Health Financial Systems	ST. VINCENT E	VANSVILLE		In Lie	u of Form CMS-2552-
This report is required by law (42 USC 1395g; 42 CF payments made since the beginning of the cost repor	R 413.20(b)). F	ailure to repo		t in all interim	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORTAND SETTLEMENT SUMMARY	ORT CERTIFICATIO	N Provider CO		Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared 11/27/2018 4:49 pm
PART I - COST REPORT STATUS					
Provider 1. [X] Electronically filed cost rep				Date: 11/27/2	018 Time: 4:49 p
use only 2. [ ]Manually submitted cost report 3. [ 0 ]If this is an amended report 4. [ F ]Medicare Utilization. Enter '	enter the numbe	r of times the "L" for low.	e provider re	submitted this c	ost report
Contractor use only5. [1] Cost Report Status6. Date 7. Contr (2) Settled without Audit6. Date 8. [N]	Received:	for this Provi	der CCN 12.[		pr Code: 4 Jumn 1 is 4: Enter nes reopened = 0-9.
PART II - CERTIFICATION					
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATI ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UND PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OF ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MA CERTIFICATION BY CHIEF FINANCIAL OFFICER OF I HEREBY CERTIFY that I have read the above electronically filed or manually submitted Expenses prepared by ST. VINCENT EVANSVILLE ending 06/30/2018 and to the best of my kno complete and prepared from the books and re except as noted. I further certify that I health care services, and that the services laws and regulations. [ ] I have read and agree with the above of	DER FEDERAL LAW. DR INDIRECTLY OF Y RESULT. R ADMINISTRATOR e certification cost report and E (15-0100) fo owledge and beli ecords of the pr am familiar wit s identified in	FURTHERMORE, A KICKBACK OF OF PROVIDER(S) statement and the Balance S r the cost rep ef, this report ovider in accc h the laws and this cost report	IF SERVICES WERE OTHERWI that I have of Sheet and State porting perior t and statem ordance with a regulations ort were prov	IDENTIFIED IN TH SE ILLEGAL, CRIM examined the accor- tement of Revenue d beginning 07/0 ent are true, con applicable instru- regarding the pri- ided in compliance	HIS REPORT WERE MINAL, CIVIL AND ompanying e and 1/2017 and rect, uctions, rovision of ce with such
signature on this certification state	ment to be the I	egally binding	g equi val ent	of my oríginal s	ignature.
	(Si gne	(be			
	( 9		er or Adminis	trator of Provid	er(s)
		Ti tl e Date			
		Title			
Cost Center Description	Title V	Part A	Part B	HIT	Title XIX
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY		EE4 040	110 50		0 1 /
1.00 Hospital	0	554,040	113, 59	04 0	0 1.0

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	554, 040	113, 594	0	0	1.00
2.00	Subprovider - IPF	0	8, 779	1		0	2.00
3.00	Subprovider - IRF	0	11, 699	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	574, 518	113, 595	0	0	200.00

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

	n Financial Systems TAL AND HOSPITAL HEALTH CARE COMPLEX		NCENT EVA	1		: 15-0100	Peri od:		Worksh	rm CMS-: eet S-2	2552-10
							From 07/01	)/2018	Part I Date/Ti	ime Pre	pared:
	1.00	2.	00		3.00			4.00	11/2//.	2018 1:	09 pm
	Hospital and Hospital Health Care Co										1
1.00 2.00	Street: 3700 WASHINGTON AVE City: EVANSVILLE	PO Box: State: I	N	Zip Code	· 4775	0 Cour	nty: VANDERB	URGH			1.00 2.00
2100		Component Na		CCN	CBSA		er Date	Payme	nt Syst		2100
			1	Number	Numbe	er Type	Certified	1 <u>T,</u>	0, or XVIII		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	-	
	Hospital and Hospital-Based Componen			50400			07/04/40/	( N			
3.00 4.00	Hospital Subprovider – IPF	ST. VINCENT EVANS		150100 15S100	21780 21780		07/01/196		P P	0	3.00 4.00
		- STRESS CTR									
5.00	Subprovider - IRF	ST. VINCENT EVANS - REHAB UNIT	SVILLE	15T100	21780	0 5	07/01/199	9 N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00 9.00	Swing Beds – NF Hospital-Based SNF										8.00 9.00
10.00											10.00
11.00											11.00
12.00 13.00	1										12.00
14.00											14.00
15.00											15.00
16.00											16.00
17.00 18.00											17.00 18.00
19.00	3										19.00
							From		To		
20.00	Cost Reporting Period (mm/dd/yyyy)						1.0		2.		20.00
21.00							1	2017	00/ 00	/2010	21.00
~~ ~~	Inpatient PPS Information										
22.00	Does this facility qualify and is it share hospital adjustment, in accord								Ν	1	22.00
	for yes or "N" for no. Is this facil										
	amendment hospital?) In column 2, en										
22. 01	Did this hospital receive interim un period? Enter in column 1, "Y" for y						Y		Y	(	22.01
	reporting period occurring prior to										
	for no for the portion of the cost r	eporting period o	occurri ng	on or a	fter 0	ctober 1.					
22. 02	(see instructions) Is this a newly merged hospital that	requires final u	Incompensa	ted car	e navm	ents to he	N		Ν	J	22.02
22.02	determined at cost report settlement									•	22.02
	or "N" for no, for the portion of th										
	in column 2, "Y" for yes or "N" for or after October 1.	no, for the porti	on of the	cost r	eportii	ng period	on				
22. 03	Did this hospital receive a geograph	ic reclassificati	on from u	rban to	rural	as a resu	It N		Ν	4	22.03
	of the OMB standards for delineating			2			r				
	in column 1, "Y" for yes or "N" for prior to October 1. Enter in column						ho				
	cost reporting period occurring on o										
	hospital contain at least 100 but no			ounted	in acco	ordance wi	th				
23 00	42 CFR 412.105)? Enter in column 3, Which method is used to determine Me			d/or 25	hel ow	2 In colum	n	2	Ν	J	23.00
20.00	1, enter 1 if date of admission, 2 i	2						-		•	20.00
	method of identifying the days in th										
	used in the prior cost reporting per		In-State			Out-of	o. Out-of	Medi cai	d 0	ther	
			Medi cai d	Medio	cai d	State	State	HMO day	/s Med	di cai d	
			paid days			Medicaid	Medicaid		0	days	
				unpa dav		oaid days	el i gi bl e unpai d				
			1.00	2. (		3.00	4.00	5.00		6.00	
24.00	If this provider is an IPPS hospital		93		696	1, 609	1, 707	11, 2			24.00
	in-state Medicaid paid days in colum Medicaid eligible unpaid days in col										
	out-of-state Medicaid paid days in co										
	out-of-state Medicaid eligible unpai	d days in column									
	4, Medicaid HMO paid and eligible bu										
25.00	column 5, and other Medicaid days in If this provider is an IRF, enter th			7	51	40	74	ļ	561		25.00
_0.00	Medicaid paid days in column 1, the	in-state			~ '	.0	, ,				
	Medicaid eligible unpaid days in col										
	out-of-state Medicaid days in column Medicaid eligible unpaid days in col										
	HMO paid and eligible but unpaid days										

Health Financial Systems         ST. VI           HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DAT		VANSVILLE Provider CO		eri od:		u of For Workshe		
				rom 07/01/ 0 06/30/		Part I Date/Ti 11/27/2		
				Urban/Rur 1.00	al S		Geogr	
26.00 Enter your standard geographic classification (not wa			ginning of the	1.00	1	2.0	0	26.00
<ul> <li>cost reporting period. Enter "1" for urban or "2" for</li> <li>27.00 Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or</li> </ul>	ige) sta ""2" fo	itus at the end or rural. If ap			1			27.00
enter the effective date of the geographic reclassifi 35.00 If this is a sole community hospital (SCH), enter the effect in the cost reporting period.			CH status in		0			35.00
				Begi nni r 1. 00	ng:	Endi 2. (		
36.00 Enter applicable beginning and ending dates of SCH st		ubscript line	36 for number	1.00		2.0		36.00
of periods in excess of one and enter subsequent date 37.00 If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period.		mber of period	ds MDH status		0			37.00
37.01 Is this hospital a former MDH that is eligible for th accordance with FY 2016 OPPS final rule? Enter "Y" fo instructions)				N				37.01
<ul> <li>38.00 If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of enter subsequent dates.</li> </ul>								38.00
				Y/N 1.00		Y/ 2. (		
39.00 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) for yes or "N" for no. Does the facility meet the mil with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column	or (ii eage re	)? Enter in co equirements in	olumn 1 "Y" accordance	N		2. C		39.00
<ul> <li>instructions)</li> <li>40.00 Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octob no in column 2, for discharges on or after October 1.</li> </ul>	er 1. E	nter "Y" for y		N		Y		40.00
pre-training	(0000)			-	V 1.00	XVIII 2.00	XI X 3.00	_
Prospective Payment System (PPS)-Capital								15.00
<ul> <li>45.00 Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions)</li> <li>46.00 Is this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst</li> </ul>	ption f	or extraordina	ary circumstan	ces	N N	N N	N N	45. 00 46. 00
Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS c 48.00 Is the facility electing full federal capital payment					N N	N N	N N	47.00 48.00
Teaching Hospitals 56.00 Is this a hospital involved in training residents in	approve	d GME programs	s? Enter "Y"	for yes	Y			56.00
or "N" for no. 57.00 If line 56 is yes, is this the first cost reporting p GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mont	yes or	"N" for no ir	n column 1. If	column 1	N			57.00
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 58.00 If line 56 is yes, did this facility elect cost reimb	", comp , if ap	lete Worksheet plicable.	t E-4. If colu	mn 2 is	N			58.00
defined in CMS Pub. 15-1, chapter 21, §2148? If yes, 59.00 Are costs claimed on line 100 of Worksheet A? If yes	complet	e Wkst. D-5.			N			59.00
57.00 Are costs cramied on the 100 of worksheet A: 11 yes	s, compr	ete wkst. D-2,	NAHE 413.85 Y/N	Workshee Line #	tA ≇	Pass-Th Qualifi Criterio	cation	
			1.00	2.00		3. (	00	
<ul> <li>60.00 Are you claiming nursing and allied health education any programs that meet the criteria under §413.85? (</li> <li>60.01 If line 60 is yes, complete columns 2 and 3 for each</li> </ul>	see ins	tructions)	Y		23. 00			60. 00 60. 01
instructions)	Y/N	IME	Direct GME	IME		Di rect	t GME	
	1.00	2.00	3.00	4.00		5. (		-
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N	2.00	3.00	4.00	0.00			61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)								61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of								61. 02
<ul> <li>ACA). (see instructions)</li> <li>61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see</li> </ul>								61.03
determining compliance with the 75% test. (see instructions) 11/27/2018 1:09 pm Y:\27100 - St. Vincent Evansville\300 - N	ledi care	e Cost Report\	20180630\CR\27	 100-18.mcr>	x			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA		EVANSVILLE Provider CO	CN: 15-0100	Period:	u of Form CMS-2 Worksheet S-2	
				From 07/01/2017 To 06/30/2018	Part I	pared:
	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
<ul> <li>61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).</li> <li>61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's</li> </ul>						61. 04 61. 05
primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions) Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary						61.06
care or general surgery. (see instructions)	Pro	ogram Name	Program Code	e Unweighted IME	Unweighted	
				FTE Count	Direct GME FTE Count	
61.10 Of the FTEs in line 61.05, specify each new program		1.00	2.00	3.00	4.00	61.10
special ty, if any, and the number 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.				0.00		01.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61. 20
					1.00	
ACA Provisions Affecting the Health Resources and Ser 62.00 Enter the number of FTE residents that your hospital				riad for which	0.00	62.00
62.00 Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruct		a in this cost	reporting per	riod for which	0.00	62.00
62.01 Enter the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC proc Teaching Hospitals that Claim Residents in Nonprovide	gram. (s	see instructio		o your hospital	0.00	62.01
63.00 Has your facility trained residents in nonprovider se	ettings	during this co			N	63.00
"Y" for yes or "N" for no in column 1. If yes, comple		es 64 thi ough o	Unwei ghted FTEs	Unweighted FTEs in	Ratio (col. 1/ (col. 1 + col.	
			Nonprovi der	Hospi tal	2))	
			Si te		2))	
Contion FEOM of the ACA Date View FTF Datid to the		don Cotting	Si te 1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in No period that begins on or after July 1, 2009 and befor	•	0	Si te 1.00	2.00	3.00	
period that begins on or after July 1, 2009 and befor 64.00 Enter in column 1, if line 63 is yes, or your facilit in the base year period, the number of unweighted nor resident FTEs attributable to rotations occurring in settings. Enter in column 2 the number of unweighted resident FTEs that trained in your hospital. Enter in	<u>re June</u> ty trair a-primar all nor d non-pr n columr	30, 2010. ned residents ry care nprovider rimary care n 3 the ratio	Si te 1.00	2.00 ris your cost r	3.00 reporting	64.00
period that begins on or after July 1, 2009 and befor 64.00 Enter in column 1, if line 63 is yes, or your facilit in the base year period, the number of unweighted nor resident FTEs attributable to rotations occurring in settings. Enter in column 2 the number of unweighted resident FTEs that trained in your hospital. Enter in of (column 1 divided by (column 1 + column 2)). (see	re June ty trair all nor d non-pr n columr instruc	30, 2010. ned residents ry care nprovider rimary care n 3 the ratio ctions)	Si te 1.00 This base yea 0.0	2.00 r is your cost r	3.00 reporting 0.000000	
period that begins on or after July 1, 2009 and befor 64.00 Enter in column 1, if line 63 is yes, or your facilit in the base year period, the number of unweighted nor resident FTEs attributable to rotations occurring in settings. Enter in column 2 the number of unweighted resident FTEs that trained in your hospital. Enter in	re June ty trair all nor d non-pr n columr instruc	30, 2010. ned residents ry care nprovider rimary care n 3 the ratio	Si te 1.00 This base yea	2.00 r is your cost r 00 0.00 Unweighted FTEs in	3.00 reporting	

PITAL AND HOSPITAL HEALTH CARE COMPL	EX IDENTIFICATION DA	AIA Provider		eriod: Tom 07/01	/2017	Worksh Part I	ieet S-2	
			To			Date/T	ime Pre	
	Program Name	Program Code	Unweighted	Unwei gh	nted		<u>2018 1:</u> (col. 3/	
	r r ogr ann rianne		FTEs	FTEs			3 + col.	
			Nonprovi der	Hospi t	tal	4	))	
	1.00	0.00	Site	1.00				-
00 Enter in column 1, if line 63	1.00	2.00	3.00	4.00	0.00		00	65
is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column								
5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			Unweighted FTEs	Unwei gr FTEs			(col. 1/	
			Nonprovi der	Hospi t			))	
			Si te	0.07	_	-	00	-
Section 5504 of the ACA Current	Vear FTF Pesidents i	n Nonnrovider Sottin	1.00	2.00			00 ods	
00 Enter in column 1 the number of ι	inweighted non-prima	ry care resident	0.00			(	). 000000	166
FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita (column 1 divided by (column 1 +	ccurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in	rovider settings. ry care resident 3 the ratio of structions)			0. 00			
FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita	ccurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site	Unwei gł FTEs Hospi t	nted in tal	Ratio ( (col. 3 4	(col. 3/ 3 + col. ))	
FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita (column 1 divided by (column 1 + 00 Enter in column 1, the program	ccurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in	rovider settings. ry care resident 3 the ratio of structions)	Unweighted FTEs Nonprovider	Unwei gh FTEs Hospi t 4.00	nted in tal	Ratio ( (col. 3 4 5.	3 + col.	-
FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita (column 1 divided by (column 1 +	ccurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	Unwei gh FTEs Hospi t 4.00	nted i n tal	Ratio ( (col. 3 4 5.	8 + col. )) 00	-
<ul> <li>FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita (column 1 divided by (column 1 +</li> <li>00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 3 divided by (column 3 + column 3)</li> </ul>	ccurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	Unwei gh FTEs Hospi t 4.00	nted in tal 0 0.00	Ratio ( (col. 3 4 5. (	3 + col . )) 00 0. 000000	-
FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita (column 1 divided by (column 1 + 00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column	ccurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name 1.00	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	Unwei gh FTEs Hospi t 4.00	nted in tal 0 0.00	Ratio ( (col. 3 4 5. (	8 + col. )) 00	-
FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita (column 1 divided by (column 1 + 00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	ccurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name 1.00 PS ychiatric Facility (	rovider settings. ry care resident 3 the ratio of structions) Program Code 2.00	Unwei ghted FTEs Nonprovi der Si te 3.00 0.00	Unwei gh FTEs Hospi t 4. 00	nted in tal 0 0.00	Ratio ( (col. 3 4 5. (	3 + col . )) 00 0. 000000	-
FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita (column 1 divided by (column 1 +         00       Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)         Inpatient Psychiatric Facility PI 00         Is this facility an Inpatient Psy Enter "Y" for yes or "N" for no. 00         If line 70 is yes: Column 1: Did recent cost report filed on or be 42 CFR 412.424(d)(1)(iii)(c)) Col program in accordance with 42 CFF Column 3: If column 2 is Y, indic (see instructions)	ccurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name 1.00 1.00 PS ychiatric Facility ( the facility have a efore November 15, 2 umn 2: Did this fac R 412.424 (d)(1)(iii cate which program y	rovider settings. ry care resident 3 the ratio of structions) Program Code 2.00 2.00 IPF), or does it con n approved GME teach 004? Enter "Y" for ility train resident )(D)? Enter "Y" for	Unwei ghted FTEs Nonprovi der Si te 3.00 0.00	Unwei gh FTEs Hospi t 4. 00 4. 00 rovi der? he most o. (see i ng o.	nted in cal 0 0.00	Ratio ( (col. 3 4 5. (	3 + col . )) 00 0. 000000	67.
FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita (column 1 divided by (column 1 + 00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	<pre>ccurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name 1.00 1.00 PS ychiatric Facility ( the facility have a efore November 15, 2 umn 2: Did this fac R 412.424 (d)(1)(iii cate which program y y PPS</pre>	rovider settings. ry care resident 3 the ratio of structions) Program Code 2.00 2.00 IPF), or does it con n approved GME teach 004? Enter "Y" for ility train resident )(D)? Enter "Y" for ear began during thi	Unwei ghted FTEs Nonprovi der Si te 3.00 0.00	Unwei gh FTEs Hospi t 4. 00 4. 00 rovi der? he most o. (see i ng o.	1. 00	Ratio ( (col. 3 4 5. (	3 + col . )) 00 00 00 0000000 3.00	70.

