATENT TRANSPORT SERVICES 0.7 0.64 0 0 0 0 0 0 0 0 0	16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21.00 02100 IAR SERVICES-SALARY & FRINCES APPRVD 0 49,79% 0 16,010 0 21,00 22.00 02200 IAR SERVICES-STHER PREMI LOSTS APPRVD 0 49,79% 0 16,010 0 22,00 23.00 02300 PARAMED ED PREMI - PHARMACY 4,812 337 0 952 0 23,00		1		0	_	0	0		1
22.00 02200 RAS SERVICES_OTHER PROM. COSTS APPRVD 0 49,978 0 16,010 0 22.00 1895T PARAMEDE DE PROM. PHARMEZY 4,812 3.37 0 99.2 0 23.00 1895T PARAMEZY 0 15.831 1,003,734 2,801,984 30.00 30.00 3000 AUITS & PEDIATRICS 5,719,546 0 1.5.831 1,003,734 2,801,984 30.00 31.00 30.00 30.00 0.300 BURN I NIFENSIVE CARE UNIT 0 0 0 0 0 0 0 33.00 33.00 33.00 0.300 BURN I NIFENSIVE CARE UNIT 7,779 0 0 0 0 0 0 33.00 33.00 33.00 0.300 BURN I NIFENSIVE CARE UNIT 7,779 0 0 0 0 0 0 0 0 0				67, 064	Ĭ	0	11, 769		•
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31.00 03100 INTENSIVE CARE UNIT				.,, ,,,,,					
33.00 03300 BURN INTERSIVE CARE UNIT 0 0 0 0 0 0 0 33.00	30.00			5, 719, 546	0			2, 801, 984	30. 00
33.01 03301 03400 0350 04300 04300 0 0 0 0 33.00 0350 0350 03500 04300				567, 690					1
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 477, 794 0 1,346 83,849 0 35. 00				0			0		•
143.00 04300 NURSERY 212, 148 0 1,243 37,230 0 43.00		1		477 794	_	1	83 849		•
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53.01 05301 ASC ANESTHESI OLOGY 0 3, 281 0 1, 051 0 53. 01 54.00 05400 RADIO LOGY—THERAPEUTI C 70. 0 0 0 135,795 0 54. 00 55.00 05500 RADIO LOGY—THERAPEUTI C 773,797 0 0 0 0 0 0 0 55.00 05500 RADIO LOGY—THERAPEUTI C 0 0 0 0 0 0 0 55.00 05500 RADIO LOGY—THERAPEUTI C 0 0 0 0 0 0 0 56.00 05600 RADIO LOGY—THERAPEUTI C 0 0 0 0 0 0 0 56.00 05600 RADIO LOGY—THERAPEUTI C 0 0 0 0 0 56.00 05600 RADIO LOGY—THERAPEUTI C 0 0 0 0 0 56.00 05600 RADIO LOGY—THERAPEUTI C 0 0 0 0 56.00 05600 RADIO LOGY—THERAPEUTI C 0 0 0 56.00 05600 05000 CARDIAC CATHETERI ZATI ON 388, 877 0 0 0 0 56.00 05600 05000 DAGRATORY 0 0 0 0 57.00 05000 05000 05000 05000 0							l		1
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59.00 05000 CARDI AC CATHETERI ZATI ON 388, 870 0 0 68, 243 0 59, 00		1		01 177			14 001		•
60.00 06000 LABORATORY				-			· · · · · · · · · · · · · · · · · · ·		•
63.00 06300 BLOOD STORI NG, PROCESSING & TRANS. 34,300 0 0 6,019 0 63.00 65.00 06500 RESPIRATORY THERAPY 51,860 0 0 9,101 0 65.00 66.00 06600 PHYSI CAL THERAPY 36,553 0 0 6,415 0 66.00 67.00 06700 0CCUPATI ONAL THERAPY 18,123 0 0 3,180 0 67.00 68.00 06800 SPEECH PATHOLOGY 16,740 0 0 2,938 0 68.00 69.00 06900 ELECTROCARDIOLOGY 112,985 0 0 19,828 0 69.00 69.00 07000 ELECTROCARDIOLOGY 112,985 0 0 0 0 0 0 70.00 07000 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 73.00 07300 PRUSS CHARGED TO PATIENTS 0 0 0 0 0 0 74.00 07400 RENAL DILALYSIS 79,658 0 0 13,979 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 945,794 0 302,972 0 75.01 76.00 07500 ASC (NON-DISTINCT PART) 0 945,794 0 302,972 0 75.01 76.00 07500 CARDIAC CATHERIZATION 0 945,794 0 302,972 0 75.01 76.00 07500 CARDIAC CATHERIZATION 0 0 0 0 0 0 76.00 07500 CARDIAC CATHERIZATION 0 79,819 0 25,569 0 76.00 76.00 07500 CARDIAC CATHERIZATION 0 0 0 0 0 0 76.00 07500 CARDIAC CATHERIZATION 0 0 0 0 0 0 76.00 07500 CARDIAC CATHERIZATION 0 0 0 0 0 0 76.00 07500 CARDIAC CATHERIZATION 0 0 0 0 0 0 76.00 07500 CARDIAC CATHERIZATION 0 0 0 0 0 0 76.00 07500 CARDIAC CATHERIZATION 0 0 0 0 0 0 76.00 07500 CARDIAC CATHERIZATION 0 0 0 0 0 0 76.00 07500 07500 07500 07500 07500 07500 76.00 07500 07500 07500 07500 07500 07500 07500 76.00 07500 07500 07500 07500 07500 07500 07500 07500 76.00 07500 07500 07500 07500 07500 07500 07500 07500 07500 07500 07500 07500 07500 0750							l		•
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73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 73. 00 74. 00 07400 RENAL DIALYSI S 79,658 0 0 0 13,979 0 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 75. 00 75. 01 07501 ASC (NON-DISTINCT PART) 0 945,794 0 302,972 0 75. 01 76. 00 03950 CARDIAC CATHERIZATION 0 79,819 0 25,569 0 76. 00 76. 07 07697 CARDIAC REHABILITATION 0 79,819 0 25,569 0 76. 97 0017PATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 0 0 79,819 0 55,558 0 90. 01 90. 01 04950 SLEEP CLINIC 0 0 173,436 0 55,558 0 90. 01 90. 03 90002 ARNETT CANCER CARE CENTER 0 353,575 0 113,263 0 90. 03 90. 04 09003 OUTPATIENT INFUSION CENTER 2,713 0 0 476 0 90. 04 91. 00 09100 EMERGENCY 1,322,136 0 0 132,2024 0 91. 00 92. 01 09200 DSSERVATION BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 DSSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 92. 01 93. 00 SPECIAL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 15,559,598 1,661,976 19,798 3,226,965 3,047,649 118. 00 191. 00 19100 RESEARCH 0 0 0 0 0 21,185 0 190. 00 192. 00 19200 OPPOSI GESEARCH 0 0 0 0 0 2,312,445 0 192. 00 192. 00 19200 OPPOSI OF SEARCH 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	0	0	0	-	
74. 00 07400 RENAL DIALYSIS 79, 658 0 0 133, 979 0 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 75. 00 75. 01 07501 ASC (NON-DISTINCT PART) 0 945, 794 0 302, 972 0 75. 01 76. 00 03950 CARDI AC CATHERI ZATION 0 0 0 0 0 0 0 76. 00 76. 97 07697 CARDI AC REHABILITATION 0 79, 819 0 25, 569 0 76. 97 OUTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C 0 0 0 0 0 0 0 0 0 0 0 0 90. 01 04950 SLEEP CLI NI C 0 173, 436 0 55, 558 0 90. 01 90. 03 09002 ARNETT CANCER CARE CENTER 0 353, 575 0 113, 263 0 90. 01 90. 04 09003 OUTPATI ENT INFUSION CENTER 2, 713 0 0 476 0 90. 04 91. 00 09100 EMERGENCY 1, 322, 136 0 0 232, 024 0 91. 00 92. 01 09201 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 93. 00 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 0 93. 00 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 15, 559, 598 1, 661, 976 19, 798 3, 226, 965 3, 047, 649 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 15, 559, 598 1, 661, 976 19, 798 3, 226, 965 3, 047, 649 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 120, 715 0 0 0 2, 312, 445 0192. 00 191. 00 19100 RESEARCH 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	0	0	0		1
75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 75. 00 75. 01 07501 ASC (NON-DISTINCT PART) 0 945, 794 0 302, 972 0 75. 01 76. 00 03950 CARDIAC CATHERIZATION 0 0 0 0 0 0 0 76. 00 76. 97 07697 CARDIAC REHABILITATION 0 79, 819 0 25, 569 0 76. 97 0UTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 0 0 79, 819 0 25, 569 0 90. 01 90. 01 04950 SLEEP CLINIC 0 0 173, 436 0 55, 558 0 90. 01 90. 03 09002 ARNETT CANCER CARE CENTER 0 173, 436 0 55, 558 0 90. 01 90. 04 09003 OUTPATIENT INFUSION CENTER 2, 713 0 0 476 0 90. 04 91. 00 09100 EMERGENCY 1, 322, 136 0 0 476 0 90. 04 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 92. 01 93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0 0 0 0 93. 00 SPECIAL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 15, 559, 598 1, 661, 976 19, 798 3, 226, 965 3, 047, 649 118. 00 191. 00 19100 RESEARCH 0 0 0 0 0 0 0 191. 00 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 72, 542 7, 179, 063 0 2, 312, 445 0 192. 00				79 658	1 0	0	13 979		
75. 01 07501 ASC (NON-DISTINCT PART) 0 945, 794 0 302, 972 0 75. 01 76. 00 03950 CARDIAC CATHERIZATION 0 0 0 0 0 0 0 76. 00 76. 97 07697 CARDIAC REHABILITATION 0 79, 819 0 25, 569 0 76. 97 90. 00 09000 CLINIC 0 0 0 0 0 0 0 90. 00 90. 01 04950 SLEEP CLINIC 0 0 173, 436 0 55, 558 0 90. 01 90. 03 09002 ARNETT CANCER CARE CENTER 0 353, 575 0 113, 263 0 90. 01 90. 04 09003 OUTPATIENT INFUSION CENTER 2, 713 0 0 476 0 90. 04 91. 00 09100 EMERGENCY 1, 322, 136 0 0 232, 024 0 91. 00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 00 99. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 92. 01 93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0 0 0 0 0 93. 00 SPECIAL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 15, 559, 598 1, 661, 976 19, 798 3, 226, 965 3, 047, 649 118. 00 191. 00 19100 GRESEARCH 0 0 0 0 0 0 0 191. 00 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 72, 542 7, 179, 063 0 2, 312, 445 0 192. 00				0	Ö	Ö	0		
76. 97 O7697 CARDI AC REHABILITATION O 79, 819 O 25, 569 O 76. 97 OUTPATIENT SERVICE COST CENTERS 90. 00 O9000 CLINIC O 0 0 0 0 0 0 90. 00 90. 00 90. 01 90. 00 90. 01 90. 00 90	75. 01			0	945, 794	0	302, 972	0	75. 01
OUTPATI ENT SERVICE COST CENTERS O				0	0	0	0		l
90. 00	76. 97			0	79, 819	0	25, 569	0	76. 97
90. 01	90 00			0	0	0	ام	0	90 00
90. 04				0			·		
91. 00				0	353, 575	0	113, 263	0	
92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 92. 01 093. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0 0 0 93. 00 0 0 0 0 0 0 0 0 0					0	0	l .		
92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 0 0 0 0 0 0 92. 01 93. 00 SPECIAL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 15,559,598 1,661,976 19,798 3,226,965 3,047,649 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 120,715 0 0 21,185 0 190. 00 191. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 72,542 7,179,063 0 2,312,445 0 192. 00				1, 322, 136	U	0	232, 024	0	ł
93. 00				0	0	0	o	0	1
SPECIAL PURPOSE COST CENTERS		04951	OTHER OUTPATIENT SERVICES	0	Ö	Ö			
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 120, 715 0 0 21, 185 0 190. 00 191. 00 19100 RESEARCH 0 0 0 0 0 191. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 72, 542 7, 179, 063 0 2, 312, 445 0 192. 0		SPECI.	AL PURPOSE COST CENTERS				- 1		
190. 00 19000 GFT, FLOWER, COFFEE SHOP & CANTEEN 120, 715 0 0 21, 185 0 190. 00 191. 00 19100 RESEARCH 0 0 0 0 0 191. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 72, 542 7, 179, 063 0 2, 312, 445 0 192. 00	118.00			15, 559, 598	1, 661, 976	19, 798	3, 226, 965	3, 047, 649	118. 00
191. 00 19100 RESEARCH	190 00			120 716		_	21 105	0	190 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 72, 542 7, 179, 063 0 2, 312, 445 0 192. 00	191.00	19100	RESEARCH	120, 713			21, 183		
193. 00 19300 NONPAI D WORKERS 0 0 0 0 193. 00	192.00	19200	PHYSICIANS' PRIVATE OFFICES	72, 542	7, 179, 063	0	l I	0	192. 00
	193. 00	19300	NONPALD WORKERS	0	0	0	0	0	193. 00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Peri od: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared:

			'	12/01/2010	5/28/2019 6: 1	
Cost Center Description	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	PLANT	PLANT -	LINEN SERVICE			
		NONHOSPI TAL				
	7. 00	7. 01	8. 00	9. 00	10. 00	
193. 01 19301 RETAIL PHARMACY	0	0	0	0	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	77, 764	34, 777	0	24, 787	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	76, 381	33, 487	0	24, 131	0	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	15, 907, 000	8, 909, 303	19, 798	5, 609, 513	3, 047, 649	202. 00

Provider CCN: 15-0173

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2018 | Part I | To 12/31/2018 | Date/Time Prepared: | 5/28/2019 6:14 pm

		Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	5/28/2019 6: 1 MEDI CAL	4 pm
		555t 55.1ts. 25551.pt. 5.1	57.11 E 1 E 1 (1 7)	ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY	
			11.00	13.00	14.00	15. 00	16. 00	
1. 00		AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT						1.00
1. 00		CAP REL COSTS-BLDG & FIXT - NONHOSP						1. 00
1. 02		CAP REL COSTS INTEREST EXPENSE						1. 02
2.00		CAP REL COSTS-MVBLE EQUIP						2. 00
2.01		CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4. 00 5. 01		EMPLOYEE BENEFITS DEPARTMENT ADMITTING						4. 00 5. 01
5. 06		OTHER ADMINISTRATIVE & GENERAL						5. 06
7.00	1	OPERATION OF PLANT						7. 00
7. 01	1	OPERATION OF PLANT - NONHOSPITAL						7. 01
8. 00 9. 00	1	LAUNDRY & LINEN SERVICE HOUSEKEEPING						8. 00 9. 00
10. 00		DI ETARY						10.00
11. 00		CAFETERI A	775, 787	1				11. 00
13.00		NURSING ADMINISTRATION	41, 780		17 500 4//			13.00
14. 00 15. 00		CENTRAL SERVICES & SUPPLY PHARMACY	5, 637 29, 778		17, 522, 466 41, 556	5, 656, 943		14. 00 15. 00
16. 00		MEDICAL RECORDS & LIBRARY	27,770	Ö	0	0	0	16. 00
17. 00		SOCIAL SERVICE	6, 485	1	0	O	0	17. 00
18. 00 21. 00		PATIENT TRANSPORT SERVICES	13, 852	1	344	0	0	
21.00	1	1 &R SERVICES-SALARY & FRINGES APPRVD 1 &R SERVICES-OTHER PRGM. COSTS APPRVD	2, 159 2, 647	1	0	0	0	
23. 00		PARAMED ED PRGM - PHARMACY	1, 388	1	0	o	0	
		IENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	260, 622 30, 651		1, 299, 458	25, 365 5, 401	0	
33.00	1	BURN INTENSIVE CARE UNIT	30, 631		213, 595 0	5, 401	0	
33. 01	1	BURN INTENSIVE CARE UNIT	0	Ö	0	Ö	0	
35. 00		NEONATAL INTENSIVE CARE UNIT	24, 663		77, 732	1, 747	0	
43. 00		NURSERY LARY SERVICE COST CENTERS	8, 173	118, 816	0	0	0	43. 00
50. 00	05000	OPERATING ROOM	50, 243	429, 102	1, 632, 104	6, 494	0	50. 00
51.00		RECOVERY ROOM	8, 361	154, 826	18, 000	53	0	51.00
52.00		DELIVERY ROOM & LABOR ROOM	28, 467		136, 423	388	0	
53. 00 53. 01		ANESTHESI OLOGY ASC ANESTHESI OLOGY	26, 677	269, 676 0	157, 913 50, 092	3, 216 507	0	53. 00 53. 01
54. 00		RADI OLOGY-DI AGNOSTI C	40, 495	-	532, 775	4, 467	0	1
55.00	05500	RADI OLOGY-THERAPEUTI C	0	0	0	0	0	
56. 00	1	RADI OI SOTOPE	2, 681	0	6, 154	396	0	
59. 00 60. 00		CARDI AC CATHETERI ZATI ON LABORATORY	15, 677 32, 750		288, 703 0	2, 524 0	0	59. 00 60. 00
63. 00	1	BLOOD STORING, PROCESSING & TRANS.	02,700		0	o	0	63. 00
65. 00	1	RESPI RATORY THERAPY	24, 158	1	100, 735	2, 370	0	65. 00
66.00		PHYSI CAL THERAPY	5, 680	1	428	0	0	66.00
67. 00 68. 00	1	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	3, 444 1, 927		169 709	0	0	
69. 00	1	ELECTROCARDI OLOGY	19, 515		9, 006	558	0	
70. 00		ELECTROENCEPHALOGRAPHY	1, 002	1	1, 361	0	0	
71. 00 72. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS	0	0	4, 162, 409 6, 590, 192	0	0	71. 00 72. 00
73.00		DRUGS CHARGED TO PATTENTS	0	0	0, 590, 192	5, 564, 805	0	1
74. 00	07400	RENAL DIALYSIS	0	O	6, 050	741	0	
75. 00		ASC (NON-DISTINCT PART)	0	0	0	0	0	
75. 01 76. 00		ASC (NON-DISTINCT PART) CARDIAC CATHERIZATION	0	0	812, 355	10, 980 0	0	
76. 00		CARDIAC CATHERIZATION CARDIAC REHABILITATION	0	0	3, 576	o	0	1
	OUTPA	TIENT SERVICE COST CENTERS			2, 2.2	~		
90.00	1	CLINIC	0	0	0	0	0	
90. 01 90. 03		SLEEP CLINIC ARNETT CANCER CARE CENTER	9, 466	99, 939	18, 996 78, 761	0 17, 321	0	90. 01 90. 03
90. 04	1	OUTPATIENT INFUSION CENTER	146		1, 187	56	0	1
91. 00	09100	EMERGENCY	63, 248		483, 326	8, 861	0	91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)	0				0	92.00
92. 01 93. 00		OBSERVATION BEDS (DISTINCT PART) OTHER OUTPATIENT SERVICES	0	0	0	0	0	1
73. 00		AL PURPOSE COST CENTERS		<u> </u>	O _I	<u> </u>		73.00
118. 00)	SUBTOTALS (SUM OF LINES 1 through 117)	761, 772	7, 194, 955	16, 724, 109	5, 656, 250	0	118. 00
100.00		MBURSABLE COST CENTERS	700			ما	^	100 00
		GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	720 0	l i	0	O O		190. 00 191. 00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	Ö	795, 951	693	0	192. 00
193.00	19300	NONPALD WORKERS	0	0	0	О	0	193. 00

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173
Form 01/01/2018
From 01/01/2018
To 12/31/2018
Part I
To 12/31/2018
Part I
To 12/31/2018
Prepared:

					5/28/2019 6:1	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11.00	13. 00	14. 00	15. 00	16. 00	
193.01 19301 RETAIL PHARMACY	0	0	2, 406	0	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	7, 110	0	0	0	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	6, 185	0	0	0	0	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	775, 787	7, 194, 955	17, 522, 466	5, 656, 943	0	202. 00

In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2018	Part
To 12/31/2018	Date/Time Prepared:
5/28/2019	6:14 pm
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0173

COST Center Description
CONTROL CENTER DESCRIPTION
INMASPORT STRYLOG COST CENTERS
GENERAL SERVICE COST CENTERS 17.00 18.00 21.00 22.00 23.00
General Stroute Cost Centres
0.0100 CAP REL COSTS-BLIDG & FIXT
1.00 1.00
2.00
2.01 0.0201 CAP REL COSTS-LYBLE EQUIP - NONHOSP
0.000 DOMO DEFINITION
0.0590 OTHER ADMINISTRATIVE & GENERAL
7.00 00700 DPERATION OF PLANT NONHOSPITAL
7. 01 0.0701 0.0FEATT ON OF PLANT - NONHOSPITAL
9.00 00900 MUSEKEFING 9.00 11.
10.00 01000 DIETARY
11.00 01100 CAFFERIA
13.00 01300 NURSING ADMINISTRATION 11.00 1
15.00 01500 MEDICAL SERVICE 6.66, 0.86 16.00 0
16. 00 10500 MEDICAL RECORDS & LIBRARY
17. 00 01700 SOCIAL SERVI CE
18. 00 01850 PATI ENT TRANSPORT SERVICES 0 1,133,189 220,00 2010 18 SERVICES-SALARY & FRINGS APPRVD 0 0 0 0 0 0 201,00 2010 2020 18 SERVI CES-SALARY & FRINGS APPRVD 0 0 0 0 0 232,179 23. 00 230,00 2200 28 SERVI CES-SALARY & FRINGS APPRVD 0 0 0 0 0 232,179 23. 00 230,00 230,00 240,00 240,00 240,00 250,00 2
22.00 02200 IAS SERVI CES-OTHER PRGM. COSTS APPRVD 0 0 972, 423 23.07 23.00
23.0 02300 PARAMED ED PROM - PHARMACY 0 0 232,179 23.0 0 0 0 0 0 0 0 0 0
INPATI ENT ROUTINE SERVICE COST CENTERS 30.00 30.00 30.00 20
31 00 03100 INTENSIVE CARE UNIT 38,652 11,381 0 0 0 0 31,00 33 01 03301 BURN INTENSIVE CARE UNIT 0 0 0 0 0 33,01 33 01 03301 BURN INTENSIVE CARE UNIT 0 0 0 0 0 0 33,01 33 01 03301 BURN INTENSIVE CARE UNIT 0 0 0 0 0 0 35,00 43 00 0300 NENSERY 41,178 2,856 0 0 0 0 35,00 43 00 03300 NURSERY 41,178 2,856 0 0 0 0 50,00 40 00 05000 OFERAIT NG ROOM 0 12,480 0 0 0 51,00 51 00 05000 OFERAIT NG ROOM 7,346 18,617 939 3,023 0 52,00 53 00 05000 DELIVERY ROOM 4,800 0 0 0 53,00 53 00 05300 ANLESTHESI OLOGY 0 2,864 0 0 0 0 53,00 54 00 05400 RADIOLOGY-DI AGNOSTIC 0 0 0 0 0 0 0 55 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500 RADIOLOGY-THERAPEUTI 0 0 0 0 0 0 0 50 00 05500
33.00 03300 BURN INTENSIVE CARE UNIT
33.01 03301 BURN INTENSIVE CARE UNIT 0 0 0 0 0 0 33.01 35.00 2060 NEONATAL INTENSIVE CARE UNIT 44,266 10,915 0 0 0 0 35.00 34.00 04300 NURSERY 41,178 2,856 0 0 0 0 0 34.00 ANCILLARY SERVICE COST CENTERS
35.00
ANCILLARY SERVICE COST CENTERS
50.00 0500
51.00 05100 DECOVERY ROOM & LABOR ROOM 0 12, 480 0 0 0 0 51.00
53.00 05300 ANESTHESI OLOGY 0 20,317 0 0 0 53.00 05300 05300 ASC ANESTHESI OLOGY 0 2,864 0 0 0 0 53.01 54.00 05400 RADIO LOGY-DI AGNOSTI C 0 0 0 0 0 0 0 0 55.00 05500 RADIO LOGY-THERAPEUTI C 0 0 0 0 0 0 0 0 0
53.01 05301 ASC ANESTHESI OLOGY 0 2,864 0 0 0 53.01
54. 00 05-400 RADI OLOGY-DIA ACNOSTIC 0 61, 868 0 0 0 0 54. 00
56. 00 05600 RADI OI SOTOPE 0 10,346 0 0 0 56. 00
59. 00 05900 CARDIAC CATHETERIZATION 0 36, 917 0 0 0 59. 00
60. 00 06000 LABORATORY 0 41, 690 0 0 0 60. 00 63. 00 63. 00 660. 00 63. 00 660. 00 63. 00 65. 00 65. 00 65. 00 65. 00 66. 00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 0 2, 856 0 0 0 0 63. 00 65. 00 65. 00 6500 RESPIRATORY THERAPY 0 10, 395 0 0 0 0 65. 00 66. 00 6600 PHYSI CAL THERAPY 0 10, 376 0 0 0 0 65. 00 67. 00 66. 00 06600 PHYSI CAL THERAPY 0 11, 378 0 0 0 0 67. 00 68. 00 06700 OCCUPATI ONAL THERAPY 0 11, 378 0 0 0 0 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 11, 273 0 0 0 0 68. 00 69. 00 00 00 00 69. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
66. 00 06600 PHYSICAL THERAPY 0 2,776 0 0 0 66. 00 67. 00 67. 00 06700 OCCUPATI ONAL THERAPY 0 1,378 0 0 0 0 67. 00 68. 00 6800 SPEECH PATHOLOGY 0 1,273 0 0 0 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 20,464 0 0 0 0 0 69. 00 70. 00 70. 00 70. 00 70. 00 ELECTROCARDI OLOGY 0 1,269 0 0 0 0 70. 00 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 27,080 0 0 0 0 71. 00 71. 00 7100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 60,393 0 0 0 0 72. 00 730. 00 07400 RENAL DI ALYSIS 0 128,092 0 0 0 232,179 73. 00 74. 00 7400 RENAL DI ALYSIS 0 2,416 0 0 0 232,179 73. 00 75. 00 75. 00 75.00 ASC (NON-DI STI NCT PART) 0 84,592 0 0 0 0 75. 00 75. 01 76. 00 03950 CARDI AC CATHERI ZATI ON 0 90 0 0 0 0 76. 00 0 76. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
67. 00 06700 OCCUPATI ONAL THERAPY 0 1,378 0 0 0 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 1,273 0 0 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 20,464 0 0 0 0 69. 00 70. 00 07000 ELECTROCENCEPHALOGRAPHY 0 1,269 0 0 0 0 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 27,080 0 0 0 0 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 60,393 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 60,393 0 0 0 232,179 73. 00 07400 RENAL DIALYSIS 0 218,092 0 0 232,179 74. 00 07400 RENAL DIALYSIS 0 2,416 0 0 0 0 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 75. 01 07501 ASC (NON-DISTINCT PART) 0 84,592 0 0 0 0 75. 01 76. 07 07697 CARDI AC CATHERI ZATI ON 0 0 0 0 0 0 76. 97 07697 CARDI AC REHABI LI TATI ON 0 90 0 0 0 76. 97 07000 CLINI C 0 0 0 0 0 0 790. 01 04950 SLEEP CLINI C 0 6,517 0 0 0 0 790. 01 04950 SLEEP CLINI C 0 458 0 0 0 790. 04 09003 0UTPATI ENT INFUSI ON CENTER 0 458 0 0 0 791. 00 09100 EMERGENCY 0 128,386 75,105 241,846 0 91.00 791. 00 09100 EMERGENCY 0 128,386 75,105 241,846 0 91.00 791. 00 09100 EMERGENCY 0 128,386 75,105 241,846 0 91.00 791. 00 09100
68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY 0 1, 269 0 0 0 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 27, 080 0 0 0 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 60, 393 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 128, 092 0 0 0 232, 179 73. 00 74. 00 07400 RENAL DI ALYSI S 0 2,416 0 0 0 74. 00 75. 00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 75. 00 75. 01 07501 ASC (NON-DI STI NCT PART) 0 84, 592 0 0 0 75. 01 76. 07 O7697 CARDI AC CATHERI ZATI ON 0 0 0 0 0 0 0 0 76. 07 76. 97 OTEST CARDI A
71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 60, 393 0 0 0 72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 128,092 0 0 232,179 73. 00 74. 00 07400 RENAL DI ALYSI S 0 2,416 0 0 0 74. 00 75. 00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 75. 00 75. 01 07501 ASC (NON-DI STI NCT PART) 0 84, 592 0 0 0 0 75. 01 76. 00 03950 CARDI AC CATHERI ZATI ON 0 0 0 0 0 0 0 76. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 0 90 0 0 0 0 0 0 76. 97 90. 00 000 OCLI NI C 0 0 0 0 0 0 0 90. 00 90. 01 04950 SLEEP CLI NI C 0 6, 517 0 0 0 90. 01 90. 04 09003 OUTPATI ENT INFUSI ON CENTER 0 458
75. 00
75. 01 07501 ASC (NON-DISTINCT PART) 0 84, 592 0 0 0 0 75. 01 76. 00 03950 CARDI AC CATHERI ZATI ON 0 0 0 0 0 0 76. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 0 90 0 0 0 0 76. 97 OUTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C 0 0 0 0 0 0 0 90. 01 90. 01 04950 SLEEP CLI NI C 0 0 6, 517 0 0 0 0 90. 01 90. 03 09002 ARNETT CANCER CARE CENTER 0 15, 696 0 0 0 90. 03 90. 04 09003 OUTPATI ENT INFUSI ON CENTER 0 458 0 0 0 90. 04 91. 00 09100 EMERGENCY 0 128, 386 75, 105 241, 846 0 91. 00
76. 00
OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 0 0 0 0 0 90.00 90.01 04950 SLEEP CLINIC 0 6,517 0 0 0 90.01 90.03 09002 ARNETT CANCER CARE CENTER 0 15,696 0 0 0 90.03 90.04 09003 OUTPATIENT INFUSION CENTER 0 458 0 0 0 90.04 91.00 09100 EMERGENCY 0 128,386 75,105 241,846 0 91.00
90. 00 09000 CLINIC 0 0 0 0 0 90. 00 90. 00 90. 00 90. 01 90. 01 90. 01 90. 01 90. 03 90. 04 90. 04 90. 04 90. 04 91. 00 91. 00 91. 00 91. 00 91. 00 91. 00 91. 00 91. 00 91. 00 91. 00 91. 00 90. 01 90
90. 01 04950 SLEEP CLINIC 0 6, 517 0 0 90. 01 90. 03 09002 ARNETT CANCER CARE CENTER 0 15, 696 0 0 90. 03 90. 04 91. 00 09100 EMERGENCY 0 128, 386 75, 105 241, 846 0 91. 00 91. 00 00 91. 00 00 91. 00 00 91. 00 00 91. 00 90. 01 9
90. 03 09002 ARNETT CANCER CARE CENTER 0 15, 696 0 0 0 90. 03 90. 04 09003 0UTPATIENT INFUSION CENTER 0 458 0 0 0 90. 04 91. 00 09100 EMERGENCY 0 128, 386 75, 105 241, 846 0 91. 00
91. 00 09100 EMERGENCY 0 128, 386 75, 105 241, 846 0 91. 00
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0 93. 00
SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 656,086 918,842 301,984 972,423 232,179 118.00
NONREI MBURSABLE COST CENTERS 1111 Ough 117 656, 086 918, 842 301, 984 972, 423 232, 179 118. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190. 00
191. 00 19100 RESEARCH

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS IU HEALTH ARNETT HOSPITAL Provider CCN: 15-0173

					5/28/2019 6: 1	4 piii
		OTHER GENERAL	INTERNS &	RESI DENTS		
		SERVI CE				
Cost Center Description	SOCIAL SERVICE	PATI ENT	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	
		TRANSPORT	Y & FRINGES	PRGM. COSTS	PRGM -	
		SERVI CES			PHARMACY	
	17. 00	18. 00	21. 00	22. 00	23. 00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	210, 050	0	0	0	192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193.01 19301 RETAIL PHARMACY	0	4, 297	0	0	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0	0	0	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	0	0	0	0	0	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments			0	0	0	200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	656, 086	1, 133, 189	301, 984	972, 423	232, 179	202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0173

					10	5/28/2019 Date/lime Pro 5/28/2019 6:	
		Cost Center Description	Subtotal	Intern &	Total		
				Residents Cost			
				& Post Stepdown			
				Adjustments			
			24. 00	25. 00	26. 00		
1 00		AL SERVICE COST CENTERS					1 00
1. 00 1. 01		CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP					1. 00 1. 01
1. 02		CAP REL COSTS INTEREST EXPENSE					1. 02
2.00		CAP REL COSTS-MVBLE EQUIP					2. 00
2. 01		CAP REL COSTS-MVBLE EQUIP - NONHOSP					2. 01
4.00		EMPLOYEE BENEFITS DEPARTMENT					4. 00
5. 01 5. 06		ADMITTING OTHER ADMINISTRATIVE & GENERAL					5. 01 5. 06
7. 00	1	OPERATION OF PLANT					7. 00
7. 01	1	OPERATION OF PLANT - NONHOSPITAL					7. 01
8.00	1	LAUNDRY & LINEN SERVICE					8. 00
9.00	1	HOUSEKEEPI NG					9. 00
10. 00 11. 00	1	DIETARY					10. 00 11. 00
13. 00	1	CAFETERIA NURSING ADMINISTRATION					13.00
14. 00	1	CENTRAL SERVICES & SUPPLY					14. 00
15. 00	1	PHARMACY					15. 00
16. 00	1	MEDICAL RECORDS & LIBRARY					16. 00
17. 00	1	SOCIAL SERVICE					17. 00
18. 00 21. 00	1	PATIENT TRANSPORT SERVICES I&R SERVICES-SALARY & FRINGES APPRVD					18. 00 21. 00
22. 00		I &R SERVI CES-OTHER PRGM. COSTS APPRVD					22. 00
23. 00	1	PARAMED ED PRGM - PHARMACY					23. 00
		IENT ROUTINE SERVICE COST CENTERS					
30.00		ADULTS & PEDIATRICS	55, 931, 534	0	55, 931, 534		30.00
31. 00 33. 00	1	INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	7, 105, 835 0	0	7, 105, 835 0		31. 00 33. 00
33. 00	1	BURN INTENSIVE CARE UNIT	0	0	0		33. 00
35. 00		NEONATAL INTENSIVE CARE UNIT	5, 472, 002	Ö	5, 472, 002		35. 00
43.00		NURSERY	1, 756, 857	0	1, 756, 857		43. 00
FO 00		LARY SERVICE COST CENTERS	12 247 007	0	12 247 007		
50. 00 51. 00	1	OPERATING ROOM RECOVERY ROOM	13, 247, 907 1, 765, 117	0	13, 247, 907 1, 765, 117		50. 00 51. 00
52. 00	1	DELIVERY ROOM & LABOR ROOM	6, 042, 844	0	6, 042, 844		52. 00
53.00		ANESTHESI OLOGY	5, 923, 924	0	5, 923, 924		53. 00
53. 01	1	ASC ANESTHESI OLOGY	79, 687	0	79, 687		53. 01
54. 00 55. 00	1	RADI OLOGY THERAPEUTI C	8, 569, 894	0	8, 569, 894		54.00
56. 00	1	RADI OLOGY-THERAPEUTI C RADI OI SOTOPE	735, 488	0	0 735, 488		55. 00 56. 00
59. 00	1	CARDI AC CATHETERI ZATI ON	4, 039, 245	0	4, 039, 245		59. 00
60.00		LABORATORY	11, 143, 688	0	11, 143, 688		60.00
63.00		BLOOD STORING, PROCESSING & TRANS.	810, 288	0	810, 288		63. 00
65.00		RESPI RATORY THERAPY	3, 066, 332	0	3, 066, 332		65. 00
66. 00 67. 00		PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	865, 103 505, 573	0	865, 103 505, 573		66. 00 67. 00
68. 00		SPEECH PATHOLOGY	338, 048	0	338, 048		68. 00
69. 00		ELECTROCARDI OLOGY	2, 701, 068	0	2, 701, 068		69. 00
70. 00		ELECTROENCEPHALOGRAPHY	158, 556	0	158, 556		70. 00
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	12, 961, 727	0	12, 961, 727		71. 00
72. 00 73. 00		IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	20, 619, 249 47, 486, 301	0	20, 619, 249 47, 486, 301		72. 00 73. 00
74.00	1	RENAL DIALYSIS	1, 210, 543	0	1, 210, 543		74.00
75. 00		ASC (NON-DISTINCT PART)	0	Ö	0		75. 00
75. 01		ASC (NON-DISTINCT PART)	8, 701, 076	0	8, 701, 076		75. 01
76. 00	1	CARDI AC CATHERI ZATI ON	0	0	0		76. 00
76. 97		CARDIAC REHABILITATION	818, 982	0	818, 982		76. 97
90. 00		TIENT SERVICE COST CENTERS	0	0	0		90. 00
90. 01		SLEEP CLINIC	1, 123, 185	Ö	1, 123, 185		90. 01
90. 03	09002	ARNETT CANCER CARE CENTER	3, 765, 535	0	3, 765, 535		90. 03
90.04		OUTPATIENT INFUSION CENTER	38, 031	0	38, 031		90. 04
91.00		EMERGENCY	14, 907, 106	0	14, 907, 106		91. 00 92. 00
92. 00 92. 01		OBSERVATION BEDS (NON-DISTINCT PART) OBSERVATION BEDS (DISTINCT PART)	Λ	0	0		92.00
93. 00	1	OTHER OUTPATIENT SERVICES	0	0	0		93. 00
	SPECI	AL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	241, 890, 725	0	241, 890, 725		118. 00
100 00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	472, 173	0	472, 173		190. 00
		RESEARCH	472, 173				190.00
		ı		,	·		·