Health Financial Systems ST. VINCENT E	EVANSVI LLE		In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider C		Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Pre 11/27/2018 1:	2 epared:
				1.00	
Long Term Care Hospital PPS         80.00       Is this a long term care hospital (LTCH)? Enter "Y" for yes         81.00       Is this a LTCH co-located within another hospital for part of "Y" for yes and "N" for no.			period? Enter	N N	80. 00 81. 00
TEFRA Providers85.00Is this a new hospital under 42 CFR Section §413.40(f)(1)(i)86.00Did this facility establish a new Other subprovider (exclude §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.				N	85.00 86.00
87.00 Is this hospital an extended neoplastic disease care hospita 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	I classi fied	under section		Ν	87.00
			V 1.00	XI X 2.00	-
Title V and XIX Services 90.00 Does this facility have title V and/or XIX inpatient hospita	l sorvicos? E	ntor "V" for	N	Y	90.00
yes or "N" for no in the applicable column.					
91.00 Is this hospital reimbursed for title V and/or XIX through t full or in part? Enter "Y" for yes or "N" for no in the appl	icable column	l.	N	Y	91.00
92.00 Are title XIX NF patients occupying title XVIII SNF beds (du instructions) Enter "Y" for yes or "N" for no in the applica		ion)? (see		Ν	92.00
93.00 Does this facility operate an ICF/IID facility for purposes "Y" for yes or "N" for no in the applicable column.		d XIX? Enter	Ν	Ν	93.00
94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, applicable column.	and "N" for n	o in the	Ν	Ν	94.00
95.00 If line 94 is "Y", enter the reduction percentage in the app 96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes			0. 00 N	0. 00 N	95.00 96.00
<ul> <li>applicable column.</li> <li>97.00 If line 96 is "Y", enter the reduction percentage in the app 98.00 Does title V or XIX follow Medicare (title XVIII) for the ir stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" f</li> </ul>	0. 00 N	0.00 Y	97.00 98.00		
<ul> <li>column 1 for title V, and in column 2 for title XIX.</li> <li>98.01 Does title V or XIX follow Medicare (title XVIII) for the reconstruction of the title VIX.</li> <li>98.01 Does title V or XIX follow Medicare (title XVIII) for the reconstruction of the title VIX.</li> </ul>			N	Y	98. 01
<ul> <li>98.02 Does title V or XIX follow Medicare (title XVIII) for the cabed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes cabed costs on Wkst.</li> </ul>			N	Y	98.02
<ul> <li>98.03 Does title V or XIX follow Medicare (title XVIII) for a crit reimbursed 101% of inpatient services cost? Enter "Y" for year</li> </ul>			N	Ν	98.03
<pre>for title V, and in column 2 for title XIX. 98.04 Does title V or XIX follow Medicare (title XVIII) for a CAH outpatient services cost? Enter "Y" for yes or "N" for no in</pre>			N	Ν	98.04
<ul> <li>in column 2 for title XIX.</li> <li>98.05 Does title V or XIX follow Medicare (title XVIII) and add ba Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in content.</li> </ul>			N	Y	98. 05
<pre>column 2 for title XIX. 98.06 Does title V or XIX follow Medicare (title XVIII) when cost Pts. I through IV? Enter "Y" for yes or "N" for no in column column 2 for title XIX.</pre>			N	Y	98.06
Rural Providers 105.00 Does this hospital qualify as a CAH? 106.00 If this facility qualifies as a CAH, has it elected the all-	inclusive met	hod of payment	N N		105.00 106.00
for outpatient services? (see instructions) 107.00 If this facility qualifies as a CAH, is it eligible for cost training programs? Enter "Y" for yes or "N" for no in column yes, the GME elimination is not made on Wkst. B, Pt. I, col.	n 1. (see inst	ructions) lf	N		107. 00
reimbursed. If yes complete Wkst. D-2, Pt. II. 108.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	CRNA fee sche	dul e? See 42	N		108.00
	Physi cal 1.00	Occupational 2.00	Speech 3.00	Respi ratory 4.00	-
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	
110.00 Did this hospital participate in the Rural Community Hospita Demonstration) for the current cost reporting period? Enter " complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.	Y" for yes or	"N" for no. I	f yes,	Ν	110.00

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN	F	Period: From 07/01/2 To 06/30/2	2017 Par 2018 Dat	rksheet rt I re/Time	<u>CMS-25</u> t S-2 e Prepa <u>18 1:09</u>	ared:
		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, en 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.	riod? Enter ter the olumn 2.	N				11.00
		-	1.00 2	. 00 🕻	3.00	
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.	"E", enter care (inclu definition	in column des	N			15. 00
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 Y			16.00 17.00
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	2		11	18.00
	Premiums	Losses	;   1	nsuran	nce	
	1.00	2.00		3.00		
18.01 List amounts of malpractice premiums and paid losses:	1, 506, 31	5	0		011	18. 01
18.02 Are malpractice premiums and paid losses reported in a cost center other th		1.00 N		2.00		18. 02
Administrative and General? If yes, submit supporting schedule listing cos 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 provi §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 provision in ACA §3121 and applicable amendments? (see instru Enter in column 2, "Y" for yes or "N" for no.	sion in ACA for yes or Outpatient	Ν		N		19.00 20.00
21.00 Did this facility incur and report costs for high cost implantable devices	charged to	Y			12	21.00
patients? Enter "Y" for yes or "N" for no. 22.00Does 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.		Y		5.00	12	22.00
<u>Transplant Center Information</u> 25.00Does this facility operate a transplant center? Enter "Y" for yes and "N" f	or no. If	N			12	25.00
yes, enter certification date(s) (mm/dd/yyyy) below. 26.00 If this is a Medicare certified kidney transplant center, enter the certifi	cation date				12	26.00
in column 1 and termination date, if applicable, in column 2. 27.00 f this is a Medicare certified heart transplant center, enter the certific	ation date				12	27.00
in column 1 and termination date, if applicable, in column 2. 28.00[f this is a Medicare certified liver transplant center, enter the certific	ation date				12	28. 00
in column 1 and termination date, if applicable, in column 2. 29.00 If this is a Medicare certified lung transplant center, enter the certifica column 1 and termination date, if applicable, in column 2.	tion date in				12	29.00
30.00 If this is a Medicare certified pancreas transplant center, enter the certi date in column 1 and termination date, if applicable, in column 2.	fi cati on				13	30. 00
31.00 If this is a Medicare certified intestinal transplant center, enter the cer date in column 1 and termination date, if applicable, in column 2.	ti fi cati on				13	31.00
32.00 If this is a Medicare certified islet transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.	ation date				13	32.00
33.00 If this is a Medicare certified other transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.	ation date				13	33.00
<ul> <li>34. 00 If this is an organ procurement organization (0P0), enter the OPO number in and termination date, if applicable, in column 2.</li> </ul>	column 1				1:	34.00
All Providers 40.00Are there any related organization or home office costs as defined in CMS P	ub 15_1	Y		15H05	6 1/	40.00
			1		~  1*	

alth Financial Systems DSPITAL AND HOSPITAL HEALTH CARE COMPLE		ICENT EVA A	Provider CC	CN: 15-0100	Peri od		u of Form CMS- Worksheet S-2	
						7/01/2017 6/30/2018		
1.00		2.00				3.00	11/2//2010 1.	
If this facility is part of a chai					e name an	d address	of the	
home office and enter the home off 1.00Name: ST. VINCENT HEALTH	Contractor name Contractor's Na		ractor numbe		actor's Nu	umber: 0810	)1	141.
2.00 Street: 250 WEST 96TH SREET, STE 2		me. wi J						142.
3.00 City: INDIANAPOLIS	State:	I N		Zip Co	ode:	4626	0	143.
							1.00	-
4.00 Are provider based physicians' cos	ts included in Works	heet A?					1.00 Y	144.
4. Ookie provider based physicians cos	sts Theraded Th works	SHEEL A:					,	144.
						1.00	2.00	
<ol> <li>00  f costs for renal services are cl inpatient services only? Enter "Y" no, does the dialysis facility inc period? Enter "Y" for yes or "N"</li> <li>00 Has the cost allocation methodolog Enter "Y" for yes or "N" for no in</li> </ol>	' for yes or "N" for clude Medicare utiliz for no in column 2. gy changed from the p	no in co zation fo previousl	lumn 1. lf o r this cost y filed cost	column 1 is reporting t report?		YN		145. 146.
yes, enter the approval date (mm/c	d/yyyy) in column 2.		•					_
							1.00	-
7.00Was there a change in the statisti	cal basis? Enter "Y"	for yes	or "N" for	no.			N N	147.
8.00Was there a change in the order of					-		N	148.
9.00 Was there a change to the simplifi	ed cost finding meth	nod? Ente				5; +1 o \/	N Title VIV	149.
			Part A 1.00	Part I 2.00		<u>itle V</u> 3.00	Title XIX 4.00	-
Does this facility contain a provi			emption from	m the appl	ication o	f the lowe	er of costs	
or charges? Enter "Y" for yes or '	'N" for no for each c	component		and Part	B. (See 4			
5.00Hospital 6.00Subprovider – IPF			N N	I N		N N	N N	155. 156.
7.00 Subprovider - IRF			N	N		N	N	157.
8. 00 SUBPROVI DER								158.
9.00 SNF			N	N		N	N	159.
0.00 HOME HEALTH AGENCY 1.00 CMHC			N	N N		N N	N N	160.
								101.
							1.00	
Multicampus 5.00 Is this hospital part of a Multica	ampus hospital that h	nas one o	r more campu	uses in di	fferent Cl	3SAs?	N	165.
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	
6.00 If line 165 is yes, for each 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)							0.00	0 166.
							1.00	
Heal th Information Technology (HI								
7.00 Is this provider a meaningful user 3.00 If this provider is a CAH (line 10 reasonable cost incurred for the H	05 is "Y") and is a m	neani ngfu	l user (line			⁻ the	Y	167 0168
3.01 If this provider is a CAH and is r	not a meaningful user	, does t	his provider			dshi p	N	168.
exception under §413.70(a)(6)(ii)?		) and is	not a CAH (	(line 105 i	s"N"), (	enter the	9.9	9169.
	ons)				Be	egi nni ng	Endi ng	
9.00 If this provider is a meaningful u	ons)					1.00	2.00	170
9.00 If this provider is a meaningful i transition factor. (see instruction) 0.00 Enter in columns 1 and 2 the EHR b		nding dat	e for the re	eporting	10.	/01/2016	09/30/2017	170.
9.00  f this provider is a meaningful u transition factor. (see instruction		nding dat	e for the re	eporting	10.	/01/2016		170.
9.00 If this provider is a meaningful to transition factor. (see instruction 0.00 Enter in columns 1 and 2 the EHR b	beginning date and en				10.		2.00	0 170.

	Financial Systems ST. VINCENT AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNALRE		CN: 15-0100	Period:	worksheet S-	
	AL AND NOT THE HEALTH OAKE KETMOOKSEMENT QUESTIONNAIRE		Sit. 13-0100	From 07/01/2017 To 06/30/2018	Part II Date/Time Pr	epared:
				Y/N	11/27/2018 1 Date	:09 pm
				1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N	for all NO re	esponses. Ente			
	mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS		•			-
	Provider Organization and Operation					
. 00	Has the provider changed ownership immediately prior to the			N		1.00
	reporting period? If yes, enter the date of the change in c	column 2. (see	Y/N	) Date	V/I	_
			1.00	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		N			2.00
3. 00	voluntary or "I" for involuntary. Is the provider involved in business transactions, includir contracts, with individuals or entities (e.g., chain home c or medical supply companies) that are related to the provid	offices, drug	N			3. 00
	officers, medical staff, management personnel, or members of of directors through ownership, control, or family and other relationships? (see instructions)	of the board				
			Y/N	Туре	Date	
			1.00	2.00	3.00	
00	Financial Data and Reports		Y			
1.00	Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" f or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	For Compiled,	Y	A		4.00
. 00	Are the cost report total expenses and total revenues diffe those on the filed financial statements? If yes, submit rec		Ν			5.00
				Y/N 1.00	Legal Oper. 2.00	
	Approved Educational Activities					
5.00	Column 1: Are costs claimed for nursing school? Column 2: the legal operator of the program?	If yes, is th	ne provider is	s N		6.00
. 00	Are costs claimed for Allied Health Programs? If "Y" see in	nstructions.		Ν		7.00
8. 00	Were nursing school and/or allied health programs approved cost reporting period? If yes, see instructions.		d during the	Ν		8.00
9. 00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction		cal education	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated c cost reporting period? If yes, see instructions.			N		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	proved	N		11.00
					Y/N 1.00	
	Bad Debts Is the provider seeking reimbursement for bad debts? If yes	e soo instruct	tions		Y	12.00
				ost reporting	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payme Bed Complement	ents waived? If	fyes, see ins	structions.	N	14.0
5.00	Did total beds available change from the prior cost reporti		yes, see ins <sup>.</sup> ~t A		N N	15.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	-
6. 00	PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4.(see	Y	10/10/2018	Y	10/10/2018	16.00
7.00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If	N		Ν		17.00
8. 00	either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed	N		Ν		18. 0
19.00	but are not included on the PS&R Report used to file this cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R	N		N		19.0

Heal th Financial	Systems
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## ST. VINCENT EVANSVILLE

In Lieu of Form CMS-2552-10

HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CC	CN: 15-0100	Peri od:	Worksheet S-	2
				From 07/01/2017 To 06/30/2018	Part II Date/Time Pr	enared
					11/27/2018 1	:09 pm
		Descri		Y/N	Y/N	
20,00	If line 1/ on 17 is use were adjustments made to DSAD	0	)	1.00 N	3.00 N	20.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			IN	IN	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCL	EPT CHILDRENS H	OSPI TALS)			
22.00	Capital Related Cost Have assets been relifed for Medicare purposes? If yes, se	o instructions			N	22.00
	Have changes occurred in the Medicare depreciation expense	ng the cost	N N	23.00		
201 00	reporting period? If yes, see instructions.	ado to appraro		ng the sect		20100
24.00	Were new leases and/or amendments to existing leases enter	N	24.00			
25.00	If yes, see instructions Have there been new capitalized leases entered into during	the cost repor	ting pariod2	lf was see	N	25.00
25.00	instructions.	the cost repor	ting periou?	TT yes, see	IN	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during t	he cost reporti	ng period? If	yes, see	N	26.00
00 50	instructions.				N	0.7 00
27.00	Has the provider's capitalization policy changed during th copy.	e cost reportin	g period? if	yes, submit	N	27.00
	Interest Expense					
28.00	Were new Loans, mortgage agreements or letters of credit e	ntered into dur	ing the cost	reporting	N	28.00
20.00	period? If yes, see instructions.	hand finada (Da			N	20.00
29.00	Did the provider have a funded depreciation account and/or treated as a funded depreciation account? If yes, see inst		DT Service Re	serve Fund)	N	29.00
30.00	Has existing debt been replaced prior to its scheduled mat		debt? If yes,	see	N	30.00
	instructions.	-				
31.00	Has debt been recalled before scheduled maturity without i instructions.	ssuance of new	debt? If yes,	see	N	31.00
	Purchased Services				I	
32.00	Have changes or new agreements occurred in patient care se		d through con	tractual	N	32.00
	arrangements with suppliers of services? If yes, see instr					
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 ap no, see instructions.	piled pertainin	g to competit	ive bidding? IT	N	33.00
	Provi der-Based Physi ci ans					-
34.00	Are services furnished at the provider facility under an a	rrangement with	provi der-bas	ed physi ci ans?	Y	34.00
05 00	If yes, see instructions.					05.00
35.00	If line 34 is yes, were there new agreements or amended ex physicians during the cost reporting period? If yes, see i		ts with the p	rovi der-based	N	35.00
	physicians during the cost reporting porrou. In yes, see h			Y/N	Date	
	Γ			1.00	2.00	
24 00	Home Office Costs			N N		1 2/ 00
	Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been p	repared by the	home office?	Y		36.00 37.00
07.00	If yes, see instructions.	repared by the				07.00
38.00	If line 36 is yes, was the fiscal year end of the home of			N		38.00
20 00	the provider? If yes, enter in column 2 the fiscal year en			N		39.00
39.00	If line 36 is yes, did the provider render services to oth see instructions.	er charn compon	ents: 11 yes,	IN		39.00
40.00	If line 36 is yes, did the provider render services to the	home office?	lfyes, see	N		40.00
	instructions.		-			
		1	00	2	00	_
	Cost Report Preparer Contact Information	1.	00	2.	00	
41.00	Enter the first name, last name and the title/position	HILL		41.00		
	held by the cost report preparer in columns 1, 2, and 3,					
12 00	respectively. Enter the employer/company name of the cost report	ST VINCENT UP				42.00
42.00	preparer.	ST. VINCENT HE				4∠.00
43.00	Enter the telephone number and email address of the cost	317-583-3519		JI LL. HI LL1@ASC	ENSI ON. ORG	43.00
	report preparer in columns 1 and 2, respectively.					

Heal th	Financial Systems ST. VINCEN	T EVANSVI LLE	u of Form CMS-	2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2017		
			To 06/30/2018	Date/Time Pre 11/27/2018 1:	
		3.00			
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position	REIMBURSEMENT MANAGER			41.00
	held by the cost report preparer in columns 1, 2, and 3,				
	respectively.				
42.00	Enter the employer/company name of the cost report				42.00
	preparer.				
43.00	Enter the telephone number and email address of the cost				43.00
	report preparer in columns 1 and 2, respectively.				