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173 | Period: From 01/01/2018 | Part I | To 12/31/2018 | Date/Time Prepared:

				10 12/31/20	5/28/2019 6:14 pm
Cost Center Description	Subtotal	Intern &	Total		
		Residents Cost			
		& Post			
		Stepdown			
		Adjustments			
	24. 00	25. 00	26. 00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	148, 303, 483	0	148, 303, 483	3	192. 00
193. 00 19300 NONPALD WORKERS	0	0	(D	193. 00
193. 01 19301 RETAIL PHARMACY	6, 593, 980	0	6, 593, 980	O	193. 01
193. 02 19302 WHI TE HOSPI TAL	2, 061, 287	0	2, 061, 28	7	193. 02
193. 03 19303 HOSPI CE	0	0	(D	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	1, 775, 114	0	1, 775, 114	1	193. 04
194.00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0	(D	194. 00
200.00 Cross Foot Adjustments	0	0	(D	200. 00
201.00 Negative Cost Centers	0	0	(D	201. 00
202.00 TOTAL (sum lines 118 through 201)	401, 096, 762	0	401, 096, 762	2	202. 00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | From 01/01/2018 | Part II |
| To | 12/31/2018 | Date/Time Prepared: | 5/28/2019 6:14 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0173

						5/28/2019 6: 1	
				CAPITAL REI	LATED COSTS		
	Cost Center Description	Directly Assigned New Capital	BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		Related Costs 0	1. 00	1. 01	1. 02	2. 00	
	GENERAL SERVICE COST CENTERS		1.00	1.01	1. 02	2.00	
1.00	00100 CAP REL COSTS-BLDG & FLXT	200					1.00
1. 01 1. 02	O0101 CAP REL COSTS-BLDG & FIXT - NONH	JSP					1. 01 1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
2. 01	00201 CAP REL COSTS-MVBLE EQUIP - NONH	OSP					2. 01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4. 00
5. 01	00570 ADMI TTI NG	0	51, 740	·	77, 006	72, 839	5. 01
5. 06 7. 00	00590 OTHER ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT		161, 313 1, 110, 796		240, 085 1, 653, 218	227, 096 1, 563, 774	5. 06 7. 00
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL	O	0,110,770		0	0	7. 01
8.00	00800 LAUNDRY & LINEN SERVICE	o	0	0	0	0	8. 00
9.00	00900 HOUSEKEEPI NG	0	56, 044		83, 412	78, 899	9.00
10. 00 11. 00	1 1		133, 320 70, 688		198, 423 105, 206	187, 687 99, 514	10. 00 11. 00
13. 00	1	o	145, 172		216, 061	204, 372	13. 00
14. 00		0	295, 069		439, 157	415, 397	14. 00
15.00	1 1	0	58, 429		86, 961 0	82, 256	
16. 00 17. 00	1		0		0	0	16. 00 17. 00
18. 00	1	O	19, 050	_	28, 352	26, 818	18. 00
21. 00			0		0	0	21. 00
22. 00 23. 00	1 1	PPRVD 0	0 1, 367	17, 488 118	0 2, 034	0 1, 924	22. 00 23. 00
23.00	INPATIENT ROUTINE SERVICE COST CENTERS		1, 307	110	2, 034	1, 924	23.00
30.00		0	1, 624, 663	0	2, 418, 015	2, 287, 196	30. 00
31.00	1	0	161, 255		239, 999	227, 014	31.00
33. 00 33. 01	1	0	0	_	0	0	33. 00 33. 01
35. 00	1	0	135, 719	_	201, 994	191, 065	35. 00
43.00	04300 NURSERY	0	60, 262		89, 688	84, 836	43. 00
EO 00	ANCI LLARY SERVI CE COST CENTERS		410 F01	3, 366	424 405	E00 400	E0 00
50. 00 51. 00		0	419, 591 59, 185		624, 485 88, 087	590, 699 83, 321	50. 00 51. 00
52. 00	1	O	200, 707		298, 716	282, 554	52. 00
53. 00		0	15, 560		23, 158	21, 905	
53. 01 54. 00	1	0	219, 800	.,	0 327, 133	0 309, 434	53. 01 54. 00
55. 00			219, 800	0	327, 133	309, 434	55. 00
56.00	05600 RADI OI SOTOPE	o	25, 899		38, 546	36, 461	56. 00
59. 00	1	0	110, 460		164, 400	155, 505	
60. 00 63. 00	1		131, 720 9, 743	·	196, 042 14, 501	185, 435 13, 716	60. 00 63. 00
65. 00		0	14, 731			20, 738	
66. 00		0	10, 383		15, 453	14, 617	
67.00		0	5, 148		7, 662	7, 247	67. 00
68. 00 69. 00	1		4, 755 32, 094		7, 077 47, 766	6, 694 45, 182	
70. 00	1	o	0		0	0	70. 00
71. 00		ENTS 0	0	0	0	0	71. 00
72. 00 73. 00		0	0	0	0	0	72. 00 73. 00
74.00	1		22, 627	0	33, 676	31, 854	
75. 00	07500 ASC (NON-DISTINCT PART)	0	0		0	0	75. 00
75. 01		0	0		0	0	
76. 00 76. 97	1	0	0		0	0	76. 00 76. 97
70. 77	OUTPATIENT SERVICE COST CENTERS			21,730	<u> </u>		70.77
90.00	1	0	0		0	0	90. 00
90. 01		0	0	,	0	0	90. 01
90. 03 90. 04	1		771	123, 721 0	1, 147	0 1, 085	90. 03 90. 04
91. 00		0	375, 558		558, 951	528, 710	
92.00		ART)					92.00
92. 01 93. 00		0	0		0	0	92. 01 93. 00
93.00	SPECIAL PURPOSE COST CENTERS	U	0	1 0	<u> </u>	0	73.00
118. 00	SUBTOTALS (SUM OF LINES 1 through	n 117) 0	5, 743, 619	813, 160	8, 548, 335	8, 085, 844	118. 00
100 00	NONREIMBURSABLE COST CENTERS 10 19000 GIFT, FLOWER, COFFEE SHOP & CANT	EEN O	34, 290	0	51, 034	48, 273	190 00
170.00	100 μ το συνές του συνές στο συνές CANT	U	34, 290	1 0	51,034	40, 2/3	1170.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0173

Period: Worksheet B
From 01/01/2018 Part II
To 12/31/2018 Date/Time Prepared: 5/28/2019 6:14 pm

					0, 20, 201, 011			
		CAPITAL RELATED COSTS						
Cost Center Description	Di rectly	BLDG & FIXT	BLDG & FIXT -	CAP REL COSTS	MVBLE EQUIP			
	Assigned New		NONHOSP	INTEREST				
	Capi tal			EXPENSE				
	Related Costs							
	0	1. 00	1. 01	1. 02	2. 00			
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00		
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	20, 606	2, 512, 053	30, 668	29, 009	192. 00		
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00		
193.01 19301 RETAIL PHARMACY	0	0	0	0	0	193. 01		
193. 02 19302 WHI TE HOSPI TAL	0	22, 089	12, 169	32, 876	31, 097	193. 02		
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03		
193. 04 19304 FRANKFORT HOSPI TAL	0	21, 696	11, 718	32, 291	30, 544	193. 04		
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00		
200.00 Cross Foot Adjustments						200. 00		
201.00 Negative Cost Centers		0	0	0	0	201. 00		
202.00 TOTAL (sum lines 118 through 201)	0	5, 842, 300	3, 349, 100	8, 695, 204	8, 224, 767	202. 00		

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | From 01/2014 | Prepared: | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0173

					lo	12/31/2018	Date/lime Prep 5/28/2019 6:14	
		Cost Center Description	CAPI TAL RELATED COSTS MVBLE EQUI P - NONHOSP	Subtotal 2A	EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMI TTI NG	OTHER ADMI NI STRATI VE & GENERAL 5. 06	
	GENER	AL SERVICE COST CENTERS						
1.00 1.01 1.02 2.00 2.01 4.00 5.01 5.06 7.00 7.01 8.00 9.00 11.00 13.00 14.00 15.00	00100 00101 00102 00200 00201 00400 00570 00700 00700 00701 00800 01100 01100 01300 01400 01500	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MYBLE EQUIP CAP REL COSTS-MYBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT ADMITTING OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT - NONHOSPITAL LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY	0 15, 100 88, 606 0 15, 287 0 776 0 0 0 0 393 247	246, 077 889, 565 4, 327, 788 45, 042 0 220, 642 519, 430 275, 408 565, 605 1, 150, 781 228, 374	0 0 0 0 0 0 0	246, 077 0 0 0 0 0 0 0 0	889, 565 35, 280 19, 760 44 11, 994 5, 536 1, 072 14, 532 36, 136 11, 848	
17. 00		SOCIAL SERVICE	O	0	0	0	1, 441	17. 00
18. 00 21. 00 22. 00 23. 00	02100 02200 02300	PATIENT TRANSPORT SERVICES L&R SERVICES-SALARY & FRINGES APPRVD L&R SERVICES-OTHER PRGM. COSTS APPRVD PARAMED ED PRGM - PHARMACY LENT ROUTINE SERVICE COST CENTERS	0 0 8, 985 61	74, 220 0 26, 473 5, 504	0	0 0 0 0	2, 307 665 2, 004 498	18. 00 21. 00 22. 00 23. 00
30. 00		ADULTS & PEDIATRICS	0	6, 329, 874	0	20, 635	87, 195	30. 00
31. 00 33. 00 33. 01 35. 00 43. 00	03300 03301 02060	INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT NURSERY	0 0 0 0	628, 268 0 0 528, 778 234, 786	0 0 0	2, 470 0 0 2, 369 620	12, 061 0 0 9, 689 2, 961	31. 00 33. 00 33. 01 35. 00 43. 00
		LARY SERVICE COST CENTERS	-1				_,	
67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 75. 00 75. 01 76. 00 76. 97	05000 05100 05200 05300 05300 05500 05500 05600 06600 06600 06700 07100 07100 07500 07501 07501 07501 07501 07501	OPERATING ROOM RECOVERY ROOM RECOVERY ROOM RECOVERY ROOM & LABOR ROOM ANESTHESI OLOGY ASC ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C RADI OLOGY-THERAPY BLOOD STORING, PROCESSING & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY BUTTON TO PATI ENTS DRUGS CHARGED TO PATI ENTS DRUGS CHARGED TO PATI ENTS DRUGS CHARGED TO PATI ENTS RENAL DI ALYSI S ASC (NON-DI STI NCT PART) ASC (NON-DI STI NCT PART) CARDI AC CATHERI ZATI ON CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C	1, 729 0 0 766 590 0 0 0 0 0 0 6, 111 0 0 0 0 0 0 0 170, 027 0 14, 349	1, 639, 870 230, 593 781, 977 62, 881 1, 738 856, 367 0 100, 906 430, 365 531, 202 37, 960 57, 393 40, 453 20, 057 18, 526 125, 042 0 0 88, 157 0 500, 973 0 42, 279	000000000000000000000000000000000000000	21, 572 2, 709 4, 041 4, 410 622 13, 428 0 2, 246 8, 013 9, 049 620 2, 256 603 299 276 4, 442 275 5, 878 13, 108 27, 802 524 0 18, 360 0 20	1, 804 1, 063 697 5, 433 344 19, 456 30, 981 92, 178 2, 457 0 14, 515 0 1, 575	52. 00 53. 00 53. 01 54. 00 55. 00 56. 00 60. 00 63. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 75. 01 76. 00 76. 97
90. 01 90. 03 90. 04 91. 00 92. 00 92. 01 93. 00	04950 09002 09003 09100 09200 09201 04951	SLEEP CLINIC ARNETT CANCER CARE CENTER OUTPATIENT INFUSION CENTER EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) OBSERVATION BEDS (DISTINCT PART) OTHER OUTPATIENT SERVICES AL PURPOSE COST CENTERS	31, 179 63, 563 0 0	91, 867 187, 284 3, 003 1, 463, 219 0 0	0 0 0 0	1, 415 3, 407 99 27, 865 0	_	90. 01
118.00)	SUBTOTALS (SUM OF LINES 1 through 117)	417, 769	23, 608, 727	0	199, 433	560, 896	118. 00
	19000	IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	0 0	133, 597 0	1	0		190. 00 191. 00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | From 01/01/2018 | Part II |
| To | 12/31/2018 | Date/Time Prepared: | 5/28/2019 6:14 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS IU HEALTH ARNETT HOSPITAL Provider CCN: 15-0173

					5/28/2019 6: 1	4 pm
	CAPITAL RELATED COSTS					
Cost Center Description	MVBLE EQUIP -	Subtotal	EMPLOYEE	ADMI TTI NG	OTHER	
	NONHOSP		BENEFITS		ADMI NI STRATI VE	
			DEPARTMENT		& GENERAL	
	2. 01	2A	4.00	5. 01	5. 06	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1, 290, 597	3, 882, 933	0	45, 711	305, 451	192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	0	0	933	14, 610	193. 01
193. 02 19302 WHI TE HOSPI TAL	6, 252	104, 483	0	0	4, 251	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	6, 020	102, 269	0	0	3, 626	193. 04
194.00 07950 MARKETI NG/PUBLI C RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments		0				200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	1, 720, 638	27, 832, 009	0	246, 077	889, 565	202. 00

Provider CCN: 15-0173

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2018 Part II
To 12/31/2018 Date/Time Prepared: 5/28/2019 6:14 pm

			'	0 12/31/2010	5/28/2019 6: 1	
Cost Center Description	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	PLANT	PLANT - NONHOSPITAL	LINEN SERVICE			
	7. 00	7. 01	8.00	9. 00	10.00	
GENERAL SERVICE COST CENTERS	7.00	7.01	0.00	7. 00	10.00	
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1.00
1.01 O0101 CAP REL COSTS-BLDG & FLXT - NONHOSP						1. 01
1.02 00102 CAP REL COSTS NTEREST EXPENSE						1. 02
2.00 O0200 CAP REL COSTS-MVBLE EQUIP						2. 00
2.01 O0201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 00570 ADMI TTI NG						5. 01
5. 06 00590 OTHER ADMINISTRATIVE & GENERAL						5. 06
7. 00 00700 OPERATION OF PLANT	4, 363, 068	(4.000				7.00
7. 01 00701 OPERATION OF PLANT - NONHOSPITAL	0	64, 802	1			7. 01
8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG	E4 117	0 31	44	l .		8. 00 9. 00
10. 00 01000 DI ETARY	54, 117 128, 735	0	1	4, 211	657, 912	10.00
11. 00 01100 CAFETERI A	68, 257	0		2, 233	037, 712	11.00
13. 00 01300 NURSI NG ADMI NI STRATI ON	140, 179	0		4, 585	0	13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY	284, 922	16		9, 356	0	14. 00
15. 00 01500 PHARMACY	56, 420	10	•	1, 868	0	15. 00
16. 00 01600 MEDI CAL RECORDS & LI BRARY	0	0		l	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17. 00
18.00 01850 PATIENT TRANSPORT SERVICES	18, 395	0	0	602	0	18. 00
21.00 02100 1&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22.00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	0	364	0	818	0	22. 00
23.00 O2300 PARAMED ED PRGM - PHARMACY	1, 320	2	0	49	0	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	1, 568, 792	0		· · ·	604, 879	30.00
31. 00 03100 INTENSIVE CARE UNIT	155, 710	0		5, 093	44, 563	31.00
33. 00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 01
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	131, 052	0	3	· · ·	0	35. 00
43. 00 04300 NURSERY	58, 189	0	3	1, 903	0	43. 00
ANCILLARY SERVICE COST CENTERS 50. 00 05000 OPERATING ROOM	405, 162	70	0	13, 410	0	50.00
51. 00 05100 RECOVERY ROOM	57, 150	0			0	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	193, 805	0		l ' '	8, 470	52.00
53. 00 05300 ANESTHESI OLOGY	15, 025	31	0	l	0, 470	53.00
53. 01 05301 ASC ANESTHESI OLOGY	0	24	1	l .	0	53. 01
54. 00 05400 RADI OLOGY - DI AGNOSTI C	212, 242	0	1	l .	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56. 00 05600 RADI 0I SOTOPE	25, 008	0	0	818	0	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	106, 662	0	0	3, 489	0	59. 00
60. 00 06000 LABORATORY	127, 191	247	0	4, 717	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	9, 408	0	0	308	0	63. 00
65. 00 06500 RESPIRATORY THERAPY	14, 224	0	0		0	65. 00
66. 00 06600 PHYSI CAL THERAPY	10, 026	0	0	328	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	4, 971	0	1	163	0	67.00
68. 00 06800 SPEECH PATHOLOGY	4, 592	0	0		0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	30, 990	0	0	1, 014	0	69.00
70.00 O7000 ELECTROENCEPHALOGRAPHY 71.00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	70.00
71.00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 O7200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	71. 00 72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
74. 00 07400 RENAL DIALYSIS	21, 849	0		715	0	74.00
75. 00 07500 ASC (NON-DISTINCT PART)	21,047	0	0	7 19	0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	0	6, 879	0	15, 489	0	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0,077	0	0	0	76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	581	Ö	1, 307	0	76. 97
OUTPATIENT SERVICE COST CENTERS			<u>'</u>			ĺ
90. 00 09000 CLI NI C	0	0	0	0	0	90.00
90. 01 04950 SLEEP CLINIC	0	1, 261	0	2, 840	0	90. 01
90.03 09002 ARNETT CANCER CARE CENTER	0	2, 572	0	5, 791	0	90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	744	0	0	24	0	90. 04
91. 00 09100 EMERGENCY	362, 644	0	0	11, 862	0	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART)						92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93. 00
SPECIAL PURPOSE COST CENTERS 119 00 SUBTOTALS (SUM OF LLNES 1 through 117)	4 247 701	10.000		144 075	4E7 010	110 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	4, 267, 781	12, 088	44	164, 975	657, 912	1110.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33, 111	0	0	1, 083	Ω	190. 00
191. 00 19100 RESEARCH	33,111	0	0	l		191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	19, 897	52, 217		-		192.00
193. 00 19300 NONPALD WORKERS	0	0	Ö	l I		193. 00
<u> </u>	•					

Health Financial Systems	IU HEALTH ARNETT HO	ISPI TAL	In Lieu of Form CMS-2552			
ALLOCATION OF CAPITAL RELATED COSTS	Pr	rovider CCN: 15-0173	From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared:		

					5/28/2019 6:1	4 pm
Cost Center Description	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	PLANT	PLANT -	LINEN SERVICE			
		NONHOSPI TAL				
	7. 00	7. 01	8. 00	9. 00	10.00	
193. 01 19301 RETAIL PHARMACY	0	0	0	0	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	21, 329	253	0	1, 267	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	20, 950	244	0	1, 234	0	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	4, 363, 068	64, 802	44	286, 784	657, 912	202. 00

Provider CCN: 15-0173

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | 5/28/2019 6:14 pm

		Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	5/28/2019 6: 1 MEDI CAL	4 pm
		·		ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY	
	loeven.		11. 00	13. 00	14. 00	15. 00	16.00	
1. 00		L SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT						1. 00
1. 01		CAP REL COSTS-BLDG & FIXT - NONHOSP						1. 00
1.02		CAP REL COSTS INTEREST EXPENSE						1. 02
2.00		CAP REL COSTS-MVBLE EQUIP						2. 00
2. 01		CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4. 00 5. 01		EMPLOYEE BENEFITS DEPARTMENT ADMITTING						4. 00 5. 01
5. 06		OTHER ADMINISTRATIVE & GENERAL						5. 06
7.00	00700	OPERATION OF PLANT						7. 00
7. 01	1 1	OPERATION OF PLANT - NONHOSPITAL						7. 01
8. 00 9. 00	1 1	LAUNDRY & LINEN SERVICE HOUSEKEEPING						8. 00 9. 00
10.00		DI ETARY						10. 00
11. 00		CAFETERI A	346, 970					11. 00
13.00		NURSING ADMINISTRATION	18, 686	1	4 400 700			13.00
14. 00 15. 00		CENTRAL SERVICES & SUPPLY PHARMACY	2, 521 13, 318	0 0	1, 483, 732 3, 519	315, 357		14. 00 15. 00
16. 00		MEDICAL RECORDS & LIBRARY	13, 310		3, 317	0	0	16. 00
17. 00	1 1	SOCIAL SERVICE	2, 900	o	0	0	0	17. 00
18. 00		PATIENT TRANSPORT SERVICES	6, 195	l .	29	0	0	18. 00
21. 00		I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM. COSTS APPRVD	966		0	0	0	21. 00 22. 00
22. 00 23. 00		PARAMED ED PRGM - PHARMACY	1, 184 621		0	0	0	23. 00
		ENT ROUTINE SERVICE COST CENTERS		-,	-,	-,		
30. 00		ADULTS & PEDIATRICS	116, 564		110, 033	1, 414	0	30. 00
31. 00 33. 00		INTENSIVE CARE UNIT	13, 709 0		18, 086 0	301 0	0	31. 00 33. 00
33. 00		BURN INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00
35. 00		NEONATAL INTENSIVE CARE UNIT	11, 031	39, 379	6, 582	97	0	35. 00
43. 00		NURSERY	3, 655	12, 279	0	0	0	43. 00
EO 00		ARY SERVICE COST CENTERS	22 471	44 247	129 200	242	0	EO 00
50. 00 51. 00		OPERATING ROOM RECOVERY ROOM	22, 471 3, 739	44, 347 16, 001	138, 200 1, 524	362 3	0	50. 00 51. 00
52. 00		DELIVERY ROOM & LABOR ROOM	12, 732	l	11, 552	22	0	52. 00
53.00	1 1	ANESTHESI OLOGY	11, 931	27, 871	13, 371	179	0	53. 00
53. 01 54. 00	1 1	ASC ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	10 111	· -	4, 242 45, 113	28 249	0	53. 01 54. 00
55. 00		RADI OLOGY-DI AGNOSTI C	18, 111 0	8, 574 0	45, 113	249	0	55. 00
56. 00		RADI OI SOTOPE	1, 199		521	22	0	56. 00
59. 00		CARDI AC CATHETERI ZATI ON	7, 012	18, 296	24, 446	141	0	59. 00
60.00		LABORATORY BLOOD STORING, PROCESSING & TRANS.	14, 648	0 0	0	0	0	60. 00 63. 00
63. 00 65. 00		RESPIRATORY THERAPY	10, 805		8, 530	132	0	65. 00
66. 00		PHYSI CAL THERAPY	2, 540	1	36	0	0	66. 00
67. 00		OCCUPATI ONAL THERAPY	1, 540		14	0	0	67. 00
68. 00	1 1	SPEECH PATHOLOGY	862		l l	0	0	
69. 00 70. 00		ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	8, 728 448		763 115	31	0	69. 00 70. 00
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	Ö	352, 456	o	0	71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENTS	0	0	558, 031	0	0	72. 00
73. 00 74. 00		DRUGS CHARGED TO PATIENTS	0	0	0	310, 221	0	73.00
75. 00	1 1	RENAL DIALYSIS ASC (NON-DISTINCT PART)	0	0	512	41	0	74. 00 75. 00
75. 01		ASC (NON-DISTINCT PART)	0	o	68, 787	612	0	75. 01
76. 00		CARDI AC CATHERI ZATI ON	0	o	0	0	0	76. 00
76. 97		CARDIAC REHABILITATION	0	0	303	0	0	76. 97
90. 00		TIENT SERVICE COST CENTERS CLINIC	0	ol	0	0	0	90. 00
90. 01	1 1	SLEEP CLINIC	0	o	1, 609	O	0	90. 01
90. 03	1 1	ARNETT CANCER CARE CENTER	4, 234	l	6, 669	966	0	90. 03
90. 04 91. 00	1 1	OUTPATIENT INFUSION CENTER	65		101	3 494	0	90. 04
91.00		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	28, 287	66, 578	40, 926	494	Ü	91. 00 92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	0	О	0	0	0	
93. 00		OTHER OUTPATIENT SERVICES	0	0	0	0	0	93. 00
118. 00		L PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	340, 702	743, 587	1, 416, 130	315, 318	0	118. 00
110.00		MBURSABLE COST CENTERS	340, 702	143, 087	1,410,130	310, 318	0	110.00
	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	322	i i	0	0		190. 00
		RESEARCH	0	_	47.300	0		191. 00
		PHYSICIANS' PRIVATE OFFICES NONPAID WORKERS	0	0	67, 398 0	39 0		192. 00 193. 00
	,	- *		, <u> </u>	9			

Health Financial Systems

IU HEALTH ARNETT HOSPITAL

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

Period:
From 01/01/2018
To 12/31/2018

Part II
Date/Time Prepared:
5/28/2019 6: 14 pm

					5/28/2019 6: 1	4 pm
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11.00	13. 00	14. 00	15. 00	16.00	
193. 01 19301 RETAIL PHARMACY	0	0	204	0	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	3, 180	0	0	0	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	2, 766	0	0	0	0	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	346, 970	743, 587	1, 483, 732	315, 357	0	202. 00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | From 01/01/2018 | Part II |
| To | 12/31/2018 | Date/Time Prepared: | 5/28/2019 6:14 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0173

					0 12/31/2018	5/28/2019 6: 1	
			OTHER GENERAL	INTERNS &	RESI DENTS		
	Cost Center Description	SOCIAL SERVICE	SERVI CE PATI ENT	SEDVICES_SALAD	SERVI CES-OTHER	PARAMED ED	
	cost center bescription	SOCIAL SERVICE	TRANSPORT	Y & FRI NGES	PRGM. COSTS	PRGM -	
			SERVI CES			PHARMACY	
	T	17. 00	18. 00	21.00	22. 00	23. 00	
1 00	GENERAL SERVICE COST CENTERS		ı	1			1 00
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1. 00 1. 01
1. 02	00102 CAP REL COSTS INTEREST EXPENSE						1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
2. 01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	00570 ADMITTING						5. 01
5.06	00590 OTHER ADMINISTRATIVE & GENERAL						5. 06
7.00	00700 OPERATION OF PLANT						7. 00
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL						7. 01
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						8. 00 9. 00
10. 00	01000 DI ETARY						10.00
11. 00	01100 CAFETERI A						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 MEDI CAL RECORDS & LI BRARY						16. 00
17. 00	01700 SOCIAL SERVICE	4, 341	404 740				17. 00
18. 00	01850 PATIENT TRANSPORT SERVICES 02100 L&R SERVICES-SALARY & FRINGES APPRVD	C	101, 748	1			18.00
21. 00 22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD		0		30, 843		21. 00 22. 00
23. 00	02300 PARAMED ED PRGM - PHARMACY				30, 643	7, 994	1
20.00	INPATIENT ROUTINE SERVICE COST CENTERS			1		,,,,,	20.00
30.00	03000 ADULTS & PEDI ATRI CS	3, 471	8, 482)			30. 00
31.00	03100 INTENSIVE CARE UNIT	256	1, 015	i			31.00
33. 00	03300 BURN INTENSIVE CARE UNIT	C	-	1			33. 00
33. 01	03301 BURN INTENSIVE CARE UNIT	C	0				33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	293 272	974 255	•			35. 00
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS			1			43. 00
50. 00	05000 OPERATING ROOM		8, 867	1			50.00
51. 00	05100 RECOVERY ROOM						51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	49					52. 00
53.00	05300 ANESTHESI OLOGY	C	1, 813	3			53. 00
53. 01	05301 ASC ANESTHESI OLOGY	C	255				53. 01
54. 00	05400 RADI OLOGY-DI AGNOSTI C	C	5, 520				54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C		923				55. 00
56. 00 59. 00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON		3, 294	1			56. 00 59. 00
60.00	06000 LABORATORY		3, 719				60.00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.		255	1			63. 00
65.00	06500 RESPI RATORY THERAPY	C	927				65. 00
66. 00	06600 PHYSI CAL THERAPY	C	248	3			66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	C	123	1			67. 00
68. 00	06800 SPEECH PATHOLOGY	C	114	1			68. 00
69. 00	06900 ELECTROCARDI OLOGY		1, 826	1			69. 00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		113 2, 416	1			70. 00 71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS		5, 388	1			72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS		11, 428				73. 00
74.00	07400 RENAL DIALYSIS	C	216				74. 00
75. 00	07500 ASC (NON-DISTINCT PART)	C	0)			75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	C	7, 547	1			75. 01
76. 00	03950 CARDI AC CATHERI ZATI ON	C	0				76. 00
76. 97	O7697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS		8	<u> </u>			76. 97
90. 00	09000 CLINIC)			90. 00
	04950 SLEEP CLINIC		581				90. 01
90. 03	09002 ARNETT CANCER CARE CENTER		1, 400	1			90. 03
90. 04	1	C	41				90. 04
91. 00	09100 EMERGENCY	C	11, 454				91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)]			92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)		0	1			92. 01
93. 00	04951 OTHER OUTPATIENT SERVICES	C	0	1			93. 00
118. 00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	4, 341	81, 976	0	0	0	118. 00
1 10.00	NONREI MBURSABLE COST CENTERS	4, 341	01, 7/0	, 0	. 0		1 13.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	C	O				190. 00
	19100 RESEARCH	c					191. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS IU HEALTH ARNETT HOSPITAL Provider CCN: 15-0173

					5/28/2019 6: 1	4 pm
		OTHER GENERAL	INTERNS &	RESI DENTS		
		SERVI CE				
Cost Center Description	SOCIAL SERVICE	PATI ENT	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	
		TRANSPORT	Y & FRINGES	PRGM. COSTS	PRGM -	
		SERVI CES			PHARMACY	
	17. 00	18. 00	21.00	22. 00	23.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	19, 389				192. 00
193.00 19300 NONPALD WORKERS	0	0				193. 00
193.01 19301 RETAIL PHARMACY	0	383				193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0				193. 02
193. 03 19303 HOSPI CE	0	0				193. 03
193. 04 19304 FRANKFORT HOSPI TAL	0	0				193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0				194. 00
200.00 Cross Foot Adjustments			1, 631	30, 843	7, 994	200.00
201.00 Negative Cost Centers	0	0	C	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	4, 341	101, 748	1, 631	30, 843	7, 994	202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | 5/28/2019 6:14 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS IU HEALTH ARNETT HOSPITAL Provider CCN: 15-0173

						5/28/2019 6: 1	14 pm
		Cost Center Description	Subtotal	Intern &	Total		
				Residents Cost			
				& Post Stepdown			
				Adjustments			
			24. 00	25. 00	26. 00		
		AL SERVICE COST CENTERS					4
1.00		CAP REL COSTS-BLDG & FLXT					1.00
1. 01 1. 02		CAP REL COSTS-BLDG & FIXT - NONHOSP CAP REL COSTS INTEREST EXPENSE					1. 01 1. 02
2.00		CAP REL COSTS INTEREST EXPENSE					2.00
2. 01		CAP REL COSTS-MVBLE EQUIP - NONHOSP					2. 01
4.00	1	EMPLOYEE BENEFITS DEPARTMENT					4. 00
5.01	00570	ADMITTING					5. 01
5.06		OTHER ADMINISTRATIVE & GENERAL					5. 06
7.00	1	OPERATION OF PLANT					7. 00
7. 01	1	OPERATION OF PLANT - NONHOSPITAL					7. 01
8. 00 9. 00	1	LAUNDRY & LINEN SERVICE HOUSEKEEPING					8. 00 9. 00
10. 00		DI ETARY					10. 00
11. 00	1	CAFETERI A					11. 00
13.00	01300	NURSING ADMINISTRATION					13. 00
14.00	1	CENTRAL SERVICES & SUPPLY					14. 00
15. 00		PHARMACY					15. 00
16.00		MEDICAL RECORDS & LIBRARY					16.00
17. 00 18. 00	1	SOCIAL SERVICE PATIENT TRANSPORT SERVICES					17. 00 18. 00
21. 00	1	I &R SERVICES-SALARY & FRINGES APPRVD					21. 00
22. 00		I &R SERVI CES-OTHER PRGM. COSTS APPRVD					22. 00
23. 00		PARAMED ED PRGM - PHARMACY					23. 00
	I NPAT	IENT ROUTINE SERVICE COST CENTERS					
30.00		ADULTS & PEDIATRICS	9, 307, 534	0	9, 307, 534		30. 00
31.00		INTENSIVE CARE UNIT	932, 505	0	932, 505		31.00
33. 00 33. 01	1	BURN INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0		33. 00 33. 01
35. 00	1	NEONATAL INTENSIVE CARE UNIT	734, 534	0	734, 534		35. 00
43. 00		NURSERY	314, 923	0	314, 923		43. 00
		LARY SERVICE COST CENTERS		-			
50.00	1	OPERATING ROOM	2, 314, 916	0	2, 314, 916		50. 00
51. 00	1	RECOVERY ROOM	317, 643	0	317, 643		51. 00
52. 00	1	DELIVERY ROOM & LABOR ROOM	1, 067, 575	0	1, 067, 575		52.00
53. 00 53. 01	1	ANESTHESI OLOGY ASC ANESTHESI OLOGY	149, 997 7, 012	0	149, 997 7, 012		53. 00 53. 01
54. 00	1	RADI OLOGY-DI AGNOSTI C	1, 181, 933	0	1, 181, 933		54. 00
55. 00	1	RADI OLOGY-THERAPEUTI C	0	0	0		55. 00
56.00	05600	RADI OI SOTOPE	132, 993	0	132, 993		56. 00
59. 00	1	CARDI AC CATHETERI ZATI ON	608, 508	0	608, 508		59. 00
60.00	1	LABORATORY	714, 015	0	714, 015		60. 00
63.00		BLOOD STORING, PROCESSING & TRANS.	50, 252	0	50, 252		63.00
65. 00 66. 00	1	RESPI RATORY THERAPY PHYSI CAL THERAPY	101, 125 56, 038	0	101, 125 56, 038		65. 00 66. 00
67. 00	1	OCCUPATIONAL THERAPY	28, 230	0	28, 230		67. 00
68. 00		SPEECH PATHOLOGY	25, 277	0	25, 277		68. 00
69. 00		ELECTROCARDI OLOGY	185, 401	0	185, 401		69. 00
70.00		ELECTROENCEPHALOGRAPHY	1, 295	0	1, 295		70. 00
71.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	380, 206	0	380, 206		71. 00
72. 00 73. 00		IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	607, 508	0	607, 508		72. 00 73. 00
74.00		RENAL DIALYSIS	441, 629 114, 471	0	441, 629 114, 471		74.00
75. 00		ASC (NON-DISTINCT PART)	0	0	0		75. 00
75. 01	1	ASC (NON-DISTINCT PART)	633, 162	0	633, 162		75. 01
76.00		CARDI AC CATHERI ZATI ON	0	0	0		76. 00
76. 97		CARDI AC REHABI LI TATI ON	46, 073	0	46, 073		76. 97
00.00		TIENT SERVICE COST CENTERS	0	٥			4
90. 00 90. 01		CLINIC SLEEP CLINIC	0 101, 500	0	0 101, 500		90. 00 90. 01
90.01		ARNETT CANCER CARE CENTER	229, 478	0	229, 478		90.01
90. 03		OUTPATIENT INFUSION CENTER	4, 426	0	4, 426		90.03
91.00		EMERGENCY	2, 039, 296	0	2, 039, 296		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92. 00
92. 01	1	OBSERVATION BEDS (DISTINCT PART)	0	0	0		92. 01
93. 00		OTHER OUTPATIENT SERVICES	0	0	0		93. 00
118. 00		AL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	22, 829, 455	O	22, 829, 455		118. 00
110.00		IMBURSABLE COST CENTERS	22, 027, 400	U	22, 027, 400		1 10.00
	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	168, 844	0	168, 844		190. 00
191.00	19100	RESEARCH	0	0	0		191. 00

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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173 | Period: From 01/01/2018 | Part II | Date/Time Prepared:

			10	5/28/2019 6:1	
Cost Center Description	Subtotal	Intern &	Total		
		Residents Cost			
		& Post			
		Stepdown			
		Adjustments			
	24. 00	25.00	26. 00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4, 511, 260	0	4, 511, 260		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0		193. 00
193. 01 19301 RETAIL PHARMACY	16, 130	0	16, 130		193. 01
193. 02 19302 WHI TE HOSPI TAL	134, 763	0	134, 763		193. 02
193. 03 19303 HOSPI CE	0	0	0		193. 03
193. 04 19304 FRANKFORT HOSPI TAL	131, 089	0	131, 089		193. 04
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0	0		194. 00
200.00 Cross Foot Adjustments	40, 468	0	40, 468		200. 00
201.00 Negative Cost Centers	0	0	0		201. 00
202.00 TOTAL (sum lines 118 through 201)	27, 832, 009	0	27, 832, 009		202. 00

Provider CCN: 15-0173

Peri od: From 01/01/2018 To 12/31/2018 Date/Ti me Prepared: 5/28/2019 6:14 pm

				CAP	ITAL RELATED CO	OSTS	5/28/2019 6: 1	4 pm
			DI DO A FILVE				Lucia E Esta B	
		Cost Center Description	BLDG & FIXT (SQUARE FEET)	NONHOSP	CAP REL COSTS INTEREST	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP	
			(320/11/2 / 221)	(SQUARE FEET)	EXPENSE	(SQS/IIIE TEET)	(SQUARE FEET)	
			1.00	1 01	(SQUARE FEET)	2.00	2.01	
	GENER	AL SERVICE COST CENTERS	1.00	1.01	1.02	2. 00	2. 01	
1.00		CAP REL COSTS-BLDG & FIXT	401, 757					1. 00
1.01		CAP REL COSTS-BLDG & FIXT - NONHOSP	0	341, 269				1. 01
1. 02 2. 00		CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP	0	0	401, 757	401, 757		1. 02 2. 00
2.00		CAP REL COSTS-MVBLE EQUIP - NONHOSP				401, 737	341, 269	2. 00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4. 00
5. 01		ADMITTING	3, 558					5. 01
5. 06 7. 00		OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT	11, 093 76, 386					5. 06 7. 00
7. 01		OPERATION OF PLANT - NONHOSPITAL	0					7. 01
8.00		LAUNDRY & LINEN SERVICE	0	0		_	0	8. 00
9.00		HOUSEKEEPI NG DI ETARY	3, 854					9. 00 10. 00
10. 00 11. 00		CAFETERIA	9, 168 4, 861					11. 00
13. 00	01300	NURSING ADMINISTRATION	9, 983					13. 00
14. 00		CENTRAL SERVICES & SUPPLY	20, 291	78		20, 291		14. 00
15. 00 16. 00	1	PHARMACY MEDICAL RECORDS & LIBRARY	4, 018	49		4, 018 0	49	15. 00 16. 00
17. 00		SOCIAL SERVICE	0			0	0	17. 00
18. 00		PATIENT TRANSPORT SERVICES	1, 310	0	1, 310	1, 310	0	18. 00
21. 00		I &R SERVI CES-SALARY & FRI NGES APPRVD	0	0		0	-	21. 00
22. 00 23. 00		I&R SERVICES-OTHER PRGM. COSTS APPRVD PARAMED ED PRGM - PHARMACY	94	1, 782 12		0 94		22. 00 23. 00
23.00		IENT ROUTINE SERVICE COST CENTERS	74	12	74	74	12	23.00
30.00	03000	ADULTS & PEDIATRICS	111, 723					
31.00		INTENSIVE CARE UNIT	11, 089					31. 00
33. 00 33. 01		BURN INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00 33. 01
35. 00		NEONATAL INTENSIVE CARE UNIT	9, 333	Ö	9, 333	9, 333	-	35. 00
43. 00		NURSERY	4, 144	0	4, 144	4, 144	0	43. 00
50. 00	05000	LARY SERVICE COST CENTERS OPERATING ROOM	28, 854	343	28, 854	28, 854	343	50. 00
51. 00		RECOVERY ROOM	4, 070					
52.00		DELIVERY ROOM & LABOR ROOM	13, 802					52. 00
53.00		ANESTHESI OLOGY	1, 070			1, 070		
53. 01 54. 00		ASC ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	15, 115	117 0		15, 115	117	53. 01 54. 00
55. 00		RADI OLOGY-THERAPEUTI C	0	Ö		0	0	55. 00
56. 00		RADI OI SOTOPE	1, 781	0				56. 00
59. 00 60. 00		CARDI AC CATHETERI ZATI ON LABORATORY	7, 596 9, 058		.,			59. 00 60. 00
63. 00		BLOOD STORING, PROCESSING & TRANS.	670					
65.00	06500	RESPI RATORY THERAPY	1, 013	0				
66.00		PHYSI CAL THERAPY	714	0	714	714		
67. 00 68. 00		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	354 327	0	354 327			67. 00 68. 00
69. 00		ELECTROCARDI OLOGY	2, 207	Ö	2, 207			69. 00
70. 00		ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70. 00
71. 00 72. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	71. 00 72. 00
73. 00		DRUGS CHARGED TO PATTENTS	0		0	0	0	73.00
74. 00		RENAL DIALYSIS	1, 556	0	1, 556	1, 556	0	74. 00
75. 00		ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
75. 01 76. 00		ASC (NON-DISTINCT PART) CARDIAC CATHERIZATION	0	33, 723	0	0	33, 723 0	75. 01 76. 00
76. 97	1	CARDIAC REHABILITATION	Ö	2, 846	Ö	0	2, 846	
		TIENT SERVICE COST CENTERS						
90. 00 90. 01	1	CLINIC SLEEP CLINIC	0	0 6, 184		0	0	
90. 01		ARNETT CANCER CARE CENTER		12, 607			6, 184 12, 607	90.01
90. 04	09003	OUTPATIENT INFUSION CENTER	53	0	1	53		90. 04
91.00		EMERGENCY	25, 826	0	25, 826	25, 826	0	91.00
92. 00 92. 01	1	OBSERVATION BEDS (NON-DISTINCT PART) OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92. 00 92. 01
93. 00	1	OTHER OUTPATIENT SERVICES	0	0			0	93. 00
	SPECI	AL PURPOSE COST CENTERS		1				
118. 00		SUBTOTALS (SUM OF LINES 1 through 117) IMBURSABLE COST CENTERS	394, 971	82, 860	394, 971	394, 971	82, 860	118.00
190.00		GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 358	0	2, 358	2, 358	0	190. 00

					12/01/2010	5/28/2019 6: 1	
		CAPITAL RELATED COSTS					
	Cost Center Description			CAP REL COSTS		MVBLE EQUIP - NONHOSP	
		(SQUARE FEET)			(SQUARE FEET)		
			(SQUARE FEET)	(SQUARE FEET)		(SQUARE FEET)	
		1. 00	1, 01	1. 02	2. 00	2. 01	
191. 00 191	00 RESEARCH	0	0	0	0		191. 00
192. 00 192	00 PHYSICIANS' PRIVATE OFFICES	1, 417	255, 975	1, 417	1, 417	255, 975	192. 00
193. 00 193	NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 193	O1 RETAIL PHARMACY	0	0	0	0	0	193. 01
193. 02 193	02 WHITE HOSPITAL	1, 519	1, 240	1, 519	1, 519	1, 240	193. 02
193. 03 19303 HOSPI CE		0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPITAL		1, 492	1, 194	1, 492	1, 492	1, 194	193. 04
194. 00 079	50 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers					1	201. 00
202. 00	Cost to be allocated (per Wkst. B,	5, 842, 300	3, 349, 100	8, 695, 204	8, 224, 767	1, 720, 638	202. 00
	Part I)	44 544075		04 / 400 40	00 474004		
203. 00	Unit cost multiplier (Wkst. B, Part I)	14. 541875	9. 813666	21. 642943	20. 471994		
204. 00	Cost to be allocated (per Wkst. B,						204. 00
205 00	Part II)						205 00
205. 00	Unit cost multiplier (Wkst. B, Part						205. 00
206. 00	NAHE adjustment amount to be allocated						206. 00
200.00	(per Wkst. B-2)						200.00
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						

	Financial Systems	TU HEALTH ARNE		45 0470 5		U OF FORM CMS	
COST	ALLOCATION - STATISTICAL BASIS		Provi der CC		eriod: rom 01/01/2018 o 12/31/2018	Worksheet B-1 Date/Time Pre 5/28/2019 6:1	pared:
	Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	Ta	4. 00	5. 01	5A. 06	5. 06	7. 00	
1. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT		1				1 1 00
1. 01 1. 02 2. 00 2. 01 4. 00 5. 01 5. 06 7. 00 7. 01 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 00102 CAP REL COSTS INTEREST EXPENSE 00200 CAP REL COSTS-MVBLE EQUIP 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 00400 EMPLOYEE BENEFITS DEPARTMENT 00570 ADMITTING 00590 OTHER ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00701 OPERATION OF PLANT - NONHOSPITAL 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	6, 421, 701 1, 357, 691 351, 670 0 2, 477, 050 564, 962 306, 860 3, 733, 170 268, 451	1, 508, 816, 085 0 0 0 0 0 0 0 0	-66, 666, 487 0 0 0 0 0 0 0 0	13, 263, 095 7, 428, 486 16, 507 4, 509, 045 2, 081, 085 402, 938 5, 463, 338 13, 584, 826	310, 720 0 0 3, 854 9, 168 4, 861 9, 983 20, 291	7. 01 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00
15. 00	01500 PHARMACY	2, 981, 417	0	0	4, 454, 105	4, 018	1
17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 01850 PATIENT TRANSPORT SERVICES 02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD 02300 PARAMED ED PRGM - PHARMACY	420, 934 474, 611 0 602, 734 128, 954	0 0 0 0	0 0 0 0 0	753, 569	0 0 1, 310 0 0 94	17. 00 18. 00 21. 00 22. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
33. 01	03100 INTENSIVE CARE UNIT 03300 BURN INTENSIVE CARE UNIT 03301 BURN INTENSIVE CARE UNIT	24, 621, 140 2, 296, 890 0	126, 594, 157 15, 154, 164 0 0	0	4, 534, 194 0 0	111, 723 11, 089 0	31. 00 33. 00 33. 01
35. 00 43. 00	02060 NEONATAL INTENSIVE CARE UNIT 04300 NURSERY	3, 085, 896 668, 870	14, 534, 317 3, 803, 127	0	-, - ,	9, 333 4, 144	1
43.00	ANCI LLARY SERVI CE COST CENTERS	000, 070	3,003,127	0	1, 113, 207	4, 144	43.00
50. 00 51. 00 52. 00 53. 01 54. 00 55. 00 56. 00 60. 00 63. 00 65. 00 67. 00 68. 00 70. 00 71. 00 72. 00 74. 00 75. 01 76. 00 76. 97	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05301 ASC ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 06900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART) 03950 CARDI AC CATHERI ZATI ON 07697 CARDI AC REHABI LI TATI ON 0UTPATI ENT SERVI CE COST CENTERS	4, 066, 066 646, 983 2, 289, 373 8, 607, 338 0 3, 480, 487 0 237, 436 1, 267, 858 5, 000 0 1, 794, 984 492, 151 293, 706 173, 943 1, 380, 432 98, 084 0 0 0 2, 983, 729 0 306, 298	132, 340, 666 16, 617, 534 24, 789, 038 27, 053, 025 3, 813, 254 82, 380, 621 0 13, 776, 096 49, 156, 783 55, 512, 693 3, 802, 270 13, 841, 704 3, 696, 600 1, 834, 772 1, 695, 622 27, 249, 647 1, 689, 624 36, 058, 975 80, 417, 266 170, 561, 358 3, 217, 410 0 112, 639, 287 0 120, 454	0 0 0 0 0 0 0 0 0 0	1, 105, 999 3, 854, 396 4, 482, 542 18, 253 5, 784, 610 507, 555 2, 552, 462 8, 737, 512 639, 611 2, 390, 806 678, 080 399, 618 262, 194 2, 042, 541 129, 174 7, 314, 203 11, 646, 930 34, 653, 327 923, 588 0 5, 456, 640 591, 931	15, 115 0 1, 781 7, 596 9, 058 670	51. 00 52. 00 53. 01 54. 00 55. 00 56. 00 59. 00 60. 00 65. 00 66. 00 67. 00 68. 00 69. 00 71. 00 72. 00 73. 00 74. 00 75. 01 76. 07 76. 97
90. 01 90. 03 90. 04 91. 00 92. 00 92. 01 93. 00	09002 ARNETT CANCER CARE CENTER 09003 OUTPATIENT INFUSION CENTER 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 04951 OTHER OUTPATIENT SERVICES	753, 753 753, 753 14, 015 4, 221, 366	20, 900, 252 610, 192 170, 953, 104	0	724, 243 2, 566, 000 25, 262 9, 761, 983	0 53 25, 826 0	90. 03 90. 04 91. 00 92. 00 92. 01
118. 00	SPECIAL PURPOSE COST CENTERS	97 151 407	1, 223, 492, 175		210, 861, 623		
	NONREI MBURSABLE COST CENTERS						
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH	27, 961 0	0	0			190. 00 191. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provi der CCN: 15-0173	Peri od:	Worksheet B-1

COST ALLOCA	IION - STATISTICAL BASIS		Provider C		Period: From 01/01/2018	Worksheet B-I	
					To 12/31/2018	Date/Time Pre	
						5/28/2019 6:1	4 pm
	Cost Center Description	EMPLOYEE		Reconciliatio		OPERATION OF	
		BENEFITS	(PATI ENT		ADMI NI STRATI VE		
		DEPARTMENT	CHARGES)		& GENERAL	(SQUARE FEET)	
		(GROSS			(ACCUM. COST)		
		SALARI ES)		54.07		7.00	
		4.00	5. 01	5A. 06	5. 06	7. 00	
	PHYSICIANS' PRIVATE OFFICES	84, 818, 750	279, 601, 588		114, 840, 032	-	192. 00
	NONPALD WORKERS	0	0		0		193. 00
	RETAIL PHARMACY	590, 514	5, 722, 322		5, 492, 405		193. 01
	WHI TE HOSPI TAL	789, 270	0		1, 598, 249		193. 02
193. 03 19303		0	0		0		193. 03
	FRANKFORT HOSPITAL	654, 069	0		1, 363, 188		193. 04
194. 00 07950	MARKETING/PUBLIC RELATIONS	0	0		0	0	194. 00
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers						201. 00
202. 00	Cost to be allocated (per Wkst. B,	34, 134, 991	4, 309, 639		66, 666, 487	15, 907, 000	202. 00
	Part I)						
203. 00	Unit cost multiplier (Wkst. B, Part I)	0. 196142	0. 002856		0. 199343	51. 194001	203. 00
204. 00	Cost to be allocated (per Wkst. B,	0	246, 077		889, 565	4, 363, 068	204. 00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	0. 000000	0. 000163		0. 002660	14. 041800	205. 00
	11)						
206. 00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						[

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0173 Peri od: From 01/01/2018 To 12/31/2018 Worksheet B-1 Date/Time Prepared: 5/28/2019 6:14 pm Cost Center Description OPERATION OF LAUNDRY & HOUSEKEEPING DI ETARY CAFETERI A

	cost center bescription	PLANT - NONHOSPITAL (SQUARE FEET)	LINEN SERVICE (PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(FTES)	
		7. 01	8. 00	9. 00	10. 00	11. 00	
1. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
1. 00	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1. 00
1. 02	00102 CAP REL COSTS INTEREST EXPENSE						1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
2. 01 4. 00	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 00400 EMPLOYEE BENEFITS DEPARTMENT						2. 01 4. 00
5. 01	00570 ADMITTING						5. 01
5.06	00590 OTHER ADMINISTRATIVE & GENERAL						5. 06
7.00	00700 OPERATION OF PLANT	047 ((0					7. 00
7. 01 8. 00	00701 OPERATION OF PLANT - NONHOSPITAL 00800 LAUNDRY & LINEN SERVICE	317, 668	45, 457				7. 01 8. 00
9. 00	00900 HOUSEKEEPING	154	1				9. 00
10.00	01000 DI ETARY	0	0	9, 168			10. 00
11.00	01100 CAFETERI A	0	0	4, 861		90, 559	1
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	78		9, 983 20, 369		4, 877 658	13. 00 14. 00
15. 00	01500 PHARMACY	49		4, 067	0	3, 476	1
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
17. 00	01700 SOCIAL SERVICE	0	0	0	-	757	17. 00
18. 00 21. 00	01850 PATIENT TRANSPORT SERVICES 02100 L&R SERVICES-SALARY & FRINGES APPRVD			1, 310 0		1, 617 252	1
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	1, 782		1, 782	_	309	1
23. 00	02300 PARAMED ED PRGM - PHARMACY	12	l .			162	23. 00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS		2/ 250	111 700	27, 250	20, 422	20.00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT		36, 350 2, 678			30, 423 3, 578	1
33. 00	03300 BURN INTENSIVE CARE UNIT		0			0,370	33. 00
33. 01	03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	0	3, 067			2, 879	1
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	2, 853	4, 144	0	954	43.00
50.00	05000 OPERATING ROOM	343	0	29, 197	0	5, 865	50. 00
51. 00	05100 RECOVERY ROOM	0	1	.,		976	1
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	152	509			3, 323 3, 114	1
53. 00	05300 ANESTHESI OLOGY	117	l .			3, 114	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	o	i		4, 727	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	-	0	55. 00
56. 00 59. 00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON	0		1, 781 7, 596	0	313 1, 830	1
60.00	06000 LABORATORY	1, 212	Ó	10, 270		3, 823	1
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	670		0	63. 00
65. 00	06500 RESPI RATORY THERAPY	0	0	1, 013		2, 820	1
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY			714 354		663 402	1
	06800 SPEECH PATHOLOGY	0	Ö	327	0		68. 00
	06900 ELECTROCARDI OLOGY	0	0	2, 207	0		69. 00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	117 0	1
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS				0	0	1
73.00	07300 DRUGS CHARGED TO PATIENTS	0	Ö	Ö	0	0	73. 00
	07400 RENAL DIALYSIS	0	0	1, 556	0	0	74. 00
75. 00 75. 01	O7500 ASC (NON-DISTINCT PART) O7501 ASC (NON-DISTINCT PART)	33, 723	0	0 33, 723	0	0	75. 00 75. 01
76. 00	03950 CARDI AC CATHERI ZATI ON	33, 723		0 33, 723	0	0	76.00
76. 97	07697 CARDI AC REHABILI TATI ON	2, 846	0	2, 846	0	0	76. 97
00.00	OUTPATIENT SERVICE COST CENTERS	1 0	J			0	00.00
90. 00 90. 01	09000 CLI NI C 04950 SLEEP CLI NI C	6, 184	0	0 6, 184	_	0	90. 00 90. 01
90. 03	09002 ARNETT CANCER CARE CENTER	12, 607	1	12, 607		1, 105	
90.04	l l	0	0	53		17	90.04
91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	25, 826	O	7, 383	91. 00 92. 00
92. 00	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	О	o	0	1
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	O		0	1
110 00	SPECIAL PURPOSE COST CENTERS	E0 250	AE AE 7	250 105	20 527	00.000	110 00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	59, 259	45, 457	359, 185	39, 537	88, 923	118. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190. 00
	19100 RESEARCH	255 075	0		-		191.00
192.00	19200 PHYSICIANS'PRIVATE OFFICES	255, 975	0	257, 392	0	0	192. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 15-0173	Peri od: Worksheet B-1
		From 01/01/2018
		T 40 /04 /0040 D 1 /T' D 1

				F	rom 01/01/2018		
				T	o 12/31/2018		
						5/28/2019 6: 1	4 pm
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
			LINEN SERVICE		(PATIENT DAYS)	(FTES)	
		NONHOSPI TAL	(PATIENT DAYS)				
		(SQUARE FEET)					
		7. 01	8. 00	9. 00	10.00	11. 00	
193. 00 19300	NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301	RETAIL PHARMACY	0	0	0	0	0	193. 01
193. 02 19302	WHITE HOSPITAL	1, 240	0	2, 759	0	830	193. 02
193. 03 19303	HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304	FRANKFORT HOSPITAL	1, 194	0	2, 686	0	722	193. 04
194. 00 07950	MARKETING/PUBLIC RELATIONS	O	0	0	0	0	194. 00
200.00	Cross Foot Adjustments						200. 00
201.00	Negative Cost Centers						201. 00
	Cost to be allocated (per Wkst. B,	8, 909, 303	19, 798	5, 609, 513	3, 047, 649	775, 787	202. 00
	Part I)						
203. 00	Unit cost multiplier (Wkst. B, Part I)	28. 045957	0. 435532	8. 984133	77. 083466	8. 566647	203. 00
204. 00	Cost to be allocated (per Wkst. B,	64, 802	44	286, 784	657, 912	346, 970	204. 00
	Part II)			·			
205. 00	Unit cost multiplier (Wkst. B, Part	0. 203993	0. 000968	0. 459310	16. 640413	3. 831425	205. 00
	II)						
206.00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						
	•			•		'	•

COST A	ALLOCATION - STATISTICAL BASIS		Provi der CC		eriod: rom 01/01/2018	Worksheet B-1	
				T			
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	5/28/2019 6: 1 SOCIAL SERVICE	
	, , , , , , , , , , , , , , , , , , ,	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &		
		(ETES)	SUPPLY	REQUIS.)		(PATIENT DAYS)	
		(FTES)	(COSTED REQUIS.)		(PATI ENT CHARGES)		
		13. 00	14. 00	15. 00	16. 00	17. 00	
4 00	GENERAL SERVICE COST CENTERS						1 00
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1. 00 1. 01
1. 02	00102 CAP REL COSTS INTEREST EXPENSE						1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
2. 01	00201 CAP REL COSTS-MVBLE EQUI P - NONHOSP						2. 01
4. 00 5. 01	OO4OO						4. 00 5. 01
5. 06	00590 OTHER ADMINISTRATIVE & GENERAL						5. 06
7.00	00700 OPERATION OF PLANT						7. 00
7. 01 8. 00	00701 OPERATION OF PLANT - NONHOSPITAL						7. 01 8. 00
9. 00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						9.00
10.00	01000 DI ETARY						10.00
11. 00	01100 CAFETERI A						11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON	45, 356	20 257 017				13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0	30, 357, 016 71, 995				14. 00 15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	Ö	, , , , , 0	0	1, 508, 816, 085		16. 00
17. 00	01700 SOCIAL SERVICE	0	0	0	0	45, 457	
	I I	0	596	0	0	0	18.00
21. 00 22. 00	02100 &R SERVI CES-SALARY & FRINGES APPRVD 02200 &R SERVI CES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0 0	21. 00 22. 00
	02300 PARAMED ED PRGM - PHARMACY	Ö	0	Ö	0	_	1
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	24, 694 3, 109	2, 251, 262 370, 046		126, 594, 157 15, 154, 164	36, 350 2, 678	
33. 00	03300 BURN INTENSIVE CARE UNIT	3, 109	370, 040	0 33, 101	15, 154, 164	2,078	1
33. 01	03301 BURN INTENSIVE CARE UNIT	O	0	0	0	0	33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	2, 402	134, 668				1
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	749	U	0	3, 803, 127	2, 853	43.00
50.00	05000 OPERATING ROOM	2, 705	2, 827, 559	39, 873	132, 340, 666	0	50.00
51.00	05100 RECOVERY ROOM	976	31, 185			0	
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	2, 237 1, 700	236, 347 273, 578		24, 789, 038 27, 053, 025	509 0	
53. 01	05301 ASC ANESTHESI OLOGY	0	86, 783			o o	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	523	923, 013	27, 428	82, 380, 621	0	54.00
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C	0	10 ((1	0	12 774 004	0	00.00
59.00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON	1, 116	10, 661 500, 167	2, 430 15, 494		0	
	06000 LABORATORY	0	0	0		-	
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3, 802, 270		
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	2	174, 519	14, 552	13, 841, 704	0	
66. 00 67. 00	06700 OCCUPATI ONAL THERAPY	0	741 292	0	3, 696, 600 1, 834, 772	0	66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY	0	1, 228	0	1, 695, 622	0	68. 00
	06900 ELECTROCARDI OLOGY	435	15, 603		27, 249, 647	0	69.00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2, 358 7, 211, 219		1, 689, 624 36, 058, 975	0	70. 00 71. 00
72. 00	i i	0	11, 417, 258		80, 417, 266	0	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	, ,	170, 561, 358	0	73. 00
74. 00 75. 00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	0	10, 481	4, 552	3, 217, 410	0	74. 00 75. 00
75. 00 75. 01	07500 ASC (NON-DISTINCT PART)	0	1, 407, 375	67, 414	112, 639, 287	0	75. 00
76. 00	03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0	l
76. 97	07697 CARDI AC REHABI LI TATI ON	0	6, 196	0	120, 454	0	76. 97
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	0	0	0	0	0	90.00
90. 01	04950 SLEEP CLINIC	0	32, 910	1	8, 678, 163	-	1
90. 03	09002 ARNETT CANCER CARE CENTER	630	136, 451			0	90. 03
90. 04 91. 00	09003 OUTPATIENT INFUSION CENTER 09100 EMERGENCY	17	2, 057		610, 192 170, 953, 104	0	90. 04 91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4, 061	837, 344	54, 401	170, 955, 104		91.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	1
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93. 00
118. 00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	45, 356	28, 973, 892	34 727 644	1, 223, 492, 175	45 457	118. 00
1 10.00	NONREI MBURSABLE COST CENTERS	+3, 330	20, 710, 072	51,727,044	., 220, 772, 170	75, 757	1
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00	19100 RESEARCH	0	0	0	0	0	191. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	eu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 15-017	3 Peri od:	Worksheet B-1

0001 7122007	TON OTHER BROKE		1		rom 01/01/2018		
					To 12/31/2018		
						5/28/2019 6: 1	4 pm
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY		SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &		
			SUPPLY	REQUIS.)		(PATIENT DAYS)	
		(FTES)	(COSTED		(PATI ENT		
			REQUI S.)		CHARGES)		
		13. 00	14. 00	15. 00	16. 00	17. 00	
	PHYSICIANS' PRIVATE OFFICES	0	1, 378, 956	4, 25	279, 601, 588		192. 00
	NONPALD WORKERS	0	0		0		193. 00
	1 RETAIL PHARMACY	0	4, 168	(5, 722, 322		193. 01
193. 02 19302	2 WHITE HOSPITAL	0	0	(0	0	193. 02
193. 03 1930		0	0	(0	0	193. 03
193. 04 1930	4 FRANKFORT HOSPITAL	0	0	(0	0	193. 04
194. 00 07950	MARKETING/PUBLIC RELATIONS	0	0	(0	0	194. 00
200.00	Cross Foot Adjustments						200. 00
201.00	Negative Cost Centers						201. 00
202.00	Cost to be allocated (per Wkst. B,	7, 194, 955	17, 522, 466	5, 656, 943	0	656, 086	202. 00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	158. 632926	0. 577213	0. 16287!	0. 000000	14. 433113	203. 00
204.00	Cost to be allocated (per Wkst. B,	743, 587	1, 483, 732	315, 35	7 0	4, 341	204. 00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	16. 394457	0. 048876	0. 009080	0. 000000	0. 095497	205. 00
	[11]						
206.00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						

					To	12/31/2018	Date/Time Prepared
			OTHER GENERAL	INTERNS &	RESI DENTS		5/28/2019 6:14 pm
			SERVI CE				
		Cost Center Description	PATI ENT TRANSPORT	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS	PARAMED ED PRGM -	
			SERVI CES	(ASSI GNED	(ASSI GNED	PHARMACY	
			(PATI ENT	TIME)	TIME)	(ASSI GNED	
			CHARGES) 18.00	21.00	22. 00	TI ME) 23. 00	
	GENER	AL SERVICE COST CENTERS	16.00	21.00	22.00	23.00	
1.00		CAP REL COSTS-BLDG & FIXT					1. C
1.01		CAP REL COSTS-BLDG & FIXT - NONHOSP					1. 0
1. 02 2. 00		CAP REL COSTS INTEREST EXPENSE CAP REL COSTS-MVBLE EQUIP					1.0
2.00		CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.0
4.00	1	EMPLOYEE BENEFITS DEPARTMENT					4. C
5. 01		ADMITTI NG					5. C
5. 06 7. 00		OTHER ADMINISTRATIVE & GENERAL OPERATION OF PLANT					5. C 7. C
7. 00		OPERATION OF PLANT - NONHOSPITAL					7. 0
8.00		LAUNDRY & LINEN SERVICE					8. C
9.00	1	HOUSEKEEPI NG					9. 0
10. 00 11. 00	1	DI ETARY CAFETERI A					10. C
13. 00	1	NURSING ADMINISTRATION					13. 0
14. 00		CENTRAL SERVICES & SUPPLY					14. C
15. 00	1	PHARMACY					15. C
16. 00 17. 00		MEDICAL RECORDS & LIBRARY SOCIAL SERVICE					16. C
18. 00	1	PATIENT TRANSPORT SERVICES	1, 508, 816, 085				18. 0
21. 00	4	I&R SERVICES-SALARY & FRINGES APPRVD	0	965			21. 0
22. 00		I &R SERVI CES-OTHER PRGM. COSTS APPRVD	0		965		22. 0
23. 00		PARAMED ED PRGM - PHARMACY LENT ROUTINE SERVICE COST CENTERS	0			100	23. 0
30. 00		ADULTS & PEDIATRICS	126, 594, 157	722	722	0	30. C
31. 00		INTENSIVE CARE UNIT	15, 154, 164	0	0	0	31. C
33.00		BURN INTENSIVE CARE UNIT	0	0	0	0	33. 0
33. 01 35. 00	1	BURN INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	14, 534, 317	0		0	33. C 35. C
43. 00	1	NURSERY	3, 803, 127	0		0	43. 0
		LARY SERVICE COST CENTERS					
50.00	1	OPERATING ROOM	132, 340, 666	ł		0	50.0
51. 00 52. 00	1	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	16, 617, 534 24, 789, 038	ł	0	0	51. C 52. C
53. 00		ANESTHESI OLOGY	27, 053, 025	ł	Ö	Ö	53. C
53. 01		ASC ANESTHESI OLOGY	3, 813, 254	0	0	O	53. C
54.00	1	RADI OLOGY - DI AGNOSTI C	82, 380, 621	0	0	0	54. C
55. 00 56. 00		RADI OLOGY-THERAPEUTI C RADI OI SOTOPE	13, 776, 096	0	0	0	55. C 56. C
59. 00	1	CARDI AC CATHETERI ZATI ON	49, 156, 783	ő	Ö	Ö	59. C
60.00		LABORATORY	55, 512, 693	0	0	О	60. C
63.00		BLOOD STORING, PROCESSING & TRANS.	3, 802, 270	0	0	0	63.0
65. 00 66. 00		RESPI RATORY THERAPY PHYSI CAL THERAPY	13, 841, 704 3, 696, 600	l e	0	0	65. C 66. C
67. 00	1	OCCUPATI ONAL THERAPY	1, 834, 772	ő	Ö	Ö	67. C
68. 00		SPEECH PATHOLOGY	1, 695, 622	0	0	0	68. C
69. 00	4	ELECTROCARDI OLOGY	27, 249, 647	0	0	0	69.0
70. 00 71. 00	4	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 689, 624 36, 058, 975		0	0	70. C 71. C
72. 00	1	IMPL. DEV. CHARGED TO PATIENTS	80, 417, 266	l	Ö	Ö	72. 0
73. 00	1	DRUGS CHARGED TO PATIENTS	170, 561, 358	0	0	100	73. C
74.00	1	RENAL DIALYSIS	3, 217, 410	0	0	0	74. C
75. 00 75. 01	1	ASC (NON-DISTINCT PART) ASC (NON-DISTINCT PART)	112, 639, 287	0		0	75. C 75. C
76. 00		CARDI AC CATHERI ZATI ON	0	0		0	76. C
76. 97		CARDI AC REHABI LI TATI ON	120, 454	0	0	0	76. 9
00.00		TIENT SERVICE COST CENTERS					00.0
90. 00 90. 01		CLINIC SLEEP CLINIC	8, 678, 163			0	90. C 90. C
90. 03		ARNETT CANCER CARE CENTER	20, 900, 252	ł	Ö	ő	90.0
90. 04		OUTPATIENT INFUSION CENTER	610, 192	l e	0	o	90.0
91.00	1	OBSERVATION REDS (NON_DISTINCT PART)	170, 953, 104	240	240	0	91. C 92. C
92. 00 92. 01	1	OBSERVATION BEDS (NON-DISTINCT PART) OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.0
93. 00	1	OTHER OUTPATIENT SERVICES	0	· -	1	0	93. 0
440 -		AL PURPOSE COST CENTERS	1 000 15	-			
118.00	ין	SUBTOTALS (SUM OF LINES 1 through 117)	1, 223, 492, 175	965	965	100	118. C

Health Fir	nancial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	u of Form CMS-2552-10
COST ALLO	CATION - STATISTICAL BASIS		Provider CC	1	Period: From 01/01/2018 To 12/31/2018	Worksheet B-1 Date/Time Prepared: 5/28/2019 6:14 pm
	Cook Cooker December	OTHER GENERAL SERVI CE	INTERNS &		DARAMED ED	
	Cost Center Description	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	PRGM. COSTS (ASSI GNED TI ME)	R PARAMED ED PRGM - PHARMACY (ASSIGNED TIME)	
		18. 00	21.00	22.00	23. 00	
	NREI MBURSABLE COST CENTERS	_			_	
	DOO GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(0	190. 00
	100 RESEARCH	0	0	(0	191. 00
	200 PHYSICIANS' PRIVATE OFFICES	279, 601, 588	0	(0	192. 00
	300 NONPALD WORKERS	0	0	(0	193. 00
	301 RETAIL PHARMACY	5, 722, 322	0	(0	193. 01
	302 WHITE HOSPITAL	0	0	(0	193. 02
193. 03 193	303 HOSPI CE	0	0	(0	193. 03
193. 04 193	304 FRANKFORT HOSPI TAL	0	0	(0	193. 04
200. 00	OF MARKETING/PUBLIC RELATIONS Cross Foot Adjustments	0	0	(0	194. 00 200. 00
201. 00	Negative Cost Centers	4 400 400	204 204	070 404	000 470	201. 00
202.00	Cost to be allocated (per Wkst. B, Part I)	1, 133, 189		,		
203. 00	Unit cost multiplier (Wkst. B, Part I)	0. 000751	312. 936788	1, 007. 692228	2, 321. 790000	203. 00
204. 00	Cost to be allocated (per Wkst. B, Part II)	101, 748	1, 631	30, 843	7, 994	204. 00
205. 00	Unit cost multiplier (Wkst. B, Part	0. 000067	1. 690155	31. 961658	79. 940000	205. 00
206 00	NAME adjustment amount to be allegated	1	l			204 00

206. 00

207. 00

0.000000

NAHE adjustment amount to be allocated (per Wkst. B-2)
NAHE unit cost multiplier (Wkst. D, Parts III and IV)