<sup>11/27/2018 1:09</sup> pm Y: \27100 - St. Vincent Evansville\300 - Medicare Cost Report\20180630\CR\27100-18.mcrx

HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	CN: 15-0100	Period: From 07/01/2017		
					To 06/30/2018	Date/Time Pre 11/27/2018 1:	
						I/P Days / O/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
		Line Number 1.00	2.00	Avai I abl e 3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00	2.00	<u>3.00</u> 107,3			1.00
1.00	8 exclude Swing Bed, Observation Bed and	30.00	274	107, 5	0.00		1.00
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO I RF Subprovider					_	4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF		00.4	107.0		0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		294	107, 31	10 0.00	0	7.00
8.00	INTENSI VE CARE UNI T	31.00	62	22, 63	30 0.00	0	8.00
8.02	NI CU	31.02	40	14, 60			8.02
9.00	CORONARY CARE UNIT	32.00	9	3, 28			
10.00	BURN INTENSIVE CARE UNIT	02.00	, i	0,20	0.00		10.00
11.00	SURGI CAL I NTENSI VE CARE UNI T						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		405	147, 82	25 0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	14	5, 11		0	16.00
17.00	SUBPROVIDER - IRF	41.00	24	8, 70	60	0	17.00
18.00	SUBPROVI DER	44.00			-		18.00
19.00	SKILLED NURSING FACILITY	44.00	0		0	0	19.00
20.00	NURSING FACILITY OTHER LONG TERM CARE	45.00	0		0	0	20.00 21.00
21.00	HOME HEALTH AGENCY	101.00				0	
23.00	AMBULATORY SURGICAL CENTER (D. P. )	101.00					23.00
24.00	HOSPI CE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
26.00	RURAL HEALTH CLINIC	88. 00				0	26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		443				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambul ance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0		0		32.00
32. 01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
	LTCH site neutral days and discharges						33.00

DSPI -	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	:N: 15-0100	Peri od: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part I Date/Time Pre 11/27/2018 1:	parec
		I/P Days	/ O/P Visits	/ Trips	Full Time E	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23, 948	797	42, 88	31		1.0
00	HMO and other (see instructions)	7, 483	13, 618				2.
00	HMO I PF Subprovi der	290	497				3.
00	HMO IRF Subprovider	545	726				4.
00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.
00	Hospital Adults & Peds. Swing Bed NF		0		0		6.
00	Total Adults and Peds. (exclude observation beds) (see instructions)	23, 948	797	42, 88			7.
00	INTENSIVE CARE UNIT	8, 576	5	12, 17			8.
02	NICU	0	114	5, 25			8
00	CORONARY CARE UNI T	874	0	1, 24	40		9
00	BURN INTENSIVE CARE UNIT						10
. 00	SURGICAL INTENSIVE CARE UNIT						11
. 00	OTHER SPECIAL CARE (SPECIFY)						12
. 00	NURSERY		1, 664	2, 65			13
. 00	Total (see instructions)	33, 398	2, 580	64, 20		1, 744. 71	
. 00	CAH visits	0 849	1 455	4.00	0	01.04	15
00	SUBPROVIDER - IPF		1, 455 7	4,08			
00 00	SUBPROVIDER - IRF	2, 440	/	4, 71	18 0.00	23.96	17
00	SUBPROVIDER	o	0		0 0.00	0.00	
00	SKILLED NURSING FACILITY NURSING FACILITY	0	0		0 0.00		
00	OTHER LONG TERM CARE		0		0.00	0.00	20
00	HOME HEALTH AGENCY	0	0		0 0.00	0.00	
. 00	AMBULATORY SURGICAL CENTER (D. P. )	0	0		0.00	0.00	23
00	HOSPI CE						24
10	HOSPICE (non-distinct part)	0	0		0		24
00	CMHC - CMHC	0	0		0 0.00	0.00	
00	RURAL HEALTH CLINIC	0	o		0 0.00		
25	FEDERALLY QUALIFIED HEALTH CENTER	0	o		0 0.00		
00	Total (sum of lines 14-26)				6.00	1, 789. 91	
00	Observation Bed Days		0	7, 36	57		28
00	Ambul ance Trips	28					29
00	Employee discount days (see instruction)			1, 14	13		30
. 00	Employee discount days - IRF			e	53		31
. 00	Labor & delivery days (see instructions)	0	61	1, 39			32
. 01	Total ancillary labor & delivery room outpatient days (see instructions)				0		32
. 00	LTCH non-covered days	0					33
	LTCH site neutral days and discharges	0					33

105111	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC		VANSVILLE Provider CCN: 15-0100			eu of Form CMS-2552- Worksheet S-3	
				SN: 13-0100	Period: From 07/01/2017 To 06/30/2018	Part I Date/Time Pre 11/27/2018 1:0	pared:
		Full Time Equivalents		Di s	charges		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00 2.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)		0	5, 5		16, 048	1.00 2.00
3.00	HMO IPF Subprovider				40		3.00
4.00	HMO I RF Subprovider				54		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 7.00	Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions)						6.00 7.00
8.00	INTENSIVE CARE UNIT						8.00
8.02	NICU						8. 02
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5, 5	58 157	16, 048	
15.00	CAH visits		_				15.00
16.00	SUBPROVIDER - IPF	0.00	0		98 116	615	16.00
17.00	SUBPROVIDER - IRF	0.00	0	1	95 1	372	
18.00		0.00					18.00
19.00 20.00	SKILLED NURSING FACILITY NURSING FACILITY	0. 00 0. 00					19.00 20.00
20.00	OTHER LONG TERM CARE	0.00					20.00
21.00	HOME HEALTH AGENCY	0.00					21.00
23.00	AMBULATORY SURGICAL CENTER (D. P. )	0.00					23.00
24.00	HOSPI CE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	СМНС – СМНС	0.00					25.00
26.00	RURAL HEALTH CLINIC	0.00					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
32.01	Total ancillary labor & delivery room outpatient days (see instructions) LTCH non-covered days				0		32.01
33.00							33.00

SPI T <i>i</i>	Financial Systems AL WAGE INDEX INFORMATION		ST. VINCENT	Provider C		eriod: rom 07/01/2017		pared
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	09 pm
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA SALARIES							
00	Total salaries (see	200. 00	125, 762, 028	B 0	125, 762, 028	4, 045, 188. 00	31. 09	1. C
00	instructions) Non-physician anesthetist Part		C	0	0	0.00	0.00	2.0
	A							
00	Non-physician anesthetist Part B		C	0	0	0.00	0.00	3.0
00	Physician-Part A -		C	0	0	0.00	0. 00	4.0
01	Administrative Physicians - Part A - Teaching		C	0	0	0.00	0.00	4. (
00	Physician and Non		1, 480, 641	0	1, 480, 641	17, 099. 00		
00	Physician-Part B Non-physician-Part B for		C	0	0	0.00	0.00	6. (
	hospital -based RHC and FQHC					0.00	0.00	
00	services Interns & residents (in an	21.00	368, 191	0	368, 191	14, 624. 00	25. 18	7.0
	approved program)	21.00	500, 171		500, 191	14, 024. 00	23.10	/. \
01	Contracted interns and residents (in an approved		C	0	0	0.00	0.00	7.0
	programs)							
00	Home office and/or related		7, 560, 628	0	7, 560, 628	192, 438. 00	39. 29	8.
00	organization personnel SNF	44.00	C	o	0	0.00	0.00	9.
. 00	Excluded area salaries (see		27,035,380	340, 993	27, 376, 373			
	instructions) OTHER WAGES & RELATED COSTS							
	Contract Labor: Direct Patient		931, 732	2 0	931, 732	13, 802. 00	67.51	11.
. 00	Care Contract Labor: Top Level		C	0	0	0.00	0.00	12
. 00	management and other		C			0.00	0.00	12.
	management and administrative							
. 00	services Contract Labor: Physician-Part		C	0	0	0.00	0.00	13.
	A - Administrative							
. 00	Home office and/or related organization salaries and		Ĺ	0	0	0.00	0.00	14.
	wage-related costs			_				
	Home office salaries Related organization salaries		31, 303, 362			761, 943. 00 0. 00		
	Home office: Physician Part A		C	0	0	0.00		
00	- Administrative Home office and Contract		C		0	0.00	0.00	16
. 00	Physicians Part A - Teaching		(			0.00	0.00	10.
	WAGE-RELATED COSTS		25 000 000		05 000 000			
. 00	Wage-related costs (core) (see instructions)		35, 002, 299	0	35, 002, 299			17.
. 00	Wage-related costs (other)		C	0	0			18.
. 00	(see instructions) Excluded areas		9, 920, 348	0	9, 920, 348			19.
	Non-physician anesthetist Part		C	0	0			20.
. 00	A Non-physician anesthetist Part		C		0			21.
	В				-			
. 00	Physician Part A - Administrative		C	0	0			22.
	Physician Part A - Teaching		C	0	0			22.
	Physician Part B Wage-related costs (RHC/FQHC)		C		-			23. 24.
	Interns & residents (in an		151, 576					24.
FO	approved program)		10 449 000		12 469 020			25
. 50	Home office wage-related (core)		12, 468, 929	0	12, 468, 929			25.
. 51	Related organization		C	0	0			25.
. 52	wage-related (core) Home office: Physician Part A		C	0	о			25.
·	- Administrative -				 			
53	wage-related (core) Home office & Contract		r	0	0			25.
	Physicians Part A - Teaching -							_0.
	wage-related (core) OVERHEAD COSTS - DIRECT SALARIE	S						
	Employee Benefits Department	4.00	211, 621	0	211, 621	8, 707. 00	24.30	26.
00	Administrative & General	5.00	14, 803, 458	-340, 993	14, 462, 465	377,014.00	38.36	27

Health Financial Systems		ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provider C		Period: From 07/01/2017 Fo 06/30/2018	Worksheet S-3 Part II Date/Time Pre 11/27/2018 1:0	pared:
	Wkst. A Line		Reclassi fi cati			Average Hourly	
	Number	Reported	on of Salaries			Wage (col. 4 ÷	
			(from Wkst.	$(col.2 \pm col.$	Salaries in	col. 5)	
			A-6)	3)	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00 Administrative & General under contract (see inst.)		25, 735, 416	0	25, 735, 41	436, 094. 00	59.01	28.00
29.00 Maintenance & Repairs	6.00	0	0	(	0.00	0.00	29.00
30.00 Operation of Plant	7.00	904, 322	0	904, 32	2 42, 010. 00	21.53	30.00
31.00 Laundry & Linen Service	8.00	637, 960	0	637, 96	46, 549. 00	13. 71	31.00
32.00 Housekeepi ng	9.00	0	0	(	0.00	0.00	32.00
33.00 Housekeeping under contract (see instructions)		3, 426, 274	0	3, 426, 27	4 171, 177. 00	20. 02	33.00
34.00 Dietary	10.00	0	0	(	0.00	0.00	34.00
35.00 Dietary under contract (see instructions)		2, 918, 423	0	2, 918, 423	3 128, 163. 00	22. 77	35.00
36.00 Cafeteria	11.00	0	0	(	0.00	0.00	36.00
37.00 Maintenance of Personnel	12.00	0	0	(	0.00	0.00	37.00
38.00 Nursing Administration	13.00	1, 765, 095	0	1, 765, 09	5 42, 774. 00	41.27	38.00
39.00 Central Services and Supply	14.00	1, 401, 402	0	1, 401, 402	2 71, 439. 00	19.62	39.00
40.00 Pharmacy	15.00	4, 204, 201	0	4, 204, 20	1 104, 464. 00	40. 25	40.00
41.00 Medical Records & Medical Records Library	16.00	509, 519	0	509, 51			
42.00 Social Service	17.00	0	о	(	0.00	0.00	42.00
43.00 Other General Service	18.00	0	0		0.00		43.00

Heal th	Health Financial Systems			EVANSVI LLE		In Lieu of Form CMS-2552-10			
HOSPIT	AL WAGE INDEX INFORMATION			Provider CC		Period: From 07/01/2017 To 06/30/2018			
		Worksheet A		Recl assi fi cati			Average Hourly		
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷		
				(from	(col.2 ± col.		col. 5)		
				Worksheet A-6)		col. 4			
		1.00	2.00	3.00	4.00	5.00	6.00		
	PART III - HOSPITAL WAGE INDEX	SUMMARY							
1.00	Net salaries (see		148, 432, 681	0	148, 432, 68	1 4, 556, 461. 00	32. 58	1.00	
	instructions)								
2.00	Excluded area salaries (see instructions)		27,035,380	340, 993	27, 376, 37	3 851, 227. 00	32. 16	2.00	
3.00	Subtotal salaries (line 1		121, 397, 301	-340, 993	121, 056, 30	8 3, 705, 234. 00	32. 67	3.00	
	minus line 2)								
4.00	Subtotal other wages & related costs (see inst.)		32, 235, 094	0	32, 235, 09	4 775, 745. 00	41.55	4.00	
5.00	Subtotal wage-related costs (see inst.)		47, 471, 228	0	47, 471, 22	8 0.00	39. 21	5.00	
6.00	Total (sum of lines 3 thru 5)		201, 103, 623	-340, 993	200, 762, 63	0 4, 480, 979. 00	44.80	6.00	
7.00	Total overhead cost (see		56, 517, 691						
	instructions)								

Heal th	Financial Systems	ST. VINCENT EV	ANSVI LLE	In Li	eu of Form CMS-	2552-10
HOSPI T	TAL WAGE RELATED COSTS		Provider CCN: 15-0	100 Period: From 07/01/201 To 06/30/201		pared:
					Amount	
					Reported	
					1.00	
	PART IV - WAGE RELATED COSTS					-
	Part A - Core List RETIREMENT COST					-
1.00	401K Employer Contributions				6, 506, 098	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribu	ition			0, 500, 098	1
2.00 3.00	Nonqualified Defined Benefit Plan Cost (see i	0				
4.00	Qualified Defined Benefit Plan Cost (see inst				2, 346, 916	
4.00	PLAN ADMINISTRATIVE COSTS (Paid to External C				2, 340, 710	4.00
5.00	401K/TSA Plan Administration fees				48, 849	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan	r			0	1
7.00	Employee Managed Care Program Administration				1, 149, 232	
7.00	HEALTH AND INSURANCE COST	1005			1,117,202	/.00
8.00	Health Insurance (Purchased or Self Funded)				0	8.00
8.01	Heal th Insurance (Self Funded without a Third	d Party Administr	rator)		0	
8.02	Heal th Insurance (Self Funded with a Third Pa				19, 650, 934	
8.03	Heal th Insurance (Purchased)	an eg mann ber a e	,		0	1
9.00	Prescription Drug Plan				4, 545, 163	
10.00	Dental, Hearing and Vision Plan				1, 157, 048	
11.00	Life Insurance (If employee is owner or benef	fi ci arv)			243, 161	
12.00	Accident Insurance (If employee is owner or b				9,011	
13.00	Disability Insurance (If employee is owner or				873, 462	1
14.00			()		0	1
15.00	'Workers' Compensation Insurance	· · · · · · ·	· /		397, 091	15.00
16.00	· · · · · · · · · · · · · · · · · · ·	ar, not the extra	aordinary accrual re	quired by FASB 106.	0	16.00
	Non cumulative portion)		5			
	TAXES					
17.00	FICA-Employers Portion Only				7, 642, 616	17.00
18.00	Medicare Taxes - Employers Portion Only				0	18.00
19.00					0	19.00
20.00	State or Federal Unemployment Taxes				40, 307	20.00
	OTHER				-	
21.00	Executive Deferred Compensation (Other Than F instructions))	Retirement Cost F	Reported on lines 1	through 4 above. (se	e 0	21.00
22.00	Day Care Cost and Allowances				0	
23.00					464, 335	
24.00	Total Wage Related cost (Sum of lines 1 -23)				45, 074, 223	24.00
	Part B - Other than Core Related Cost					
25.00	OTHER WAGE RELATED COSTS (SPECIFY)				0	25.00

Health Financial Systems		ST. VINCENT EVA	ANSVI LLE	In Lie	u of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND	BENEFIT COST		Provider CCN: 15-0100	Peri od:	Worksheet S-3	
				From 07/01/2017		oorod.
				To 06/30/2018	Date/Time Pre 11/27/2018 1:0	
Cost Center Des	cription		1	Contract Labor		
	· ·			1.00	2.00	
PART V - Contract Lab	or and Benefit Cost					
	-Based Component Identif					
	tract labor and benefit c	cost		931, 732	45, 074, 223	1.00
2.00 Hospital				931, 732	35, 002, 299	2.00
3.00 Subprovider - IPF				0	445, 119	
4.00 Subprovider - IRF				0	497, 565	4.00
5.00 Subprovider - (Other)	)			0	0	5.00
6.00 Swing Beds - SNF				0	0	6.00
7.00 Swing Beds - NF				0	0	7.00
8.00 Hospital-Based SNF				0	0	8.00
9.00 Hospital-Based NF				0	0	9.00
10.00 Hospital-Based OLTC						10.00
11.00 Hospital-Based HHA				0	0	11.00
12.00 Separately Certified	ASC					12.00
13.00 Hospital-Based Hospi	ce					13.00
14.00 Hospital-Based Health	ר Clinic RHC			0	0	14.00
15.00 Hospital-Based Health	ו Clinic FQHC			0	0	15.00
16.00 Hospital-Based-CMHC				0	0	16.00
17.00 Renal Dialysis				0	0	17.00
18.00 Other				0	9, 129, 240	18.00