206.00

207.00

Date/Time Prepared: 12/31/2018 5/28/2019 6:14 pm Title XVIII Hospi tal PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 55, 931, 534 30 00 03000 ADULTS & PEDIATRICS 55, 931, 534 232, 026 56, 163, 560 03100 INTENSIVE CARE UNIT 7, 105, 835 7, 105, 835 271, 260 31.00 7, 377, 095 31.00 03300 BURN INTENSIVE CARE UNIT 33.00 0 C 0 33.00 03301 BURN INTENSIVE CARE UNIT 33.01 33.01 0 0 0 0 02060 NEONATAL INTENSIVE CARE UNIT 35.00 5, 472, 002 5, 472, 002 195, 353 5, 667, 355 35.00 1, 756, 857 43.00 04300 NURSERY 1, 756, 857 0 1, 756, 857 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM 50.00 50.00 13, 247, 907 13, 247, 907 13, 247, 907 51.00 05100 RECOVERY ROOM 1, 765, 117 1, 765, 117 0 1, 765, 117 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 6,042,844 6, 042, 844 6, 042, 844 52.00 6, 199, 758 05300 ANESTHESI OLOGY 5, 923, 924 5, 923, 924 275, 834 53.00 53.00 05301 ASC ANESTHESI OLOGY 53.01 79.687 79. 687 0 79.687 53.01 54.00 05400 RADI OLOGY-DI AGNOSTI C 8, 569, 894 8, 569, 894 0 8, 569, 894 54.00 05500 RADI OLOGY-THERAPEUTI C 55.00 0 0 55.00 0 05600 RADI OI SOTOPE 56 00 735 488 735 488 735, 488 56 00 59.00 05900 CARDIAC CATHETERIZATION 4, 039, 245 4, 039, 245 4, 039, 245 59.00 06000 LABORATORY 11, 143, 688 11, 143, 688 0 11, 143, 688 60.00 60.00 0 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 810, 288 810, 288 810, 288 63.00 06500 RESPIRATORY THERAPY 3, 066, 332 3, 066, 332 65 00 3,066,332 65 00 0 66.00 06600 PHYSI CAL THERAPY 865, 103 865, 103 865, 103 66.00 06700 OCCUPATI ONAL THERAPY 67.00 505, 573 505, 573 0 0 0 505, 573 67.00 68 00 06800 SPEECH PATHOLOGY 338 048 338 048 338, 048 68 00 69.00 06900 ELECTROCARDI OLOGY 2, 701, 068 2, 701, 068 2, 701, 068 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 158, 556 158, 556 158, 556 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 12, 961, 727 12, 961, 727 0 12, 961, 727 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 20, 619, 249 20, 619, 249 20, 619, 249 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 47, 486, 301 47, 486, 301 47, 486, 301 73.00 07400 RENAL DIALYSIS 1, 210, 543 0 1, 210, 543 74.00 1, 210, 543 74.00 0 75.00 07500 ASC (NON-DISTINCT PART) 0 75.00 75.01 07501 ASC (NON-DISTINCT PART) 8, 701, 076 8, 701, 076 8, 701, 076 75 01 76.00 03950 CARDI AC CATHERI ZATI ON 76.00 0 07697 CARDIAC REHABILITATION 76.97 818, 982 818, 982 818, 982 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 90 00 09000 CLI NI C 0 0 04950 SLEEP CLINIC 1, 123, 185 1, 123, 185 0 1, 123, 185 90.01 90.01 90.03 09002 ARNETT CANCER CARE CENTER 3, 765, 535 3, 765, 535 0 3, 765, 535 90.03 09003 OUTPATIENT INFUSION CENTER 0 90.04 90.04 38.031 38.031 38, 031 09100 EMERGENCY 14, 907, 106 14, 907, 106 14, 907, 106 91.00 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 5, 633, 994 5, 633, 994 5, 633, 994 92.00 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0 92.01 C 0 93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 93.00 247, 524, 719 247, 524, 719 200.00 Subtotal (see instructions) Ω 974, 473 248, 499, 192 200. 00 201.00 Less Observation Beds 5, 633, 994 5, 633, 994 5, 633, 994 201. 00 202.00 Total (see instructions) 241, 890, 725 241, 890, 725 974, 473 242, 865, 198 202. 00 | Peri od: | Worksheet C | From 01/01/2018 | Part | To 12/31/2018 | Date/Time Prepared: | Date/Time Prepared: | Date/Time Prepared: | Date/Time Pr

					10 12/31/2018	Date/IIme Pre 5/28/2019 6:1	
			Title	: XVIII	Hospi tal	PPS	ч рііі
			Charges	, , , , , , , , , , , , , , , , , , , ,	nospi tui	110	
	Cost Center Description	Inpati ent	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
	, and the second			+ col. 7)	Ratio	Inpati ent	
						Rati o	
		6. 00	7. 00	8. 00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	97, 276, 115		97, 276, 11!			30. 00
31. 00	03100 I NTENSI VE CARE UNI T	15, 154, 164		15, 154, 164	1		31. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	0					33. 00
33. 01	03301 BURN INTENSIVE CARE UNIT	0					33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	12, 260, 219		12, 260, 219			35. 00
43.00	04300 NURSERY	3, 803, 127		3, 803, 12	7		43. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	56, 962, 661	75, 378, 005			0. 000000	1
51. 00	05100 RECOVERY ROOM	5, 519, 576	11, 097, 958			0. 000000	1
52.00	05200 DELIVERY ROOM & LABOR ROOM	23, 111, 295	1, 677, 743			0. 000000	
53.00	05300 ANESTHESI OLOGY	3, 647, 200	4, 544, 844			0. 000000	1
53. 01	05301 ASC ANESTHESI OLOGY	9, 816	3, 803, 438			0. 000000	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	33, 442, 914	48, 921, 714			0. 000000	1
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0		0.00000	0. 000000	1
56. 00	05600 RADI OI SOTOPE	1, 903, 170	11, 872, 926			0. 000000	
59. 00	05900 CARDI AC CATHETERI ZATI ON	24, 814, 697	24, 342, 086			0. 000000	1
60.00	06000 LABORATORY	26, 515, 729	28, 191, 510			0. 000000	1
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2, 691, 305	1, 110, 965			0. 000000	1
65. 00	06500 RESPI RATORY THERAPY	12, 110, 755	1, 730, 949			0. 000000	1
66. 00	06600 PHYSI CAL THERAPY	3, 442, 090	254, 510			0. 000000	
67. 00	06700 OCCUPATI ONAL THERAPY	1, 704, 934	129, 838			0. 000000	1
68. 00	06800 SPEECH PATHOLOGY	1, 510, 900	184, 722			0. 000000	
69. 00	06900 ELECTROCARDI OLOGY	15, 165, 576	12, 084, 071			0. 000000	1
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 346, 870	342, 754			0. 000000	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15, 396, 274	20, 662, 701			0. 000000	1
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	44, 476, 671	35, 940, 595			0. 000000	•
73. 00	07300 DRUGS CHARGED TO PATIENTS	51, 341, 594	119, 219, 764			0. 000000	1
74.00	07400 RENAL DIALYSIS	2, 472, 990	744, 420			0. 000000	1
75. 00	07500 ASC (NON-DISTINCT PART)	0	0		0.000000	0. 000000	
75. 01	07501 ASC (NON-DISTINCT PART)	194, 580	112, 444, 707	112, 639, 28		0. 000000	
76. 00	03950 CARDI AC CATHERI ZATI ON	0	0		0.000000	0. 000000	76.00
76. 97	07697 CARDI AC REHABI LI TATI ON	93, 823	26, 077	119, 900	6. 830542	0. 000000	76. 97
00 00	OUTPATIENT SERVICE COST CENTERS			1	0.000000	0.000000	00 00
90.00	09000 CLINIC	0	0 (70 1(2			0.000000	
90. 01	04950 SLEEP CLINIC	0	8, 678, 163			0.000000	
90. 03	09002 ARNETT CANCER CARE CENTER	228, 344	20, 671, 908			0.000000	1
90. 04 91. 00	09003 OUTPATIENT INFUSION CENTER 09100 EMERGENCY	13, 108 39, 022, 545	597, 084			0. 000000 0. 000000	90. 04
	l l	1	131, 930, 559				1
92. 00 92. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	1, 777, 298	18, 222, 016 0			0. 000000 0. 000000	
92.01	04951 OTHER OUTPATIENT SERVICES		0	9	0. 000000 0. 000000	0. 000000	1
200.00		407 410 340	604 904 027	1 102 214 24		0.000000	200. 00
200.00	,	497, 410, 340	074, 000, 027	1, 192, 216, 36	<u>'</u>		200.00
201.00		497, 410, 340	604 904 027	1, 192, 216, 36	7		201.00
202.00	p protai (See mistructions)	471,410,340	074, 000, 027	1, 172, 210, 30	'I I		₁ 202.00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	From 01/01/2018	Worksheet C Part I Date/Time Prepared:

					5/28/2019 6: 14 pm	n
			Title XVIII	Hospi tal	PPS	
	Cost Center Description	PPS Inpatient				
		Ratio				
		11. 00				
	PATIENT ROUTINE SERVICE COST CENTERS					
30. 00 030	000 ADULTS & PEDIATRICS				30.	. 00
31. 00 031	100 INTENSIVE CARE UNIT				31.	. 00
33.00 033	300 BURN INTENSIVE CARE UNIT				33.	. 00
33. 01 033	301 BURN INTENSIVE CARE UNIT				33.	. 01
35. 00 020	060 NEONATAL INTENSIVE CARE UNIT				35.	. 00
43.00 043	300 NURSERY				43.	. 00
ANC	CILLARY SERVICE COST CENTERS					
50.00 050	OOO OPERATING ROOM	0. 100105			50.	. 00
51.00 051	100 RECOVERY ROOM	0. 106220			51.	. 00
52. 00 052	200 DELIVERY ROOM & LABOR ROOM	0. 243771			52.	. 00
53.00 053	300 ANESTHESI OLOGY	0. 756802			53.	. 00
53. 01 053	301 ASC ANESTHESI OLOGY	0. 020897			53.	. 01
	400 RADI OLOGY-DI AGNOSTI C	0. 104048			54.	. 00
55.00 055	500 RADI OLOGY-THERAPEUTI C	0. 000000			55.	. 00
56.00 056	600 RADI 0I SOTOPE	0. 053389			56.	. 00
59. 00 059	900 CARDI AC CATHETERI ZATI ON	0. 082171			59.	. 00
60.00 060	000 LABORATORY	0. 203697			60.	. 00
63.00 063	300 BLOOD STORING, PROCESSING & TRANS.	0. 213106			63.	. 00
65. 00 065	500 RESPIRATORY THERAPY	0. 221529			65.	. 00
66.00 066	600 PHYSI CAL THERAPY	0. 234027			66.	. 00
	700 OCCUPATI ONAL THERAPY	0. 275551			67.	. 00
68. 00 068	800 SPEECH PATHOLOGY	0. 199365			68.	. 00
69. 00 069	900 ELECTROCARDI OLOGY	0. 099123			69.	. 00
	000 ELECTROENCEPHALOGRAPHY	0. 093841			70.	. 00
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 359459				. 00
	200 IMPL. DEV. CHARGED TO PATIENTS	0. 256403				. 00
	300 DRUGS CHARGED TO PATIENTS	0. 278412				. 00
	400 RENAL DIALYSIS	0. 376248				. 00
	500 ASC (NON-DISTINCT PART)	0. 000000				. 00
	501 ASC (NON-DISTINCT PART)	0. 077247				. 01
	950 CARDI AC CATHERI ZATI ON	0. 000000			76.	. 00
	697 CARDI AC REHABI LI TATI ON	6. 830542				. 97
	TPATIENT SERVICE COST CENTERS					
	000 CLI NI C	0. 000000			90.	. 00
	950 SLEEP CLINIC	0. 129427				. 01
	002 ARNETT CANCER CARE CENTER	0. 180167				. 03
	003 OUTPATIENT INFUSION CENTER	0. 062326				. 04
	100 EMERGENCY	0. 087200				. 00
	200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 281709				. 00
	201 OBSERVATION BEDS (NON DISTINCT PART)	0. 000000				. 01
	951 OTHER OUTPATIENT SERVICES	0. 000000				. 00
200.00	Subtotal (see instructions)	3. 333300			200.	
201.00	Less Observation Beds				201.	
202.00	Total (see instructions)	1			202.	
202.00	1.014. (300 111311 4011 5113)	1			1202.	

Date/Time Prepared: 12/31/2018 5/28/2019 6:14 pm Title XIX Hospi tal PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 55, 931, 534 30 00 03000 ADULTS & PEDIATRICS 55, 931, 534 232, 026 56, 163, 560 03100 INTENSIVE CARE UNIT 7, 105, 835 7, 105, 835 271, 260 31.00 7, 377, 095 31.00 03300 BURN INTENSIVE CARE UNIT 33.00 0 C 0 33.00 03301 BURN INTENSIVE CARE UNIT 33.01 33.01 0 0 0 0 02060 NEONATAL INTENSIVE CARE UNIT 35.00 5, 472, 002 5, 472, 002 195, 353 5, 667, 355 35.00 1, 756, 857 43.00 04300 NURSERY 1, 756, 857 0 1, 756, 857 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM 50.00 50.00 13, 247, 907 13, 247, 907 13, 247, 907 51.00 05100 RECOVERY ROOM 1, 765, 117 1, 765, 117 0 1, 765, 117 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 6,042,844 6, 042, 844 6, 042, 844 52.00 6, 199, 758 05300 ANESTHESI OLOGY 5, 923, 924 5, 923, 924 275, 834 53.00 53.00 05301 ASC ANESTHESI OLOGY 53.01 79.687 79. 687 0 79.687 53.01 54.00 05400 RADI OLOGY-DI AGNOSTI C 8, 569, 894 8, 569, 894 0 8, 569, 894 54.00 05500 RADI OLOGY-THERAPEUTI C 55.00 0 0 55.00 0 05600 RADI OI SOTOPE 56 00 735 488 735 488 735, 488 56 00 59.00 05900 CARDIAC CATHETERIZATION 4, 039, 245 4, 039, 245 4, 039, 245 59.00 06000 LABORATORY 11, 143, 688 11, 143, 688 0 11, 143, 688 60.00 60.00 0 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 810, 288 810, 288 810, 288 63.00 06500 RESPIRATORY THERAPY 3, 066, 332 3, 066, 332 65 00 3,066,332 65 00 0 66.00 06600 PHYSI CAL THERAPY 865, 103 865, 103 865, 103 66.00 06700 OCCUPATI ONAL THERAPY 67.00 505, 573 505, 573 0 0 0 505, 573 67.00 68 00 06800 SPEECH PATHOLOGY 338 048 338 048 338, 048 68 00 69.00 06900 ELECTROCARDI OLOGY 2, 701, 068 2, 701, 068 2, 701, 068 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 158, 556 158, 556 158, 556 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 12, 961, 727 12, 961, 727 0 12, 961, 727 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 20, 619, 249 20, 619, 249 20, 619, 249 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 47, 486, 301 47, 486, 301 47, 486, 301 73.00 07400 RENAL DIALYSIS 1, 210, 543 0 1, 210, 543 74.00 1, 210, 543 74.00 0 75.00 07500 ASC (NON-DISTINCT PART) 0 75.00 75.01 07501 ASC (NON-DISTINCT PART) 8, 701, 076 8, 701, 076 8, 701, 076 75 01 76.00 03950 CARDI AC CATHERI ZATI ON 76.00 0 07697 CARDIAC REHABILITATION 76.97 818, 982 818, 982 818, 982 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 90 00 09000 CLI NI C 0 0 04950 SLEEP CLINIC 1, 123, 185 1, 123, 185 0 1, 123, 185 90.01 90.01 90.03 09002 ARNETT CANCER CARE CENTER 3, 765, 535 3, 765, 535 0 3, 765, 535 90.03 09003 OUTPATIENT INFUSION CENTER 0 90.04 90.04 38.031 38.031 38, 031 09100 EMERGENCY 14, 907, 106 14, 907, 106 14, 907, 106 91.00 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 5, 633, 994 5, 633, 994 5, 633, 994 92.00 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0 92.01 C 0 93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 93.00 247, 524, 719 247, 524, 719 200.00 Subtotal (see instructions) Ω 974, 473 248, 499, 192 200. 00 201.00 Less Observation Beds 5, 633, 994 5, 633, 994 5, 633, 994 201. 00 202.00 Total (see instructions) 241, 890, 725 241, 890, 725 974, 473 242, 865, 198 202. 00 | Peri od: | Worksheet C | From 01/01/2018 | Part | To 12/31/2018 | Date/Time Prepared: | Date/Time Prepared: | Date/Time Prepared: | Date/Time Pr

					10 12/31/2018	Date/IIme Pre 5/28/2019 6:1	
			Titl	e XIX	Hospi tal	PPS	трііі
			Charges	5 7.17.	1.00pr tur	1.0	
	Cost Center Description	Inpati ent	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
	, , , , , , , , , , , , , , , , , , ,			+ col. 7)	Ratio	Inpati ent	
						Rati o	
		6.00	7. 00	8. 00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	97, 276, 115		97, 276, 11	5		30. 00
31.00	03100 INTENSIVE CARE UNIT	15, 154, 164		15, 154, 164	1		31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0					33. 00
33. 01	03301 BURN INTENSIVE CARE UNIT	0					33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	12, 260, 219		12, 260, 219	9		35. 00
43.00	04300 NURSERY	3, 803, 127		3, 803, 12	7		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	56, 962, 661	75, 378, 005			0. 000000	1
51. 00	05100 RECOVERY ROOM	5, 519, 576	11, 097, 958			0. 000000	1
52.00	05200 DELIVERY ROOM & LABOR ROOM	23, 111, 295	1, 677, 743			0. 000000	
53.00	05300 ANESTHESI OLOGY	3, 647, 200	4, 544, 844			0. 000000	1
53. 01	05301 ASC ANESTHESI OLOGY	9, 816	3, 803, 438			0. 000000	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	33, 442, 914	48, 921, 714			0. 000000	1
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0		0.00000	0. 000000	1
56. 00	05600 RADI OI SOTOPE	1, 903, 170	11, 872, 926			0. 000000	
59. 00	05900 CARDI AC CATHETERI ZATI ON	24, 814, 697	24, 342, 086			0. 000000	1
60. 00	06000 LABORATORY	26, 515, 729	28, 191, 510			0. 000000	1
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	2, 691, 305	1, 110, 965			0. 000000	1
65. 00	06500 RESPI RATORY THERAPY	12, 110, 755	1, 730, 949			0. 000000	1
66. 00	06600 PHYSI CAL THERAPY	3, 442, 090	254, 510			0. 000000	
67. 00	06700 OCCUPATI ONAL THERAPY	1, 704, 934	129, 838			0. 000000	1
68. 00	06800 SPEECH PATHOLOGY	1, 510, 900	184, 722			0. 000000	
69. 00	06900 ELECTROCARDI OLOGY	15, 165, 576	12, 084, 071			0. 000000	1
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 346, 870	342, 754			0. 000000	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15, 396, 274	20, 662, 701			0.000000	l
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	44, 476, 671	35, 940, 595			0. 000000	•
73.00	07300 DRUGS CHARGED TO PATIENTS	51, 341, 594	119, 219, 764			0.000000	1
74.00	07400 RENAL DIALYSIS	2, 472, 990	744, 420			0.000000	1
75. 00	07500 ASC (NON-DISTINCT PART)	104 500	0		0.000000	0.000000	
75. 01	07501 ASC (NON-DISTINCT PART)	194, 580	112, 444, 707	112, 639, 28		0.000000	
76.00	03950 CARDI AC CATHERI ZATI ON	02 022	24 077	110 000	0.000000	0.000000	76.00
76. 97	07697 CARDI AC REHABI LI TATI ON	93, 823	26, 077	119, 900	6. 830542	0. 000000	76. 97
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	O	0		0.000000	0. 000000	90.00
90.00	04950 SLEEP CLINIC		8, 678, 163			0. 000000	
90.01	09002 ARNETT CANCER CARE CENTER	228, 344	20, 671, 908			0. 000000	
90. 03	09003 OUTPATIENT INFUSION CENTER	13, 108	597, 084			0. 000000	90.03
91.00	09100 EMERGENCY	39, 022, 545	131, 930, 559			0. 000000	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 777, 298	18, 222, 016			0. 000000	1
92. 00	09201 OBSERVATION BEDS (NON-DISTINCT PART)	1,777,290	10, 222, 010			0. 000000	
93. 00	04951 OTHER OUTPATIENT SERVICES		0]	0.00000	0. 000000	1
200.00		497, 410, 340	694 806 027	1, 192, 216, 36		0.00000	200.00
200.00	,	777, 410, 340	074,000,027	1, 172, 210, 30			200.00
202.00		497, 410, 340	694 806 027	1, 192, 216, 36	7		202.00
202.00	1.023. (300 111311 4011 0113)	177, 110, 540	371,000,021	1 ., 1,2,210,00	1	l	1232.00

Health Financial Systems

IU HEALTH ARNETT HOSPITAL

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173
Period:
From 01/01/2018
To 12/31/2018
Date/Time Prepared:
5/28/2019 6: 14 pm

Title XIX				12, 01, 2010	5/28/2019 6:14 pm	
RATIO 11.00			Title XIX	Hospi tal		
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 1 https://www.perplanes.com/perplanes.com	Cost Center Description	PPS Inpatient				
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 31.00 33.00 0310.00 0310.00 0310.00 0310.00 0310.00 0310.00 0310.00 0310.00 0310.00 0310.00 0310.00 0310.00 0310.00 033.	· ·	Ratio				
30.00		11. 00				
31.00 03100 INTENSIVE CARE UNIT 33.00 33.01 03301	INPATIENT ROUTINE SERVICE COST CENTERS					
33.00 03300 BURN INTERSIVE CARE UNIT 33.01 03301 03301 03301 03301 03301 03301 03301 03301 03301 BURN INTERSIVE CARE UNIT 35.00 02000 02000 NEDRIS VE CARE UNIT 43.00 04300	30. 00 03000 ADULTS & PEDIATRICS				30. 0	00
33. 01 03301 BURN INTERSIVE CARE UNIT	31.00 03100 INTENSIVE CARE UNIT				31. 0	00
35. 00	33.00 03300 BURN INTENSIVE CARE UNIT				33. 0	00
A3. 00 04300 NURSERY	33.01 03301 BURN INTENSIVE CARE UNIT				33. 0	01
ANCILLARY SERVICE COST CENTERS S0. 00 S0.	35.00 02060 NEONATAL INTENSIVE CARE UNIT				35. 0	00
50.00 05000 05000 05000 05000 05000 051.00 051.00 051.00 051.00 051.00 051.00 051.00 051.00 052.00	43. 00 04300 NURSERY				43. 0	00
51.00 05100 RECOVERY ROOM 0.106220 0.20371 52.00 05200 DELI VERY ROOM & LABOR ROOM 0.243771 52.00 05300 ANESTHESI OLOGY 0.756802 53.00 05301 ASC ANESTHESI OLOGY 0.020877 53.01 05301 ASC ANESTHESI OLOGY 0.020877 53.01 05301 ASC ANESTHESI OLOGY 0.000000 0.55.00 05500 RADIO LOGY-THERAPEUTI C 0.000000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.00000000	ANCILLARY SERVICE COST CENTERS					
S2.00 05200 DELIVERY ROOM & LABOR ROOM 0. 243771 52.00 05300 ARSCHESI OLOGY 0. 756802 53.00 53.00 53.01 05301 ASC ANESTHESI OLOGY 0. 020897 53.01 54.00 05400 RADI OLOGY-DI AGNOSTIC 0. 104048 54.00 55.00 05500 RODI OLOGY-THERAPEUTIC 0. 000000 0.55.00 05500 RADI OLOGY-THERAPEUTIC 0. 000000 0. 05339 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 0000000 0. 000000 0. 0000000 0. 0000000 0. 0000000 0. 00000000	50.00 05000 OPERATING ROOM	0. 100105			50. (00
53.00 05300 ABSTHESI OLOGY 0.756802 53.00 05.01 05.301 ASC ARBSTHESI OLOGY 0.020897 53.01 05.01 05.301 ASC ARBSTHESI OLOGY 0.020897 53.01 05.01 05.301 ASC ARBSTHESI OLOGY 0.000000 05.00 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000	51.00 05100 RECOVERY ROOM	0. 106220			51. (00
53. 01 05301 ASC ANESTHESI OLOGY 0. 020897 53. 01	52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 243771			52. 0	00
54. 00 05400 RADI OLOGY-DI AGNOSTI C 0. 104048 55. 00 05500 RADI OLOGY-THERAPEUTI C 0. 000000 05600 RADI OLOGY-THERAPEUTI C 0. 000000 05600 RADI OLOGY-THERAPEUTI C 0. 000000 0. 000000 RADIO I SOTOPE 0. 053389 55. 00 0. 00000 0. 0000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 0000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 00000000	53. 00 05300 ANESTHESI OLOGY	0. 756802			53. 0	00
55. 00 05500 RADI OLOGY-THERAPEUTI C 0. 000000 0. 053389 55. 00 05600 RADI OLOGY-THERAPEUTI C 0. 053389 55. 00 05900 CARDI AC CATHETERI ZATI ON 0. 082171 59. 00 06. 00 06000 LABORATORY 0. 203697 60. 00 06300 BLODO STORI NG PROCESSI NG & TRANS. 0. 213106 63. 00 06300 BLODO STORI NG PROCESSI NG & TRANS. 0. 213106 65. 00 06500 RESPI RATORY THERAPY 0. 221529 65. 00 06500 RESPI RATORY THERAPY 0. 221529 65. 00 06600 PHYSI CAL THERAPY 0. 275551 67. 00 06700 00CUPATI ONAL THERAPY 0. 275551 67. 00 06800 SPEECH PATHOLOGY 0. 199365 68. 00 06900 ELECTROCARDI OLOGY 0. 099123 69. 00 09000 ELECTROCARDI OLOGY 0. 099123 69. 00 09000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 000000	53. 01 05301 ASC ANESTHESI OLOGY	0. 020897			53.0	01
56. 00 05600 RADI OI SOTOPE 0. 053389 56. 00 05900 CARDI AC CATHETERI ZATI ON 0. 082171 59. 00 06.000 06.000 LABORATORY 0. 203697 60. 00 06.000 LABORATORY 0. 203697 65. 00 06.500 06.500 RESPI RATORY THERAPY 0. 221529 65. 00 06.000 PHYSI CAL THERAPY 0. 221529 65. 00 06.000 PHYSI CAL THERAPY 0. 221529 65. 00 06.000 06.000 PHYSI CAL THERAPY 0. 234027 66. 00 06.000 06.000 06.000 PHYSI CAL THERAPY 0. 275551 67. 00 06.0000 06.0000 06.0000 06.0000 06.0000 06.0000 06.0000 06.0000 06.0000 06.0000 06.0000 06.0000 06.0000 06.0000 06.00000 06.00000 06.00000 06.00000 06.00000 06.000000 06.000000 06.000000 06.000000 06.000000 06.000000 06.0000000 06.0000000 06.00000000 06.00000000 06.000000000 06.00	54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 104048			54. (00
59.00 05900 05900 CARDI AC CATHETERI ZATION 0.002171 59.00 60.00 06000 06300 BLODO STORI NG, PROCESSING & TRANS. 0.213106 63.00 63.00 06500 RESPI RATORY THERAPY 0.221529 65.00 66.00 06500 RESPI RATORY THERAPY 0.234027 66.00 67.00 06700 0CCUPATI ONAL THERAPY 0.275551 67.00 68.00 06800 SPECH PATHOLOGY 0.199365 68.00 69.00 06900 ELECTROCARDI OLOGY 0.099123 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0.093841 70.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.359459 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.278412 73.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.278412 73.00 74.00 07400 RENAL DIALYSIS 0.376248 74.00 75.01 07501 ASC (NON-DISTINCT PART) 0.00000 75.00 75.01 07501 ASC (NON-DISTINCT PART) 0.00000 75.00 76.07 07697 CARDI AC CATHERI ZATI ON 0.00000 76.90 70.00 07697 CARDI AC REHABILITATI ON 6.830542 90.01 70.01 04950 SLEEP CLINI C 0.129427	55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			55. (00
59. 00 05900 05900 CARDI AC CATHETERI ZATION 0. 082171 60. 00 06000 06300 LABORATORY 0. 203697 63. 00 06500 06500 RESPI RATORY THERAPY 0. 221529 66. 00 06600 PHYSI CAL THERAPY 0. 234027 67. 00 06700 0CCUPATI ONAL THERAPY 0. 275551 68. 00 06800 SPECH PATHOLOGY 0. 199365 69. 00 06900 ELECTROCARDI OLOGY 0. 099123 70. 00 07000 ELECTROCARDI OLOGY 0. 099123 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 359459 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 278412 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 278412 74. 00 07400 RENAL DIALYSIS 0. 376248 75. 01 07501 ASC (NON-DISTINCT PART) 0. 007000 75. 01 07501 ASC (NON-DISTINCT PART) 0. 007000 76. 07 07697 CARDI AC CATHERI ZATI ON 0. 000000 76. 07 07697 CARDI AC REHABILITATI ON 0. 830542 79. 00 07000 CLINIC CONTRER 0. 180649 90. 01 04950 SLEEP CLINIC COST CENTERS 0. 000000 90. 01 04950 0490000 049	56. 00 05600 RADI 0I SOTOPE	0. 053389			56.0	00
60. 00 06000 LABORATORY 0. 203697 60. 00 63. 00 63.00 06300 BLOOD STORI NG, PROCESSING & TRANS. 0. 213106 65. 00 06500 RESPI RATORY THERAPY 0. 221529 66. 00 06600 PHYSI CAL THERAPY 0. 221529 66. 00 06600 PHYSI CAL THERAPY 0. 234027 66. 00 06700 0CUPATI IONAL THERAPY 0. 275551 67. 00 06700 0CUPATI IONAL THERAPY 0. 199365 68. 00 06800 SPEECH PATHOLOGY 0. 199365 68. 00 06900 ELECTROCARDI OLOGY 0. 099123 0. 099124 0. 099	59. 00 05900 CARDI AC CATHETERI ZATI ON	1			59. (00
65. 00	60. 00 06000 LABORATORY	1			60.0	00
66. 00	63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 213106			63.0	00
67. 00 06700 0CCUPATI ONAL THERAPY 0. 275551 67. 00 68. 00 06800 SPECCH PATHOLOGY 0. 199365 68. 00 06900 ELECTROCARDI OLOGY 0. 099123 69. 00 07000 ELECTROCARDI OLOGY 0. 093841 70. 00 71. 00	65. 00 06500 RESPIRATORY THERAPY	0. 221529			65. 0	00
68. 00 06800 SPEECH PATHOLOGY 0.199365 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0.099123 69. 00 07000 ELECTROCARDI OLOGY 0.093841 70. 00 07000 ELECTROCARDI OLOGY 0.093841 70. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0.359459 71. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0.256403 72. 00 07200 DRUGS CHARGED TO PATI ENTS 0.278412 73. 00 07400 REWAL DI ALYSI S 0.376248 74. 00 07400 REWAL DI ALYSI S 0.376248 74. 00 07500 ASC (NON-DI STI NCT PART) 0.000000 75. 00 07501 ASC (NON-DI STI NCT PART) 0.077247 75. 01 07501 ASC (NON-DI STI NCT PART) 0.077247 75. 01 07501 ASC (ATHERI ZATI ON 0.000000 0.000000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.00000000	66. 00 06600 PHYSI CAL THERAPY	0. 234027			66.0	00
69. 00 06900 ELECTROCARDI OLOGY 0. 099123 69. 00 700 00 1	67. 00 06700 OCCUPATI ONAL THERAPY	0. 275551			67. (00
70. 00 07000 ELECTROENCEPHALOGRAPHY 0. 093841 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0. 359459 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 256403 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 278412 73. 00 74. 00 07400 RENAL DI ALYSIS 0. 376248 74. 00 75. 01 07501 ASC (NON-DI STI NCT PART) 0. 000000 75. 01 76. 00 03950 CARDI AC CATHERI ZATI ON 0. 000000 76. 97 00TPATIENT SERVICE COST CENTERS 76. 97 00. 00 09000 CLI NI C 0. 000000 90. 01 04950 SLEEP CLI NI C 0. 129427 90. 03 09002 ARNETT CANCER CARE CENTER 0. 180167 90. 04 09003 OUTPATI ENT I ENT I SUS ON CENTER 0. 06326 91. 00 09100 EMERGENCY 0. 06326 92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 0. 281709 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0. 281709 93. 00 04951 OTHER OUTPATIENT SERVICES 0. 000000 200. 00 Subtotal (see instructions) 0. 000000 201. 00 Less Observation Beds 201. 000000	68. 00 06800 SPEECH PATHOLOGY	0. 199365			68.0	00
71. 00	69. 00 06900 ELECTROCARDI OLOGY	0. 099123			69. (00
72. 00	70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 093841			70.0	00
73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 278412 73. 00 74. 00 07400 RENAL DIALYSIS 0. 376248 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0. 000000 75. 01 75. 01 07501 ASC (NON-DISTINCT PART) 0. 077247 75. 01 76. 00 03950 CARDIAC CATHERIZATION 0. 000000 76. 97 07697 CARDIAC REHABILITATION 6. 830542 76. 97 00179ATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 0. 0.000000 90. 01 90. 01 04950 SLEEP CLINIC 0. 129427 90. 01 90. 03 09002 ARNETT CANCER CARE CENTER 0. 180167 90. 03 90. 04 09003 OUTPATIENT INFUSION CENTER 0. 062326 90. 04 91. 00 09100 EMERGENCY 0. 087200 91. 00 92. 01 09201 DRSERVATION BEDS (NON-DISTINCT PART) 0. 281709 92. 00 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0. 000000 92. 00 92. 00 04951 OTHER OUTPATIENT SERVICES 0. 000000 92. 00 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 359459			71. (00
74. 00 07400 RENAL DIALYSIS 0. 376248 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0. 000000 75. 01 75. 01 07501 ASC (NON-DISTINCT PART) 0. 077247 75. 01 76. 00 03950 CARDIAC CATHERIZATION 0. 000000 76. 00 76. 07 07697 CARDIAC REHABILITATION 6. 830542 76. 97 OUTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 0. 0. 129427 90. 01 90. 01 04950 SLEEP CLINIC 0. 180167 90. 03 90. 04 09003 OUTPATIENT INFUSION CENTER 0. 180167 90. 03 90. 04 09003 OUTPATIENT INFUSION CENTER 0. 0. 062326 90. 04 91. 00 09100 EMERGENCY 0. 087200 992. 09 SERVATION BEDS (NON-DISTINCT PART) 0. 281709 92. 01 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0. 000000 92. 01 93. 00 04951 OTHER OUTPATIENT SERVICES 0. 000000 92. 00 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00	72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 256403			72. (00
75. 00 07500 ASC (NON-DISTINCT PART) 0.000000 75. 01 0.000000 75. 01 0.000000 75. 01 0.0000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000	73.00 07300 DRUGS CHARGED TO PATIENTS	0. 278412			73. 0	00
75. 01	74.00 07400 RENAL DIALYSIS	0. 376248			74. (00
76. 00 76. 97 76. 00 76. 97 76. 97	75.00 07500 ASC (NON-DISTINCT PART)	0. 000000			75. 0	00
76. 97 07697 CARDI AC REHABILITATION 6. 830542 76. 97 0UTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C 0. 000000 90. 01 04950 SLEEP CLI NI C 0. 129427 90. 01 90. 03 09002 ARNETT CANCER CARE CENTER 0. 180167 90. 03 90. 04 90. 00 09100 EMERGENCY 0. 087200 91. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0. 281709 92. 01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 0. 281709 92. 01 93. 00 04951 OTHER OUTPATI ENT SERVI CES 0. 000000 000000 000000 CLI NI C 0. 000000 0. 000000 0. 000000 0. 000000 0. 0000000 0. 0000000 0. 0000000 0. 00000000	75. 01 07501 ASC (NON-DISTINCT PART)	0. 077247			75. 0	01
OUTPATIENT SERVICE COST CENTERS O. 000000	76.00 03950 CARDIAC CATHERIZATION	0. 000000			76. 0	00
90. 00 09000 CLINIC 0.000000 90. 01 04950 SLEEP CLINIC 0.129427 90. 01 90. 02 90. 03 90002 ARNETT CANCER CARE CENTER 0.180167 90. 03 90. 04 90. 03 0UTPATIENT INFUSION CENTER 0.062326 90. 04 91. 00	76.97 07697 CARDIAC REHABILITATION	6. 830542			76. 9	97
90. 01	OUTPATIENT SERVICE COST CENTERS					
90. 03 09002 ARNETT CANCER CARE CENTER 0. 180167 90. 04 09003 0UTPATI ENT INFUSION CENTER 0. 062326 90. 04 91. 00 09200 BERGENCY 0. 087200 92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 0. 281709 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0. 000000 93. 00 04951 0THER OUTPATIENT SERVICES 0. 000000 93. 00 201. 00 Subtotal (see instructions) Less Observation Beds 200. 00 201. 00	90. 00 09000 CLI NI C	0. 000000			90. 0	00
90. 04 09003 OUTPATIENT INFUSION CENTER 0. 062326 0. 087200 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0. 281709 09201 OBSERVATION BEDS (DISTINCT PART) 0. 000000 093. 00 04951 OTHER OUTPATIENT SERVICES 0. 000000 0201. 00 Clear of the control of the c	90. 01 04950 SLEEP CLINIC	0. 129427			90. 0	01
91. 00 09100 EMERGENCY 0. 087200 09200 09200 09200 09201	90.03 09002 ARNETT CANCER CARE CENTER	0. 180167			90. 0	03
91. 00 09100 EMERGENCY 0. 087200 09200 09200 09200 09201	90.04 09003 OUTPATIENT INFUSION CENTER	0. 062326			90.0	04
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0.000000 93. 00 04951 0THER OUTPATIENT SERVICES 0.000000 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00					91. (00
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0.000000 93. 00 04951 0THER OUTPATIENT SERVICES 0.000000 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 281709			92. 0	00
93. 00 04951 OTHER OUTPATIENT SERVICES 0.000000 200. 00 Subtotal (see instructions) 200. 00 201. 00 Less Observation Beds 93. 00 201. 00					92. 0	01
201. 00 Less Observation Beds 201. 00		0. 000000			93. 0	00
201. 00 Less Observation Beds 201. 00	200.00 Subtotal (see instructions)				200. 0	00
	201.00 Less Observation Beds				201. 0	00
	202.00 Total (see instructions)				202. (00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet C | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: | To 12/31/2018 | Date/Ti