	Financial Systems SI. VINCENI EVANSVILLE			eu of Form CMS-2	
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA Provider	CCN: 15-0100	Peri od:	Worksheet S-1	0
			From 07/01/2017 To 06/30/2018	Date/Time Pre 11/27/2018 1:	
				1.00	
	Uncompensated and indigent care cost computation			1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by	line 202 colum	n 8)	0. 209065	1.00
1.00	Medicaid (see instructions for each line)		11 0)	0.207003	1.00
2.00	Net revenue from Medicaid			35, 418, 514	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payme	nts from Medic	ai d?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medic	ai d		0	5.00
5.00	Medi cai d charges			271, 693, 541	6.00
7.00	Medicaid cost (line 1 times line 6)			56, 801, 610	7.00
3.00	Difference between net revenue and costs for Medicaid program (line 7 m < zero then enter zero)		nes 2 and 5; if	21, 383, 096	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each I	i ne)			
9.00	Net revenue from stand-alone CHIP			0	
10.00	Stand-al one CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 enter zero)	minus line 9;	if < zero then	0	12.00
	Other state or local government indigent care program (see instructions				
13.00	Net revenue from state or local indigent care program (Not included on			0	
4.00	Charges for patients covered under state or local indigent care program	(Not included	in lines 6 or	0	14.00
	10)				
5.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
6.00	Difference between net revenue and costs for state or local indigent ca	re program (li	ne 15 minus line	0	16.00
	13; if < zero then enter zero) Grants, donations and total unreimbursed cost for Medicaid, CHIP and st	ato/local indi	aont caro progra		
	instructions for each line)		gent care progra	115 (566	
7.00	Private grants, donations, or endowment income restricted to funding ch	arity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital	operations		0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigen 8, 12 and 16)	t care program	s (sum of lines	21, 383, 096	19.00
		Uni nsured	Insured	Total (col. 1	
		patients	patients	+ col. 2)	
	Uncompensated Care (see instructions for each line)	1.00	2.00	3.00	
20.00	Charity care charges and uninsured discounts for the entire facility	36, 056, 0	26 7, 807, 262	43, 863, 288	20.00
0.00	(see instructions)	30, 030, 0	20 7,007,202	43, 003, 200	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7, 538, C	53 7, 807, 262	15, 345, 315	21.00
22.00	Payments received from patients for amounts previously written off as charity care		0 0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	7, 538, 0	53 7, 807, 262	15, 345, 315	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days b	evond a Length	of stay limit	N 1.00	24.00
25.00	imposed on patients covered by Medicaid or other indigent care program? If line 24 is yes, enter the charges for patient days beyond the indige	5	5	0	25.00
0.00	stay limit		in 3 rength of	_	
26.00	Total bad debt expense for the entire hospital complex (see instruction	,		9, 661, 239	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see in			758, 797	
7.01	Medicare allowable bad debts for the entire hospital complex (see instr	uctions)		1, 167, 380	
28.00	Non-Medicare bad debt expense (see instructions)		<b>`</b>	8, 493, 859	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (se	e instructions	)	2, 184, 352	
30.00 31.00	Cost of uncompensated care (line 23 column 3 plus line 29) Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17, 529, 667 38, 912, 763	
J I. UU	Trotal uniternibul sed and uncompensated care cost (TTHE TA PLUS TIME 30)			00, 912, 103	31.00

	Financial Systems SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	ST. VINCENT E	EVANSVILLE Provider CO	CN: 15-0100	In Lie Period:	u of Form CMS-2 Worksheet A	2552-10
					From 07/01/2017 To 06/30/2018		nared
						11/27/2018 1:	09 pm
	Cost Center Description	Sal ari es	Other	+ col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance	
						(col. 3 +-	
		1.00	2.00	3.00	4.00	col. 4) 5.00	
	GENERAL SERVICE COST CENTERS	1.00	2.00	0.00		0.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT		15, 681, 576			15, 797, 431	1.00
2.00 3.00	00200 CAP REL COSTS-MVBLE EQUIP 00300 OTHER CAP REL COSTS		9, 366, 592	9, 366, 59	2 0	9, 366, 592 0	2.00 3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	211, 621	41,051,389	41, 263, 01	•	41, 238, 412	
5.00	00500 ADMI NI STRATI VE & GENERAL	14, 803, 458	106, 135, 519			119, 476, 094	•
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	904, 322 637, 960	9, 649, 925 307, 916			10, 554, 247 945, 876	
9.00	00900 HOUSEKEEPING	0	4, 447, 483	4, 447, 48		4, 447, 483	
10.00	01000 DI ETARY	0	5, 272, 951	5, 272, 95		1, 922, 114	
11.00 13.00	01100 CAFETERIA 01300 NURSING ADMINISTRATION	0 1, 765, 095	0 241, 310	2,006,40	0,000,00,	3, 350, 837 2, 006, 405	11.00 13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	1, 401, 402	754, 665	2, 156, 06		2, 156, 067	
15.00	01500 PHARMACY	4, 204, 201	183, 794	4, 387, 99		4, 387, 995	
16.00 21.00	01600 MEDICAL RECORDS & LIBRARY 02100 I &R SERVICES-SALARY & FRINGES APPRV	509, 519 368, 191	18, 689 81, 106			528, 208 449, 297	16.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	142, 639	11, 446			154, 085	
	INPATIENT ROUTINE SERVICE COST CENTERS	· · · ·					
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	19, 607, 188 7, 652, 918	1, 807, 576 1, 090, 874	21, 414, 76 8, 743, 79		20, 506, 260 8, 743, 792	
31.00	03100 INTENSIVE CARE UNIT	3, 040, 561	257, 181	3, 297, 74		8, 743, 792 3, 297, 742	
32.00	03200 CORONARY CARE UNI T	901, 319	208, 084	1, 109, 40		1, 109, 403	
40.00	04000 SUBPROVIDER - IPF	1, 268, 690	931, 164	2, 199, 85		2, 199, 854	
41.00 43.00	04100 SUBPROVI DER – I RF 04300 NURSERY	1, 418, 176	88, 582 0	1, 506, 75	3 0 0 908, 504	1, 506, 758 908, 504	
44.00	04400 SKILLED NURSING FACILITY	0	0		0 00, 304	900, 304 0	1
45.00	04500 NURSING FACILITY	0	0	(	0 0	0	45.00
50.00	ANCI LLARY SERVI CE COST CENTERS	6, 569, 670	50, 288, 910	56, 858, 58	0 0	56, 858, 580	50.00
50.00	05100 RECOVERY ROOM	1, 417, 403	74, 982			1, 492, 385	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 142, 784	175, 534	2, 318, 31	з о	2, 318, 318	52.00
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	32, 883 4, 761, 554	4, 007, 144 1, 453, 460			4, 040, 027 6, 215, 014	
54.00	05400 RADI OLOGI - DI AGNOSTI C	4, 781, 554 483, 060	55, 608	6, 215, 01 538, 66		538, 668	
54.03	05403 NUCLEAR MEDICINE	626, 429	1, 264, 135	1, 890, 56	4 0	1, 890, 564	54.03
56.00	05600 RADI OI SOTOPE	0 898, 383	0	1 104 54	0 7 0	0	56.00
57.00 58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	481, 758	228, 166 67, 244	1, 126, 54 549, 00		1, 126, 549 549, 002	
59.00	05900 CARDI AC CATHETERI ZATI ON	1, 119, 662	811, 707	1, 931, 36	9 0	1, 931, 369	
60.00	06000 LABORATORY	1, 783, 158	12, 808, 058			14, 591, 216	
63.00 64.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06400 I NTRAVENOUS THERAPY	10, 524 1, 870, 242	1, 646, 945 1, 931, 355	1, 657, 46 3, 801, 59		1, 657, 469 3, 801, 597	
65.00	06500 RESPI RATORY THERAPY	2, 784, 835	517, 613			3, 302, 448	
66.00	06600 PHYSI CAL THERAPY	3, 435, 406	195, 655	3, 631, 06		3, 631, 061	
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	1, 435, 272 476, 901	2, 993 8, 387	1, 438, 26 485, 28		1, 438, 265 485, 288	
69.00	06900 ELECTROCARDI OLOGY	919, 340	259, 154	1, 178, 49		1, 178, 494	
69. 02	06902 CARDI AC REHAB	530, 602	16, 846			547, 448	
69.03 70.00	06903 DI ABETI C EDUCATI ON 07000 ELECTROENCEPHALOGRAPHY	171, 043 507, 422	404 134, 077	171, 44 641, 49		171, 447 641, 499	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7, 634, 488	7, 634, 48		7, 634, 488	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14, 951, 513	14, 951, 51	3 0	14, 951, 513	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0 42 424	21, 540, 369			21, 540, 369	
74.00 76.00	07400 RENAL DI ALYSI S 03951 ECT	942, 436 133, 431	202, 046 20, 081	1, 144, 48 153, 51		1, 144, 482 153, 512	
76.01	03950 MOBILE OUTREACH CLINIC	701, 265	103, 796			805, 061	
~~~~~	OUTPATIENT SERVICE COST CENTERS						
88.00 89.00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	88.00 89.00
90.00	09000 CLINIC	432, 779	539, 229	972, 00	3 0	972, 008	
90.01	09001 OUTPATI ENT PSYCH	0	0	(	0	0	90.01
90. 02 90. 04	09002 PEDS CLINIC 09004 BARIATRICS	0	0		0 10	0	90.02 90.04
90. 04 91. 00	09100 EMERGENCY	6, 170, 991	5, 358, 100	11, 529, 09	1 0	0 11, 529, 091	
91.01	09101 DI AGNOSTI C TREATMENT CENTER	1, 040, 433	794, 173	1, 834, 60		1, 834, 606	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500 AMBULANCE SERVICES	2, 353, 330	831, 733	3, 185, 06	3 0	3, 185, 063	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	839, 227	1, 886, 917	2, 726, 14	4 0	2, 726, 144	97.00
98.00 99.00	09850 HOME OFFICE 09900 CMHC	10, 858, 623	7,010,424	17, 869, 04	7 1, 371, 626	19, 240, 673 0	
	109900 CMHC 10100 HOME HEALTH AGENCY	0	0				101.00
	2019 1:00 pm V: \27100 St Vincont Evansvill	- V	Cost Poport)	<u> </u>	100 10		

Health Financial Systems	ST. VINCENT E	VANSVI LLE		In Lie	u of Form CMS-2	552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC		Period:	Worksheet A	
				From 07/01/2017 To 06/30/2018	Date/Time Prep	hared
				10 00/30/2010	11/27/2018 1:0	09 pm
Cost Center Description	Sal ari es	Other		l Reclassi ficati	Reclassi fied	
			+ col. 2)	ons (See A-6)		
					(col. 3 +-	
	1.00	0.00		4.00	col . 4)	
	1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS		0			0	10/ 00
106.00 10600 HEART ACQUISITION 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0 114, 768, 106	0 334, 409, 068	449, 177, 17	4 0	0 449, 177, 174	106.00
NONREI MBURSABLE COST CENTERS	114, 700, 100	334, 409, 000	449, 177, 17	4 0	449, 177, 174	116.00
191. 00 19100 RESEARCH	0	0		0 0	0	191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	3, 092, 653	2, 500, 619	5, 593, 27	2 0	5, 593, 272	
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	2,000,017	0,0,0,2,	0 0		194.00
194. 01 07951 APOTHECARY	505, 940	4, 985, 317	5, 491, 25	7 0	5, 491, 257	194.01
194. 02 07952 OCCUPATI ONAL MEDI CI NE	1, 300, 234	364, 160	1, 664, 39	4 0	1, 664, 394	194. 02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0		0 0	0	194.03
194. 04 07954 MARKETI NG	119, 428	6, 805	126, 23	3 0	126, 233	194.04
194. 06 07956 MOB	43	383, 631	383, 67	4 0	383, 674	
194. 07 07957 SENI OR PARTNERS	0	0		0 0		194.07
194.08 07958 ASCENSI ON PHYSI CI AN RECRUI TMENT	0	1, 245, 578			1, 245, 578	
194.0907959 CONV CARE	5, 736, 473	1, 285, 418	7, 021, 89	1 0	7, 021, 891	
194.1007960 EMPLOYEE FITNESS CENTER	0	0		0 0		194. 10
194. 11 07961 ST ELI ZABETH	0	0		0 0		194. 11
194.14 07964 FREE STANDING CATH LAB	0	0		0 0		194.14
194. 15 07965 FAMILY PRACTICE	0	0		0 0		194.15
194. 17 07967 FOUNDATI ON/UNUSED SPACE	239, 151	-207, 524			31, 627	
200.00   TOTAL (SUM OF LINES 118 through 199)	125, 762, 028	344, 973, 072	470, 735, 10	0  0	470, 735, 100	200.00

	Financial Systems	ST. VINCENT		In Lieu of For	
RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC	CN: 15-0100   Period:   Workshe   From 07/01/2017     To 06/30/2018   Date/Ti	
					2018 1:09 pm
	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT	-5, 053, 152			1.00
2.00 3.00	00200 CAP REL COSTS-MVBLE EQUIP 00300 OTHER CAP REL COSTS				2.00
3.00 4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-17, 048, 194	-		4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	-8, 742, 491			5.00
7.00	00700 OPERATION OF PLANT	-1, 058, 683			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-187, 128	758, 748		8.00
9.00	00900 HOUSEKEEPI NG	-334, 679			9.00
10.00	01000 DI ETARY	0	.,.==,		10.00
11.00		-1, 958, 196			11.00
	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	-39, 212			13.00
	01500 PHARMACY	-36, 939			14.00
	01600 MEDICAL RECORDS & LIBRARY	-10			16.00
	02100 I &R SERVICES-SALARY & FRINGES APPRV	0			21.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	6, 471	160, 556		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS	1		1	
	03000 ADULTS & PEDIATRICS	-43, 895			30.00
	03100 I NTENSI VE CARE UNI T	0			31.00
31. 02 32. 00	03102 NI CU	-1, 248			31.02
	03200 CORONARY CARE UNIT 04000 SUBPROVIDER - IPF	-9, 684	1, 109, 403 2, 190, 170		40.00
	04100 SUBPROVI DER – I RF	-2, 400			41.00
	04300 NURSERY	0			43.00
44.00	04400 SKILLED NURSING FACILITY	0			44.00
45.00	04500 NURSING FACILITY	0	0 0		45.00
	ANCI LLARY SERVI CE COST CENTERS	I	1		
50.00	05000 OPERATING ROOM	-601, 953			50.00
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	-710			51.00 52.00
	05300 ANESTHESI OLOGY	-3, 986, 292			53.00
	05400 RADI OLOGY-DI AGNOSTI C	-1,014,257			54.00
	05402 ULTRASOUND	-6, 637			54.02
54.03	05403 NUCLEAR MEDICINE	-9, 460	1, 881, 104		54.03
56.00	05600 RADI OI SOTOPE	0	, s		56.00
57.00	05700 CT SCAN	-3, 590			57.00
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	E2 210	549,002		58.00
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	-53, 219 -576, 654			59.00 60.00
	06300 BLOOD STORING, PROCESSING & TRANS.	-2, 420			63.00
64.00	06400 I NTRAVENOUS THERAPY	-559, 383			64.00
65.00	06500 RESPI RATORY THERAPY	0			65.00
	06600 PHYSI CAL THERAPY	-75			66.00
	06700 OCCUPATIONAL THERAPY	0	.,,		67.00
	06800 SPEECH PATHOLOGY	01 420			68.00
69. 00 69. 02	06900 ELECTROCARDI OLOGY 06902 CARDI AC REHAB	-91, 420 -1, 532			69.00 69.02
	06903 DI ABETI C EDUCATI ON	-1, 332			69.03
	07000 ELECTROENCEPHALOGRAPHY	-27,600			70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14, 951, 513		72.00
	07300 DRUGS CHARGED TO PATIENTS	0	2.70.07007		73.00
	07400 RENAL DIALYSIS	-359, 398			74.00
		142.400			76.00
76. 01	03950 MOBILE OUTREACH CLINIC OUTPATIENT SERVICE COST CENTERS	-143, 409	661, 652		76. 01
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			89.00
	09000 CLINIC	0	972,008		90.00
90.01	09001 OUTPATI ENT PSYCH	0	0		90.01
	09002 PEDS CLINIC	0	0		90. 02
90.04	09004 BARI ATRI CS	0	0		90.04
	09100 EMERGENCY	-4, 476, 925			91.00
91.01	09101 DI AGNOSTI C TREATMENT CENTER	0	1, 834, 606		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				92.00
95.00	09500 AMBULANCE SERVICES	-9, 211	3, 175, 852		95.00
	09700 DURABLE MEDICAL EQUIP-SOLD	0			97.00
	09850 HOME OFFICE	-19, 240, 673			98.00
	09900 CMHC	0			99.00
101.00	10100 HOME HEALTH AGENCY	0	0	<u> </u>	101.00
	SPECIAL PURPOSE COST CENTERS	1			
106.00	10600 HEART ACQUI SI TI ON	0	0 0		106.00

ST. VINCENT EVANSVILLE

11/27/2018 1:09 pm Y: \27100 - St. Vincent Evansville\300 - Medicare Cost Report\20180630\CR\27100-18.mcrx

Health Financial Systems

In Lieu of Form CMS-2552-10

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lieu	of Form CMS-2552-1	10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CCN: 15		eriod: 	Worksheet A	_
			To		Date/Time Prepared: 11/27/2018 1:09 pm	
Cost Center Description	Adjustments	Net Expenses				
		For Allocation				
	6.00	7.00				_
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-65, 674, 258	383, 502, 916			118.00	0
NONREI MBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0			191.00	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	5, 593, 272			192.00	
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0			194.00	
194. 01 07951 APOTHECARY	0	5, 491, 257			194. 01	
194. 02 07952 OCCUPATI ONAL MEDI CI NE	7, 573	1, 671, 967			194. 02	
194. 03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0			194.03	
194. 04 07954 MARKETI NG	2,047,478				194. 04	
194. 06 07956 MOB	0	383, 674			194.06	
194. 07 07957 SENI OR PARTNERS	0	0			194. 07	
194.0807958 ASCENSI ON PHYSI CI AN RECRUI TMENT	0	1, 245, 578			194. 08	
194.09 07959  CONV_CARE	52, 278	7, 074, 169			194. 09	
194.1007960 EMPLOYEE FITNESS CENTER	0	0			194. 10	
194. 11 07961 ST ELI ZABETH	0	0			194. 11	
194.14 07964 FREE STANDING CATH LAB	0	0			194. 14	
194. 15 07965 FAMILY PRACTICE	0	0			194. 15	
194. 17 07967 FOUNDATI ON/UNUSED SPACE	0	31, 627			194. 17	7
200.00 TOTAL (SUM OF LINES 118 through 199)	-63, 566, 929	407, 168, 171			200.00	0

Heal th	Financial Systems		ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS	-2552-10
RECLAS	SI FI CATI ONS			Provider (	CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet A- Date/Time Pr 11/27/2018 1	epared:
		Increases				- I.,	11/2//2010 1	
	Cost Center	Line #	Salary	Other				
	2.00	3.00	4.00	5.00				
	B – CAFETERIA							
1.00	CAFETERI A		0	3, 350, 837				1.00
	TOTALS		0	3, 350, 837				
	C – NURSERY							
1.00	NURSERY	43.00	<u> </u>	6 <u>2, 7</u> 65				1.00
	TOTALS		845, 739	62, 765				
	D - RECLASS HOME OFFICE EXPEN	ISE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	115, 855				1.00
2.00	HOME OFFICE	98.00	0	24, 598				2.00
3.00	HOME_OFFICE	98.00	340, 993	1, 121, 890				3.00
	TOTALS		340, 993	1, 262, 343				
500.00	Grand Total: Increases		1, 186, 732	4, 675, 945				500.00

Heal th	Financial Systems		ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS.	-2552-10
RECLAS	SIFICATIONS			Provider (	CCN: 15-0100	Peri od:	Worksheet A-	6
						From 07/01/2017 To 06/30/2018	Date/Time Pro 11/27/2018 1	epared: :09 pm
		Decreases						
	Cost Center	Line #	Sal ary	0ther	Wkst. A-7 Ref	· .		
	6.00	7.00	8.00	9.00	10.00			
	B – CAFETERIA							
1.00	DI ETARY	10.00	0	<u>3, 350, 8</u> 37		0		1.00
	TOTALS		0	3, 350, 837				
	C – NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	845, 739	6 <u>2, 7</u> 65		0		1.00
	TOTALS		845, 739	62, 765				
	D - RECLASS HOME OFFICE EXPEN	ISE						
1.00	HOME OFFICE	98.00	0	115, 855	1	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24, 598		0		2.00
3.00	ADMI NI STRATI VE & GENERAL	5.00	340, 993	1, 121, 890		0		3.00
	TOTALS		340, 993	1, 262, 343				
500.00	Grand Total: Decreases		1, 186, 732	4, 675, 945				500.00

Provider         Provider         CN: 15-0100         Period: From 07/01/2017 To 06/30/2018         Worksheet A-7 Dart 1 Date/Time Prepared: 1/27/2018 1: 99 pm           PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         1.00         2.00         3.00         4.00         5.00           1.00         Land         7.736,792         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< th=""><th>Heal th</th><th>Financial Systems</th><th>ST. VINCENT I</th><th>EVANSVI LLE</th><th></th><th>In Li</th><th>eu of Form CMS-</th><th>2552-10</th></td<>	Heal th	Financial Systems	ST. VINCENT I	EVANSVI LLE		In Li	eu of Form CMS-	2552-10
Beginning Balances         Purchases         Donation         Total         Disposal s and Retirements           1.00         2.00         3.00         4.00         5.00           Land         7,736,792         0         0         0         1.00           2.00         Bai ances         8,512,928         75         0         75         0         2.00           3.00         Buil ding Improvements         8,512,928         75         0         75         0         2.00           3.00         Buil ding Improvements         8,512,928         75         0         0         0         4.00         5.00           5.00         Fixed Equipment         0         0         0         0         0         0         4.00           6.00         Movable Equipment         141,144,796         8,239,005         0         8,239,005         6.00         7.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	RECONC	LIATION OF CAPITAL COSTS CENTERS		Provider CC	CN: 15-0100	From 07/01/201	7 Part I 8 Date/Time Pre	pared:
Balances         Retirements           1.00         2.00         3.00         4.00         5.00           PART 1 - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         1.00         2.00         3.00         4.00         5.00           2.00         Land         7.736,792         0         0         0         1.00           2.00         Land Improvements         8,512,928         75         0         75         0         2.00           3.00         Building Improvements         184,738,658         15,868,645         0         15,868,645         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td></td><td></td><td></td><td>Acqui si ti ons</td><td>S</td><td></td><td></td></td<>					Acqui si ti ons	S		
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES           1.00         Land         7,736,792         0         0         0         1.00           2.00         Buil dings and Fixtures         8,512,928         75         0         75         0         2.00           3.00         Buil dings and Fixtures         184,738,658         15,868,645         0         15,868,645         0         3.00         4.00         5.00           5.00         Fixed Equipment         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			Begi nni ng	Purchases	Donation	Total		
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         0         0         0         0         0         0         1.00           1.00         Land         Improvements         7, 736, 792         0         0         0         0         1.00           2.00         Land Improvements         8, 512, 928         75         0         75         0         2.00           3.00         Buildings and Fixtures         184, 738, 658         15, 868, 645         0         3.00         4.00           5.00         Fixed Equipment         0         0         0         0         0         0         5.00         5.00         6.00         0         0         0         0         0         0         0         5.00         6.00         7.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
1.00       Land       7,736,792       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0				2.00	3.00	4.00	5.00	
2.00         Land Improvements         8,512,928         75         0         75         0         2.00           3.00         Buildings and Fixtures         184,738,658         15,868,645         0         3.00           4.00         Building Improvements         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
3.00       Buil dings and Fixtures       184,738,658       15,868,645       0       3.00         4.00       Buil ding Improvements       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>1.00</td> <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td>· ·</td> <td>1.00</td>	1.00			0		0	· ·	1.00
4.00       Building Improvements       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td>2.00</td> <td>Land Improvements</td> <td>8, 512, 928</td> <td>75</td> <td></td> <td>0 7</td> <td>5 0</td> <td>2.00</td>	2.00	Land Improvements	8, 512, 928	75		0 7	5 0	2.00
5.00       Fixed Equipment       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	3.00	Buildings and Fixtures	184, 738, 658	15, 868, 645		0 15, 868, 64	5 0	3.00
6.00       Movable Equipment       141,144,796       8,239,005       0       8,239,005       0       6.00         7.00       HIT designated Assets       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>4.00</td> <td>Building Improvements</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td>0 0</td> <td>4.00</td>	4.00	Building Improvements	0	0		0	0 0	4.00
7.00       HIT designated Assets       0       0       0       0       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       342, 133, 174       24, 107, 725       0       24, 107, 725       0       8.00         9.00       Reconciling items       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	5.00	Fixed Equipment	0	0		0	0 0	5.00
8.00       Subtotal (sum of lines 1-7)       342, 133, 174       24, 107, 725       0       24, 107, 725       0       8.00         9.00       Reconciling Items       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	6.00	Movable Equipment	141, 144, 796	8, 239, 005		0 8, 239, 00	5 0	6.00
9.00         Reconciling Items         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	7.00	HIT designated Assets	0	0		0	0 0	7.00
10.00         Total (line 8 minus line 9)         342, 133, 174         24, 107, 725         0         24, 107, 725         0         10.00           Ending Balance         Fully         Depreciated         Assets         6.00         7.00         7.00         7.00         7.00         1.00         1.00         1.00         1.00         1.00         1.00         7.00         1.00         7.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00	8.00	Subtotal (sum of lines 1-7)	342, 133, 174	24, 107, 725		0 24, 107, 72	5 0	8.00
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET         Fully Depreciated Assets           6.00         7.00           1.00         Land         7,736,792         0           2.00         Land Improvements         8,513,003         0           3.00         Buildings and Fixtures         200,607,303         0         3.00           4.00         Building Improvements         0         0         4.00           5.00         Fixed Equipment         0         0         4.00           6.00         149,383,801         0         5.00         7.00           9.00         Reconciling Items         0         0         7.00	9.00	Reconciling Items	0	0		0	o o	9.00
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET         BLANCEs         1.00         1.00         1.00         1.00         1.00         1.00         2.00         1.00         2.00         3.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00	10.00	Total (line 8 minus line 9)	342, 133, 174	24, 107, 725		0 24, 107, 72	5 0	10.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         6.00         7.00           1.00         Land         7,736,792         0         1.00           2.00         Land Improvements         8,513,003         0         2.00           3.00         Building Improvements         200,607,303         0         3.00           4.00         Building Improvements         0         0         4.00           5.00         Fixed Equipment         0         0         5.00           6.00         Movable Equipment         149,383,801         0         6.00           7.00         HIT designated Assets         0         0         7.00         8.00         Subtotal (sum of lines 1-7)         366,240,899         0         8.00           9.00         Reconciling Items         0         0         0         9.00			Ending Balance	Fully				