				'	0 12/31/2010	5/28/2019 6: 1	
			Titl	e XIX	Hospi tal	PPS	
	Cost Center Description	Total Cost	Capital Cost	Operating Cost	Capi tal	Operating Cost	
		(Wkst. B, Part				Reduction	
		I, col. 26)	II col. 26)	Cost (col. 1 -		Amount	
				col . 2)			
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	13, 247, 907	2, 314, 916				50. 00
51. 00	05100 RECOVERY ROOM	1, 765, 117	317, 643			_	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6, 042, 844	1, 067, 575			0	52.00
53.00	05300 ANESTHESI OLOGY	5, 923, 924	149, 997			0	53.00
53. 01	05301 ASC ANESTHESI OLOGY	79, 687	7, 012		0	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	8, 569, 894	1, 181, 933	7, 387, 961	0	0	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56.00	05600 RADI OI SOTOPE	735, 488	132, 993			0	56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	4, 039, 245	608, 508	3, 430, 737	0	0	59. 00
60.00	06000 LABORATORY	11, 143, 688	714, 015	10, 429, 673	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	810, 288	50, 252	760, 036	0	0	63. 00
65.00	06500 RESPI RATORY THERAPY	3, 066, 332	101, 125		0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	865, 103	56, 038	809, 065	0	0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	505, 573	28, 230	477, 343	0	0	67. 00
68.00	06800 SPEECH PATHOLOGY	338, 048	25, 277	312, 771	0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	2, 701, 068	185, 401	2, 515, 667	0	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	158, 556	1, 295	157, 261	0	0	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12, 961, 727	380, 206	12, 581, 521	0	0	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	20, 619, 249	607, 508	20, 011, 741	0	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	47, 486, 301	441, 629	47, 044, 672	0	0	73. 00
74.00	07400 RENAL DIALYSIS	1, 210, 543	114, 471	1, 096, 072	0	0	74. 00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	C	0	0	75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	8, 701, 076	633, 162	8, 067, 914	0	0	75. 01
76.00	03950 CARDI AC CATHERI ZATI ON	0	0	C	0	0	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	818, 982	46, 073	772, 909	0	0	76. 97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0	C	0	0	90. 00
90. 01	04950 SLEEP CLINIC	1, 123, 185	101, 500	1, 021, 685	0	0	90. 01
90. 03	09002 ARNETT CANCER CARE CENTER	3, 765, 535	229, 478	3, 536, 057	0	0	90. 03
90.04	09003 OUTPATIENT INFUSION CENTER	38, 031	4, 426	33, 605	0	0	90. 04
91.00	09100 EMERGENCY	14, 907, 106	2, 039, 296	12, 867, 810	0	0	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5, 633, 994	933, 677	4, 700, 317	0	0	92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	l c	0	0	92. 01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	C	0	0	93. 00
200.00	Subtotal (sum of lines 50 thru 199)	177, 258, 491	12, 473, 636	164, 784, 855	0	0	200. 00
201.00	Less Observation Beds	5, 633, 994	933, 677	4, 700, 317	0	0	201. 00
202.00	Total (line 200 minus line 201)	171, 624, 497	11, 539, 959	160, 084, 538	0	0	202. 00
		*		•	•	•	

Cost Center Description					o 12/31/2018	Date/Time Prepared: 5/28/2019 6:14 pm
Capital and Operating Cost Cost to Charge Operating Cost			Ti tl	e XIX	Hospi tal	
ANCILLARY SERVICE COST CENTERS 6.00 7.00 8.	Cost Center Description	Cost Net of				
Reduction B)						
ANCILLARY SERVICE COST CENTERS						
ANCILLARY SERVICE COST CENTERS S0. 00						
50.00 050000 05000 050000 050000 050000 050000 050000 0500000 050000 0500000 0500000 0500000 0500000 0500000 0500000 05000000 05000000 05000000 0500000000		6. 00	7. 00	8. 00		
51.00 05100 RECOVERY ROOM 1,765,117 16,617,534 0,106220 05200 05200 DELIVERY ROOM & LABOR ROOM 6,042,844 24,789,038 0,243771 52,00 05300 ANESTHESI OLOGY 79,667 3,813,254 0,02087 53.01 05301 ASC ANESTHESI OLOGY 79,667 3,813,254 0,02087 53.01 05301 ASC ANESTHESI OLOGY 79,667 3,813,254 0,020807 53.01 05400 RADIOLOGY-THERAPEUTI C 0 0 0,000000 0,55.00 0,000000 0,5000 0,000000 0,5000 0,000000 0,5000 0,000000 0,5000 0,000000 0,5000 0,000000 0,5000					1	
52.00 05				•		
53.00 05300 ABSTHESI OLOGY 5,923,924 8,192,044 0,723131 53.00 05301 ASC ANESTHESI OLOGY 79,687 3,813,254 0,000897 53.01 54.00 05301 ASC ANESTHESI OLOGY 79,687 3,813,254 0,000897 53.01 54.00 05400 RADI OLOGY-I HERAPEUTI C 0 0 0 0,000000 55.00 65.00 05500 RADI OLOGY-I HERAPEUTI C 0 0 0,000000 55.00 65.00 05600 RADI OLOGY-I HERAPEUTI C 0 0,000000 55.00 65.00 05600 RADI OLOGY-I HERAPEUTI C 0 0,000000 55.00 65.00 05600 RADIO						
53.01 05301 ASC ANESTHESI OLOGY 79,687 3,813,254 0,020897 53.01	+ I			•		
54. 00 05400 RADI OLOGY-DI AGNOSTIC 8,569,894 82,364,628 0.104048 55. 00 05500 RADI OLOGY-THERAPEUTIC 0 0 0.000000 55. 00 05600 RADI OLOGY-THERAPEUTIC 735,488 13,776,996 0.053389 56. 00 05900 CARDI AC CATHETERI ZATI ON 4,039,245 49,156,783 0.082171 59. 00 06000 LABORATORY 60. 00 06000 DABORATORY 60. 00 06000 PHYSI GAL THERAPY 3,066,332 13,841,704 0.221529 65. 00 06500 RESPI RATORY THERAPY 865,103 3,696,600 0.234027 66. 00 06600 PHYSI GAL THERAPY 50.55,573 1,834,772 0.275551 67. 00 06700 05000 PHYSI GAL THERAPY 50.55,573 1,834,772 0.275551 67. 00 06900 ELECTROCARDI OLOGY 338,048 1,695,622 0.199365 68. 00 06800 SPECEN PATHOLOGY 338,048 1,695,622 0.199365 68. 00 06800 SPECEN PATHOLOGY 2,701,068 27,249,647 0.099123 69. 00 07000 ELECTROCARDI OLOGY 2,701,068 27,249,647 0.099123 69. 00 07000 ELECTROCARDI OLOGY 158,556 1,689,624 0.93841 70. 00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 20,619,249 80,417,266 0.256403 72. 00 73.00 07300 DRUGS CHARGED TO PATI ENTS 20,619,249 80,417,266 0.256403 72. 00 73.00 07300 DRUGS CHARGED TO PATI ENTS 2,0619,249 80,417,266 0.256403 72. 00 73.00 07300 DRUGS CHARGED TO PATI ENTS 2,0619,249 80,417,266 0.256403 72. 00 73.00 07300 DRUGS CHARGED TO PATI ENTS 2,0619,249 80,417,266 0.256403 72. 00 73.00 07300 DRUGS CHARGED TO PATI ENTS 2,0619,249 80,417,266 0.256403 72. 00 73.00 07300 DRUGS CHARGED TO PATI ENTS 2,0619,249 80,417,266 0.256403 72. 00 73.00 07300 DRUGS CHARGED TO PATI ENTS 2,0619,249 80,417,266 0.256403 72. 00 73.00 07300 07300 07300 07300 07300 07300 07300 07300 07300 07300 07300 07300 07300 07300 07300 07300				•		
55. 00 05500 RADI OLOGY-THERAPEUTI C 0 0 0.0000000 0.5000000 0.5000000 0.5000 0.5000 0.5000000 0.5000 0.5000000 0.5000 0.50000000 0.5000 0.50000000 0.5000 0.500000000 0.5000 0.500000000 0.50000000000				•		
56. 00 05600 RADIO I SOTOPE 735, 488 13, 776, 096 0.05389 56. 00 05900 CARDI AC CATHETERI ZATION 4, 039, 245 49, 156, 783 0.082171 59. 00 06. 00 06000 LABORATORY 11, 143, 688 54, 707, 239 0.203697 60. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 810, 288 3, 802, 270 0.213106 63. 00 06500 RESPI RATORY, THERAPY 3, 066, 332 13, 841, 704 0.221529 65. 00 06600 PHYSI CAL THERAPY 865, 103 3, 696, 600 0.234027 66. 00 06700 00CUPATI ONAL THERAPY 505, 573 1, 834, 772 0.275551 67. 00 06700 00CUPATI ONAL THERAPY 505, 573 1, 834, 772 0.275551 67. 00 06800 SPEECH PATHOLOGY 338, 048 1, 695, 622 0.199365 68. 00 06800 SPEECH PATHOLOGY 2, 701, 068 27, 249, 647 0.099123 69. 00 07000 ELECTROCARDI OLOGY 158, 556 1, 689, 624 0.093841 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 12, 961, 727 36, 058, 975 0.359459 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 20, 619, 249 80, 417, 266 0.256403 72. 00 73. 00 73.00 DRUGS CHARGED TO PATI ENTS 20, 619, 249 80, 417, 266 0.256403 72. 00 73. 00 73. 00 REDI CAL SUPPLIES CHARGED TO PATI ENTS 20, 619, 249 80, 417, 266 0.256403 72. 00 75. 00 07500 RENAL DI ALYSI S 1, 210, 543 3, 217, 410 0.376248 74. 00 75. 0				•		
59.00 05900 CARDI AC CATHETERI ZATION 4,039,245 49,156,783 0.082171 59.00 60.0			ļ	•		
60. 00 06000 LABORATORY 6.0 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 810, 288 3, 802, 270 0. 203607 65. 00 06500 RESPI RATORY THERAPY 3, 0.66, 332 13, 841, 704 0. 221529 65. 00 06500 RESPI RATORY THERAPY 865, 103 3, 696, 600 0. 234027 66. 00 06000 06000 PHYSI CAL THERAPY 505, 573 13, 841, 704 0. 221529 66. 00 06000 06000 PHYSI CAL THERAPY 505, 573 1, 894, 772 0. 275551 67. 00 06000 06000 PHYSI CAL THERAPY 505, 573 3, 696, 600 0. 234027 66. 00 06000 06000 DELECTROCARDI OLOGY 505, 573 38, 048 1, 695, 622 0. 199365 68. 00 06900 ELECTROCARDI OLOGY 2, 701, 068 27, 249, 647 0. 099123 69. 00 0710. 00 07000 ELECTROCARDI OLOGY 158, 555 1, 589, 622 0. 199365 68. 00 0710. 00 07000 ELECTROCARDI OLOGY 158, 556 1, 689, 624 0. 093841 70. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 12, 961, 727 36, 588, 975 0. 359459 71. 00 07200 MPL. DEV. CHARGED TO PATI ENTS 20, 619, 249 80, 417, 266 0. 256403 72. 00 07300 DRUGS CHARGED TO PATI ENTS 20, 619, 249 80, 417, 266 0. 256403 72. 00 07300 DRUGS CHARGED TO PATI ENTS 47, 486, 301 170, 561, 358 0. 278412 73. 00 07500 ASC (NON-DI STI NCT PART) 0 0 0. 000000 75. 00 0. 000000 75. 00 0. 000000 75. 00 0. 000000 75. 00 0. 000000 76. 00 0. 000000 77. 00 0. 000000 0. 000000 0. 000000 0. 000000						
63. 00 663.00 BLOOD STORING, PROCESSING & TRANS. 810,288 3,802,270 0.213106 65. 00 665.00 06500 RESPI RATORY THERAPY 3,066,332 13,841,704 0.221529 66. 00 66. 00 6600 PhYSI CAL THERAPY 865,103 3,696,600 0.234027 66. 00 6600 PhYSI CAL THERAPY 505,573 1,834,772 0.275551 67. 00 68. 00 06000 SPEECH PATHOLOGY 338,048 1,695,622 0.199365 68. 00 0.0000 0.00000 ELECTROCARDI OLOGY 2,701,068 27,249,647 0.099123 69. 00 0.00000 ELECTROCARDI OLOGY 2,701,068 27,249,647 0.099123 69. 00 0.00000 ELECTROENCEPHALGGRAPHY 158,556 1,689,624 0.093841 70. 00 0.00000 1.000000 1.000000 0.0000000 0.0000000 0.000000 0.00000000				•		
65. 00 06500 RESPI RATORY THERAPY 3, 066, 332 13, 841, 704 0. 221529 65. 00 66. 00 06600 PHYSI CAL THERAPY 865, 103 3, 696, 600 0. 234027 66. 00 67. 00 06700 0CUPATI ONAL THERAPY 505, 573 1, 834, 772 0. 275551 67. 00 68. 00 06800 SPECH PATHOLOGY 338, 048 1, 695, 622 0. 199365 68. 00 69. 00 06900 ELECTROCARDI OLOGY 2, 701, 068 27, 249, 647 0. 099123 69. 00 07000 ELECTROENCEPHALOGRAPHY 158, 556 1, 689, 624 0. 093841 70. 00 71. 00 70100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 12, 961, 727 36, 058, 975 0. 359459 71. 00 72. 00 7300 PURCE CHARGED TO PATIENTS 20, 619, 249 80, 417, 266 0. 256403 72. 00 7300 PURCE CHARGED TO PATIENTS 47, 486, 301 170, 561, 358 0. 278412 73. 00 74. 00 7500 ASC (NON-DI STINCT PART) 0 0. 0000000 75. 00 7500 ASC (NON-DI STINCT PART) 8, 701, 076 112, 639, 287 0. 077247 75. 01 76. 00 76. 97 70597 CARDI AC REHABILITATI ON 818, 982 119, 900 6. 830542 76. 97						
66. 00 06600 PHYSI CAL THERAPY 865, 103 3, 696, 600 0. 234027 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 505, 573 1, 834, 772 0. 275551 67. 00 06. 00 06. 000 0CCUPATI ONAL THERAPY 505, 573 1, 834, 772 0. 275551 68. 00 06. 000						
67. 00 06700 0CCUPATI ONAL THERAPY 505, 573 1, 834, 772 0. 275551 67. 00 68. 00 06800 SPEECH PATHOLOGY 338, 048 1, 695, 622 0. 199365 68. 00 69. 00 06900 ELECTROCARDI OLOGY 2, 701, 068 27, 249, 647 0. 099123 69. 00 07000 ELECTROCARDI OLOGY 158, 556 1, 689, 624 0. 093841 70. 00 71.						
68. 00		· ·				
69. 00 06900 ELECTROCARDI OLOGY 2, 701, 068 27, 249, 647 0. 099123 69. 00 70. 00 07000 ELECTROCARDI OLOGY 158, 556 1, 689, 624 0. 093841 70. 00 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 12, 961, 727 36, 058, 975 0. 359459 71. 00 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 20, 619, 249 80, 417, 266 0. 256403 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 47, 486, 301 170, 561, 358 0. 278412 73. 00 74. 00 07400 RENAL DIALYSIS 1, 210, 543 3, 217, 410 0. 376248 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0 0.000000 75. 00 75. 01 07501 ASC (NON-DISTINCT PART) 8, 701, 076 112, 639, 287 0. 077247 75. 01 76. 00 03950 CARDIAC CATHERIZATION 0 0.000000 76. 00 76. 97 07697 CARDIAC CATHERIZATION 818, 982 119, 900 6. 830542 76. 97 00179ATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 1, 123, 185 8, 678, 163 0. 129427 90. 01 90. 01 04950 SLEEP CLINIC 1, 123, 185 8, 678, 163 0. 129427 90. 01 90. 03 09002 ARNETT CANCER CARE CENTER 3, 765, 535 20, 900, 252 0. 180167 90. 03 90. 04 09003 OUTPATIENT INFUSION CENTER 38, 031 610, 192 0. 062326 90. 04 91. 00 09200 DSSERVATION BEDS (NON-DISTINCT PART) 5, 633, 994 19, 999, 314 0. 281709 92. 00 92. 01 09200 DSSERVATION BEDS (DISTINCT PART) 0 0 0.000000 92. 01 93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0.000000 93. 00 201. 00 ELECTROCREMINE SERVICES 0 0 0.000000 93. 00 201. 00 ELES Observation Beds 5, 633, 994 0 0 0 0.000000 92. 00 201. 00 ELES Observation Beds 5, 633, 994 0 0 0 0.000000 92.						
70. 00 07000 ELECTROENCEPHALOGRAPHY 158,556 1, 689, 624 0. 093841 70. 00 71. 00 MEDI CAL SUPPLIES CHARGED TO PATIENTS 12, 961, 727 36, 058, 975 0. 359459 71. 00 72. 00 72.00 70. 00 1MPL. DEV. CHARGED TO PATIENTS 20, 619, 249 80, 417, 266 0. 256403 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 47, 486, 301 170, 561, 358 0. 278412 73. 00 74. 00 07400 RENAL DIALYSIS 1, 210, 543 3, 217, 410 0. 376248 74. 00 75. 01 07501 ASC (NON-DISTINCT PART) 0 0 0. 000000 75. 00 75. 01 07501 ASC (NON-DISTINCT PART) 8, 701, 076 112, 639, 287 0. 077247 75. 01 07697 CARDIAC REHABILITATION 818, 982 119, 900 6. 830542 76. 97 0. 000000 0. 0000						
71. 00						
72. 00		· ·				
73. 00 07300 DRUGS CHARGED TO PATIENTS		12, 961, 727	36, 058, 975			
74. 00						
75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0		47, 486, 301	170, 561, 358			
75. 01		1, 210, 543	3, 217, 410			
76. 00 76. 97 76. 00 76. 97 76	,	0	0	0.000000		
76. 97 76.		8, 701, 076	112, 639, 287			
OUTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 0 0.0000000 90.00 90. 01 04950 SLEEP CLINIC 1, 123, 185 8, 678, 163 0.129427 90. 01 90. 03 09002 ARNETT CANCER CARE CENTER 3, 765, 535 20, 900, 252 0.180167 90. 03 90. 04 09003 OUTPATIENT INFUSION CENTER 38, 031 610, 192 0.062326 90. 04 91. 00 09100 EMERGENCY 14, 907, 106 170, 953, 104 0.087200 91. 00 92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 5, 633, 994 19, 999, 314 0.281709 92. 01 93. 00 04951 OTHER OUTPATIENT SERVICES 0 0.000000 93. 00 200. 00 Subtotal (sum of lines 50 thru 199) 177, 258, 491 1, 063, 722, 742 0.0000000 201. 00 Less Observation Beds 5, 633, 994 0 0 0.0000000		0	0			76. 00
90. 00 09000 CLINIC 0 0.000000 90. 00 90. 00 90. 00 90. 00 90. 01 90. 01 90. 01 90. 01 90. 01 90. 03 90. 02 ARNETT CANCER CARE CENTER 3,765,535 20,900,252 0.180167 90. 03 90. 04 90. 03 90. 04 90. 03 90. 04 90. 03 90. 04 90. 03 90. 04		818, 982	119, 900	6. 830542		76. 97
90. 01						
90. 03 09002 ARNETT CANCER CARE CENTER 3, 765, 535 20, 900, 252 0. 180167 90. 03 90. 04 91. 00 09100 EMERGENCY 14, 907, 106 170, 953, 104 0. 087200 92. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 9. 00 09201 0BSERVATI ON BEDS (DI STINCT PART) 0 0. 000000 93. 00 04951 0THER OUTPATI ENT SERVI CES 0 0 0 0 0 0 0 0 0						
90. 04 09003 0UTPATIENT INFUSION CENTER 38, 031 610, 192 0.062326 90. 04 91. 00 09100 EMERGENCY 14, 907, 106 170, 953, 104 0.087200 91. 00 09201 09SERVATION BEDS (NON-DISTINCT PART) 0 0.000000 92. 01 09201 095ERVATION BEDS (DISTINCT PART) 0 0.000000 0.000000 93. 00 04951 0THER OUTPATIENT SERVICES 0 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000						
91. 00 09100 EMERGENCY 14, 907, 106 170, 953, 104 0. 087200 92. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 5, 633, 994 19, 999, 314 0. 281709 92. 00 93. 00 04951 0THER OUTPATI ENT SERVI CES 0 0 0 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 00000000		3, 765, 535	20, 900, 252			90. 03
92. 00 09200 085ERVATI ON BEDS (NON-DISTINCT PART) 5,633,994 19,999,314 0.281709 92.00 92.01 09201 085ERVATI ON BEDS (DISTINCT PART) 0 0.000000 92.01 09201 074951 0746ER OUTPATIENT SERVICES 0 0.000000 0.000000 93.00 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000		38, 031	610, 192	0.062326		90. 04
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0.000000 93. 00 04951 0THER OUTPATIENT SERVICES 0 0.000000 0.000000 93. 00 201. 00 201. 00 Less Observation Beds 5,633,994 0 0 0.000000 201. 00 0.000000 0.000000 0.000000 93. 00 0.00000000						
93. 00 04951 OTHER OUTPATIENT SERVICES 0 0.000000 93. 00 200. 00 Subtotal (sum of lines 50 thru 199) 177, 258, 491 1, 063, 722, 742 200. 00 201.		5, 633, 994	19, 999, 314			92.00
200.00 Subtotal (sum of lines 50 thru 199) 177, 258, 491 1, 063, 722, 742 200.00 201.00 Less Observation Beds 5, 633, 994 0 201.00		0	0			
201.00 Less Observation Beds 5,633,994 0 201.00		0	0			
		177, 258, 491	1, 063, 722, 742			
202. 00 Total (Line 200 minus Line 201) 171, 624, 497 1, 063, 722, 742 202. 00	201.00 Less Observation Beds					
	202.00 Total (line 200 minus line 201)	171, 624, 497	1, 063, 722, 742			202. 00

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der Co		Period: From 01/01/2018 To 12/31/2018		
		Title	: XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	9, 307, 534		9, 307, 53			30.00
31.00 INTENSIVE CARE UNIT	932, 505		932, 50	5 2, 678	348. 21	31. 00
33.00 BURN INTENSIVE CARE UNIT	0			0	0.00	
33. O1 BURN INTENSIVE CARE UNIT	0			0	0.00	33. 01
35.00 NEONATAL INTENSIVE CARE UNIT	734, 534		734, 53	4 3, 067	239. 50	35. 00
43. 00 NURSERY	314, 923		314, 92	2, 853	110. 38	43.00
200.00 Total (lines 30 through 199)	11, 289, 496		11, 289, 49	49, 001		200. 00
Cost Center Description	I npati ent	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	17, 112	3, 942, 091				30.00
31.00 INTENSIVE CARE UNIT	1, 076	374, 674				31. 00
33.00 BURN INTENSIVE CARE UNIT	0	0				33. 00
33.01 BURN INTENSIVE CARE UNIT	0	0				33. 01
35.00 NEONATAL INTENSIVE CARE UNIT	0	0				35. 00
43. 00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	18, 188	4, 316, 765				200. 00

Health Financial Systems	IU HEALTH ARN			In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C		Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Pre 5/28/2019 6:1	pared: 4 pm
		Ti tl e	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	I Inpati ent	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1. 00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS		100 040 44		01 000 701	200 040	
50. 00 05000 OPERATING ROOM	2, 314, 916				382, 913	
51. 00 05100 RECOVERY ROOM	317, 643				40, 714	1
52. 00 05200 DELIVERY ROOM & LABOR ROOM	1, 067, 575				9, 526	
53. 00 05300 ANESTHESI OLOGY	149, 997				24, 669	
53. 01 05301 ASC ANESTHESI OLOGY	7, 012				242.05/	53. 01
54. 00 05400 RADI OLOGY - DI AGNOSTI C	1, 181, 933				243, 056	1
55. 00 05500 RADI OLOGY-THERAPEUTI C	122 002	1	7 0.0000		0 107	00.00
56. 00 05600 RADI 01 SOTOPE	132, 993		1		9, 107	56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	608, 508				131, 244	1
60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	714, 015				148, 817	60.00
65. 00 06500 RESPIRATORY THERAPY	50, 252				18, 418	1
66. 00 06600 PHYSI CAL THERAPY	101, 125 56, 038		1		41, 144	
67. 00 06700 OCCUPATI ONAL THERAPY	28, 230		•		28, 533 14, 146	1
68. 00 06800 SPEECH PATHOLOGY	25, 277		•		13, 319	
69. 00 06900 ELECTROCARDI OLOGY	185, 401			·	56, 778	
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 295		•		374	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	380, 206		•	·	68, 002	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	607, 508		1		138, 724	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	441, 629				57, 851	
74. 00 07400 RENAL DI ALYSI S	114, 471				50, 380	
75. 00 07500 ASC (NON-DISTINCT PART)	114,471	1 ' '	0. 00000		0	75.00
75. 01 07501 ASC (NON-DISTINCT PART)	633, 162	1			414	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	000, 102		1		0	1
76. 97 O7697 CARDI AC REHABI LI TATI ON	46, 073	1			16, 098	
OUTPATIENT SERVICE COST CENTERS	10,070	1177700	0.00120	2, 11, 0,2	10,070	1
90. 00 09000 CLINIC	0) (0.00000	0 0	0	90.00
90. 01 04950 SLEEP CLINIC	101, 500	8, 678, 163	0. 01169	6 0	0	90. 01
90. 03 09002 ARNETT CANCER CARE CENTER	229, 478				1, 412	1
90.04 09003 OUTPATIENT INFUSION CENTER	4, 426	610, 192	0. 00725		57	90. 04
91. 00 09100 EMERGENCY	2, 039, 296	170, 953, 104	0. 01192		236, 084	1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	933, 677				51, 004	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0				0	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0) (0. 00000	0 0	0	93.00
200.00 Total (lines 50 through 199)	12, 473, 636	1, 063, 722, 742	2	154, 740, 606	1, 782, 791	200. 00

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COST			Period: From 01/01/2018 To 12/31/2018	Worksheet D	pared:
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Post-Stepdown Adjustments		Post-Stepdow Adjustments		All Other Medical Education Cost	
	1A	1. 00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 33.00 03300 BURN INTENSIVE CARE UNIT 33.01 03301 BURN INTENSIVE CARE UNIT 35.00 02060 NEONATAL INTENSIVE CARE UNIT	0 0 0 0 0	0 0 0 0 0	1	0 0 0 0 0 0 0	953, 494 0 0 0 0	30. 00 31. 00 33. 00 33. 01 35. 00
43. 00 04300 NURSERY	0	0)	0 0	0	43.00
200.00 Total (lines 30 through 199)	0	0)	0 0	953, 494	200. 00
Cost Center Description	Swing-Bed Adjustment Amount (see instructions)		Days	t Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5. 00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	0	953, 494 0 0 0 0 0 0 953, 494	2, 67 3, 06 2, 85	78 0.00 0 0.00 0 0.00 0 0.00 57 0.00 53 0.00	1, 076 0 0 0	31. 00 33. 00 33. 01 35. 00 43. 00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00					
INPATIENT ROUTINE SERVICE COST CENTERS	100 - : -					
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT 33. 01 03301 BURN INTENSIVE CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT 43. 00 04300 NURSERY	403, 843 0 0 0 0 0					30. 00 31. 00 33. 00 33. 01 35. 00 43. 00
200.00 Total (lines 30 through 199)	403, 843					200. 00

				0 12/31/2018	5/28/2019 6:1	
		Title	e XVIII	Hospi tal	PPS	. p
Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
· ·	Anesthetist	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0	0	0	0	0	53.00
53. 01 05301 ASC ANESTHESI OLOGY	0	0	0	0	0	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56. 00 05600 RADI 0I SOTOPE	0	0	o	o	0	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	o	o	0	59. 00
60. 00 06000 LABORATORY	0	0	o	o	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	o	o	0	63.00
65. 00 06500 RESPIRATORY THERAPY	0	0	o	o	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0	ol c	o	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	ol c	o	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0	0	ol c	o	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	0	ol c	o	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	l o	ol c	o	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		o	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		o	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		o	232, 179	73. 00
74.00 07400 RENAL DIALYSIS	0	0		o	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		o	0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	0	0		0	0	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0		o	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		o	0	76. 97
OUTPATIENT SERVICE COST CENTERS		_		-		
90. 00 09000 CLI NI C	0	0) C	0	0	90. 00
90. 01 04950 SLEEP CLINIC	0	0			0	90. 01
90. 03 09002 ARNETT CANCER CARE CENTER	0	0		-	0	90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	0	0		Ö	0	90. 04
91. 00 09100 EMERGENCY	0	1		-	. 0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			-	. 0	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		1			0	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES				-	0	1
200.00 Total (lines 50 through 199)		0	•		_	
	1	1	1	١	202, 177	1-30.00

THROUG	SH COSTS				rom 01/01/2018 o 12/31/2018		pared:
			Title	XVIII	Hospi tal	PPS	4 piii
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
		Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
		Education Cost	•	Cost (sum of		(col. 5 ÷ col.	
			4)	col s. 2, 3,	8)	7)	
				and 4)	·	·	
		4.00	5. 00	6. 00	7. 00	8. 00	
	ANCILLARY SERVICE COST CENTERS						
50. 00	05000 OPERATI NG ROOM	0	0	1			1
51. 00	05100 RECOVERY ROOM	0	0				
52.00	05200 DELIVERY ROOM & LABOR ROOM	3, 962	3, 962	3, 962			1
53. 00	05300 ANESTHESI OLOGY	0	0	0	8, 192, 044		
53. 01	05301 ASC ANESTHESI OLOGY	0	0	0	3, 813, 254	•	ł
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	0	0	82, 364, 628	l e	ł
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0.000000	1
56.00	05600 RADI OI SOTOPE	0	0	0	, ,	0. 000000	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	0	49, 156, 783	0.000000	•
60.00	06000 LABORATORY	0	0	0	54, 707, 239	l .	1
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3, 802, 270	l .	1
65.00	06500 RESPI RATORY THERAPY	0	0	C	13, 841, 704	l	1
66. 00	06600 PHYSI CAL THERAPY	0	0	C	3, 696, 600	0. 000000	1
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	0	1, 834, 772	0.000000	
68. 00	06800 SPEECH PATHOLOGY	0	0	0	1, 695, 622	0.000000	1
69. 00	06900 ELECTROCARDI OLOGY	0	0	0	27, 249, 647		
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	1, 689, 624		•
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36, 058, 975	0.000000	1
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0			
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	232, 179	232, 179		l e	•
74.00	07400 RENAL DIALYSIS	0	0	0	3, 217, 410	l e	1
75. 00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	
75. 01	07501 ASC (NON-DISTINCT PART)	0	0	0	112, 639, 287	0.000000	•
76. 00	03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0.000000	1
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	C	119, 900	0. 000000	76. 97
	OUTPATIENT SERVICE COST CENTERS	_	_	T	_		
90.00	09000 CLI NI C	0	0	C	_	0.000000	1
90. 01	04950 SLEEP CLINIC	0	0	0	8, 678, 163	0.000000	•
90. 03	09002 ARNETT CANCER CARE CENTER	0	0	C	20, 900, 252	0.000000	ł
90. 04	09003 OUTPATIENT INFUSION CENTER	0	0	0	/	•	1
91.00	09100 EMERGENCY	316, 951	316, 951				
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	95, 648	95, 648			l	•
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	C	0	0.000000	1
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0. 000000	
200.00	Total (lines 50 through 199)	416, 561	648, 740	j 648, 740	1, 063, 722, 742		200. 00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0173	Peri od:	Worksheet D

From 01/01/2018 Part IV To 12/31/2018 Date/Time Prepared: THROUGH COSTS 5/28/2019 6:14 pm Title XVIII Hospi tal PPS Outpati ent I npati ent Outpati ent Cost Center Description Inpatient Outpati ent Ratio of Cost Program Program Program Program Pass-Through Pass-Through to Charges Charges Charges Costs (col. $(col. 6 \div col$ Costs (col. x col . 12) 13.00 7) x col. 10) 11. 00 9.00 10.00 12.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000000 21, 890, 736 18, 566, 500 50.00 0 05100 RECOVERY ROOM 0 51.00 0.000000 2, 129, 943 2, 421, 600 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000160 221, 201 9, 919 52.00 52.00 35 53.00 05300 ANESTHESI OLOGY 0.000000 1, 347, 322 1, 020, 512 0 53.00 0 05301 ASC ANESTHESI OLOGY 0.000000 0 53.01 3, 604 853, 737 53.01 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.000000 16, 937, 712 0 15, 693, 752 0 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 0 55.00 0 56.00 05600 RADI OI SOTOPE 0.000000 943.305 4. 345. 578 56.00 0 0 05900 CARDI AC CATHETERI ZATI ON 9, 593, 832 59.00 59.00 0.000000 10, 602, 163 0 60.00 06000 LABORATORY 0.000000 11, 401, 837 5, 136, 600 0 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 63.00 0.000000 1, 393, 590 438, 233 0 63.00 06500 RESPIRATORY THERAPY 0.000000 5, 631, 514 552 556 65 00 65 00 0 0 66.00 06600 PHYSI CAL THERAPY 0.000000 1,882,238 83, 999 0 66.00 06700 OCCUPATIONAL THERAPY 0.000000 919, 408 0 38, 951 67.00 0 67.00 06800 SPEECH PATHOLOGY 893, 458 17.377 68.00 68 00 0.000000 0 69.00 06900 ELECTROCARDI OLOGY 0.000000 8, 344, 754 0 4, 293, 082 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 487, 771 0 71, 531 0 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 6, 449, 377 0 6, 373, 136 0 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 72 00 0.000000 18, 364, 288 O 10, 816, 901 72 00 0 07300 DRUGS CHARGED TO PATIENTS 73.00 0.001361 22, 345, 095 30, 412 46, 648, 574 63, 489 73.00 74.00 07400 RENAL DIALYSIS 0.000000 1, 416, 016 294, 363 0 74.00 07500 ASC (NON-DISTINCT PART) 75.00 0.000000 0 0 75.00 07501 ASC (NON-DISTINCT PART) 0 0.000000 24, 212, 456 75.01 75.01 73, 665 0 03950 CARDI AC CATHERI ZATI ON 76.00 0.000000 0 76.00 07697 CARDIAC REHABILITATION 0.000000 0 76. 97 76.97 41, 892 OUTPATIENT SERVICE COST CENTERS 09000 CLINIC 90 00 90 00 0.000000 0 0 90.01 04950 SLEEP CLINIC 0.000000 0 2, 312, 686 0 90.01 09002 ARNETT CANCER CARE CENTER 0.000000 90.03 128, 599 0 8, 205, 295 90.03 90.04 09003 OUTPATIENT INFUSION CENTER 0.000000 7, 856 285, 761 90.04 0 0 19, 790, 752 09100 EMERGENCY 91 00 0.001854 36, 692 24, 595, 672 45,600 91 00 5, 225 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.004783 1,092,510 5, 710, 846 27, 315 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92. 01 92. 01 0.000000 0 0 93. 00 |04951 OTHER OUTPATIENT SERVICES 93.00 0.000000 0 Ol 154, 740, 606 192, 593, 449 200.00 Total (lines 50 through 199) 72, 364 136, 406 200. 00