bit         6.00         7.00           PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         1.00         1.00           Land         7,736,792         0         1.00           2.00         Land Improvements         8,513,003         0         2.00           3.00         Buildings and Fixtures         200,607,303         0         3.00           4.00         Building Improvements         0         0         4.00           5.00         Fixed Equipment         0         0         5.00           6.00         Movable Equipment         149,383,801         0         6.00           7.00         HIT designated Assets         0         0         7.00         8.00         Subtotal (sum of lines 1-7)         366,240,899         0         8.00         9.00			J					
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES           1.00         Land         7,736,792         0         1.00           2.00         Land Improvements         8,513,003         0         2.00           3.00         Buildings and Fixtures         200,607,303         0         3.00           4.00         Building Improvements         0         0         4.00           5.00         Fixed Equipment         0         0         4.00           6.00         Movable Equipment         149,383,801         0         6.00           7.00         HIT designated Assets         0         0         7.00           8.00         Subtotal (sum of lines 1-7)         366,240,899         0         8.00           9.00         Reconciling Items         0         0         9.00				Assets				
1.00       Land       7,736,792       0       1.00         2.00       Land Improvements       8,513,003       0       2.00         3.00       Buildings and Fixtures       200,607,303       0       3.00         4.00       Building Improvements       0       0       4.00         5.00       Fixed Equipment       0       0       5.00         6.00       Movable Equipment       149,383,801       0       5.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       366,240,899       0       8.00         9.00       Reconciling Items       0       0       9.00			6.00	7.00	1			
2.00         Land Improvements         8,513,003         0         2.00           3.00         Buildings and Fixtures         200,607,303         0         3.00           4.00         Building Improvements         0         0         4.00           5.00         Fixed Equipment         0         0         5.00           6.00         Movable Equipment         149,383,801         0         7.00           7.00         HIT designated Assets         0         0         7.00           8.00         Subtotal (sum of lines 1-7)         366,240,899         0         8.00           9.00         Reconciling Items         0         0         9.00		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	BALANCES		•			
3.00       Buildings and Fixtures       200,607,303       0       3.00         4.00       Building Improvements       0       0       4.00         5.00       Fixed Equipment       0       0       5.00         6.00       Movable Equipment       149,383,801       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       366,240,899       0       8.00         9.00       Reconciling Items       0       0       9.00	1.00	Land	7, 736, 792	0				1.00
4.00       Building Improvements       0       0       4.00         5.00       Fixed Equipment       0       0       5.00         6.00       Movable Equipment       149, 383, 801       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       366, 240, 899       0       8.00         9.00       Reconciling Items       0       0       9.00	2.00	Land Improvements	8, 513, 003	0				2.00
5.00         Fixed Equipment         0         0         5.00           6.00         Movable Equipment         149,383,801         0         6.00           7.00         HIT designated Assets         0         0         7.00           8.00         Subtotal (sum of lines 1-7)         366,240,899         0         8.00           9.00         Reconciling Items         0         0         9.00	3.00	Buildings and Fixtures	200, 607, 303	0				3.00
6.00       Movable Equipment       149,383,801       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       366,240,899       0       8.00         9.00       Reconciling Items       0       0       9.00	4.00	Building Improvements	0	0				4.00
7.00         HIT designated Assets         0         0         7.00           8.00         Subtotal (sum of lines 1-7)         366,240,899         0         8.00         8.00           9.00         Reconciling Items         0         0         0         9.00	5.00	Fixed Equipment	0	0				5.00
7.00         HIT designated Assets         0         0         7.00           8.00         Subtotal (sum of lines 1-7)         366,240,899         0         8.00         8.00           9.00         Reconciling Items         0         0         0         9.00	6.00	Movable Equipment	149, 383, 801	0				6.00
8.00         Subtotal (sum of lines 1-7)         366,240,899         0         8.00         8.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00	7.00		0	0				7.00
9.00 Reconciling Items 0 0 0 9.00			366, 240, 899	0				
			0	0				
	10.00		366, 240, 899	0				10.00

Heal th	Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	2552-10
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provider CC		Period:	Worksheet A-7	
					From 07/01/2017 To 06/30/2018		nared
					00,00,2010	11/27/2018 1:	
		SUMMARY OF CAPITAL					
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
					instructions)	instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	5, 233, 266	5, 267, 403	4, 685, 88	549, 370	-54, 343	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,098,714	2, 168, 133		56, 130	0	2.00
3.00	Total (sum of lines 1-2)	12, 331, 980	7, 435, 536	4, 685, 88	605, 500	-54, 343	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum	1			
	·	Capital - Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)	<b>,</b>				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	15, 681, 576				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	43, 615					2.00
3.00	Total (sum of lines 1-2)	43, 615					3.00

Health Financial Systems	ST. VINCENT			In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 07/01/2017 Fo 06/30/2018		
	COM	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPI TAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS       1.00     CAP REL COSTS-BLDG & FIXT       2.00     CAP REL COSTS-MVBLE EQUIP       3.00     Total (sum of lines 1-2)	216, 857, 098 149, 383, 800 366, 240, 898	0	149, 383, 800 366, 240, 898	0. 407884 3 1. 000000	0 0	1.00 2.00 3.00
	ALLUCA	TION OF OTHER (	JAPITAL	SUMMARY O	F CAPITAL	
Cost Center Description	Taxes	Other Capital-Relate d Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS 1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	CENTERS 0 0 0		(	) 5, 233, 266 7, 098, 714 12, 331, 980	2, 168, 133	1.00 2.00 3.00
		SI	JMMARY OF CAPI		7,001,071	0.00
Cost Center Description	Interest	Insurance (see instructions)		Other Capital-Relate d Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART 111 - RECONCILIATION OF CAPITAL COSTS 1.00 CAP REL COSTS-BLDG & FLXT 2.00 CAP REL COSTS-MVBLE EQUIP THE LOSTS-MVBLE EQUIP	-367, 272	56, 130	(	43, 615		1.00
3.00  Total (sum of lines 1-2)	-367, 272	605, 500	-54, 343	43, 615	20, 110, 871	3.00

Heal th	Fi nanci al	l Systems
AD JUST	MENTS TO	EXPENSES

Health Financial Systems		ST. VINCENT			eu of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018		
			Expense Classification o To/From Which the Amount is		11/27/2018 1:0	Ja biii
			TOTTOIL WITCH THE AMOUNT TS	s to be Aujusted		
Cost Center Description		Amount	Cost Center		Wkst. A-7 Ref.	
1.00 Investment income - CAP REL	1.00 A	2.00	3.00 CAP REL COSTS-BLDG & FIXT	4.00	5.00	1.00
2.00 COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
COSTS-MVBLE EQUIP (chapter 2) 3.00 Investment income - other		0	ON REL COSTS WVDEL EQUIT	0.00		3.00
(chapter 2) 4.00 Trade, quantity, and time		0		0.00	0	4.00
discounts (chapter 8) 5.00 Refunds and rebates of		0		0.00	0	5.00
expenses (chapter 8) 6.00 Rental of provider space by		0		0.00	0	6.00
suppliers (chapter 8) 7.00 Telephone services (pay		0		0.00		7.00
stations excluded) (chapter 21)		0		0.00		7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8. 00
9.00 Parking lot (chapter 21) 10.00 Provider-based physician	A-8-2	0 -11, 715, 273		0.00	0	9. 00 10. 00
adjustment 11.00 Sale of scrap, waste, etc.		0		0.00	0	11. 00
(chapter 23) 12.00 Related organization transactions (chapter 10)	A-8-1	-8, 571, 282			0	12.00
13.00 Laundry and Linen service		0		0.00		13.00
<ul><li>14.00 Cafeteria-employees and guest</li><li>15.00 Rental of quarters to employe</li></ul>		-1, 696, 926 0	CAFETERI A	11.00 0.00		14. 00 15. 00
and others 16.00 Sale of medical and surgical supplies to other than		0		0.00	0	16. 00
patients 17.00 Sale of drugs to other than	В	-36, 939	PHARMACY	15.00	0	17.00
patients 18.00 Sale of medical records and abstracts	В	-10	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees,		0		0.00	0	19. 00
books, etc.)						
20.00 Vending machines 21.00 Income from imposition of		0		0.00		20.00 21.00
interest, finance or penalty charges (chapter 21)						
22.00 Interest expense on Medicare overpayments and borrowings	to	0		0.00	0	22.00
<ul><li>repay Medicare overpayments</li><li>23.00 Adjustment for respiratory therapy costs in excess of</li></ul>	A-8-3	0	RESPI RATORY THERAPY	65.00		23. 00
24.00 Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66.00		24. 00
25.00 Utilization (chapter 14) physicians' compensation		0	*** Cost Center Deleted ***	114.00		25.00
(chapter 21) 26.00 Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL			CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
COSTS-MVBLE EQUIP 28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant 30.00 Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	0.00	0	
therapy costs in excess of limitation (chapter 14)		0		07.00		20.00
30. 99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30. 99
31.00 Adjustment for speech pathology costs in excess of	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for		0		0.00	0	32.00
Depreciation and Interest 33.00 MISC INCOME - OTHER A&G	В	-93 077	ADMI NI STRATI VE & GENERAL	5.00		33.00
11/27/2018 1:09 pm Y:\27100 - St. Vi	1		•		, O	

	nancial Systems		ST. VINCENT			u of Form CMS-	
ADJUSTMEN	NTS TO EXPENSES				Period: From 07/01/2017 To 06/30/2018	Worksheet A-8 Date/Time Pre 11/27/2018 1:	pared:
				Expense Classification o	n Worksheet A	11/2//2010 1.	
				To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
	SC INCOME - PLANT	В	-1, 253	OPERATION OF PLANT	7.00	0	33.01
	SC INCOME - LAUNDRY	В		LAUNDRY & LINEN SERVICE	8.00		
	SC INCOME - HOUSEKEEPING	В		HOUSEKEEPI NG	9.00		
	SC INCOME - NURSING ADMIN	В		NURSING ADMINISTRATION	13.00		00.01
	SC INCOME - ADULTS & PEDS	В		ADULTS & PEDIATRICS	30.00		
	SC INCOME - NICU	В	-1, 248		31.02	0	
	SC INCOME - IPF	В	-9, 684	SUBPROVI DER – I PF	40.00	0	00.07
	SC INCOME - L&D	В		DELIVERY ROOM & LABOR ROOM	52.00		
	SC INCOME - RADIOLOGY	В		RADI OLOGY-DI AGNOSTI C	54.00	0	
	SC INCOME - ULTRASOUND	В		ULTRASOUND	54.02	0	1 001 10
	SC INCOME - LAB	В		LABORATORY	60.00		
	SC INCOME - PT	В		PHYSICAL THERAPY	66.00		
	SC I NCOME - CARDI AC REHAB	В		CARDI AC REHAB	69.02		
	SC INCOME - RENAL	В		RENAL DI ALYSI S	74.00	0	
	SC INCOME - MOBILE CLINIC	В		MOBILE OUTREACH CLINIC	76.01	0	
	SC INCOME - ER	В		EMERGENCY	91.00		
	SC INCOME - AMBULANCE	В	-9, 211	AMBULANCE SERVICES	95.00	0	33.18
33.20 OT	HER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.20
	) VERTISING - OTHER A&G	А	_/00_150	ADMI NI STRATI VE & GENERAL	5.00	0	33.21
	HER ADJUSTMENTS (SPECIFY)		-477, 130	ADMINISTRATIVE & GENERAL	0.00		
(3			0		0.00	0	33.23
	IARM RESIDENCY STARTUP	А	6 471	PARAMED ED PRGM-(SPECIFY)	23.00	0	33.25
	IORTI ZATI ON	<u>_</u>	0, 471		23.00	0	00.20
	HER ADJUSTMENTS (SPECIFY)		0		0.00	o	33.35
(3			0		0.00	0	
	RIOUS N/A EXP- A&G	А	-346, 418	ADMI NI STRATI VE & GENERAL	5.00	0	33.36
	OVIDER ASSESSMENT	А		ADMI NI STRATI VE & GENERAL	5.00		•
	OFESSIONAL LIABILITY	А		ADMI NI STRATI VE & GENERAL	5.00		
	HER ADJUSTMENTS (SPECIFY)		0		0.00		33.68
(3			-			-	
	TI ENT PHONES	A	-356	ADMI NI STRATI VE & GENERAL	5.00	0	33.70
	HER ADJUSTMENTS (SPECIFY)		0		0.00		
(3			-				
	LF-INSURANCE	A	-14, 852, 595	EMPLOYEE BENEFITS DEPARTMEN	T 4.00	0	33.77
33.78 OT	HER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.78
(3	. ,						
50.00 TO	, TAL (sum of lines 1 thru 49)		-63, 566, 929				50.00
	ransfer to Worksheet A,						
со	lumn 6, line 200.)						

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

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

Heal th	Financial Systems	ST. VINCENT	EVANSVI LLE	In Lie	eu of Form CMS-:	2552-10
STATEME OFFICE	ENT OF COSTS OF SERVICES FROM COSTS	RELATED ORGANIZATIONS AND HOP	ME Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018		pared:
	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTM HOME OFFICE COSTS:	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED	ORGANI ZATI ONS OR	CLAI MED	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH	4, 213, 531	3, 865, 471	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	SVH	53, 728, 026	49, 289, 814	2.00
3.00	194. 02	OCCUPATIONAL MEDICINE	SVH	91, 675	84, 102	3.00
4.00		CONV CARE	SVH	632, 862	580, 584	4.00
4.01	194.04	MARKETI NG	SVH	2,047,478	0	4.01
4.02	0.00			0	0	4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT		0	367, 272	4.03
4.04		EMPLOYEE BENEFITS DEPARTMENT		0	2, 170, 823	4.04
4.05	7.00	OPERATION OF PLANT		0	1, 057, 430	4.05
4.06		HOUSEKEEPING		0	333, 742	4.06
4.07		CAFETERIA		0	261, 270	4.07
4.08		HOME OFFICE		0	19, 240, 673	4.08
4.09	0.00			0	0	4.09
4.10		ADMINISTRATIVE & GENERAL	SVH	7, 966, 327	0	4.10
4.11	0.00			0	0	4.11
4.12		CAP REL COSTS-BLDG & FIXT	ASCENSION INTEREST	4, 685, 880	4, 685, 880	4.12
4.13	0.00			0	0	4.13
4.14		ADMINISTRATIVE & GENERAL	SVH CHARGEBACKS	37, 895, 070	37, 895, 070	4.14
4.15			SVH CHARGEBACKS	6, 993	6, 993	4.15
4.16		CORONARY CARE UNIT	SVH CHARGEBACKS	275	275	4.16
4.18	0.00			0	0	4.18
4.19	0.00			0	0	4.19
4.20	0.00			0	0	4.20
4.21	0.00			0	0	4.21
4.22	0.00			0	0	4.22
5.00	0		0	111, 268, 117	119, 839, 399	5.00

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

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

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

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

6.00	В	0.00 ST VINCENT HLTH 100.00	6.00
7.00	В	0.00 ASCENSI 0N 100.00	7.00
8.00		0.00 0.00	8.00
9.00		0.00 0.00	9.00
10.00		0.00 0.00	10.00
100.00	G. Other (financial or		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.

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

 C. Provider has financial interest in corporation, partnership, or other organization.
 D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.

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

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

Heal th	Financial Syste	ems	ST. VINCENT EV	ANSVI LLE	In Lie	u of Form CMS-2552-	-10
STATEME OFFICE		SERVICES FROM	RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared 11/27/2018 1:09 pm	d:
	Net	Wkst. A-7 Ref.					<u></u>
	Adjustments						
	(col. 4 minus						
	col. 5)*						
	6.00	7.00					
	A. COSTS INCUR	RED AND ADJUSTN	IENTS REQUIRED AS A RESULT OF TRA	ANSACTIONS WITH RELATED (	ORGANIZATIONS OR (	CLAIMED	
	HOME OFFICE CO	STS:					
1.00	348, 060	0				1.0	00
2.00	4, 438, 212	0				2.0	00
3.00	7, 573	0				3.0	00
4.00	52, 278	0				4.0	00
4.01	2,047,478	0				4.0	01
4.02	0	0				4. C	02

4.06	-333, 742	0		4.06
4.07	-261, 270	0		4.07
4.08	-19, 240, 673	0		4.08
4.09	0	0		4.09
4.10	7, 966, 327	0		4.10
4.11	0	0		4.11
4.12	0	11		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
5.00	-8, 571, 282			5.00
* The	amounts on line	s 1-4 (and sub	oscripts as appropriate) are transferred in detail to Worksheet A column 6 lines as	

\* 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.

1100	been posted to norksheet M		
	Related Organization(s)		
	and/or Home Office		
	Type of Business		
	51		
	6, 00		
	B. INTERRELATIONSHIP TO RELAT	ED ORGANIZATION(S) AND/OR HOME OFFICE:	1

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

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

6.00	HOME OFFICE		6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
7.00 8.00 9.00 10.00 100.00		100	00.00

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

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

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

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

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

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

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

4.03

4.04

4.05

-367,272

-2, 170, 823

-1,057,430

11

0

0

4.03

4.04

4.05

Heal th F	i nanci al	l Systems	
PROVI DEF	BASED	PHYSI CLAN	ADJUSTMEI

## ST. VINCENT EVANSVILLE

In Lieu of Form CMS-2552-10

Heal th	Financial Syste	ems	ST. VINCENT	EVANSVI LLE		In Li	eu of Form CMS-	2552-10
	ER BASED PHYSIC			Provider C		Period: From 07/01/2017 To 06/30/2018	Worksheet A-8 7 8 Date/Time Pre	
						10 06/30/2018	11/27/2018 1:	
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professi onal Component	Provider Component	RCE Amount	Physician/Prov ider Component	
		rdentriter	Remarier at rom	component	component		Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMI NI STRATI VE & GENERAL	117, 009	117, 009	(	0 0	0 0	1.00
2.00		ADULTS & PEDIATRICS	0	0	(	0 0	0 0	2.00
3.00		INTENSIVE CARE UNIT	0	0	(	0 0	0 0	
4.00		SUBPROVIDER – IRF	2, 400	2, 400		0 0	0 0	
5.00		OPERATING ROOM	601, 953	601, 953	(	0 0	0 0	
6.00		DELIVERY ROOM & LABOR ROOM	0	0	(		0	1
7.00		ANESTHESI OLOGY	3, 986, 292	3, 986, 292	(		0	
8.00		RADI OLOGY-DI AGNOSTI C	1, 004, 965	1, 004, 965	(		0	
9.00 10.00		NUCLEAR MEDICINE CT SCAN	9, 460 3, 590	9, 460 3, 590				
10.00		CARDI AC CATHETERI ZATI ON	53, 219	53, 219				1
12.00		LABORATORY	340, 972	340, 972	(			
13.00		BLOOD STORING, PROCESSING &	2, 420	2, 420	(			1
		TRANS.						
14.00	64.00	INTRAVENOUS THERAPY	559, 383	559, 383	(	0 0	0 0	14.00
15.00	69.00	ELECTROCARDI OLOGY	91, 420	91, 420	(	0 0	0 0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	27, 600	27, 600	(	0 0	0 0	16.00
17.00		MOBILE OUTREACH CLINIC	105, 329	105, 329	(	0 0	0 0	
18.00		CLINIC	0	0	(	0 0	0 0	
19.00		OUTPATIENT PSYCH	0	0	(		0	
20.00		BARIATRICS	0	0	(		0	
21.00		EMERGENCY EMPLOYEE BENEFITS DEPARTMENT	4, 436, 425	4, 436, 425	(			
23. 00 200. 00	4.00	EMPLOYEE BENEFITS DEPARTMENT	372, 836 11, 715, 273	372, 836 11, 715, 273	(			23.00 200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	200.00
	WKSt. A LINE #	I denti fi er		Unadjusted RCE			of Mal practice	
			2.1.1.1	Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00		ADMINISTRATIVE & GENERAL	0	0	(	-		1
2.00		ADULTS & PEDIATRICS	0	0	(		· · · · ·	
3.00		INTENSIVE CARE UNIT	0	0	(	0	0 0	1
4.00		SUBPROVIDER - IRF	0	0	(		0	
5.00		OPERATING ROOM	0	0	(		0	1
6.00 7.00		DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	0	0				
8.00		RADI OLOGY-DI AGNOSTI C	0	0				1
9.00		NUCLEAR MEDICINE	0	0				9.00
10.00		CT SCAN	0	0	(		ol o	
11.00		CARDI AC CATHETERI ZATI ON	0	0	(		ol o	
12.00		LABORATORY	0	0	(	ol o	0 0	12.00
13.00	63.00	BLOOD STORING, PROCESSING &	0	0	(	0 0	o o	13.00
		TRANS.						
14.00		INTRAVENOUS THERAPY	0	0	(	0 0	0 0	1
15.00		ELECTROCARDI OLOGY	0	0	(	0 0	0 0	15.00
16.00		ELECTROENCEPHALOGRAPHY	0					
17.00		MOBILE OUTREACH CLINIC	-	0	(			16.00
18. 00 19. 00		CLINEC	0	0	(		0 0	16. 00 17. 00
17.UU			0	-			0 0	16.00 17.00 18.00
	90. 01	OUTPATI ENT PSYCH	000000000000000000000000000000000000000	0			0 0 0 0 0 0	16.00 17.00 18.00 19.00
20.00	90. 01 90. 04	OUTPATI ENT PSYCH BARI ATRI CS		0			0 0	16.00 17.00 18.00 19.00 20.00
20. 00 21. 00	90. 01 90. 04 91. 00	OUTPATI ENT PSYCH BARI ATRI CS EMERGENCY		0			0 0 0 0 0 0	16.00 17.00 18.00 19.00 20.00 21.00
20.00	90. 01 90. 04 91. 00	OUTPATI ENT PSYCH BARI ATRI CS		0			0 0 0 0 0 0 0 0	16.00 17.00 18.00 19.00 20.00 21.00 23.00
20. 00 21. 00 23. 00 200. 00	90. 01 90. 04 91. 00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT	0 0 0 0 0 0 0 9 0 0	0	C ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		16.00 17.00 18.00 19.00 20.00 21.00 23.00
20. 00 21. 00 23. 00 200. 00	90. 01 90. 04 91. 00 4. 00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT	0 0 0 0 0 Provider Component	0 0 0 0 0 0 0				16.00 17.00 18.00 19.00 20.00 21.00 23.00
20. 00 21. 00 23. 00 200. 00	90. 01 90. 04 91. 00 4. 00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician	Component Share of col.	0 0 0 0 0 0 0 0 0 0 0 0 0	() () () () () () () () () () () () () (			16.00 17.00 18.00 19.00 20.00 21.00 23.00
20. 00 21. 00 23. 00 200. 00	90.01 90.04 91.00 4.00 Wkst. A Line #	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician Identifier	Component Share of col. 14	0 0 0 0 0 Adjusted RCE Limit	RCE Di sal I owance	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Adjustment		16.00 17.00 18.00 19.00 20.00 21.00 23.00
20. 00 21. 00 23. 00 200. 00	90.01 90.04 91.00 4.00 Wkst. A Line #	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician Identifier 2.00	Component Share of col.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	() () () () () () () () () () () () () (	Adj ustment		16.00 17.00 18.00 20.00 21.00 23.00 200.00
20. 00 21. 00 23. 00 200. 00 1. 00	90.01 90.04 91.00 4.00 Wkst. A Line # <u>1.00</u> 5.00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician Identifier 2.00 ADMINISTRATIVE & GENERAL	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 0 0 16.00 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 19.00 20.00 21.00 23.00 200.00
20. 00 21. 00 23. 00 200. 00 1. 00 2. 00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician I dentifier 2.00 ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS	Component Share of col. 14	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 19.00 20.00 21.00 23.00 200.00
20. 00 21. 00 23. 00 200. 00 1. 00 2. 00 3. 00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician I dentifier 2.00 ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS INTENSIVE CARE UNIT	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 16.00 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 20.00 21.00 23.00 200.00 1.00 2.00 3.00
20. 00 21. 00 23. 00 200. 00 1. 00 2. 00 3. 00 4. 00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00 41.00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician Identifier 2.00 ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IRF	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 0 16.00 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 20.00 21.00 23.00 200.00 1.00 2.00 3.00 4.00