Heal th	Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTI	ONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der Co		Peri od:	Worksheet D	
					From 01/01/2018		
					To 12/31/2018		pared:
			T: 41 -		11! 4-1	5/28/2019 6:1	4 pm
			II THE	XVIII	Hospi tal	PPS	
	Cook Cooker December of	C+ +- Ch	DDC Dai mbaaa	Charges	C+	Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
		Ratio From	Services (see	Rei mbursed	Reimbursed Services Not	(see inst.)	
		Worksheet C, Part I, col. 9	inst.)	Services Subject To	Subject To		
		Part 1, Cor. 9		Ded. & Coins.	,		
				(see inst.)	Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
	05000 OPERATING ROOM	0. 100105	18, 566, 500	I	0 0	1, 858, 599	50.00
	05100 RECOVERY ROOM	0. 106220			0 0	.,,	1
	05200 DELIVERY ROOM & LABOR ROOM	0. 100220	9, 919		0 0		1
	05300 ANESTHESI OLOGY	0. 723131	1, 020, 512	1	0 0	_,	1
	05300 ANESTHEST OLOGY	0. 723131	853, 737		0 0		53. 00
	05400 RADI OLOGY-DI AGNOSTI C	0. 020897			0 0	,	1
	•		15, 693, 752		-	1, 632, 904	1
	05500 RADI OLOGY-THERAPEUTI C	0. 000000	4 245 570	l .	0	222 004	55. 00
	05600 RADI OI SOTOPE	0. 053389			0	232, 006	1
	05900 CARDI AC CATHETERI ZATI ON	0. 082171	9, 593, 832	1	0		1
	06000 LABORATORY	0. 203697		1	0	., ,	
4	06300 BLOOD STORING, PROCESSING & TRANS.	0. 213106	1	1	0		
4	06500 RESPIRATORY THERAPY	0. 221529			0	122, 407	65. 00
	06600 PHYSI CAL THERAPY	0. 234027		1	0	19, 658	
	06700 OCCUPATI ONAL THERAPY	0. 275551	38, 951	1	0		1
	06800 SPEECH PATHOLOGY	0. 199365			0	-,	
	06900 ELECTROCARDI OLOGY	0. 099123		1	0	,	1
	07000 ELECTROENCEPHALOGRAPHY	0. 093841	71, 531		0	6, 713	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 359459				_, _, _,	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 256403		104, 56		2, 773, 486	1
	07300 DRUGS CHARGED TO PATIENTS	0. 278412		1			1
	07400 RENAL DIALYSIS	0. 376248		i	0		1
	07500 ASC (NON-DISTINCT PART)	0. 000000	ł .		0		
	07501 ASC (NON-DISTINCT PART)	0. 077247			0	.,,	
	03950 CARDI AC CATHERI ZATI ON	0. 000000		1	0	0	76.00
	07697 CARDI AC REHABI LI TATI ON	6. 830542	0	1	0 0	0	76. 97
	OUTPATIENT SERVICE COST CENTERS	0.000000	0	ı	0 0		00.00
	09000 CLINIC 04950 SLEEP CLINIC	0. 000000 0. 129427		1	0 0	1	
	•	0. 129427		1	0 0		1
	09002 ARNETT CANCER CARE CENTER 09003 OUTPATIENT INFUSION CENTER	0. 180167	8, 205, 295 285, 761		0 0	1, 478, 323	1
		·	1	l .	0 0	17, 810	1
	09100 EMERGENCY	0. 087200		1	-	2, 144, 743	1
	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	0. 281709 0. 000000		1	0 0	1, 608, 797 0	1
					-	1	1
93. 00 200. 00	04951 OTHER OUTPATIENT SERVICES	0. 000000		105.05	0 0	0	
200.00	Subtotal (see instructions) Less PBP Clinic Lab. Services-Program		192, 593, 449	105, 95	6 72, 224	32, 837, 487	200. 00
201.00	Only Charges				٥		201.00
202. 00	Net Charges (line 200 - line 201)		192, 593, 449	105, 95	6 72, 224	32, 837, 487	202 00
202.00	1.132 3.1di gos (11110 200 11110 201)	1	1,2,0,0,44,	1 100, 70	, 2, 227	02,007,407	1-02.00

| Period: | Worksheet D | From 01/01/2018 | Part V | To | 12/31/2018 | Date/Time Prepared:

				To 12/31/2018	Date/Time Prepa 5/28/2019 6:14	
		Title	XVIII	Hospi tal	PPS	piii
	Cos					
Cost Center Description	Cost	Cost				
·	Rei mbursed	Rei mbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6. 00	7. 00				
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0	•			50. 00
51. 00 05100 RECOVERY ROOM	0	0	•			51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0			•	52. 00
53. 00 05300 ANESTHESI OLOGY	0	0				53. 00
53. 01 05301 ASC ANESTHESI OLOGY	0	0	ł			53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	ł		· · · · · · · · · · · · · · · · · · ·	54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0			•	55. 00
56. 00 05600 RADI 0I SOTOPE	0	0			· · · · · · · · · · · · · · · · · · ·	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	ł		•	59. 00
60. 00 06000 LABORATORY	0	0	ł			60. 00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	1			63. 00
65. 00 06500 RESPI RATORY THERAPY	0	0	ł			65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0	1			66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	ł			67. 00
68. 00 06800 SPEECH PATHOLOGY	0	0				68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	0				69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0	1		•	70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	448	0	ł			71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	26, 812	0				72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	40	20, 108	1			73. 00
74. 00 07400 RENAL DI ALYSI S	0	0	ł			74. 00
75. 00 07500 ASC (NON-DISTINCT PART)	0	0	ł			75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	0	0	ł			75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0				76. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON	0	0				76. 97
OUTPATIENT SERVICE COST CENTERS			ı			20.00
90. 00 09000 CLI NI C	0	0	•			90.00
90. 01 04950 SLEEP CLINIC	0	0				90. 01
90. 03 09002 ARNETT CANCER CARE CENTER	0	0				90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	0	0				90. 04
91. 00 09100 EMERGENCY	0	0			· · · · · · · · · · · · · · · · · · ·	91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0			· · · · · · · · · · · · · · · · · · ·	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0 07 000	0 100			•	93.00
200.00 Subtotal (see instructions)	27, 300	20, 108				00.00
201.00 Less PBP Clinic Lab. Services-Program					20	01. 00
Only Charges 202.00 Net Charges (line 200 - line 201)	27 200	20 100			20	02. 00
202.00 Net Charges (Title 200 - Title 201)	27, 300	20, 108	1		20	JZ. UU

Health Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	. COSTS	Provider C	CN: 15-0173	Period: From 01/01/2018 To 12/31/2018		pared:
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient		
	Related Cost	Adjustment	Capi tal	Days	3 / col . 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col . 1 - col			
	26)		2)			
	1.00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDI ATRI CS	9, 307, 534	0	9, 307, 53	40, 403	230. 37	30. 00
31.00 INTENSIVE CARE UNIT	932, 505		932, 50	2, 678	348. 21	
33.00 BURN INTENSIVE CARE UNIT	0			0	0.00	
33. 01 BURN INTENSIVE CARE UNIT	0			0	0.00	
35.00 NEONATAL INTENSIVE CARE UNIT	734, 534		734, 53			
43. 00 NURSERY	314, 923		314, 92	2, 853	110. 38	43.00
200.00 Total (lines 30 through 199)	11, 289, 496		11, 289, 49	49, 001		200. 00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)	1			
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDI ATRI CS	247		•			30. 00
31.00 INTENSIVE CARE UNIT	196	68, 249)			31. 00
33. 00 BURN INTENSIVE CARE UNIT	0	0)			33. 00
33. 01 BURN INTENSIVE CARE UNIT	0	0)			33. 01
35.00 NEONATAL INTENSIVE CARE UNIT	30					35. 00
43. 00 NURSERY	1, 347		2			43. 00
200.00 Total (lines 30 through 199)	1, 820	281, 017	'			200. 00

Health Financial Systems	IU HEALTH ARN			In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C		Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Pre 5/28/2019 6:1	pared: 4 pm
		Ti tl	e XIX	Hospi tal	PPS	<u> </u>
Cost Center Description	Capi tal	Total Charges	Ratio of Cost	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1. 00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2, 314, 916				9, 618	
51. 00 05100 RECOVERY ROOM	317, 643				1, 275	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 067, 575			6 376, 804	16, 227	52. 00
53. 00 05300 ANESTHESI OLOGY	149, 997				645	53. 00
53. 01 05301 ASC ANESTHESI OLOGY	7, 012	3, 813, 254			0	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 181, 933	82, 364, 628	0. 01435	0 338, 049	4, 851	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0.00000	0 0	0	55. 00
56. 00 05600 RADI 0I SOTOPE	132, 993	13, 776, 096	0. 00965	4 83, 291	804	56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	608, 508	49, 156, 783	0. 01237	9 49, 032	607	59. 00
60. 00 06000 LABORATORY	714, 015	54, 707, 239	0. 01305	2 431, 483	5, 632	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	50, 252	3, 802, 270	0. 01321	6 90, 004	1, 189	63.00
65. 00 06500 RESPIRATORY THERAPY	101, 125	13, 841, 704	0.00730	6 213, 374	1, 559	65. 00
66. 00 06600 PHYSI CAL THERAPY	56, 038	3, 696, 600	0. 01515	9 26, 307	399	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	28, 230				261	67. 00
68. 00 06800 SPEECH PATHOLOGY	25, 277		1		399	68. 00
69. 00 06900 ELECTROCARDI OLOGY	185, 401				1, 178	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 295		1		25	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	380, 206		1		1, 205	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	607, 508		1		1, 295	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	441, 629	1			2, 004	73.00
74. 00 07400 RENAL DI ALYSI S	114, 471				610	74.00
75. 00 07500 ASC (NON-DISTINCT PART)	0		0. 00000		0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	633, 162	112, 639, 287			0	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0		0.00000		0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	46, 073	119, 900	l .		0	76. 97
OUTPATIENT SERVICE COST CENTERS	10,070	1177700	0.00.20	<u>-ı</u>		70.77
90. 00 09000 CLINIC	0	0	0.00000	0 0	0	90.00
90. 01 04950 SLEEP CLINIC	101, 500	8, 678, 163			0	90. 01
90. 03 09002 ARNETT CANCER CARE CENTER	229, 478				0	90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	4, 426	•	1		0	90. 04
91. 00 09100 EMERGENCY	2, 039, 296				5, 967	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	933, 677		0. 04668		596	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	700,077				0	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES			0. 00000		0	93.00
200.00 Total (lines 50 through 199)	12 473 636	1, 063, 722, 742		4, 099, 379	56, 346	
200.00 Total (Trilos 00 till ough 177)	12, 170,000	1 .,000,722,742	1	1,077,077	33, 340	1-30.00

Health Financial Systems	IU HEALTH ARNI			In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COS			Period: From 01/01/2018 To 12/31/2018	Date/Time Pre 5/28/2019 6:1	
			e XIX	Hospi tal	PPS	
Cost Center Description	Nursing School Post-Stepdown Adjustments		Allied Healt Post-Stepdow Adjustments		All Other Medical Education Cost	
	1A	1. 00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT 33. 01 03301 BURN INTENSIVE CARE UNIT	0 0 0 0	0 0 0 0		0 0 0 0 0 0 0 0 0	953, 494 0 0 0	31. 00 33. 00 33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT 43.00 04300 NURSERY 200.00 Total (Lines 30 through 199)	0	0		0 0 0	0 0 953, 494	
Cost Center Description	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	Total Patien Days 6.00	t Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	200.00
INPATIENT ROUTINE SERVICE COST CENTERS	4.00	5.00	0.00	7.00	0.00	
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT 33. 01 03301 BURN INTENSIVE CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT 43. 00 04300 NURSERY 200. 00 Total (lines 30 through 199)	0	953, 494 0 0 0 0 0 0 953, 494	2, 67 3, 06 2, 85	8 0.00 0 0.00 0 0.00 7 0.00 3 0.00	196 0 0 30 1, 347	33. 00 33. 01 35. 00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT 33. 01 03301 BURN INTENSIVE CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT 43. 00 04300 NURSERY	5, 829 0 0 0	l .				30. 00 31. 00 33. 00 33. 01 35. 00 43. 00
200.00 Total (lines 30 through 199)	5, 829					200. 00

				1	To 12/31/2018	Date/Time Pre 5/28/2019 6:1	
			Ti tI	e XIX	Hospi tal	PPS	
	Cost Center Description	Non Physician				Allied Health	
			Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0) (0	0	
	05100 RECOVERY ROOM	0	0) (0	0	51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	0) (0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0) (0	0	53.00
53. 01	05301 ASC ANESTHESI OLOGY	0	0) (0	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0) (0	0	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0) (0	0	55. 00
56. 00	05600 RADI 0I SOTOPE	0	0) (0	0	56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0) (0	0	59. 00
60.00	06000 LABORATORY	0	0) (0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0) (0	0	63. 00
65.00	06500 RESPI RATORY THERAPY	0	0) (0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0	0) (0	0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0) (0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0) (0	0	68. 00
69.00	06900 ELECTROCARDI OLOGY	0	0) (0	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0) (0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	O	0) (0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	O	0) (0	232, 179	73.00
74.00	07400 RENAL DIALYSIS	O	0) (0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		0	0	75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	0	0) (0	0	75. 01
76.00	03950 CARDI AC CATHERI ZATI ON	0	0) (0	0	76. 00
76. 97	07697 CARDIAC REHABILITATION	0	0) (0	0	76. 97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0) (0	0	90. 00
90. 01	04950 SLEEP CLINIC	0	0) (0	0	90. 01
90. 03	09002 ARNETT CANCER CARE CENTER	0	0		0	0	90. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	O	0		0	0	90. 04
91.00	09100 EMERGENCY	O	0		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	o				0	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0) (0	0	92. 01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0) (0	0	93. 00
200.00	Total (lines 50 through 199)	O	0) (0	232, 179	200.00

THROUGH COSTS				o 12/31/2018		pared: 4 pm
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)			
	4. 00	5. 00	6. 00	7. 00	8. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	1	1 ' '		1
51.00 05100 RECOVERY ROOM	0	0				
52.00 05200 DELIVERY ROOM & LABOR ROOM	3, 962	3, 962	3, 962	1 ' '		52. 00
53. 00 05300 ANESTHESI OLOGY	0	0	(8, 192, 044		1
53. 01 05301 ASC ANESTHESI OLOGY	0	0	(-, -, -,		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	(82, 364, 628		54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	(0	0.000000	55. 00
56. 00 05600 RADI 0I SOTOPE	0	0	C	13, 776, 096	0.000000	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	C	49, 156, 783	0.000000	59. 00
60. 00 06000 LABORATORY	0	0	C	54, 707, 239	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	C	3, 802, 270	0.000000	63.00
65. 00 06500 RESPIRATORY THERAPY	0	0		13, 841, 704	0.000000	65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0		3, 696, 600	0.000000	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		1, 834, 772	0.000000	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	0	(1, 695, 622	0.000000	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	0	(27, 249, 647	0.000000	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		1, 689, 624	0.000000	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		36, 058, 975	0.000000	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		80, 417, 266	0.000000	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	232, 179	232, 179	170, 561, 358	0. 001361	73. 00
74. 00 07400 RENAL DI ALYSI S	0	0		3, 217, 410	0.000000	74. 00
75.00 07500 ASC (NON-DISTINCT PART)	0	0			0.000000	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	0	0	ď	112, 639, 287		75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0	d		0.000000	1
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0				
OUTPATIENT SERVICE COST CENTERS	-	-		,	0.00000	
90. 00 09000 CLI NI C	0	0		0	0.000000	90.00
90. 01 04950 SLEEP CLINIC	0	0	ď	8, 678, 163		
90. 03 09002 ARNETT CANCER CARE CENTER	0	0	ď			90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	0	0	ď			90. 04
91. 00 09100 EMERGENCY	316, 951	316, 951	316, 951			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.0,70			92. 00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	ا			0. 000000	
93. 00 04951 OTHER OUTPATIENT SERVICES	0	ا م			0. 000000	1
200.00 Total (lines 50 through 199)	320, 913	553, 092	553 092	1, 063, 722, 742		200.00
	1 323,710	1 000,072	1 333, 372	., 000, , 22, 7 12	1	1-30.00

| Peri od: | Worksheet D | From 01/01/2018 | Part IV | To | 12/31/2018 | Date/Time | Prepared: Provider CCN: 15-0173 THROUGH COSTS

		nm
Title XIX Hospital	5/28/2019 6: 14 p PPS	DIII
	Outpati ent	
	Program	
	Pass-Through	
	osts (col. 9	
7) x col. 10) x	x col. 12)	
9.00 10.00 11.00 12.00	13. 00	
ANCI LLARY SERVI CE COST CENTERS		
50. 00 05000 OPERATI NG ROOM 0. 000000 549, 872 0 0	0 5	0.00
51. 00 05100 RECOVERY ROOM 0. 000000 66, 687 0 0	0 5	1.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 0. 000160 376, 804 60 0	0 5	2.00
53. 00 05300 ANESTHESI OLOGY 0. 000000 35, 217 0 0	0 5	3.00
53. 01 05301 ASC ANESTHESI OLOGY 0. 000000 0 0 0	0 5	3. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C 0. 000000 338, 049 0 0	0 5	4.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 0. 000000 0 0 0	0 5	5.00
56. 00 05600 RADI 0I SOTOPE 0. 000000 83, 291 0 0	0 5	6.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 0. 000000 49, 032 0 0	0 5	9.00
60. 00 06000 LABORATORY 0. 000000 431, 483 0 0	0 6	0.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 0. 000000 90, 004 0 0	0 6	3. 00
65. 00 06500 RESPI RATORY THERAPY 0. 000000 213, 374 0 0	0 6	5. 00
66. 00 06600 PHYSI CAL THERAPY 0. 000000 26, 307 0 0	0 6	6. 00
67. 00 06700 0CCUPATI ONAL THERAPY	0 6	7. 00
68. 00 06800 SPEECH PATHOLOGY 0. 000000 26, 780 0	0 6	8. 00
69. 00 06900 ELECTROCARDI OLOGY 0. 000000 173, 175 0 0	0 6	9. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY 0. 000000 32, 364 0 0	0 7	0.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 114,330 0 0	0 7	1. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 000000 171, 419 0 0	0 7	2.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 001361 774, 108 1, 054 0	0 7	3.00
74. 00 07400 RENAL DI ALYSI S 0. 000000 17, 141 0 0	0 7	4. 00
75. 00 07500 ASC (NON-DISTINCT PART) 0. 000000 0 0	0 7	5. 00
75. 01 07501 ASC (NON-DISTINCT PART) 0. 000000 0 0	0 7	5. 01
76. 00 03950 CARDÍ AC CATHERI ZATI ON 0. 000000 0 0 0	0 7	6. 00
76. 97 07697 CARDI AC REHABI LI TATI ON 0. 000000 0 0 0	0 7	6. 97
OUTPATIENT SERVICE COST CENTERS		
90. 00 09000 CLI NI C 0. 000000 0 0 0	0 9	0.00
90. 01 04950 SLEEP CLINIC 0. 000000 0 0	0 9	0. 01
90. 03 09002 ARNETT CANCER CARE CENTER 0. 000000 0 0 0	0 9	0. 03
90. 04 09003 OUTPATIENT NFUSION CENTER 0. 000000 0 0 0	0 9	0. 04
91. 00 09100 EMERGENCY 0. 001854 500, 215 927 0	0 9	1. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 12,765 0 0	0 9	2.00
92.01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0.000000 0 0 0	0 9	2. 01
93. 00 04951 OTHER OUTPATI ENT SERVI CES 0. 000000 0 0 0	0 9	3.00
200.00 Total (lines 50 through 199) 4,099,379 2,041 0	0 20	0.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0173 Peri od: Worksheet D From 01/01/2018 Part V Date/Time Prepared: 12/31/2018 5/28/2019 6:14 pm Title XIX Hospi tal PPS Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Services (see Ratio From Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Part I, col. 9 Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) 3.00 (see inst.) 1.00 2.00 5. 00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 100105 0 50.00 51.00 05100 RECOVERY ROOM 0.106220 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 0 243771 0 52 00 0 0 05300 ANESTHESI OLOGY 53.00 0.723131 0 0 53.00 53.01 05301 ASC ANESTHESI OLOGY 0.020897 0 53.01 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.104048 0 54.00 0 05500 RADI OLOGY-THERAPEUTI C 0 0 55.00 0.000000 0 55.00 56.00 05600 RADI OI SOTOPE 0.053389 0 56.00 05900 CARDIAC CATHETERIZATION 0 59.00 0.082171 0 0 59.00 06000 LABORATORY 0.203697 0 0 60 00 60 00 0 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0. 213106 0 0 63.00 06500 RESPIRATORY THERAPY 0. 221529 0 65.00 65.00 66.00 06600 PHYSI CAL THERAPY 0. 234027 0 66.00 0 0 06700 OCCUPATIONAL THERAPY 67.00 0 0.275551 0 67.00 68.00 06800 SPEECH PATHOLOGY 0.199365 0 0 0 68.00 06900 ELECTROCARDI OLOGY 0.099123 69.00 69.00 70. 00 07000 ELECTROENCEPHALOGRAPHY 0.093841 0 0 0 70.00 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.359459 0 71.00 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 256403 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0.278412 0 0 73.00 73.00 0 07400 RENAL DIALYSIS 0 74.00 0.376248 0 0 74.00 07500 ASC (NON-DISTINCT PART) 07501 ASC (NON-DISTINCT PART) 0 0 75.00 0.000000 Ω 75.00 75. 01 0.077247 0 0 0 75.01 03950 CARDI AC CATHERI ZATI ON 0 76.00 0.000000 0 0 76.00 07697 CARDIAC REHABILITATION 0 76. 97 6.830542 0 0 0 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0.000000 0 90.00 0 0 90. 01 04950 SLEEP CLINIC 0.129427 0 0 0 0 0 0 0 0 0 90.01 09002 ARNETT CANCER CARE CENTER 0 0.180167 0 90.03 90 03 0 90.04 09003 OUTPATIENT INFUSION CENTER 0.062326 0 0 90.04 09100 EMERGENCY 0 91.00 91.00 0.087200 0 0 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 0.281709 92.00 92.00 0 0 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 0.000000 0 0 92.01 93.00 04951 OTHER OUTPATIENT SERVICES 0.000000 0 0 93.00 200.00 Subtotal (see instructions) 0 200.00 0

0

201. 00

0 202. 00

201.00

202.00

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

Only Charges

					10 12/31/2010	5/28/2019 6: 1	
			Ti tl	e XIX	Hospi tal	PPS	
		Cos					
	Cost Center Description	Cost	Cost				
	'	Reimbursed	Rei mbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6. 00	7. 00				
	ANCILLARY SERVICE COST CENTERS						
50. 00	05000 OPERATING ROOM	0	0				50. 00
51. 00	05100 RECOVERY ROOM	0	0				51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0				52. 00
53.00	05300 ANESTHESI OLOGY	0	0				53. 00
53. 01	05301 ASC ANESTHESI OLOGY	0	0				53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0				55. 00
56.00	05600 RADI OI SOTOPE	0	0				56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0				59. 00
60. 00	06000 LABORATORY	0	0				60.00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63. 00
65. 00	06500 RESPI RATORY THERAPY	0	0	1			65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0				66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0				67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0				68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0				69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	0				70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0				73. 00
74. 00	07400 RENAL DI ALYSI S	0	0				74. 00
75. 00	07500 ASC (NON-DISTINCT PART)	0	0				75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	0	0				75. 01
76. 00	03950 CARDI AC CATHERI ZATI ON	0	0				76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0				76. 97
	OUTPATIENT SERVICE COST CENTERS		_	T			
90.00	09000 CLINIC	0	0				90.00
90. 01	04950 SLEEP CLINIC	0	0				90. 01
90. 03	09002 ARNETT CANCER CARE CENTER	0	0				90. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	0	0				90. 04
91.00	09100 EMERGENCY	0	0				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0				92. 01
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0				93. 00
200.00		0	0				200. 00
201.00		0					201. 00
202.00	Only Charges (Line 200 Line 201)		_				202 00
202.00	Net Charges (line 200 - line 201)	0	0	l			202. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0173	Peri od: From 01/01/2018	Worksheet D-1	
		To 12/31/2018	Date/Time Prep 5/28/2019 6:14	
	Title XVIII	Hospi tal	PPS	
0 1 0 1 D 1 11				

		Title XVIII	Hospi tal	5/28/2019 6: 1 PPS	4 pm
	Cost Center Description			1. 00	
	PART I - ALL PROVIDER COMPONENTS				
1. 00 2. 00 3. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-bed and observation bed days).	ped and newborn days)	vate room days,	40, 403 40, 403 0	1. 00 2. 00 3. 00
4. 00 5. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private room reporting period		r 31 of the cost	36, 350 0	4. 00 5. 00
6. 00	Total swing-bed SNF type inpatient days (including private roof reporting period (if calendar year, enter 0 on this line)	om days) after December :	31 of the cost	0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private room reporting period	n days) through December	31 of the cost	0	7. 00
8. 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)			0	8. 00
9. 00	Total inpatient days including private room days applicable to newborn days)	0 1		17, 112	9.00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII or	tions)	,	0	10.00
12. 00	Swing-bed SNF type inpatient days applicable to title XVIII of December 31 of the cost reporting period (if calendar year, er Swing-bed NF type inpatient days applicable to titles V or XI)	nter O on this line)	, ,	0	11. 00 12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI)	3	,	0	13. 00
14. 00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra			0	14. 00
15. 00 16. 00	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	15. 00 16. 00
17. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17. 00
18. 00	reporting period Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services reporting period	s through December 31 of	the cost	0.00	19. 00
20. 00	Medicald rate for swing-bed NF services applicable to services reporting period	s after December 31 of th	ne cost	0.00	20. 00
21. 00 22. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through Decembe		ng period (line	56, 163, 560 0	21. 00 22. 00
23. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December $ 7 \times 1 $ ine 19)	31 of the cost reporti	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December (x,y) Line (x,y)	31 of the cost reporting	period (line 8	0	25. 00
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost ((line 21 minus line 26)		0 56, 163, 560	26. 00 27. 00
28. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	d and observation bed cha	arges)	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)	Line 20)		0	30.00
31. 00 32. 00	General inpatient routine service cost/charge ratio (line 27 - Average private room per diem charge (line 29 - line 3)	F 11 ne 28)		0. 000000 0. 00	31. 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 mir	nus line 33)(see instruc	tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x lin		,	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 a 27 minus line 36)	and private room cost di	fferential (line	56, 163, 560	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	ICTMENTS			
20.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU		T	1 200 22	20.00
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line	•		1, 390. 08 23, 787, 049	38. 00 39. 00
40. 00	Medically necessary private room cost applicable to the Progra	•		23, 787, 049	40.00
	Total Program general inpatient routine service cost (line 39)	,		23, 787, 049	

	Financial Systems	IU HEALTH ARNETT		N. 45 0:32		u of Form CMS-2	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der CC		Period: From 01/01/2018 Fo 12/31/2018	Worksheet D-1 Date/Time Prep 5/28/2019 6:14	pared:
				XVIII	Hospi tal	PPS	- piii
	Cost Center Description	Total Inpatient CostIn	Total patient Days	col . 2)	Program Days	Program Cost (col. 3 x col. 4)	
12.00	MUDGEDY (+: +1 - W 0 VIV1)	1.00	2. 00	3. 00	4. 00	5. 00	42.00
42.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42. 00
43.00	INTENSIVE CARE UNIT	7, 377, 095	2, 678	2, 754. 70	1, 076	2, 964, 057	43. 00
44. 00	CORONARY CARE UNIT						44. 00
45. 00	BURN INTENSIVE CARE UNIT	0	0	0.00		0	
45. 01	BURN INTENSIVE CARE UNIT	0	0	0. 00	0	0	
46. 00 47. 00	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	5, 667, 355	3, 067	1, 847. 8	5 0	0	46. 00 47. 00
47.00	Cost Center Description	3,007,333	3,007	1,047.0	51 0	J	47.00
	·					1. 00	
48. 00	Program inpatient ancillary service cost (Wk			_		27, 916, 974	
49. 00	Total Program inpatient costs (sum of lines	41 through 48)(se	e instruction	ns)		54, 668, 080	49. 00
50. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program input	ationt routine se	rvices (from	Wket D sum	of Parts I and	4, 720, 608	50.00
30.00		attent routine se	TVICES (TIOIII	WKSt. D, Suiii	or rarts r and	4, 720, 000	30.00
51. 00	Pass through costs applicable to Program inpand IV)	atient ancillary	services (fr	om Wkst. D, si	um of Parts II	1, 855, 155	51. 00
52.00	Total Program excludable cost (sum of lines					6, 575, 763	
53. 00	Total Program inpatient operating cost exclu		ted, non-phy	sician anesthe	etist, and	48, 092, 317	53. 00
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION	02)					
54.00	Program di scharges					0	54.00
55.00						0.00	55. 00
56.00	, ,					0	
57. 00	Difference between adjusted inpatient operations	ng cost and targ	et amount (I	ine 56 minus I	ine 53)	0	57. 00
58. 00 59. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	porting ported on	ding 1006	ndated and cor	anounded by the	0 00	58. 00 59. 00
37.00	market basket	borting period en	uring 1990, u	puateu anu con	ipounded by the	0.00	39.00
60.00	Lesser of lines 53/54 or 55 from prior year	cost report, upda	ted by the ma	arket basket		0. 00	60.00
61. 00	If line 53/54 is less than the lower of line					0	61. 00
	which operating costs (line 53) are less that		(lines 54 x	60), or 1% of	the target		
62. 00	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	nstructions)				0	62. 00
	Allowable Inpatient cost plus incentive payment	ent (see instruct	i ons)				63. 00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decemb	er 31 of the	cost reportin	ng period (See	0	64. 00
65. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre>	ts after December	31 of the co	ost reporting	period (See	0	65. 00
00.00	instructions)(title XVIII only)		0. 0. 1	oot roportring	po ou (000		00.00
66. 00	j i	ne costs (line 64	plus line 6	5)(title XVIII	only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	e costs through D	ecember 31 o	f the cost rep	porting period	0	67. 00
68. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	e costs after Dec	ember 31 of	the cost repo	ting period	0	68. 00
69. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (li	ne 67 + line	68)		0	69. 00
	PART III - SKILLED NURSING FACILITY, OTHER NU	JRSING FACILITY,	AND ICF/IID (YLNC			
70.00	Skilled nursing facility/other nursing facili	•					70.00
71. 00 72. 00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		e /u ÷ line .	4)			71. 00 72. 00
	Medically necessary private room cost applications	,	line 14 x li	ne 35)			73. 00
74. 00	Total Program general inpatient routine serv	ce costs (line 7	2 + line 73)	ŕ			74. 00
75. 00	Capital-related cost allocated to inpatient 26, line 45)		osts (from W	orksheet B, Pa	art II, column		75. 00
76. 00	Per diem capital-related costs (line 75 ÷ li						76.00
77. 00	Program capital -related costs (line 9 x line						77.00
78. 00 79. 00	Inpatient routine service cost (line 74 minu: Aggregate charges to beneficiaries for excess	,	vi der record	s)			78. 00 79. 00
80. 00	Total Program routine service costs for compa			*.	ıs line 79)		80.00
81. 00	Inpatient routine service cost per diem limit						81. 00
82.00	Inpatient routine service cost limitation (I						82.00
83. 00 84. 00	Reasonable inpatient routine service costs (: Program inpatient ancillary services (see in:						83. 00 84. 00
85.00	Utilization review - physician compensation)				85.00
86. 00	Total Program inpatient operating costs (sum						86. 00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	THROUGH COST					
87.00	Total observation bed days (see instructions)		ino 2)			4, 053	
88. 00 89. 00	Adjusted general inpatient routine cost per observation bed cost (line 87 x line 88) (see	•	111E 2)			1, 390. 08 5, 633, 994	
37.00	(30)				ļ	5,000,774	07.00

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Period: From 01/01/2018	Worksheet D-1	
				To 12/31/2018	Date/Time Prep 5/28/2019 6:14	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capi tal -rel ated cost	9, 307, 534	56, 163, 560	0. 16572	2 5, 633, 994	933, 677	90.00
91.00 Nursing School cost	0	56, 163, 560	0.00000	5, 633, 994	0	91.00
92.00 Allied health cost	0	56, 163, 560	0.00000	5, 633, 994	0	92.00
93.00 All other Medical Education	953, 494	56, 163, 560	0. 01697	5, 633, 994	95, 648	93. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0173	Peri od: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prep 5/28/2019 6:14	
	Title XIX	Hospi tal	PPS	
Cost Center Description			4.00	

				5/28/2019 6: 1	4 pm
	Cost Contor Description	Title XIX	Hospi tal	PPS	
	Cost Center Description			1. 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			40, 403	1.00
2. 00	Inpatient days (including private room days, excluding swing-			40, 403	2. 00
3. 00	Private room days (excluding swing-bed and observation bed day	/s). If you have only pr	ivate room days,	0	3. 00
4. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation be	ad days)		36, 350	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo		r 21 of the cost	36, 350	5. 00
3.00	reporting period	on days) through becembe	1 31 01 the cost	١	3.00
6.00	Total swing-bed SNF type inpatient days (including private roo	om davs) after December	31 of the cost	o	6. 00
	reporting period (if calendar year, enter 0 on this line)	,		- 1	
7.00	Total swing-bed NF type inpatient days (including private roor	n days) through December	31 of the cost	0	7. 00
	reporting period				
8. 00	Total swing-bed NF type inpatient days (including private roor	n days) after December 3	1 of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	- th- D (and an include	247	0.00
9. 00	Total inpatient days including private room days applicable to newborn days)	the Program (excluding	Swing-bed and	247	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	alv (including private r	oom days)	0	10.00
10.00	through December 31 of the cost reporting period (see instructions)		oom days)	١	10.00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, en				
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including privat)	e room days)	0	12. 00
40.00	through December 31 of the cost reporting period				40.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar ye			0	13. 00
14. 00	Medically necessary private room days applicable to the Progra			0	14. 00
15. 00	Total nursery days (title V or XIX only)	iii (excluding swing-bed	uays)	2, 853	
16. 00	Nursery days (title V or XIX only)			1, 347	16. 00
	SWI NG BED ADJUSTMENT				
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17. 00
	reporting period				
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0. 00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	through Docombon 21 of	the cost	0.00	19. 00
19.00	reporting period	s through becember 31 or	the cost	0.00	19.00
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20. 00
	reporting period				
21. 00	Total general inpatient routine service cost (see instructions			56, 163, 560	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	0	22. 00
22.00	5 x line 17)	21 of the cost reportin	a ported (line (22.00
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reportin	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	na period (line	0	24. 00
200	7 x line 19)	or or the east ropert.	ing pointed (initial	ا	2 11 00
25.00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00
	x line 20)				
26. 00	Total swing-bed cost (see instructions)	(1)		0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		56, 163, 560	27. 00
28. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	d and observation had ch	arnos)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)	a and observation bed en	ar gcs)	Ö	29. 00
30. 00	Semi -pri vate room charges (excluding swing-bed charges)			Ö	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 min	nus line 33)(see instruc	tions)	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 a	and private room cost di	fferential (line	56, 163, 560	37. 00
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			1, 390. 08	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line	•		343, 350	39.00
40. 00	Medically necessary private room cost applicable to the Progra	•		0	40.00
	Total Program general inpatient routine service cost (line 39	,		343, 350	
			·	•	