20.00 21.00 23.00 200.00 1.00 2.00 3.00 4.00 5.00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00 41.00 50.00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician Identifier 2.00 ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IRF OPERATING ROOM	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 16.00 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 19.00 20.00 21.00 23.00 200.00 1.00 23.00 200.00
20. 00 21. 00 23. 00 200. 00 1. 00 2. 00 3. 00 4. 00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00 41.00 50.00 52.00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician Identifier 2.00 ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IRF	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 16.00 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 20.00 21.00 23.00 200.00 1.00 2.00 3.00 4.00
20. 00 21. 00 23. 00 200. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00 41.00 52.00 53.00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician I dentifier 2.00 ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IRF OPERATING ROOM DELIVERY ROOM & LABOR ROOM	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 16.00 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 19.00 20.00 21.00 23.00 20.00 20.00 1.00 2.00 3.00 4.00 5.00 6.00
20. 00 21. 00 23. 00 200. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00 41.00 52.00 53.00 54.00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician I dentifier 2.00 ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IRF OPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 16.00 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 20.00 21.00 23.00 20.00 20.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00
20. 00 21. 00 23. 00 200. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00 41.00 50.00 52.00 53.00 54.00 54.03	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician Identifier 2.00 ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IRF OPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 16.00 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 20.00 21.00 23.00 20.00 23.00 20.00 3.00 4.00 5.00 6.00 7.00 8.00
20. 00 21. 00 23. 00 200. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 31.00 41.00 52.00 53.00 53.00 54.00 54.03 57.00	OUTPATIENT PSYCH BARIATRICS EMERGENCY EMPLOYEE BENEFITS DEPARTMENT Cost Center/Physician Identifier 2.00 ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IRF OPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC NUCLEAR MEDICINE	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 16.00 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 20.00 21.00 23.00 20.00 20.00 20.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
20.00 21.00 23.00 200.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00 41.00 52.00 53.00 54.00 54.03 57.00 59.00 60.00	OUTPATI ENT PSYCH BARI ATRI CS EMERGENCY EMPLOYEE BENEFI TS DEPARTMENT Cost Center/Physi ci an I denti fi er 2.00 ADMI NI STRATI VE & GENERAL ADULTS & PEDI ATRI CS I NTENSI VE CARE UNI T SUBPROVI DER - I RF OPERATI NG ROOM DELI VERY ROOM & LABOR ROOM ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C NUCLEAR MEDI CI NE CT SCAN CARDI AC CATHETERI ZATI ON LABORATORY	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 20.00 21.00 23.00 20.00 20.00 20.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 7.00 8.00 9.00
20.00 21.00 23.00 200.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00 41.00 52.00 53.00 54.00 54.03 57.00 59.00 60.00	OUTPATI ENT PSYCH BARI ATRI CS EMERGENCY EMPLOYEE BENEFI TS DEPARTMENT Cost Center/Physi ci an I denti fi er 2.00 ADMI NI STRATI VE & GENERAL ADULTS & PEDI ATRI CS I NTENSI VE CARE UNI T SUBPROVI DER - I RF OPERATI NG ROOM DELI VERY ROOM & LABOR ROOM ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C NUCLEAR MEDI CI NE CT SCAN CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG &	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment 18.00 18.00 18.00 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		16.00 17.00 18.00 19.00 20.00 21.00 23.00 20.00 20.00 20.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00
20. 00 21. 00 23. 00 200. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00	90.01 90.04 91.00 4.00 Wkst. A Line # 1.00 5.00 30.00 31.00 41.00 52.00 53.00 54.00 54.03 54.00 54.03 54.00 54.03 54.00 60.00 63.00	OUTPATI ENT PSYCH BARI ATRI CS EMERGENCY EMPLOYEE BENEFI TS DEPARTMENT Cost Center/Physi ci an I denti fi er 2.00 ADMI NI STRATI VE & GENERAL ADULTS & PEDI ATRI CS I NTENSI VE CARE UNI T SUBPROVI DER - I RF OPERATI NG ROOM DELI VERY ROOM & LABOR ROOM ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C NUCLEAR MEDI CI NE CT SCAN CARDI AC CATHETERI ZATI ON LABORATORY	Component Share of col. 14 15.00 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RCE Di sal I owance	Adj ustment		16.00 17.00 18.00 19.00 20.00 21.00 23.00 20.00 20.00 20.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00

Heal th	Financial Syste	ems	ST. VINCENT EVANSVILLE			In Lieu of Form CMS-2552-10		
PROVIDER BASED PHYSICIAN ADJUSTMENT				Provider C		Period: From 07/01/2017	Worksheet A-8	8-2
						To 06/30/2018	Date/Time Pre 11/27/2018 1:	
	Wkst. A Line #	, , , , , , , , , , , , , , , , , , ,	Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component Share of col.	Limit	Di sal I owance			
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
15.00	69.00	ELECTROCARDI OLOGY	0	0	(	91, 420		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	(	27,600		16.00
17.00	76. 01	MOBILE OUTREACH CLINIC	0	0	(	105, 329		17.00
18.00	90.00	CLINIC	0	0	(	0 0		18.00
19.00	90. 01	OUTPATIENT PSYCH	0	0	(	0 0		19.00
20.00	90.04	BARI ATRI CS	0	0	(	0 0		20.00
21.00	91.00	EMERGENCY	0	0	(	4, 436, 425		21.00
23.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	(	372, 836		23.00
200.00			0	0	(	11, 715, 273		200.00

<sup>11/27/2018 1:09</sup> pm Y: \27100 - St. Vincent Evansville\300 - Medicare Cost Report\20180630\CR\27100-18.mcrx

	Health Financial Systems COST ALLOCATION - GENERAL SERVICE COSTS		EVANSVILLE Provider CO	F	In Lie eriod: rom 07/01/2017 o 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/27/2018 1:09 pm	
			CAPI TAL REL	ATED COSTS		11/2//2010 11	
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
		0	1.00	2.00	4.00	4A	
1 00	GENERAL SERVICE COST CENTERS	10 744 070	40 744 070				1
1.00 2.00 4.00 5.00 7.00 8.00 9.00 10.00 11.00 13.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION	10, 744, 279 9, 366, 592 24, 190, 218 110, 733, 603 9, 495, 564 758, 748 4, 112, 804 1, 922, 114 1, 392, 641 1, 967, 193	10, 744, 279 8, 522 863, 882 983, 536 94, 262 209, 551 274, 605 0 406, 193	9, 366, 592 C 1, 168, 896 1, 102, 678 23, 840 2, 076 146, 594 C 47, 016	24, 198, 740 3, 060, 518 191, 371 135, 004 0 0 0	115, 826, 899 11, 773, 149 1, 011, 854 4, 324, 431 2, 343, 313 1, 392, 641 2, 793, 928	1.00 2.00 4.00 5.00 7.00 8.00 9.00 10.00 11.00 13.00
14. 00 15. 00 16. 00 21. 00 23. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 02100 I &R SERVICES-SALARY & FRINGES APPRV 02300 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERVICE COST CENTERS	2, 156, 067 4, 351, 056 528, 198 449, 297 160, 556	195, 610 68, 794 65, 931 0	122, 948	296, 562 889, 685 107, 823 77, 916	2, 771, 187 2, 771, 187 5, 525, 523 701, 952 527, 733 190, 741	14.00 15.00 16.00
30. 00 31. 00 31. 02 32. 00 40. 00 41. 00 43. 00 44. 00 45. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03102 NICU 03200 CORONARY CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	20, 462, 365 8, 743, 792 3, 296, 494 1, 109, 403 2, 190, 170 1, 504, 358 908, 504 0 0	1, 899, 201 464, 895 139, 233 61, 906 126, 926 387, 338 0 0 0 0	136, 029 129, 132 116, 169 73, 695 13, 961 41, 077 0 0 0 0	1, 619, 495 643, 437 190, 735 268, 478 300, 112 178, 974 0	26, 467, 907 10, 957, 314 4, 195, 333 1, 435, 739 2, 599, 535 2, 232, 885 1, 087, 478 0 0	30. 00 31. 00 31. 02 32. 00 40. 00 41. 00 43. 00 44. 00 45. 00
71.00 72.00 73.00 74.00 76.00 76.01	05000 OPERATI NG ROOM 05100 RECOVERY ROOM 05200 DELI VERY ROOM & LABOR ROOM 05200 RADI OLOGY ROOM & LABOR ROOM 05400 RADI OLOGY-DI AGNOSTI C 05402 ULTRASOUND 05403 NUCLEAR MEDI CI NE 05600 RADI OI SOTOPE 05700 CT SCAN 05800 MAGNETI C RESONANCE I MAGI NG (MRI ) 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 06900 CARDI AC REHAB 06903 DI ABETI C EDUCATI ON 07000 ELECTROCHADI OLOGY 06902 CARDI AC REHAB 06903 DI ABETI C EDUCATI ON 07000 ELECTROCHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 I MPL. DEV. CHARGED TO PATI ENT 07200 I MPL. DEV. CHARGED TO PATI ENT 07400 RENAL DI ALYSI S 03951 ECT 03950 MOBI LE OUTREACH CLI NI C 0UTPATI ENT SERVI CE COST CENTERS	$\begin{array}{c} 56, 256, 627\\ 1, 492, 385\\ 2, 317, 608\\ 53, 735\\ 5, 200, 757\\ 532, 031\\ 1, 881, 104\\ 0\\ 1, 122, 959\\ 549, 002\\ 1, 878, 150\\ 14, 014, 562\\ 1, 655, 049\\ 3, 242, 214\\ 3, 302, 448\\ 3, 630, 986\\ 1, 438, 265\\ 485, 288\\ 1, 087, 074\\ 545, 916\\ 171, 447\\ 613, 899\\ 7, 634, 488\\ 14, 951, 513\\ 21, 540, 369\\ 785, 084\\ 153, 512\\ 661, 652\\ \end{array}$	481, 677 102, 752 265, 468 0 236, 303 20, 511 77, 261 0 56, 915 70, 636 140, 692 157, 989 6, 800 119, 270 31, 589 64, 977 0 50, 213 84, 237 50, 828 78, 589 0 0 3, 214 0	139, 406 597, 488 51, 231 277 292, 934 48, 326 15, 618 0 11, 759 178, 958 0 32, 585 0 0 47, 141 0 218, 283	299, 948 453, 452 6, 959 1, 007, 631 102, 224 132, 564 0 190, 114 101, 949 236, 941 377, 348 2, 227 395, 777 589, 321 726, 994 303, 729 100, 921 194, 549 112, 285 36, 196 107, 380 0 0 199, 436 28, 236 148, 400	$\begin{array}{c} 59, 953, 635\\ 1, 912, 250\\ 3, 085, 924\\ 93, 898\\ 7, 797, 169\\ 658, 549\\ 2, 099, 170\\ 0\\ 1, 607, 057\\ 860, 993\\ 2, 853, 271\\ 14, 601, 130\\ 1, 664, 353\\ 4, 050, 195\\ 3, 971, 684\\ 4, 438, 575\\ 1, 741, 994\\ 597, 968\\ 1, 510, 794\\ 742, 438\\ 259, 273\\ 832, 453\\ 7, 634, 488\\ 14, 951, 513\\ 21, 540, 369\\ 1, 028, 335\\ \end{array}$	$\begin{array}{c} 52.\ 00\\ 53.\ 00\\ 54.\ 00\\ 54.\ 02\\ 54.\ 03\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 02\\ 69.\ 03\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 74.\ 00\\ 76.\ 01\\ \end{array}$
88.00 89.00 90.01 90.02 90.04 91.00 91.01 92.00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 09001 OUTPATIENT PSYCH 09002 PEDS CLINIC 09004 BARIATRICS 09100 EMERGENCY 09101 DIAGNOSTIC TREATMENT CENTER 09200 OBSERVATION BEDS (NON-DISTINCT PART	0 972,008 0 0 7,052,166 1,834,606	0 0 11, 210 0 0 263, 834 129, 548	C C 229, 127	0 0 1, 305, 893	0 0 1, 076, 611 0 0 8, 851, 020 2, 294, 671 0	88.00 89.00 90.00 90.01 90.02 90.04 91.00 91.01 92.00
97.00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 09700 DURABLE MEDICAL EQUIP-SOLD 09850 HOME OFFICE	3, 175, 852 2, 726, 144 0	0 0 0	252, 969 1, 382 C		3, 926, 828 2, 905, 122 0	

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Pre 11/27/2018 1:	pared: 09 pm
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
	0	1.00	2.00	4.00	4A	
99. 00 09900 CMHC 101. 00 10100 HOME HEALTH AGENCY	0	0		0 0 0 0	0	99.00 101.00
SPECIAL PURPOSE COST CENTERS						
106. 00 10600 HEART ACQUI SI TI ON	0	0		0 0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	383, 502, 916	8, 754, 898	9, 097, 46	4 21, 872, 228	378, 917, 895	118.00
NONREI MBURSABLE COST CENTERS						
191. 00 19100 RESEARCH	0	0		0 0		191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	5, 593, 272	285, 847	43, 58	0 654, 461	6, 577, 160	
194.00079500THER NONREIMBURSABLE COST CENTERS	0	193, 812		0 0	193, 812	
194. 01 07951 APOTHECARY	5, 491, 257	1, 996		0 107, 066		
194. 02 07952 OCCUPATI ONAL MEDI CI NE	1, 671, 967	433, 394		0 275, 153		
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0		0 0		194.03
194. 04 07954 MARKETI NG	2, 173, 711	0		0 25, 273	2, 198, 984	
194.06 07956 MOB	383, 674	0		0 9	383, 683	
194. 07 07957 SENI OR PARTNERS	0	0		0 0		194.07
194. 08 07958 ASCENSION PHYSICIAN RECRUITMENT	1, 245, 578	9, 992		0 0	1, 255, 570	
194. 09 07959 CONV CARE	7, 074, 169	0	225, 54	8 1, 213, 941	8, 513, 658	
194. 10 07960 EMPLOYEE FITNESS CENTER	0	0		0 0		194.10
194. 11 07961 ST ELIZABETH	0	12, 032		0 0	12, 032	
194. 14 07964 FREE STANDING CATH LAB	0	11, 363		0 0	11, 363	
194. 15 07965 FAMILY PRACTICE	21 ( 27	32, 774			32, 774	
194. 17 07967 FOUNDATI ON/UNUSED SPACE 200. 00 Cross Foot Adjustments	31, 627	1, 008, 171		0 50, 609		200.00
200.00 Regative Cost Centers		~		0		200.00
201.00   Negative cost centers 202.00   TOTAL (sum lines 118 through 201)	407, 168, 171	0 10, 744, 279	9, 366, 59	2 24, 198, 740		
		10, 744, 277	7, 500, 57	27, 170, 740		202.00

BINEAL SERVICE CONTRACT         UNION         UNIO		LLOCATION - GENERAL SERVICE COSTS	ADMI NI STRATI VE		F Tu LAUNDRY &	eriod: rom 07/01/2017 o 06/30/2018 HOUSEKEEPING	Worksheet B Part I Date/Time Pre 11/27/2018 1: DIETARY	
BERRAL SEND GL DOST CONTRES         1           0.0000 (DRIAD) PERCENTS DESARTING         1           0.00000 (DRIAD) PERCENTS DESARTING         1 <th></th> <th></th> <th>&amp; GENERAL 5.00</th> <th>PLANT 7.00</th> <th>LINEN SERVICE 8.00</th> <th>9.00</th> <th>10.00</th> <th></th>			& GENERAL 5.00	PLANT 7.00	LINEN SERVICE 8.00	9.00	10.00	
2.00         COUDO CAP, HEL LODIS HWIDEL EDUIP         4.00. 59m         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00								
4.00         Devol EMPLOPEE DENET IS DEPARTMENT         115, 826, 999         1         4.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
5.00         DEPOL MANINE INSTRUCT & GENERAL         11, BL22, BW         5.00         5.00           6.00         DEPOL MANINE IN UNIT & GENERAL         11, BL22, BW         1, SU1, DW         5.00         5.00           6.00         DEPOL MANINE IN UNIT SERVICE         402, 277         122, 956         1, SU1, DW         5.00         5.00           6.00         DEPOL MANINE IN UNIT SERVICE         402, 277         122, 956         1, SU1, DW         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00								1
7.00         CONDOLOGERATION OF PLANT         4. 680.580         16. 453.729         1.5.4.0         7.00         7.00           0.00         CONDOL AUXEERS         100         179.1.233         282.2.84         0         6. 325.933         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00			115 00/ 000					1
8.00         08000         AUMORY & LINEN SERVICE         1, 22, 636         1, 541, 097         6, 22, 523         93, 776, 120         0           0.00         00000         DESCEPTING         91, 617         327, 868         0         11, 541, 097         6, 32, 593         3, 776, 120         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <				16 452 720				
9.00 00000 00005 00055KFF P1 KG 1, 719, 238 222, 254 0 1, 725, 203 3, 766, 120 10, 00 01000 011 TAW 2, 93, 766, 120 10, 00 1100 024TER1 A, STRV CAT (11) 100 01100 024TER1 A, STRV CAT (11) 100 024 01 024 024 024 00 0 0 0 0 0 0 0 0 0 0 0 0								1
10.00         DITORO         DITORO         DITORO         DITORO         State          10.00         Dite<						6, 325, 923		
13.00       0.00       0.00       0.00       0.00       0       0       0       0       0       0.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0							3, 796, 120	1
14 000       0.01000       ENTRALL SERVICES & SUPPLY       1,101,724       202,3477       0       13,882       0       14,000         10 00       10000       EDICAL, RECORDS & LIBRARY       279,071       88,860       0       36,534       0       15,000         10 00       10000       EDICAL, RECORDS & LIBRARY       279,071       88,860       0       6       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<	11.00	01100 CAFETERI A	553, 664	0	0	0	0	11.00
10.00         DISDO PHARMACY         2, 196, 749         92, 662         0         36, 534         0         15.00           10.00         DISDO PHARMACY         209, 608         0         0         0         23.00           10.00         DISDO PHARMADE ID PHARE (SFC1T)         75, 632         0         0         23.00           30.00         DISDO PHARMADE ID PHARE (SFC1T)         75, 632         0         0         23.00           30.00         DISDO PHARMADE ID PHARE (SFC1T)         1, 667, 913         187, 539         42, 669, 970         2, 609, 527           30.00         DISDO PHARENT CAR HUNT         1, 667, 913         187, 539         42, 668         36, 744         7, 763         32.00           31.02         DISDO PHARENT CAR HUNT         1, 567, 742         7, 47         0         34.00         44.00         54.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00					-			
1.0.00         Charlon MEDILCAL RECORDS & LIERARY         279, 071         88, 800         0         35, 014         0         16, 00           23 00         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2300         2400         246, 800         246, 800         246, 800         246, 800         246, 800         246, 800         246, 800         240, 800         31, 200         31, 200         31, 200         32, 300         200, 800, 800         817, 717         152, 122, 217, 23         71, 341         205, 702         228, 780         41, 300         41, 300         41, 300         41, 300         41, 300         41, 300         41, 300         41, 300         41, 300         41, 400         44, 500         500         500         500, 500         500, 500         500, 500         500, 500         500         500, 500         500         500, 500, 500         500         5					-			
1:00         DOITOO LAR SERVICES-SALARY & FRINCES APPRV         209, 508         0         0         0         23.00           1:00         DOIZOU FARANCE DE PREMAY         75, 332         0         0         0         23.00           1:00         DISTOL INTERNITIES SKRUCE COST CENTERS         1.008, 597         2, 609, 597         2, 609, 597         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00					-			1
23.00         D2300         PARAMED         D RED         TO         TO <thto< th=""> <thto< th=""> <thto< th=""></thto<></thto<></thto<>								1
INPATE INT. ROUTINE SERVICE COST CENTERS         0.522, 687, 234         2.558, 118         587, 524         1,008, 507         2, 600, 259         30.0           31.00         33000 INTENSIVE CARE UNIT         4,356, 234         626, 118         184, 049         24,680         25,002, 243         31.00           31.00         33000 INTENSIVE CARE UNIT         4,356, 234         626, 118         184, 042, 686         23, 942         0.0         0.1           31.00         3000 INTERSIVE CARE UNIT         53,792         53,733         36,736         22,866         22,866         23,864         10.0           31.00         04300 NURSERY         187,534         206,702         283,786         41.00         440.0         440.0         440.0         43.00         43.00         45.00         44.00         440.0         440.0         440.0         440.0         440.0         440.0         440.0         440.0         440.0         440.0         440.0         440.0         440.0         440.0         440.0         45.00         45.00         45.00         45.00         45.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.							-	
30:00       30:00       30:00       30:00       30:00       10:00       52:00       10:00       2:000       2:000       2:000       2:000       2:000       2:000       2:000       2:000       30:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00       30:00 <t< td=""><td>20.00</td><td></td><td>13,032</td><td>0</td><td>0</td><td>0</td><td>0</td><td>23.00</td></t<>	20.00		13,032	0	0	0	0	23.00
1:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00	30.00		10, 522, 687	2, 558, 118	587, 524	1, 008, 597	2, 609, 259	30.00
32.00         DO2200         COROMARY CARE UNIT         T570.798         83.384         38.618         32.870         47.768         22.00           41.00         04100         SUBPROVIDER - IFF         1.033.462         170.963         0         67.406         40.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
40.00       04000       SUBPROVIDER - IPF       1,03,462       170,963       0       67,406       238,606       40.00         41.00       04100       NURSERY Y       432,342       0       0       0       0       43.00         41.00       04430       NURSERY Y       432,342       0       0       0       0       43.00         41.00       04430       NURSERY SERVICE COST CENTERS       0       0       0       0       0       0       0       0       0       0       0       45.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0							-	1
41.00       04100       SUBPROVIDER - IRF       807,715       521,723       71,341       205,702       283,702       43.00         43.00       04300       0       0       0       0       0       43.00         44.00       04400       SKILLED NURSING FACILITY       0       0       0       0       0       43.00         50.00       05000       DERATING ROM       23,835,501       691,726       175,549       227,279       1,236       50.00         51.00       DETOD HECOVERY NODM       700,242       313,146       49,911       124,465       1.44.8       51.00         51.00       DETOD HECOVERY NODM       700,242       313,146       49,911       124,465       1.44.8       51.00         51.00       DETOD HECOVERY NODM       700,242       337,571       50,015       50,01       51.00       55.00       700       0       53.00       700       0       53.00       700       0       0       50.00       55.00       71.23       50.01       50.00       55.00       55.00       55.00       71.23       50.01       50.00       55.00       55.00       71.23       50.01       50.00       50.00       50.00       50.00       50.00								
43:00       00       00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
44. 00         0.4400         SKI LLED NURSI NG. FACILITY         0         0         0         0         45. 00           ACCILLARY SERVICE COST CENTERS								
45. D0         0 64500         0 HIRES ING FACI LITY         0         0         0         45. D0           ANCL LLARY SERVIC COST CENTERS         772, 729         1,236         50. 00         05000         0PERATING ROOM         1,226, 852         357, 571         50, 315         140, 981         45, 878         52. 00         0         0         0         0         0         0         0         0         0         0         53. 00         53.00         0.00         0         0         0         0         0         0         0         0         0         0         0         53. 00         53.00         0.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></td<>							-	
AACILLARY SERVICE COST CENTERS			-					