Heal th	Financial Systems	IU HEALTH ARNET	T HOSPITAL		In lie	eu of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST	TO HEALTH ARREIT	Provi der CO	CN: 15-0173	Peri od:	Worksheet D-1	2002 10
					From 01/01/2018	D-+- /T: D	
					To 12/31/2018	Date/Time Prep 5/28/2019 6:14	
			Ti tl	e XIX	Hospi tal	PPS	. p
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	npatient Days		÷	(col. 3 x col.	
		1.00	2.00	col . 2)	4.00	4)	
42.00	NURSERY (title V & XIX only)	1. 00 1, 756, 857	2. 00 2, 853	3. 00 615. 7	4. 00 9 1, 347	5. 00 829, 469	42. 00
42.00	Intensive Care Type Inpatient Hospital Units	1,730,037	2, 055	013.7	7 1,547	027, 407	72.00
43.00	INTENSIVE CARE UNIT	7, 377, 095	2, 678	2, 754. 7	0 196	539, 921	43. 00
44.00	CORONARY CARE UNIT						44. 00
45.00	BURN INTENSIVE CARE UNIT	0	0			0	45. 00
45. 01	BURN INTENSIVE CARE UNIT	0	0	0.0	0	0	45. 01
46. 00	SURGICAL INTENSIVE CARE UNIT	F //7 2FF	2.0/7	1 047 0	20	EE 427	46. 00
47.00	NEONATAL INTENSIVE CARE UNIT Cost Center Description	5, 667, 355	3, 067	1, 847. 8	5 30	55, 436	47.00
	cost center bescription					1.00	
48. 00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3,	line 200)		·	769, 231	48. 00
49.00	Total Program inpatient costs (sum of lines			ns)		2, 537, 407	49. 00
	PASS THROUGH COST ADJUSTMENTS						
50. 00	Pass through costs applicable to Program inp	atient routine s	ervices (from	Wkst. D, sum	of Parts I and	286, 846	50. 00
51. 00		ationt ancillary	convices (fr	om Wkst D s	um of Dorte II	58, 387	51. 00
31.00	and IV)	attent ancitrary	services (II	OIII WKSt. D, S	uiii 01 Pai tS 11	30, 307	31.00
52. 00	Total Program excludable cost (sum of lines	50 and 51)				345, 233	52. 00
53.00	Total Program inpatient operating cost exclu		ated, non-phy	sician anesth	etist, and	2, 192, 174	
	medical education costs (line 49 minus line	52)					
	TARGET AMOUNT AND LIMIT COMPUTATION					_	
	Program di scharges					0	
56. 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	
57. 00	Difference between adjusted inpatient operat	ing cost and tar	net amount (L	ine 56 minus	line 53)	0	
58. 00	Bonus payment (see instructions)	ing oost and tan	got amount (i			Ö	58. 00
59. 00	Lesser of lines 53/54 or 55 from the cost re	porting period e	ndi ng 1996, u	pdated and co	mpounded by the	0.00	59. 00
	market basket						
60.00	Lesser of lines 53/54 or 55 from prior year					0.00	
61. 00	If line 53/54 is less than the lower of line which operating costs (line 53) are less that					0	61. 00
	amount (line 56), otherwise enter zero (see		(TITIES 54 X	00), 01 1% 01	the target		
62.00	Relief payment (see instructions)					0	62. 00
63.00	Allowable Inpatient cost plus incentive paym	ent (see instruc	tions)			0	63. 00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decem	ber 31 of the	cost reporti	ng period (See	0	64. 00
65. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decembe	r 31 of the c	ost renortina	neriod (See	0	65. 00
03.00	instructions)(title XVIII only)	ts arter becombe	31 01 1110 0	ost reporting	perrou (see		03.00
66.00	Total Medicare swing-bed SNF inpatient routi	ne costs (line 6	4 plus line 6	5)(title XVII	l only). For	0	66. 00
	CAH (see instructions)						
67. 00	Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 o	f the cost re	porting period	0	67. 00
68. 00	<pre>(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin</pre>	o costs after No.	combor 21 of	the cost rope	rting ported	0	68. 00
00.00	(line 13 x line 20)	e costs after be	cember 31 01	the cost repo	iting period	0	00.00
69. 00	Total title V or XIX swing-bed NF inpatient	routine costs (I	ine 67 + line	68)		0	69. 00
	PART III - SKILLED NURSING FACILITY, OTHER N						
70.00	Skilled nursing facility/other nursing facil	,					70.00
71.00	Adjusted general inpatient routine service c		ne /U ÷ line	2)			71. 00 72. 00
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applic		(line 14 v li	ne 35)			72.00
74.00	Total Program general inpatient routine serv	•	•	110 33)			74. 00
75. 00	Capital -related cost allocated to inpatient			orksheet B, P	art II, column		75. 00
	26, line 45)						
76. 00	Per diem capital-related costs (line 75 ÷ li						76. 00
77. 00	Program capital -related costs (line 9 x line						77. 00 78. 00
79. 00	Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces		ovi der record	e)			79.00
	Total Program routine service costs for comp				us line 79)		80.00
81. 00	Inpatient routine service cost per diem limi				,		81. 00
82. 00	Inpatient routine service cost limitation (I						82. 00
83.00	Reasonable inpatient routine service costs ()				83.00
84.00	Program inpatient ancillary services (see in		-)				84.00
85. 00 86. 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85. 00 86. 00
50.00	PART IV - COMPUTATION OF OBSERVATION BED PASS					1	55.50
87. 00	Total observation bed days (see instructions					4, 053	87. 00
88. 00	Adjusted general inpatient routine cost per	•	line 2)			1, 390. 08	
89. 00	Observation bed cost (line 87 x line 88) (se	e instructions)				5, 633, 994	89.00

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Period: From 01/01/2018	Worksheet D-1	
				To 12/31/2018	Date/Time Prep 5/28/2019 6:14	
		Ti tl	Title XIX		PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capi tal -rel ated cost	9, 307, 534	56, 163, 560	0. 16572	2 5, 633, 994	933, 677	90.00
91.00 Nursing School cost	0	56, 163, 560	0.00000	0 5, 633, 994	0	91.00
92.00 Allied health cost	0	56, 163, 560	0.00000	5, 633, 994	0	92.00
93.00 All other Medical Education	953, 494	56, 163, 560	0. 01697	5, 633, 994	95, 648	93. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CCN: 15-0173	Period: Worksheet D-3

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CC		Peri od:	Worksheet D-3	
			From 01/01/2018 To 12/31/2018	Date/Time Pre	narod:
			10 12/31/2010	5/28/2019 6: 1	
	Title	XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos	· ·	I npati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2.00	2) 3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2. 00	3.00	
30. 00 03000 ADULTS & PEDIATRICS			47, 132, 567		30.00
31. 00 03100 I NTENSI VE CARE UNI T			6, 198, 113		31.00
33. 00 03300 BURN INTENSIVE CARE UNIT			0, 1,0, 1.10		33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT			0		33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT			0		35. 00
43. 00 04300 NURSERY					43. 00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM		0. 10010		2, 191, 372	50.00
51.00 05100 RECOVERY ROOM		0. 10622		226, 243	
52.00 O5200 DELIVERY ROOM & LABOR ROOM		0. 24377		53, 922	1
53. 00 05300 ANESTHESI OLOGY		0. 75680		1, 019, 656	
53. 01 05301 ASC ANESTHESI OLOGY		0. 02089		75	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 10404		1, 762, 335	
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.00000		0	55. 00
56. 00 05600 RADI OI SOTOPE 59. 00 05900 CARDI AC CATHETERI ZATI ON		0.05338		50, 362 871, 190	
60. 00 06000 LABORATORY		0. 08217 0. 20369		2, 322, 520	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 21310		2, 322, 320	
65. 00 06500 RESPI RATORY THERAPY		0. 21510		1, 247, 544	
66. 00 06600 PHYSI CAL THERAPY		0. 23402		440, 495	66.00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 27555		253, 344	67. 00
68. 00 06800 SPEECH PATHOLOGY		0. 19936		178, 124	1
69. 00 06900 ELECTROCARDI OLOGY		0. 09912		827, 157	•
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 09384		45, 773	1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 35945	9 6, 449, 377	2, 318, 287	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 25640	3 18, 364, 288	4, 708, 659	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 27841	2 22, 345, 095	6, 221, 143	73. 00
74.00 07400 RENAL DIALYSIS		0. 37624	8 1, 416, 016	532, 773	ł
75. 00 07500 ASC (NON-DISTINCT PART)		0. 00000		0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)		0. 07724		5, 690	
76. 00 03950 CARDI AC CATHERI ZATI ON		0. 00000		0	76. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON		6. 83054	2 41, 892	286, 145	76. 97
90. 00 O9000 CLINIC		0.00000		0	1 00 00
90. 00 09000 CLI NI C 90. 01 04950 SLEEP CLI NI C		0. 00000 0. 12942		0	90. 00 90. 01
90. 01 04930 SLEEP CLINIC 90. 03 09002 ARNETT CANCER CARE CENTER		0. 12942		23, 169	
90. 04 09003 OUTPATIENT INFUSION CENTER		0. 06232		23, 109 490	•
91. 00 09100 EMERGENCY		0. 08720		1, 725, 754	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 28170		307, 770	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 00000		0	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES		0. 00000		0	•
200.00 Total (sum of lines 50 through 94 and 96	through 98)		154, 740, 606	27, 916, 974	
201.00 Less PBP Clinic Laboratory Services-Progr			0		201. 00
202.00 Net charges (line 200 minus line 201)			154, 740, 606		202. 00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Li	eu of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Peri od:	Worksheet D_3

Health Financial Systems IU HEALTH ARNETT	HOSPI TAL		In Lie	u of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0173	Peri od:	Worksheet D-3	
			From 01/01/2018	D-+- /T: D	
			To 12/31/2018	Date/Time Pre 5/28/2019 6:1	parea: 4 nm
	Ti +I	e XIX	Hospi tal	PPS	4 рііі
Cost Center Description	11 (1	Ratio of Cos		Inpati ent	
oust defited bescription		To Charges	Program	Program Costs	
		l .c c.ia. gee	Charges	(col. 1 x col.	
			3	2)	
		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		•			
30. 00 03000 ADULTS & PEDI ATRI CS			1, 445, 533		30. 00
31.00 03100 INTENSIVE CARE UNIT			294, 321		31.00
33.00 03300 BURN INTENSIVE CARE UNIT			0		33. 00
33.01 03301 BURN INTENSIVE CARE UNIT			0		33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT			342, 563		35. 00
43. 00 04300 NURSERY			150, 740		43. 00
ANCI LLARY SERVI CE COST CENTERS					
50.00 05000 OPERATING ROOM		0. 10010			
51.00 05100 RECOVERY ROOM		0. 10622	20 66, 687	7, 083	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 24377			1
53. 00 05300 ANESTHESI OLOGY		0. 75680		26, 652	1
53. 01 05301 ASC ANESTHESI OLOGY		0. 02089		0	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 10404		35, 173	
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.00000		0	55. 00
56. 00 05600 RADI 0I SOTOPE		0. 05338		4, 447	1
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 08217		4, 029	
60. 00 06000 LABORATORY		0. 20369		87, 892	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 21310		19, 180	1
65. 00 06500 RESPI RATORY THERAPY		0. 22152		47, 269	1
66. 00 06600 PHYSI CAL THERAPY		0. 23402		6, 157	
67. 00 06700 OCCUPATI ONAL THERAPY		0. 27555		4, 674	
68. 00 06800 SPEECH PATHOLOGY		0. 19936			1
69. 00 06900 ELECTROCARDI OLOGY		0. 09912			1
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 09384		3, 037	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 35945			
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 25640			
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DIALYSIS		0. 27841			1
75. 00 07500 ASC (NON-DISTINCT PART)		0. 37624 0. 00000		6, 449 0	75. 00
75. 01 07500 ASC (NON-DISTINCT PART) 75. 01 07501 ASC (NON-DISTINCT PART)		0.00000		0	75. 00
76. 00 03950 CARDI AC CATHERI ZATI ON		0.00000			76. 00
76. 97 07697 CARDI AC CATHERI ZATTON		6. 83054			
OUTPATIENT SERVICE COST CENTERS		0.0303-	12 0	0	70. 77
90. 00 09000 CLI NI C		0.00000	00 0	0	90.00
90. 01 04950 SLEEP CLINIC		0. 12942			90. 01
90. 03 09002 ARNETT CANCER CARE CENTER		0. 18016		-	90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER		0. 06232		Ö	90. 04
91. 00 09100 EMERGENCY		0. 08720		43, 619	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 28170		3, 596	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		0.00000		0,070	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES		0. 00000		ő	1
200.00 Total (sum of lines 50 through 94 and 96 through 98)			4, 099, 379		
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, 099, 379		202. 00
		•	•	•	

Health Financial Systems	IU HEALTH ARNETT HOSPITAL		In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der	CCN: 15-0173		Worksheet E Part A Date/Time Prepared: 5/28/2019 6:14 pm

		T' 11 M/111		5/28/2019 6: 1	4 pm
		Title XVIII	Hospi tal	PPS	
				1. 00	
4 00	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurring instructions)	g prior to October 1 (s	see	0 27, 044, 516	1. 00 1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring instructions)	g on or after October 1	(see	8, 215, 914	1. 02
1. 03	DRG for federal specific operating payment for Model 4 BPCl for 1 (see instructions)	discharges occurring p	orior to October	0	1. 03
1. 04	DRG for federal specific operating payment for Model 4 BPCl for October 1 (see instructions)	discharges occurring o	on or after	0	1. 04
2. 00 2. 01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			800, 060 0	2. 00 2. 01
2.02	Outlier payment for discharges for Model 4 BPCI (see instruction	ns)		0	2. 02
3.00	Managed Care Simulated Payments			10, 174, 536	3.00
4.00	Bed days available divided by number of days in the cost reporti Indirect Medical Education Adjustment			180. 30	
5. 00	FTE count for allopathic and osteopathic programs for the most ror before 12/31/1996. (see instructions)			0.00	5. 00
6. 00 7. 00	FTE count for allopathic and osteopathic programs that meet the new programs in accordance with 42 CFR 413.79(e)		·	0.00	6. 00 7. 00
7. 00	MMA Section 422 reduction amount to the IME cap as specified und ACA § 5503 reduction amount to the IME cap as specified under 42 cost report straddles July 1, 2011 then see instructions.			0.00	7. 00
8. 00	Adjustment (increase or decrease) to the FTE count for allopathi affiliated programs in accordance with 42 CFR 413.75(b), 413.79(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 report straddles July 1, 2011, see instructions.	s under § 5503 of the A	ACA. If the cost	0. 00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap slots under § 5506 of ACA. (see instructions)	s from a closed teachir	ng hospital	0. 00	8. 02
9. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines instructions)	(8, 8,01 and 8,02) (s	see	0. 00	9. 00
	FTE count for allopathic and osteopathic programs in the current FTE count for residents in dental and podiatric programs.	t year from your record	ds		11. 00
12.00	Current year allowable FTE (see instructions)				12.00
14. 00	Total allowable FTE count for the prior year. Total allowable FTE count for the penultimate year if that year otherwise enter zero.	ended on or after Sept	ember 30, 1997,	0. 00 0. 00	ı
15. 00	Sum of lines 12 through 14 divided by 3.			0.00	15. 00
16. 00	Adjustment for residents in initial years of the program			2. 52	
17. 00	Adjustment for residents displaced by program or hospital closur	re			17. 00
18. 00	Adjusted rolling average FTE count			2. 52 0. 013977	1
20. 00	Current year resident to bed ratio (line 18 divided by line 4). Prior year resident to bed ratio (see instructions)			0.013977	
	Enter the lesser of lines 19 or 20 (see instructions)			0. 013977	
22. 00	IME payment adjustment (see instructions)			268, 332	
22. 01	IME payment adjustment - Managed Care (see instructions)			77, 428	
	Indirect Medical Education Adjustment for the Add-on for § 422 c				
23. 00	Number of additional allopathic and osteopathic IME FTE resident $(f)(1)(iv)(C)$.	t cap slots under 42 CF	FR 412. 105	0. 00	23. 00
24. 00	IME FTE Resident Count Over Cap (see instructions)	6.11 00 11	04. (24. 00
25. 00	If the amount on line 24 is greater than -0-, then enter the low instructions)	wer of line 23 or line	24 (see	0.00	
26. 00 27. 00	Resident to bed ratio (divide line 25 by line 4)			0. 000000 0. 000000	1
	IME payments adjustment factor. (see instructions) IME add-on adjustment amount (see instructions)			_	28. 00
	IME add-on adjustment amount - Managed Care (see instructions)			0	1
29. 00	Total IME payment (sum of lines 22 and 28)			268, 332	1
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment			77, 428	1
30. 00	Percentage of SSI recipient patient days to Medicare Part A pati	ent days (see instruct	i ons)	3. 02	30. 00
31. 00	Percentage of Medicaid patient days (see instructions)		/		31. 00
32. 00				23. 60	
33. 00	Allowable disproportionate share percentage (see instructions)			8. 69	1
34. 00	Disproportionate share adjustment (see instructions)			766, 033	34.00

	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0173	Peri od: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Pre 5/28/2019 6:1	pared 4 pm
		Title XVIII	Hospital Prior to 10/1	PPS	
			1.00	2.00	
	Uncompensated Care Adjustment				
. 00	Total uncompensated care amount (see instructions)			8, 272, 872, 447	1
6. 01 6. 02	Factor 3 (see instructions) Hospital uncompensated care payment (If line 34 is zero, enter	er zero on this line) (se	0. 000184722 e 1, 249, 955	0. 000357615 2, 958, 501	35. (35. (
. 02	instructions)	. 2010 011 11113 11110) (30	1,217,700	2, 700, 001	00.
0.03	Pro rata share of the hospital uncompensated care payment amo	,	934, 898	745, 705	
0. 00	Total uncompensated care (sum of columns 1 and 2 on line 35.0 Additional payment for high percentage of ESRD beneficiary di		1, 680, 603 ah 46)		36.
0. 00	Total Medicare discharges on Worksheet S-3, Part I excluding		0		40. (
00	652, 683, 684 and 685 (see instructions)	02 (04 on (05 (occ	0		111
. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 6 instructions)	083, 084 an 085. (See	0		41. (
. 01	Total ESRD Medicare covered and paid discharges excluding MS-	DRGs 652, 682, 683, 684	0		41. (
2. 00	an 685. (see instructions) Divide line 41 by line 40 (if less than 10%, you do not quali	fy for adjustment)	0.00		42. (
3. 00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 68				43.
	instructions)				
. 00	Ratio of average length of stay to one week (line 43 divided days)	by line 41 divided by 7	0. 000000		44.
5. 00	Average weekly cost for dialysis treatments (see instructions	s)	0.00		45.
. 00	Total additional payment (line 45 times line 44 times line 41	. 01)	0		46.
7. 00 8. 00	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and MDH, s	emall rural bospitals	38, 775, 458 0		47. 48.
. 00	only. (see instructions)	silari rurar nospitars	0		40.
				Amount	
0.00	Total payment for inpatient operating costs (see instructions			1. 00 38, 852, 886	49.
0.00	Payment for inpatient program capital (from Wkst. L, Pt. I an			3, 221, 916	1
. 00	Exception payment for inpatient program capital (Wkst. L, Pt.			0	1
2. 00	Direct graduate medical education payment (from Wkst. E-4, li	ne 49 see instructions).		0	
3. 00 4. 00	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies			0 955	
. 01	Islet isolation add-on payment			0	54.
6. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6	9)		0	55.
. 00	Cost of physicians' services in a teaching hospital (see intr	•		0	56.
7. 00 3. 00	Routine service other pass through costs (from Wkst. D, Pt. I		hrough 35).	403, 843	1
. 00	Ancillary service other pass through costs from Wkst. D, Pt. Total (sum of amounts on lines 49 through 58)	TV, cor. IT Title 200)		72, 364 42, 551, 964	
. 00	Primary payer payments			35, 417	1
. 00	Total amount payable for program beneficiaries (line 59 minus	s line 60)		42, 516, 547	
. 00	Deductibles billed to program beneficiaries			3, 788, 536	1
	Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)			112, 560 270, 444	1
. 00	Adjusted reimbursable bad debts (see instructions)			175, 789	
. 00	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		60, 027	1
. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			38, 791, 240	67.
. 00	Credits received from manufacturers for replaced devices for			0	1
. 00 . 00	Outlier payments reconciliation (sum of lines 93, 95 and 96). OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	(For SCH see Instruction	S)	0	69. 70.
. 50	Rural Community Hospital Demonstration Project (§410A Demonst	ration) adjustment (see	instructions)	0	70.
. 87	Demonstration payment adjustment amount before sequestration	, (500		0	70.
. 88	SCH or MDH volume decrease adjustment (contractor use only)			0	1
. 89	Pioneer ACO demonstration payment adjustment amount (see inst	ructions)			70.
. 90	HSP bonus payment HVBP adjustment amount (see instructions)			0	1
. 91 . 92	HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)			0	
. /2	· · · · · · · · · · · · · · · · · · ·				1
). 93	HVBP payment adjustment amount (see instructions)			-121, 726	70.

Health Financial Systems IU HE	ALTH ARNETT	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der C	CN: 15-0173	Peri od: From 01/01/2018 To 12/31/2018		
		Ti tl e	e XVIII	Hospi tal	PPS	
			FFY	(yyyy)	Amount	
				0	1. 00	
70.96 Low volume adjustment for federal fiscal year (yyy the corresponding federal year for the period prior		n column 0		0	0	70. 96
70.97 Low volume adjustment for federal fiscal year (yyy) the corresponding federal year for the period endi				0	0	70. 97
70.98 Low Volume Payment-3	ŭ	,			0	70. 98

	the corresponding federal year for the period prior to 10/1)			
70. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0	0	0	70. 97
	the corresponding federal year for the period ending on or after 10/1)			
70. 98	Low Volume Payment-3		0	
70. 99	HAC adjustment amount (see instructions)		0	70. 99
71. 00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		38, 653, 423	
71. 01	Sequestration adjustment (see instructions)		773, 068	
71. 02	Demonstration payment adjustment amount after sequestration		0	
72. 00	Interim payments		37, 434, 470	
73. 00	Tentative settlement (for contractor use only)		0	73. 00
74. 00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and		445, 885	74. 00
	[73]			
75. 00	Protested amounts (nonallowable cost report items) in accordance with		454, 833	75. 00
	CMS Pub. 15-2, chapter 1, §115.2			
00.00	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		0	00.00
90. 00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90. 00
91. 00			0	91. 00
	Capital outlier from Wkst. L, Pt. I, line 2		_	
92. 00 93. 00	Operating outlier reconciliation adjustment amount (see instructions) Capital outlier reconciliation adjustment amount (see instructions)		0	92. 00 93. 00
			0. 00	
94.00	The rate used to calculate the time value of money (see instructions)			
95. 00 96. 00	Time value of money for operating expenses (see instructions)		0	
90.00	Time value of money for capital related expenses (see instructions)	Dri or to 10/1	On/After 10/1	96. 00
		1.00	2. 00	
	HSP Bonus Payment Amount	1.00	2.00	
100.00	HSP bonus amount (see instructions)	0	0	100. 00
100.00	HVBP Adjustment for HSP Bonus Payment	0	U	100.00
101 00	HVBP adjustment factor (see instructions)	0.000000000	0. 0000000000	101 00
	HVBP adjustment ractor (see Fistractions)	0.000000000		101.00
102.00	HRR Adjustment for HSP Bonus Payment	0	0	102.00
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103 00
	HRR adjustment amount for HSP bonus payment (see instructions)	0.0000		104. 00
101.00	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment		Ü	101.00
200.00	Is this the first year of the current 5-year demonstration period under the 21st			200. 00
200.00	Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Rei mbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201. 00
	Medicare discharges (see instructions)			202. 00
	Case-mix adjustment factor (see instructions)			203. 00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the curre	ent 5-year demonst	rati on	
	peri od)			
204.00	Medicare target amount			204. 00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205. 00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206. 00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207. 00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208. 00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209. 00
210.00	Reserved for future use			210. 00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211. 00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212. 00
213.00	Low-volume adjustment (see instructions)			213. 00
218.00				1
	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement)			218. 00
	Net Medicare Part A TPPS adjustment (difference between PPS and cost reimbursement) (Line 212 minus line 213) (see instructions)			218. 00

In Lieu of Form CMS-2552-10

Period: Worksheet E
From 01/01/2018 Part A Exhibit 4
To 12/31/2018 Date/Time Prepared: 5/28/2019 6:14 pm Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 Provider CCN: 15-0173

No.						1	0 12/31/2018	5/28/2019 6: 1	
1.00 DRR amounts other than out i en payments 1.00 1.00 0.00			W/S E Dort A	Amounts (from			Hospi tal	PPS	
1.00 DRC amounts other than outlier 1.00 0 0 0 0 0 0 0 0 0									
1.00 1.00			0	1.00					
1.01 DRG amounts other than outlier 1.01 27,044,516 0 27,044,516 27,044,516 1.01	1.00		1. 00	0	0	0	0	0	1. 00
1.02 BRG amounts other than outlier 1.02 8.215,914 0 8.215,914 8.215,914 1.02 2.00	1. 01	DRG amounts other than outlier payments for discharges	1. 01	27, 044, 516	0	27, 044, 516		27, 044, 516	1. 01
Operating payment for Model 4 SPCI occurring prior to Citaber 1 Company Country Countr	1. 02	DRG amounts other than outlier payments for discharges	1. 02	8, 215, 914	0		8, 215, 914	8, 215, 914	1. 02
1.04 OR for Federal Specific 0.04 O O O O O O O O O	1. 03	operating payment for Model 4 BPCI occurring prior to	1. 03	O	0	0		0	1. 03
2.00	1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1. 04	O	O		0	0	1. 04
2.01 Outlier payments for 2.02 0 0 0 0 0 0 0 0 0	2.00	Outlier payments for	2. 00	800, 060	0	605, 331	194, 729	800, 060	2. 00
Property	2. 01	Outlier payments for	2. 02	0	0	0	0	0	2. 01
payments Indirect Medical Education Adjustment 21.00 0.013977 0.013	3. 00		2. 01	0	O	0	0	0	3. 00
5.00 Amount from Worksheet E, Part 21.00 0.013977 0.0139	4. 00	payments		10, 174, 536	0	7, 609, 993	2, 564, 543	10, 174, 536	4. 00
A. Iline 21 (see instructions) 6. 00 IME payment adjustment (see 22.00 268,332 0 205,809 62,523 268,332 6.00 instructions) 6. 01 IME payment adjustment for 22.01 77,428 0 77,428 0 77,428 6.01 managed care (see instructions) 7. 01 IME payment adjustment For the Add-on For Section 422 of the MMA 7. 01 IME payment adjustment factor (see instructions) 8. 01 IME adjustment (see 28.00 0.000000 0.000000 0.000000 0.000000 7.000000 7.000000 8.00 IME adjustment (see 28.00 0.00000 0.000000 0.000000 0.000000 8.00 Instructions) 8. 01 IME payment adjustment add on 28.01 0.00000 0.00000 0.00000 0.00000 0.00000 8.01 Instructions) 9. 00 Total IME payment (sum of 29.00 268,332 0.205,809 62,523 268,332 9.00 Ilines 6 and 8) 1.00000 0.000000	Г 00			0.012077	0.012077	0 012077	0.012077		F 00
6.00 IME payment adjustment (see 22.00 268,332 0 205,809 62,523 268,332 6.00 instructions) IME payment adjustment for 22.01 77,428 0 77,428 0 77,428 6.01 77,428 77	5.00		21.00	0.013977	0.013977	0.013977	0.013977		5.00
ME payment adjustment for 22.01 77,428 0 77,428 0 77,428 6.01	6. 00	IME payment adjustment (see	22. 00	268, 332	0	205, 809	62, 523	268, 332	6. 00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA	6. 01	IME payment adjustment for managed care (see	22. 01	77, 428	O	77, 428	0	77, 428	6. 01
IME payment adjustment factor 27.00 0.0000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000				A-1-1 6 C-	: 422 +1	1414.0			
See instructions See	7 00						0.000000		7 00
Instructions Robot		(see instructions)				0.00000	0	0	
Instructions Figure Figu	8. 01	instructions)	28. 01	0	0	0	0	0	8. 01
1		instructions)							
Care (sum of lines 6.01 and 8.01) Disproportionate Share Adjustment Disproportionate Share Adjustment Disproportionate Share Adjustment Disproportionate Share Percentage (see Instructions) Disproportionate Share adjustment (see Instructions) Disproportionate Share adjustm		lines 6 and 8)							
Disproportionate Share Adjustment 33.00 0.0869 0.0869 0.0869 0.0869 0.0869 10.00	9.01	care (sum of lines 6.01 and	29.01	//, 428	O	77, 428	O	77, 428	9. 01
Share percentage (see instructions) 11.00 10 10 10 10 10 10			ent						
11.00 Disproportionate share 34.00 766,033 0 587,542 178,491 766,033 11.00 adjustment (see instructions) 10.00	10. 00		33.00	0. 0869	0. 0869	0. 0869	0. 0869		10. 00
11. 01 Uncompensated care payments 36. 00 1,680,603 0 843,295 315,057 1,158,352 11. 01 Additional payment for high percentage of ESRD beneficiary discharges 12. 00 12. 00 12. 00 12. 00 12. 00 13. 00 13. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 14. 00 15	11. 00	Di sproporti onate share	34. 00	766, 033	0	587, 542	178, 491	766, 033	11. 00
12.00 Total ESRD additional payment (see instructions) 46.00 0 0 0 0 0 0 12.00 13.00 Subtotal (see instructions) 47.00 38,775,458 0 29,808,744 8,966,714 38,775,458 13.00 14.00 Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) 15.00 Total payment for inpatient operating costs (see instructions) 16.00 Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 17.01 Net organ aquisition cost 17.02 Credits received from manufacturers for replaced 68.00 0 0 0 0 0 0 0 17.02 12.00 0 0 0 0 0 0 0 0 0	11. 01	Uncompensated care payments				843, 295	315, 057	1, 158, 352	11. 01
13.00 Subtotal (see instructions)	12. 00	Total ESRD additional payment		beneficiary 0		0	0	0	12. 00
14. 00 Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) 48. 00 0 0 0 0 0 0 0 0 0	13. 00		47. 00	38, 775, 458	o	29, 808, 744	8, 966, 714	38, 775, 458	13. 00
15.00 Total payment for inpatient operating costs (see instructions) 16.00 Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 17.01 Net organ aquisition cost 17.02 Credits received from multiplicated from form for inpatient program for in		Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	48. 00	0	0	0	0	0	
capital (from Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 17.01 Net organ aquisition cost 17.02 Credits received from 68.00 0 0 0 0 0 17.02 manufacturers for replaced	15. 00	Total payment for inpatient operating costs (see instructions)			0				
17. 00 Special add-on payments for new technologies 54. 00 955 0 0 955 955 17. 00 17. 01 Net organ aquisition cost Credits received from manufacturers for replaced 68. 00 0 0 0 0 0 0 17. 02	16. 00	capital (from Wkst. L, Pt. I,	50.00	3, 221, 916	O	2, 477, 338	744, 578	3, 221, 916	16. 00
17. 02 Credits received from 68.00 0 0 0 17. 02 manufacturers for replaced		Special add-on payments for new technologies	54. 00	955	0	0	955	955	
		Credits received from manufacturers for replaced		O	0	0	О	0	

LOW VO	LUME CALCULATION EXHIBIT 4			Provider CO		Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibi Date/Time Pre 5/28/2019 6:1	pared:
					XVIII	Hospi tal	PPS	
			Amounts (from	Pre/Post	Peri od Pri or		Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
	T	0	1.00	2. 00	3. 00	4. 00	5. 00	
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0	0		0	0	18. 00
19.00	SUBTOTAL			0	32, 363, 51	0 9, 712, 247	42, 075, 757	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	2, 867, 389	0	2, 200, 71	8 666, 671	2, 867, 389	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	196, 534	0	155, 36	1 41, 173	196, 534	
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. 0061	0. 0061	0. 006	1 0.0061		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	17, 491	0	13, 42	4, 067	17, 491	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0490	0. 0490	0. 049	0. 0490		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	140, 502	0	107, 83	5 32, 667	140, 502	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	3, 221, 916	0	2, 477, 33	8 744, 578	3, 221, 916	26. 00
		W/S E, Part A						
		line	Part A)					
		0	1.00	2. 00	3. 00	4. 00	5. 00	
27. 00 28. 00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E,	70. 96			0. 00000	0.000000	0	27. 00 28. 00
29. 00	Pt. A, line) Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29. 00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. 00

From 01/01/2018 Part A Exhibit 5 Date/Time Prepared: 12/31/2018 5/28/2019 6:14 pm Hospi tal Title XVIII PPS Period to Total (cols. 2 Wkst. E, Pt. Amt. from Peri od on Wkst. E, Pt. 10/01 after 10/01 A. line and 3) A) 2.00 3. 00 0 4.00 1.00 1.00 DRG amounts other than outlier payments 1. 00 1. 00 DRG amounts other than outlier payments for 1.01 1.01 27, 044, 516 27, 044, 516 27, 044, 516 1.01 discharges occurring prior to October 1 1.02 DRG amounts other than outlier payments for 1.02 8, 215, 914 8, 215, 914 8, 215, 914 1.02 discharges occurring on or after October 1 1.03 DRG for Federal specific operating payment 1.03 С 0 1.03 for Model 4 BPCI occurring prior to October DRG for Federal specific operating payment 1.04 1.04 1.04 0 0 for Model 4 BPCI occurring on or after October 1 2.00 Outlier payments for discharges (see 2.00 800,060 605, 331 194, 729 800,060 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 O 0 0 2.01 3 00 Operating outlier reconciliation 2 01 0 0 0 3 00 4.00 Managed care simulated payments 3.00 10, 174, 536 7, 494, 880 7, 494, 880 4.00 Indirect Medical Education Adjustment 5.00 Amount from Worksheet E, Part A, line 21 21.00 0.013977 0.013977 0.013977 5.00 (see instructions) 6 00 IME payment adjustment (see instructions) 22 00 268.332 205, 809 62.523 268.332 6 00 IME payment adjustment for managed care (see 77, 428 77, 428 77, 428 6.01 22.01 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 7.00 IME payment adjustment factor (see 0.000000 0.000000 0.000000 7.00 27.00 instructions) 8.00 IME adjustment (see instructions) 28.00 0 8.00 IME payment adjustment add on for managed 8.01 28.01 0 8.01 care (see instructions) Total IME payment (sum of lines 6 and 8) 9.00 29.00 9.00 268, 332 205, 809 62, 523 268, 332 9.01 Total IME payment for managed care (sum of 29.01 77, 428 77, 428 77, 428 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment 10.00 Allowable disproportionate share percentage 33.00 0.0869 0.0869 0.0869 10.00 (see instructions) 11.00 Disproportionate share adjustment (see 34 00 766, 033 587.542 178, 491 766, 033 11.00 instructions) 934, 898 745, 705 11.01 Uncompensated care payments 36.00 1,680,603 1, 680, 603 11.01 Additional payment for high percentage of ESRD beneficiary discharges 12 00 Total ESRD additional payment (see 0 12 00 46 00 instructions) 13.00 Subtotal (see instructions) 47.00 38, 775, 458 29, 378, 096 9, 397, 362 38, 775, 458 13.00 14.00 Hospital specific payments (completed by SCH 48.00 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 15.00 15.00 49.00 38, 852, 886 29, 455, 524 9, 397, 362 38, 852, 886 (see instructions) 16.00 Payment for inpatient program capital (from 50.00 3, 221, 916 2, 477, 338 744, 578 3, 221, 916 16.00 Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 955 0 955 955 17.00

68.00

93.00

17.01

18.00

0 17.02

42, 075, 757 19. 00

0

31, 932, 862

(

0

10, 142, 895

17.01

17.02

18.00

19.00 SUBTOTAL

Net organ acquisition cost

amount (see instructions)

Credits received from manufacturers for

replaced devices for applicable MS-DRGs

Capital outlier reconciliation adjustment

Heal th	Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	eu of Form CMS-:	2552-10
HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider Co		Period: From 01/01/2018 To 12/31/2018	Date/Time Pre 5/28/2019 6:1	pared:
			Title	XVIII	Hospi tal	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3. 00	4. 00	
20.00	Capital DRG other than outlier	1.00	2, 867, 389	2, 200, 71	8 666, 671	2, 867, 389	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	196, 534	155, 36	1 41, 173	196, 534	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. 0061	0. 006	0. 0061		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	17, 491	13, 42	4, 067	17, 491	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0490	0. 049	0. 0490		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11.00	140, 502	107, 83	5 32, 667	140, 502	25. 00
26. 00	Total prospective capital payments (see instructions)	12.00	3, 221, 916	2, 477, 33	8 744, 578	3, 221, 916	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)	o	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	-121, 726	-124, 10	3 2, 377	-121, 726	30.00
30. 01	HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0		0	0	30. 01
31.00	HRR adjustment (see instructions)	70. 94	-16, 091	-5, 40	9 -10, 682	-16, 091	31.00
31. 01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	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			0	0	32. 00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL		In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der	CCN: 15-0173		Worksheet E Part B Date/Time Prepared: 5/28/2019 6:14 pm

PART 8 - MEDICAL AND OTHER HEALTH SERVICES 1.00				12/31/2016	5/28/2019 6: 1	
ART 8 - NEDICAL AND OTHER HEALTH SERVICES 1.00 Medical and other services (see instructions) 2.47,08 1.00 1.0			Title XVIII	Hospi tal		
ART 8 - NEDICAL AND OTHER HEALTH SERVICES 1.00 Medical and other services (see instructions) 2.47,08 1.00 1.0						
Medical and other services (see instructions)					1. 00	
3.00 OPPS payments						1
0.011 or payment (see instructions) 0.04			tions)			•
0.01 1.01 1.02 1.02 1.03						•
Enter the hospit plat space Fire payment to cost ratio (see Instructions) 0.000 5.00						1
Line 2 times Line 5 0.00 0.00 7.00 7.00 8.00 1.00 1.00 7.00 8.00 1.00 1.00 7.00 8.00 1.00		,	ctions)			1
Sum of Times 3, 4, and 4, 01, divided by Time 6 0.00 7.00			311 3113)			•
Transit fional corridor payment (see Instructions) 0 8 00 00 00 00 00 00						•
0 0 0 0 0 0 0 0 0 0	8.00				0	8. 00
10.70 Oxal cost (sum of lines 1 and 10) (see instructions)	9.00	Ancillary service other pass through costs from Wkst. D, Pt. I	V, col. 13, line 200		136, 406	9. 00
COUNTINITION OF LESSER OF COST OR CHARGES Reasonable charges Reasonable charges 178, 180 12, 00 Organ acquisition charges (from West. D-4, Pt. 111, col. 4, 11ne 69) 178, 180 12, 00 13, 00 13, 00 178, 180 12, 00 13, 00 13, 00 178, 180 12, 00 13, 00 178, 180 12, 00 178, 180 12, 00 178, 180 12, 00 178, 180 12, 00 178, 180 12, 00 178, 180 12, 00 178, 180 18, 00 18	10.00	9			0	10. 00
Reasonable charges 12,00 April Tary Service charges 178, 180 12,00 13,00 07gan acquisition charges (From West. D-4, Pt. IIII, col. 4, line 69) 178, 180 14,00 13,00 14,00 15,00 15,00 16,0	11. 00				47, 408	11. 00
12,00 Ancillary service charges 178, 180 12,00						
13.00 Organ acquisition charges (From Wixst. D-4, Pt. III., col. 4, line 69) 0 13.00	12 00				170 100	1 12 00
14.00 Total reasonable charges (sum of lines 12 and 13) 14.00 14.00 15.00 24.00 24.01 24.01 25.00			no 60)			1
Customary_charges			ne 04)			•
15.00 Aggregate amount actually collected from patients Iable for payment for services on a charge basis 0 16.00 Amounts that would have been realized from patients Iable for payment for services on a charge basis 0 16.00 Add such payment been made in accordance with 42 CFR \$413.13(e) 0.000000 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00	14.00				170, 100	14.00
16.00 Amounts that would have been realized from patients I able for payment for services on a chargebasis had souch payment been made in accordance with 42 CFR \$413.13(e) 17.00 Ratio of line 15 to line 16 (not to exceed 1.000000) 17.00 1	15. 00		payment for services on a c	charge basis	0	15. 00
17.00 Ratio of line 15 to line 16 (not to exceed 1.000000) 17.00					0	•
18.00 Total customery charges (see instructions) 178, 180 18.00 19.00 Excess of customery charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions) 19.07 19.00 Excess of customery charges over reasonable cost (complete only if line 11 exceeds line 18) (see instructions) 20.00 Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions) 20.00 Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions) 20.00		had such payment been made in accordance with 42 CFR §413.13(6	e)			
19.00	17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17. 00
Instructions 20.00					· ·	•
20.00 Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see 0 20.00	19. 00		y if line 18 exceeds line	11) (see	130, 772	19. 00
Instructions	20.00	1	! € ! 11	10) (0	20.00
1.00 Lesser of cost or charges (see instructions) 0.2.00 0	20.00		y II ITHE IT exceeds Title	18) (See	Ü	20.00
22. 00 Interns and residents (see instructions) 0 22. 00 23. 00	21 00	,			47 408	21 00
23. 00 Cost of physicians' services in a teaching hospital (see instructions) 0 23. 00 30.144.742 24. 00 24. 00 24. 00 25. 00 25. 00 25. 00 26. 00 2					•	•
COMPUTATION OF REIMBURSEMENT SETTLEMENT		, ,	ructions)		0	•
25. 00 Deductible sand coinsurance amounts (for CAH, see instructions) 20, 914 25. 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 24, 817, 710 27. 00 28. 00 1nstructions) 10 29. 00 29. 00 29. 00 28. 00 29. 00 28. 00 29.	24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	·		30, 144, 447	24. 00
26. 00 Deductible sand Coinsurance amounts relating to amount on line 24 (for CAH, see instructions) 5, 353, 231 26. 00		COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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) 10 10 10 10 10 10 10 1		,	•			1
Instructions Direct graduate medical education payments (from Wkst. E-4, line 50) 0						•
28. 00 Direct graduate medical education payments (from Wkst. E-4, line 50) 28. 00 ESRD direct medical education costs (from Wkst. E-4, line 36) 29. 00 29. 00 20. 00 29. 00 20. 00 29. 00 20. 00 2	27.00		olus the sum of lines 22 ar	nd 23] (see	24, 817, 710	27.00
9.9 00 ESRD direct medical education costs (from Wkst. E-4, line 36) 29.00 24.817,710 30.00 31.00 Subtotal (sum of lines 27 through 29) 24.817,710 30.00 31.00 32.00 Subtotal (line 30 minus line 31) 24.813,684 32.00 40.004 Allowable Bab DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 33.00 34.00 Allowable bad bebts (see instructions) 855,615 34.00 35.00 Allowable bad debts (see instructions) 855,615 35.00 36.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 606,443 36.00 36.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 25,369,834 37.00 37.00 Subtotal (see instructions) 25,369,834 37.00 38.00 MSP-LCC reconciliation amount from PS&R 59 38.00 39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.91 Ponoers ACO demonstration payment adjustment amount before sequestration 0 39.50 39.99 Partial or full credits received from manufacturers for replaced devices (see instructio	28 00	,	ne 50)		0	28 00
Subtotal (sum of lines 27 through 29) 24, 817, 710 30, 00 31.00 71 mary payer payments 24, 817, 710 30, 00 31.00 71 mary payer payments 24, 813, 684 32, 00 32, 00 32, 00 32, 00 32, 00 33, 00 34,			116 30)			1
31.00 Primary payer payments 4,026 31.00 32.00 Subtotal (line 30 minus line 31) 24,813,684 32.00 ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 33.00 Composite rate ESRD (from Wkst. 1-5, line 11) 5.01 33.00 35.00 Allowable bad debts (see instructions) 556,155 34.00 35.00 Adjusted reimbursable bad debts (see instructions) 556,150 35.00 36.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 606,443 36.00 37.00 Subtotal (see instructions) 25,369,834 37.00 Subtotal (see instructions) 39.00 3		,				1
Subtorial (line 30 minus line 31)		,				1
33. 00 Composite rate ESRD (from Wkst. I-5, line 11) 33. 00 33. 00 All owable bad debts (see instructions) 855, 615 34. 00 34. 00 All owable bad debts (see instructions) 555, 615 35. 00 36. 00 All owable bad debts for dual eligible beneficiaries (see instructions) 606, 443 36. 00 37. 00 Subtotal (see instructions) 25, 369, 834 37. 00 39. 00 MSP-LCC reconciliation amount from PS&R 59 38. 00 39. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39. 00 39. 90 Pomen ACO demonstration payment adjustment (see instructions) 39. 50 39. 97 Partial or full credits received from manufacturers for replaced devices (see instructions) 39. 97 39. 98 RECOVERY OF ACCELERATED DEPRECIATION 39. 98 40. 00 Subtotal (see instructions) 25, 369, 775 40. 00 40. 01 Demonstration payment adjustment amount after sequestration 507, 396 40. 00 40. 02 Demonstration payment adjustment amount after sequestration 24, 936, 776 40. 00 40. 02 Interim payments 24, 936, 776 41. 00 42. 00 Forteste	32.00				24, 813, 684	32. 00
34.00		ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE	CES)			
35.00 Adj usted reimbursable bad debts (see instructions) 556, 150 35.00 36.00 All owable bad debts for dual eligible beneficiaries (see instructions) 606, 443 36.00 37.00 38.00 MSP-LCC reconciliation amount from PS&R 25, 369, 854 37.00 39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.50 Pioneer ACO demonstration payment adjustment (see instructions) 0 39.50 Partial or full credits received from manufacturers for replaced devices (see instructions) 0 39.98 RECOVERY OF ACCELERATED DEPRECIATION 0 39.99 RECOVERY OF ACCELERATED DEPRECIATION 0 39.99 40.00 Subtotal (see instructions) 25, 369, 775 40.00 40.01 40.02 41.00 1nterim payment adjustment amount after sequestration 507, 396 40.01 40.02 41.00 1nterim payment adjustment amount after sequestration 24, 936, 776 41.00 42.00 1nterim payments 24, 936, 776 41.00 42.00 Ralance due provider/program (see instructions) 24, 936, 776 41.00 43.00 8al ance due provider/program (see instructions) 24, 936, 776 41.00 43.00 44.00 45.00						
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38. 00 MSP-LCC reconciliation amount from PS&R 59 38. 00 39. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39. 00 39. 50 Pioneer ACO demonstration payment adjustment (see instructions) 39. 50 39. 97 Demonstration payment adjustment amount before sequestration 0 39. 95 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) 25, 369, 775 40. 00 40. 01 Sequestration adjustment (see instructions) 25, 369, 775 40. 00 40. 02 Demonstration payment adjustment amount after sequestration 0 40. 01 40. 02 Demonstration payment adjustment amount after sequestration 0 40. 02 41. 00 Interim payments 24, 936, 776 41. 00 42. 00 Tentative settlement (for contractors use only) -74, 397 43. 00 44. 00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 6, 264 44. 00 415. 2. 2. 10 BE COMPLETED BY CONTRACTOR 0		,	ructions)			
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39. 50 39. 97 39. 98 39. 99 Recovery of Accelerated Depreciations (see instructions) 40. 00 40. 00 40. 01 40. 02 41. 00 42. 00 43. 00 43. 00 43. 00 43. 00 44. 00 43. 00 44. 00 45. 00 46. 00 47. 00 48. 00 49. 00 49. 00 49. 00 40. 00 4						1
39. 97 39. 98 39. 99 Recovery of accelerated Deprectations of the sequestration of the seques			5)		Ü	l
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) 25, 369, 775 40. 00 40. 01 Sequestration adjustment (see instructions) 507, 396 40. 01 40. 02 Demonstration payment adjustment amount after sequestration 24, 936, 776 41. 00 41. 00 Interim payments 24, 936, 776 41. 00 42. 00 Tentative settlement (for contractors use only) 0 42. 00 43. 00 Balance due provider/program (see instructions) -74, 397 43. 00 44. 00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 6, 264 44. 00 \$115. 2 TO BE COMPLETED BY CONTRACTOR 0 90. 00 91. 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			,		0	39. 97
40.00 Subtotal (see instructions) 25, 369, 775 40.00 40.01 Sequestration adjustment (see instructions) 507, 396 40.01 40.02 Demonstration payment adjustment amount after sequestration 0 40.02 41.00 Interim payments 24, 936, 776 41.00 42.00 Tentative settlement (for contractors use only) 0 42.00 43.00 Balance due provider/program (see instructions) -74, 397 43.00 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 6, 264 6, 264 44.00 90.00 Original outlier amount (see instructions) 0 90.00 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	39. 98		ced devices (see instruction	ons)	0	39. 98
40.01 Sequestration adjustment (see instructions) 507,396 40.01 40.02 Demonstration payment adjustment amount after sequestration 0 40.02 41.00 Interim payments 24,936,776 41.00 42.00 Tentative settlement (for contractors use only) 0 42.00 43.00 Bal ance due provider/program (see instructions) -74,397 43.00 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 5115.2 6,264 44.00 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	39. 99	RECOVERY OF ACCELERATED DEPRECIATION		·	0	39. 99
40.02 Demonstration payment adjustment amount after sequestration 0 40.02 41.00 Interim payments 24,936,776 41.00 42.00 Tentative settlement (for contractors use only) 0 42.00 43.00 Balance due provider/program (see instructions) -74,397 43.00 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 5115.2 6,264 44.00 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	40.00	Subtotal (see instructions)			25, 369, 775	40. 00
41.00 Interim payments 24, 936, 776 41.00 42.00 Tentative settlement (for contractors use only) 0 42.00 43.00 Balance due provider/program (see instructions) -74, 397 43.00 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 6, 264 44.00					507, 396	
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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	44.00		ICE WITH CWG PUD. 10-2, CH	ibrei i'	0, 204	44.00
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94. 00 Total (sum of lines 91 and 93) 0 94. 00						1
	94. 00	Total (sum of lines 91 and 93)		l	0	94.00

Health Financial Systems IU FANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Peri od: | Worksheet E-1 | From 01/01/2018 | Part | To 12/31/2018 | Date/Time Prepared: Provider CCN: 15-0173

Title XVIII					10 12/31/2016	5/28/2019 6: 14	
Total interim payments paid to provider 1.00 2.00 3.00 4.00 1.00 2.00 3.00 4.00 2.4, 829, 976 1.00 2.00 3.00 4.00 2.4, 829, 976 1.00 2.00 3.00 4.00 2.4, 829, 976 1.00 2.00 3.00 4.00 2.4, 829, 976 1.00 2.00 3.00 4.00 2.4, 829, 976 1.00 2.00 3.00 4.00 2.4, 829, 976 1.00 2.4, 829, 976 2.4, 829, 829, 829, 829, 829, 829, 829, 829			Title	XVIII	Hospi tal		
1.00 Total Interim payments paid to provider 1.00 2.00 3.00 4.00 2.4,829,976 1.00 1.00 1.00 1.00 1.00 1.00 2.4,829,976 1.00 2.00 1.00 1.00 1.00 2.4,829,976 1.00 2.00 1.00 1.00 2.4,829,976 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.00 2.00 1.00 2.00			Inpatien	t Part A	Par	t B	
1.00 Total Interim payments paid to provider 1.00 2.00 3.00 4.00 2.4,829,976 1.00 1.00 1.00 1.00 1.00 1.00 2.4,829,976 1.00 2.00 1.00 1.00 1.00 2.4,829,976 1.00 2.00 1.00 1.00 2.4,829,976 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.4,829,976 1.00 2.00 1.00 2.00 2.00 1.00 2.00							
1.00							
Interim payments payable on individual bills, either subtitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero.		T	1. 00				
Submitted for to be Submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 ADJUSTMENTS TO PROVIDER 08/06/2018 165,000 08/06/2018 106,800 3.02 3.03 3.03 3.04 3.05							
Services rendered in the cost reporting period. If none, write "NONE" or enter a zero.	2.00			()	0	2.00
Write "NONE" or enter a zero 3.00							
List separately each retroactive Lunp sum adjustment amount based on subsequent revision of the interin rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider							
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						3. 00
For the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider NONE" or enter a zero. (1) Program to Provider NONE" or enter a zero. (1) Program to Provider NONE" or enter a zero. (1) NONE" or enter							
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ADJUSTMENTS TO PROVIDER							
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Provider to Program ADJUSTMENTS TO PROGRAM 0 0 3.50							
3. 50 ADJUSTMENTS TO PROGRAM 0 0 3. 55 3. 51 3. 52 0 0 0 3. 55 3. 52 3. 53 0 0 0 3. 52 3. 53 3. 54 3. 99 0 0 0 3. 53 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 50 - 3. 98) 3. 7, 434, 470 24, 936, 776 4. 00 4.	3.05	Describer to Describe)	0	3.05
3.51 3.52 3.53 0 0 0 3.51 3.52 3.53 0 0 0 3.53 3.53 3.54 0 0 0 3.53 3.54 3.59 3.50-3.98 3.50	2 50				1	0	2 50
3.52 3.53 3.54 3.99 3.50-3.98		ADJUSTMENTS TO PROGRAM					
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3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) 165,000 106,800 3.99 3.50-3.98) 3.50-3.98) 3.7,434,470 24,936,776 4.00 4.							
3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.09) 3.50-3.98) 37,434,470 24,936,776 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) 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) Program to Provider 0 0 0 5.01 5.02 0 0 0 5.02 5.03 0 0 0 5.50 5.50 (Tentative To PROGRAM 0 0 0 0 5.51 5.51 5.52 0 0 0 0 5.52 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the cost report. (1) Contractor Number (Mo/Day/Yr) Contractor Number (Mo/D						o l	
3.50-3.98 Total interim payments (sum of lines 1, 2, and 3.99) 37, 434, 470 24, 936, 776 4.00 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR		Subtotal (sum of lines 3.01-3.49 minus sum of lines				106, 800	
(transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR		3. 50-3. 98)		·			
appropriate TO BE COMPLETED BY CONTRACTOR	4.00			37, 434, 470)	24, 936, 776	4. 00
TO BE COMPLÉTED BY CONTRACTOR							
List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider							
desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider	г оо						Г 00
Write "NONE" or enter a zero. (1) Program to Provider	5.00						5.00
Program to Provider							
TENTATI VE TO PROVIDER							
Description	5. 01			(0	5. 01
Provider to Program	5.02			(o	0	5. 02
TENTATI VE TO PROGRAM	5.03			(O	0	5.03
5.51 0							
Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.52 0		TENTATI VE TO PROGRAM					
5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 445,885 0 6.01 6.02 SETTLEMENT TO PROGRAM 0 74,397 6.02 7.00 Total Medicare program liability (see instructions) 37,880,355 24,862,379 7.00 Contractor Number (Mo/Day/Yr) 0 1.00 2.00							
5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) 0 1.00 2.00						-	
6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 445, 885 0 6.01 6.02 SETTLEMENT TO PROGRAM 0 74, 397 6.02 7.00 Total Medicare program liability (see instructions) 37, 880, 355 Contractor Number (Mo/Day/Yr) 0 1.00 2.00	5. 99			()	0	5. 99
the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7, 00 Total Medicare program liability (see instructions) Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) 0 1. 00 2. 00	4 00						4 00
6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7,00 Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) 0 1.00 2.00	6.00						6.00
6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) 0 1.00 2.00	6 01			445 889	5	ام	6 01
7.00 Total Medicare program liability (see instructions) 37,880,355 24,862,379 7.00 Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00				· ·		-	
Contractor NPR Date Number (Mo/Day/Yr) 0 1.00 2.00							
0 1.00 2.00		, , , , , , , , , , , , , , , , , , , ,					
						(Mo/Day/Yr)	
8.00 Name of Contractor 8.00			()	1. 00	2. 00	
	8.00	Name of Contractor					8. 00

Heal th	Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provi der CCN: 15-0173	Peri od: From 01/01/2018 To 12/31/2018		pared:
			Title XVIII	Hospi tal	PPS	
					1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDAR					1
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION					1
1. 00	Total hospital discharges as defined in AARA			14		1. 00
2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2. 00		
3.00 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3. 00		
4.00	Total inpatient days from S-3, Pt. I col. 8	·	-12			4. 00
5.00	Total hospital charges from Wkst C, Pt. I, c					5. 00
6.00	Total hospital charity care charges from Wks					6. 00
7. 00	CAH only - The reasonable cost incurred for	the purchase of ce	ertified HIT technology	Wkst. S-2, Pt. I		7. 00
0.00	line 168					0.00
8.00	Calculation of the HIT incentive payment (se					8. 00
	9.00 Sequestration adjustment amount (see instructions)				9. 00	
10.00	10.00 Calculation of the HIT incentive payment after sequestration (see instructions)			10.00		
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS &					4
	Initial/interim HIT payment adjustment (see	instructions)				30.00
	Other Adjustment (specify)		04) ()	,		31. 00
32. 00	Balance due provider (line 8 (or line 10) mi	nus line 30 and li	ne 31) (see instruction	s)		32.00

Health Financial Systems

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

Provider CCN: 15-0173 | Period: From 01/01/

Peri od: Worksheet G From 01/01/2018 To 12/31/2018 Date/Time Prepared: 5/28/2019 6:14 pm

oni y)				12/01/2010	5/28/2019 6: 1	4 pm
		General Fund	Speci fi c	Endowment Fund		
		1.00	Purpose Fund 2.00	3. 00	4.00	
	CURRENT ASSETS	T				
1.00	Cash on hand in banks	181, 275, 192		0	0	
2. 00 3. 00	Temporary investments Notes receivable	1, 016, 387	1	-	0	
4. 00	Accounts receivable	60, 348, 197	1	1	0	
5. 00	Other recei vabl e	-13, 190, 525		o o	l ő	
6.00	Allowances for uncollectible notes and accounts receivable	0		0	0	
7.00	Inventory	5, 150, 335	i (0	0	7. 00
8.00	Prepai d expenses	2, 955, 617	' (0	0	
9.00	Other current assets	0)	0	0	
10.00	Due from other funds	0	1	0	0	1
11. 00	Total current assets (sum of lines 1-10)	237, 555, 203	S (0	0	11. 00
12. 00	FIXED ASSETS Land	3, 661, 768	3	0	0	12.00
13. 00	Land improvements	3, 661, 766			1	
14. 00	Accumul ated depreciation	-55, 886	1			
15. 00	Bui I di ngs	210, 721, 735	1	o o	Ō	
16.00	Accumulated depreciation	-47, 520, 005	1	0	0	16.00
17.00	Leasehold improvements	52, 897	' (0	0	17. 00
18.00	Accumulated depreciation	-52, 897	' (0	0	
19. 00	Fi xed equipment	0) (0	0	
20.00	Accumulated depreciation	0		0	0	
21. 00	Automobiles and trucks	162, 210	1	0	0	
22. 00 23. 00	Accumulated depreciation Major movable equipment	-123, 690 87, 052, 756			0	
24. 00	Accumulated depreciation	-67, 598, 691			0	
25. 00	Mi nor equipment depreciable	0,,0,0,0,1			l ő	
26.00	Accumulated depreciation	0		0	0	
27. 00	HIT designated Assets	0) (0	0	27. 00
28. 00	Accumulated depreciation	0)	1	0	
29. 00	Mi nor equi pment-nondepreci abl e	0	1	0	0	
30. 00	Total fixed assets (sum of lines 12-29) OTHER ASSETS	186, 691, 693		0	0	30.00
31. 00	Investments	2, 831, 846		0	0	31.00
32. 00	Deposits on Leases	2,031,040			· -	
33. 00	Due from owners/officers	0		-	Ö	
34.00	Other assets	18, 176, 630		0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21, 008, 476) (0	0	35. 00
36. 00	Total assets (sum of lines 11, 30, and 35)	445, 255, 372	2 (0	0	36. 00
07.00	CURRENT LI ABI LI TI ES	04 700 077				07.00
37. 00 38. 00	Accounts payable Salaries, wages, and fees payable	26, 703, 877 25, 128, 024	1	0	1	
39. 00	Payroll taxes payable	25, 126, 024	1		0	
40. 00	Notes and Loans payable (short term)	5, 067, 165	1	0	l ő	
41. 00	Deferred income	0		o o	Ö	
42.00	Accel erated payments	0				42.00
43.00	Due to other funds	2, 085, 318	3	0	0	43.00
44.00	Other current liabilities	0	1	0	0	
45. 00	Total current liabilities (sum of lines 37 thru 44)	58, 985, 243	(0	0	45. 00
47 00	LONG TERM LIABILITIES	1 0				47 00
46. 00 47. 00	Mortgage payable Notes payable	193, 758, 426			0	
48. 00	Unsecured Loans	193, 736, 420			l .	
49. 00	Other long term liabilities	1, 619, 703			· ·	
50. 00	Total long term liabilities (sum of lines 46 thru 49)	195, 378, 129	1		l	
51.00	Total liabilities (sum of lines 45 and 50)	254, 363, 372		0	0	
	CAPI TAL ACCOUNTS		,	_		
52.00	General fund balance	190, 892, 000				52. 00
53.00	Specific purpose fund					53.00
54. 00 55. 00	Donor created - endowment fund balance - restricted Donor created - endowment fund balance - unrestricted			0		54. 00 55. 00
56. 00		•		0		56.00
57.00	Governing body created - endowment fund balance Plant fund balance - invested in plant				0	
58. 00	Plant fund balance - reserve for plant improvement,				0	
	replacement, and expansion					
59. 00	Total fund balances (sum of lines 52 thru 58)	190, 892, 000		0	0	
60.00	Total liabilities and fund balances (sum of lines 51 and	445, 255, 372	! (0	0	60.00
	[59]	I	1		l	

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES Provider CCN: 15-0173

					From 01/01/2018 To 12/31/2018	Date/Time Prep 5/28/2019 6:14	
		Genera	l Fund	Special F	Purpose Fund	Endowment Fund	, p
		1.00	2.00	3.00	4. 00	5. 00	
1.00	Fund balances at beginning of period		164, 112, 994	1	C		1.00
2. 00 3. 00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)		27, 041, 684 191, 154, 678	1			2. 00 3. 00
4. 00	Additions (credit adjustments) (specify)	0	171, 134, 070	l .	0	ol	4. 00
5.00	(4)	0			0	0	5. 00
6.00		0			0	0	6. 00
7. 00 8. 00		0			0	0	7. 00 8. 00
9. 00		0		•	0		9. 00
10.00	Total additions (sum of line 4-9)		0		C		10.00
11. 00	Subtotal (line 3 plus line 10)		191, 154, 678	1	C		11. 00
12.00	I NTERCO TRANSACTI ONS	262, 677			0	0	12.00
13. 00 14. 00	ROUNDI NG				0	0	13. 00 14. 00
15. 00		0			0		15. 00
16. 00		0			0	0	16.00
17. 00	T	0	0.40 470		0	0	17. 00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance		262, 678 190, 892, 000	1	C		18. 00 19. 00
17.00	sheet (line 11 minus line 18)		170, 672, 000				19.00
		Endowment Fund	PI ant	Fund			
		6. 00	7. 00	8.00	_		
1. 00	Fund balances at beginning of period	0.00	7.00		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		1	0		3. 00
4. 00 5. 00	Additions (credit adjustments) (specify)		0				4. 00 5. 00
6. 00			Ö				6. 00
7.00			0				7. 00
8.00			0				8. 00
9. 00 10. 00	Total additions (sum of line 4-9)	0	0		0		9. 00 10. 00
11. 00	Subtotal (line 3 plus line 10)	0			0		11. 00
12.00	INTERCO TRANSACTIONS		0				12.00
13. 00	ROUNDI NG		0				13. 00
14. 00 15. 00			0				14. 00 15. 00
16. 00			0				16. 00
17. 00			0				17. 00
18. 00	Total deductions (sum of lines 12-17)	0		1	0		18. 00
19. 00	Fund balance at end of period per balance	0			0		19. 00
	sheet (line 11 minus line 18)	I		I	I	I	

Health Financial Systems I STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0173

			-	Го 12/31/2018	Date/Time Pre 5/28/2019 6:1	
	Cost Center Description		Inpatient	Outpati ent	Total	
			1. 00	2. 00	3. 00	
	PART I - PATIENT REVENUES					
	General Inpatient Routine Services					
1.00	Hospi tal		101, 079, 24		101, 079, 242	1. 00
2.00	SUBPROVIDER - I PF		, ,			2.00
3. 00	SUBPROVI DER - I RF					3. 00
4. 00	SUBPROVI DER					4. 00
5.00	Swing bed - SNF		(0	
6. 00	Swing bed - NF				0	
7. 00	SKILLED NURSING FACILITY					7. 00
8. 00	NURSING FACILITY					8. 00
9. 00	OTHER LONG TERM CARE					9. 00
10.00	Total general inpatient care services (sum of lines 1-9)		101, 079, 24	2	101, 079, 242	
	Intensive Care Type Inpatient Hospital Services		, , , , , , , , , , , , , , , , , , , ,			
11.00	INTENSIVE CARE UNIT		15, 154, 16	1	15, 154, 164	11. 00
12.00	CORONARY CARE UNIT					12.00
13.00	BURN INTENSIVE CARE UNIT		(0	13. 00
13. 01	BURN INTENSIVE CARE UNIT		(0	13. 01
14.00	SURGI CAL INTENSIVE CARE UNIT					14.00
15.00	NEONATAL INTENSIVE CARE UNIT		12, 260, 219	9	12, 260, 219	15. 00
16.00	Total intensive care type inpatient hospital services (sum of li	ines	27, 414, 38	3	27, 414, 383	16. 00
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and 16)		128, 493, 62	5	128, 493, 625	17. 00
18.00	Ancillary services		366, 897, 96	655, 315, 019	1, 022, 212, 984	18. 00
19.00	Outpati ent services		2, 018, 750	39, 491, 008	41, 509, 758	19. 00
20.00	RURAL HEALTH CLINIC			0	0	20. 00
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0	0	21. 00
22.00	HOME HEALTH AGENCY					22. 00
23.00	AMBULANCE SERVICES					23. 00
24.00	CMHC					24. 00
25.00	AMBULATORY SURGICAL CENTER (D. P.)					25. 00
26.00	HOSPI CE					26. 00
27.00	OTHER - PHYSICIAN, RETAIL PHARMACY		2, 78	316, 596, 936	316, 599, 718	27. 00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to	o Wkst.	497, 413, 12	1, 011, 402, 963	1, 508, 816, 085	28. 00
	G-3, line 1)					
	PART II - OPERATING EXPENSES					
29. 00	Operating expenses (per Wkst. A, column 3, line 200)			432, 831, 050		29. 00
30.00	ADD (SPECIFY)		(D		30. 00
31.00			(D		31. 00
32.00			(D		32. 00
33.00			(D		33. 00
34.00			(D		34.00
35.00			(D		35. 00
36.00	Total additions (sum of lines 30-35)			0		36. 00
37.00	DEDUCT (SPECIFY)		(D		37. 00
38. 00			(D		38. 00
39. 00			(D		39. 00
40.00						40. 00
41.00			(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		432, 831, 050		43. 00
	to Wkst. G-3, line 4)					

Heal t	n Financial Systems IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
STATE	MENT OF REVENUES AND EXPENSES	Provider CCN: 15-0173	Peri od:	Worksheet G-3	
			From 01/01/2018	D 1 (T' D	
			To 12/31/2018	Date/Time Pre 5/28/2019 6:1	
				3/20/2019 0. 1	4 pili
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lin	e 28)		1, 508, 816, 085	1. 00
2.00	Less contractual allowances and discounts on patients' accoun			1, 059, 703, 474	1
3.00	Net patient revenues (line 1 minus line 2)			449, 112, 611	ı
4. 00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		432, 831, 050	1
5.00	Net income from service to patients (line 3 minus line 4)	,		16, 281, 561	5.00
	OTHER I NCOME			., .,	
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			0	7. 00
8.00	Revenues from telephone and other miscellaneous communication	servi ces		0	8. 00
9.00	Revenue from television and radio service			0	9. 00
10.00	Purchase di scounts			0	10.00
11. 00	Rebates and refunds of expenses			0	11. 00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			0	14. 00
15.00	Revenue from rental of living quarters			0	15. 00
16.00	Revenue from sale of medical and surgical supplies to other t	han patients		0	16. 00
17.00	Revenue from sale of drugs to other than patients			0	17. 00
18.00	Revenue from sale of medical records and abstracts			0	18. 00
19. 00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19. 00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20. 00
21. 00	3			0	21. 00
22. 00	Rental of hospital space			0	22. 00
23. 00	The state of the s			0	23. 00
24. 00	MI SCELLANEOUS I NCOME			10, 760, 123	24. 00

10, 760, 123 27, 041, 684

0 27.00

27, 041, 684 29. 00

25. 00 26. 00

28. 00

25.00 Total other income (sum of lines 6-24)
26.00 Total (line 5 plus line 25)

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

27. 00 OTHER EXPENSES (SPECIFY)

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Li	eu of Form CMS-2552-10
CALCULATION OF DELMBURGABLE DAD DEDTS	TITLE VI/III DADT D	Drovi don CCN, 15 0172	Dori od:	Workshoot I E

Heal th	Financial Systems IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 15-0173 F	Peri od:	Worksheet I-5	
			rom 01/01/2018		
			o 12/31/2018		
				5/28/2019 6: 1	4 pm
			1. 00	2. 00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII -	- PART B	1.00	2.00	
1.00	Total expenses related to care of program beneficiaries (see i		0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instr	,	O	0	2.00
2. 01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see in	,			2. 01
2. 02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see ins			l	2. 02
2.03	Total payment due (see instructions)	•	0	0	2. 03
2.04	Outlier payments		0	l	2. 04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions	tions)	0	0	3.00
3. 01	Deductibles billed to Medicare (Part B) patients (see instructions)	ti ons)		l	3. 01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			l	3. 02
3.03	Total deductibles billed to Medicare (Part B) patients (see in	nstructions)	0	0	3. 03
4.00	Coinsurance billed to Medicare (Part B) patients	•	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instruction	tions)		ļ	4. 01
4.02	Coinsurance billed to Medicare (Part B) patients (see instruction	ti ons)			4. 02
4.03	Total coinsurance billed to Medicare (Part B) patients (see in	nstructions)	0	0	4. 03
5.00	Bad debts for deductibles and coinsurance, net of bad debt red	coveri es	0	0	5. 00
5. 01	Transition period 1 (75-25%) bad debts for deductibles and coi	insurance net of bad debt	0	0	5. 01
	recoveries for services rendered on or after 1/1/2011 but before	ore 1/1/2012			
5.02	Transition period 2 (50-50%) bad debts for deductibles and coi	nsurance net of bad debt	0	0	5. 02
	recoveries for services rendered on or after 1/1/2012 but before				
5. 03	Transition period 3 (25-75%) bad debts for deductibles and coi		0	0	5. 03
	recoveries for services rendered on or after 1/1/2013 but before				
5.04	100% PPS bad debts for deductibles and coinsurance net of bad	debt recoveries for	0	0	5. 04
	services rendered on or after 1/1/2014		_	_ !	
5. 05	Allowable bad debts (sum of lines 5 through line 5.04)		0	0	
6.00	Adjusted reimbursable bad debts (see instructions)		0		6. 00
7. 00	Allowable bad debts for dual eligible beneficiaries (see inst		0		7. 00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) pa	atients (see	0	0	8. 00
	instructions)				
9.00	Program payment (see instructions)		0	0	
10.00	Unrecovered from Medicare (Part B) patients (see instructions)				10.00
11. 00	Reimbursable bad debts (see instructions) (transfer to Workshe		0		11. 00
10.00	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERC	LENTAGE			12.00
	Total allowable expenses (see instructions)		0	ļ	12.00
	Total composite costs (from Wkst. I-4, col. 2, line 11)	ov. 1; no. 12)	0 000000	ļ	13.00
14.00	Facility specific composite cost percentage (line 13 divided b	by fine 12)	0. 000000		14. 00

Heal th	Financial Systems IU HEALTH ARNET	T HOSPITAL	In Lie	u of Form CMS-2	2552-10
	ATION OF CAPITAL PAYMENT	Provi der CCN: 15-0173	Peri od: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III	pared:
		Title XVIII	Hospi tal	PPS	
	PART I - FULLY PROSPECTIVE METHOD			1. 00	
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			2, 867, 389	1.00
1. 01	Model 4 BPCI Capital DRG other than outlier			0	1
2.00	Capital DRG outlier payments			196, 534	
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 re	eporting period (see inst	ructions)	116. 72	3. 00
4.00	Number of interns & residents (see instructions)			2. 52	
5. 00	Indirect medical education percentage (see instructions)			0. 61	5. 00
6. 00	Indirect medical education adjustment (multiply line 5 by the 1.01) (see instructions)			17, 491	
7. 00	Percentage of SSI recipient patient days to Medicare Part A 30) (see instructions)		, part A line	3. 02	
8.00	Percentage of Medicaid patient days to total days (see instr	uctions)		20. 58	
9. 00	Sum of lines 7 and 8			23. 60	
10.00	Allowable disproportionate share percentage (see instruction	s)		4. 90 140. 502	
11.00					
12.00	Total prospective capital payments (see instructions)			3, 221, 916	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	
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	
4.00	Capital cost payment factor (see instructions)			0	
5. 00	Total inpatient program capital cost (line 3 x line 4)			0	5. 00
				1. 00	
1 00	PART III - COMPUTATION OF EXCEPTION PAYMENTS			0	1 00
1. 00 2. 00	Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstan	cos (soo instructions)		0	
3.00	Net program inpatient capital costs for extraordinary circumstant [Net program inpatient capital costs (line 1 minus line 2)]	ces (see mistructions)		0	
4. 00	Applicable exception percentage (see instructions)			0.00	
5. 00	Capital cost for comparison to payments (line 3 x line 4)			0	
6.00	Percentage adjustment for extraordinary circumstances (see in	nstructions)		0.00	6. 00
7.00	Adjustment to capital minimum payment level for extraordinar	y circumstances (line 2 >	(line 6)	0	7. 00
8.00	Capital minimum payment level (line 5 plus line 7)			0	
9. 00	Current year capital payments (from Part I, line 12, as appl			0	
10.00	Current year comparison of capital minimum payment level to			0	
11. 00	Carryover of accumulated capital minimum payment level over Worksheet L. Part III, line 14)	capitai payment (from pri	or year	0	11. 00
12. 00	Net comparison of capital minimum payment level to capital p	avments (line 10 nlus lin	ne 11)	0	12. 00
13. 00	Current year exception payment (if line 12 is positive, ente			0	
14. 00	Carryover of accumulated capital minimum payment level over			0	
	(if line 12 is negative, enter the amount on this line)		3 1		
15. 00	Current year allowable operating and capital payment (see in	structions)		0	
	Current year operating and capital costs (see instructions)			0	
17.00	Current year exception offset amount (see instructions)			0	17. 00