51.00         05100         RECOVERY ROOM         1760,242         313,146         49,911         123,465         1,448         51.00           52.00         05200         ARDOLLVEYR ROOM         1,226,882         357,571         50.31         140,981         45.878         52.00           53.00         05300         ARLSTHESIOLOGY         37,330         0         0         0         0         0         53.00           54.02         05402         ULTRASOUND         261,815         66,989         0         24,010         54.02           54.03         05600         RADICISTOPE         0         0         0         55.00         55.00         55.00         52.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00         58.00				. <u> </u>			-	
52. 00         05200 DELLUERY ROWN & LABOR ROOM         1, 226, 852         357, 571         50. 315         140, 981         45, 878         52. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         55. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00			23, 835, 501	691, 726		272, 729	1, 236	50.00
53: 00       05300 ANESTHESI OLGGY       37, 330       0       0       0       53. 00       54. 02       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       54. 00       56. 00       56. 00       56. 00       57. 00       57. 00       57. 00       57. 00       57. 00       57. 00       59. 00       59. 00       59. 00       60. 00       26. 116. 116. 116. 0. 51. 00       59. 00       63. 00       63. 00       63. 00       63. 00       63. 00       63. 00       63. 00       63. 00       63. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00								
54.00       05400       RADIOLOCY-DIAGNOSTIC       3,099,874       76,2,921       27,582       300,799       21,261       54.00         54.02       05403       NUCLEAR MEDICINE       834,554       563,371       2,650       222,122       0       54.03         50.00       05000       CTSCOM       638,908       152,629       26,729       60,177       0       0       56.00         50.00       05000       CARDIAC CATHETERIZATION       1,134,358       360,762       20,409       142,239       0       59.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
54.02       05402       ULTRASOUND       221,815       60,898       0       24,010       0       54.00         56.00       05600       RADI OSTOPE       0       0       0       0       55.00         57.00       057.00       057.00       057.00       057.00       057.00       057.00       0       05.00       0       05.00       05.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00 <td< td=""><td></td><td></td><td></td><td>-</td><td>-</td><td>-</td><td>-</td><td></td></td<>				-	-	-	-	
54.03       054.03       NUCLEAR MEDICINE       834,554       50.0       05.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								
56. 00         05600 RADIO ISOTOPE         0         0         0         0         57. 00           57. 00         05700 CT SCAN         638. 908         152, 629         26, 729         60, 777         0         57. 00           58. 00         05800 MAGNETI C. RESONANCE I MAGI NG (MRI )         1, 134, 358         360, 762         20, 409         142, 239         0         59. 00           59. 00         05000 CARDIA C. CATHETERI ZATI ON         1, 134, 358         360, 762         20, 409         142, 239         0         64. 00           64.00         064000 LABORATORY         5, 804, 884         667, 467         0         3, 611         0         62. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         66. 00         67. 00         0         0         0         67. 00         67. 00         67. 00         67. 00         67. 00         67. 00         67. 00         67. 00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
58. 00         065800         MAGNETI C         RESONANCE IMAGING (MRI)         342,300         168,274         7,659         66,346         0         58. 00           00         0500         CADDI AC CATHETERI ZATION         1,34,358         360,762         20,409         142,239         59. 00           06:00         06300         BLODD STORING, PROCESSING & TRANS.         661,687         9,160         0         3,611         0         63. 00           06:00         066000         HRANDUS THERAPY         1,578,999         42,549         0         16,776         65. 00           06:00         066000         PHYSICAL THERAPY         1,578,999         42,549         0         0         66. 00           0.00         06700         00000         0         68.00         6600,00         660,00         660,00         660,00         660,00         660,00         660,00         660,00         660,00         660,00         680,00         680,00         680,00         680,00         680,00         680,00         680,00         680,00         680,00         680,00         680,00         680,00         69,00         69,00         69,00         69,03         71,705         68,40         9,83         71,705         69,03			0	0	0		0	1
59:00         059:00         CARDIAC CATHETERIZATION         1, 134, 358         360, 762         20, 409         142, 239         0         59.00           60:00         06000         LABORATORY         58.04, 884         667, 467         0         263.165         0         60.00         66.00         66.00         65.00         650.00         ASSI 106         0         3, 611         0         63.00         66.00         0         3, 611         0         63.00         66.00         0         60.00         120, 116         35, 742         64.00         66.00         65.00         66.00         0         0         66.00         65.00         66.00         0         0         0         66.00         66.00         66.00         0         0         0         67.00         67.00         68.00         68.00         68.00         68.00         68.00         68.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         71.00         71.00         74.00         72.00         71.00         74.00         72.00         74.00         72.00         74.00         74.00         72.00         74.00         74.00         74.00 <td>57.00</td> <td>05700 CT SCAN</td> <td>638, 908</td> <td>152, 629</td> <td>26, 729</td> <td>60, 177</td> <td>0</td> <td>57.00</td>	57.00	05700 CT SCAN	638, 908	152, 629	26, 729	60, 177	0	57.00
60. 00         06000         LABORATORY         5, 804, 884         667, 467         0         263, 165         0         63.00           63.00         06300         BLOD STORING, PROCESSING & TRANS.         661, 687         9, 160         3, 611         0         63.00           64.00         06400         INTRAVENOUS THERAPY         1, 518, 999         42, 549         0         16, 776         6         65.00           06500         PHYSI CAL THERAPY         1, 774, 6, 18         260, 581         5, 409         102, 740         0         66.00           0600         OSCO OCUPATIONAL THERAPY         692, 554         0         0         0         0         0         670.00         0         670.00         0         670.00         0         0         670.00         670.00         0         0         0         0         0         0         0         0         0         670.00         690.03         0         0         0         0         0         670.03         670.03         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<	58.00		342, 300	168, 274	7, 659		0	58.00
63.00         06300         BLOOD STORING, PROCESSING & TRANS.         661.687         9.160         0         3.611         0         63.00           64.00         06400         INTRAVENUUS THERAPY         1,610,212         304,651         0         120,116         35,742         64.00           66.00         06600         PKSPI ACTORY THERAPY         1,764,618         260,581         5,409         102,740         0         66.00           0.00         00 COCUPATIONAL THERAPY         622,554         0         0         0         67.00         68.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.03         173.309         69.03         69.03           0.00         07000         FLECTROCHARAPHY         330,953         105,855         6,438         41,734         2,631         70.00         71.00         70.00         72.00         73.00         0         0         0         71.00         73.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00								1
64.00         06400         INTRAVENUUS THERAPY         1,610,212         304,651         0         120,116         35,742         64.00           65.00         06500         RESPI RATORY THERAPY         1,578,999         42,549         0         102,740         0         65.00           06500         06500         SPECE HATOLOCY         237,731         0         0         0         0         0         67.00         66.00         68.00         68.00         68.00         68.00         68.00         68.00         68.00         68.00         69.00         69.00         66.00         67.00         0         0         0         0         69.00         69.02         690,20         690,20         690,30         FLECTROCARDI OLOCY         600,837         118,866         9.963         71,705         69.00         69.02         690,00         ELCTROCARDE OLOCY         30,953         105,855         6,438         41,736         2,631         70.00         71.00         70.00         72.00         0         0         0         72.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00							-	1
65:00         06500         RESPIRATORY THERAPY         1,578,999         42,549         0         16,776         0         65:00           66:00         06600         PHYSICAL THERAPY         1,764,618         260,581         5,409         102,740         0         66:00           67:00         0CCUPATIONAL THERAPY         692,554         0         0         0         0         67:00         67:00         67:00         67:00         67:00         67:00         67:00         0         0         0         67:00         67:00         67:00         67:00         67:00         0         0         67:00         67:00         67:00         0         0         0         0         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         71:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00         72:00								
66.00         06600         PHYSICAL THERAPY         1,764,618         260,581         5,009         102,740         0         66.00           67.00         06700         OCCUPATI ONAL THERAPY         692,554         0         0         0         0         66.00           68.00         06800         SPEECH PATHOLOGY         237,731         0         0         0         68.00           69.00         06900         ELECTROCARDI OLOGY         600,637         181,866         9,663         71,705         69.00           69.02         O6902 (ARDIA C REHAB         295,167         439,566         9,793         173,309         69.03           70.00         07000         RELECTROENCEPHALOGRAPHY         3,03,718         68,462         0         26,993         0         0         0         71.00         70.00         71.00         0         0         72.00         73.00         0         0         0         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         76.00         76.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
67.00         0c700         0c2UPATI ONAL THERAPY         642, 554         0         0         0         0         67.00         0         0         0         0         68.00         0         0         0         0         68.00         0         0         0         0         0         68.00         0         0         0         0         0         0         68.00         68.00         68.00         0         0         0         0         68.00         68.00         0         0         0         0         68.00         68.00         0         0         0         69.03         0         0         0         69.03         0         0         0         0         69.03         0         0         0         0         69.03         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							-	
69:00         06900         ELECTROCARDI OLOGY         600, 637         181,866         9,963         71,705         0         69.02           69:02         06902         CARDI AC REHAB         295,167         439,566         9,793         173,309         0         69.02           09:03         D6903         DI ABETI C EDUCATION         103,078         68,462         0         26,993         0         69.03           70:00         NCDI CAL SUPPLIES CHARGED TO PATI ENT         3,03,5198         0         0         0         0         0         71.00           71:00         07200         IMPL. DEV. CHARGED TO PATI ENTS         5,944,183         0         0         0         0         73.00         0         0         0         73.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         76.00         0         0         0         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00					0		0	67.00
69:02         CARDIAC REHAB         295, 167         439, 566         9, 793         173, 309         69:02         69:02           60:03         06903         DIABETI C EDUCATION         103, 078         68, 462         0         26, 993         0         69:03           00:00         07000         ELECTROENCEPHALOGRAPHY         330, 953         105, 855         6, 438         411, 736         2, 631         70.00           07300         DRUS CHARGED TO PATIENTS         5, 944, 183         0         0         0         73.00           07300         DRUS CHARGED TO PATIENTS         8, 563, 675         0         0         0         74.00           074.00         07400         RENAL DI ALYSI S         411, 429         4, 329         2, 458         1, 707         74.00           03951         ECT         72, 256         0         0         0         76.00           03950         N0BI LE OUTREACH CLINIC         408, 829         60, 735         0         23, 946         0         76.00           0000         0800         RURAL HEALTH CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>68.00</td> <td>06800 SPEECH PATHOLOGY</td> <td>237, 731</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>68.00</td>	68.00	06800 SPEECH PATHOLOGY	237, 731	0	0	0	0	68.00
69:03         ID48ETIC EDUCATION         103,078         68,462         0         26,993         0         69:03           70:00         07000         ELECTROENCEPHALOGRAPHY         330,973         105,855         6,438         41,736         2,631         70.00         71.00         71.00         0         0         0         0         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         72.00         70.00         RENAL DI ALYSIS         5,944,183         0         0         0         0         73.00         70.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         76.00         75.00         75.00         74.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00								
70.00       COUDE       LECTROENCEPHALOGRAPHY       330,953       105,855       6,438       41,736       2,631       70.00         71.00       MDI CAL SUPPLIES CHARGED TO PATIENT       3,035,198       0       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       5,944,183       0       0       0       73.00         74.00       07400       RENAL DI ALYSIS       411,429       4,329       2,458       1,707       0       74.00         03951       ECT       72,256       0       0       0       0       76.00         03950       MOBILE       OUTRACT CLINIC       408,829       60,735       0       23,946       76.01         017001       UTPATIENT SERVICE COST CENTERS       428,022       15,099       14,106       5,953       90.01       90.00       90.01       90001       00001       0       0       90.01       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00								
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       3, 035, 198       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       5, 944, 183       0       0       0       72.00         73.00       7300       R7000       RENAL DI ALYSI S       8, 563, 675       0       0       0       74.00         74.00       07400       RENAL DI ALYSI S       411, 429       4, 329       2, 458       1, 707       0       74.00         76.01       03950       MOBILE OUTREACH CLINIC       408, 829       60, 735       0       23, 946       0       76.01         00170.0       FEDERALLY QUALI FIED THEACH CENTER       0       0       0       0       88.00       89.00         00.00       09000       FEDERALLY QUALI FIED HEALTH CENTER       0       0       0       0       89.00         00.01       09000       FEDERALLY QUALI FIED HEALTH CENTER       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0					-		-	1
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       5,944,183       0       0       0       72.00         73.00       DRUGS CHARGED TO PATIENTS       8,563,675       0       0       0       73.00         74.00       7400       RYA0       RAVAO       REAL       11,429       4,329       2,458       1,707       0       76.00         76.01       03951       ECT       72,256       0       0       0       76.00         01700 TPATIENT SERVICE COST CENTERS       408,829       60,735       0       23,946       0       76.01         01700 1000       08800       RURAL HEALTH CLINIC       408,829       0       0       0       88.00       88.00         08800       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0       88.00       99.00         0.01       09001       001001 UTPATIENT PSYCH       0       0       0       0       90.00       90.02       90.02       90.02       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04 <t< td=""><td></td><td></td><td></td><td>105, 855</td><td>0,438</td><td>41,730</td><td></td><td></td></t<>				105, 855	0,438	41,730		
73.00       07300       DRUGS CHARGED TO PATIENTS       8,563,675       0       0       73.00         74.00       07400       RENAL DI ALYSI S       411,429       4,329       2,458       1,707       0       74.00         76.01       03951       ECT       72,256       0       0       0       76.01         01       03950       MOBILE OUTREACH CLINIC       408,829       60,735       0       23,946       76.01         01       03950       MOBILE OUTREACH CLINIC       0       0       0       0       76.01         01       03950       MURAL HEALTH CLINIC       0       0       0       0       88.00         0800       RURAL HEALTH CLINIC       0       0       0       0       88.00       90.00       90.01       90.01       90.01       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.02       90.02       90.02       90.02       90.02       90.02       90.01       90.01       90.01       90.01				0	0	0		
76.00         03951         ECT         72,256         0         0         0         0         76.00           03950         MOBILE OUTREACH CLINIC         408,829         60,735         0         23,946         0         76.01           001704T1ENT SERVICE COST CENTERS         0         0         0         0         0         88.00         08800         RURAL HEALTH CLINIC         0         0         0         0         89.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td>73.00</td><td>07300 DRUGS CHARGED TO PATIENTS</td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></t<>	73.00	07300 DRUGS CHARGED TO PATIENTS		0	0	0	0	
76. 01       03950       MOBILE OUTREACH CLINIC       408,829       60,735       0       23,946       0       76. 01         0UTPATI ENT SERVICE COST CENTERS       88.00       0800       RURAL HEALTH CLINIC       0       0       0       0       88.00       88.00       900       08000       FDERALLY QUALIFIED HEALTH CENTER       0       0       0       88.00       90.00       09000       CLINIC       428,022       15,099       14,106       5,953       0       90.00       90.01       90.01       0000       0       0       0       0       0       90.00       90.01       90.02       90.02       PEDS CLINIC       0       0       0       0       90.02       90.02       90.02       PEDS CLINIC       0       0       0       0       90.02       90.02       90.02       90.02       90.02       0000       PEDS CLINIC       0       0       0       0       0       90.02       90.02       90.02       90.02       90.02       90.02       90.02       90.02       90.02       90.02       90.02       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.04       90.0			411, 429	4, 329	2, 458	1, 707	0	74.00
OUTPATIENT SERVICE COST CENTERS       OUTPATIENT SERVICE COST CENTERS         88.00       08800       RURAL HEALTH CLINIC       0       0       0       0       88.00         90.00       09000       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0       88.00         90.00       09000       CLINIC       428,022       15,099       14,106       5,953       0       90.00         90.01       09000       CLINIC       0       0       0       0       90.01         90.02       09002       PEDS CLINIC       0       0       0       0       90.01         90.02       09004       BARIATRICS       0       0       0       0       90.04         91.01       09100       EMERGENCY       3,518,847       355,370       201,634       140,113       177       91.00         91.01       09100       EMERGENCY       3,518,847       355,370       201,634       140,113       177       91.01         92.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       912,279       174,494       41,624       68,798       0       91.01       92.00         95.00       09500       MBURABLE MEDI CAL EQUI P-SOLD				0	0	0	-	1
88.00         08800         RURAL HEALTH CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<	76.01		408, 829	60, 735	0	23, 946	0	76.01
89.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0       89.00         90.00       09000       CLINIC       428,022       15,099       14,106       5,953       0       90.00         90.01       09001       OUTPATIENT PSYCH       0       0       0       0       0       90.01         90.02       09002       PEDS CLINIC       0       0       0       0       90.02         90.04       09004       BARIATRICS       0       0       0       0       90.02         90.04       09100       EMEGENCY       3,518,847       355,370       201,634       140,113       177       91.00         91.01       09101       DI AGNOSTI C TREATMENT CENTER       912,279       174,494       41,624       68,798       0       91.01         92.00       OBSERVATI ON BEDS (NON-DI STINCT PART         92.00       950       AMBULANCE SERVI CES       1,561,165       0       0       0       97.00         97.00       09700       DURABLE MEDI CAL EQUI P-SOLD       1,154,972       114,719       0       45,231       0       97.00         98.00       09850       HOME OFFICE       0	00 00		0	0	0	0	0	00 00
90.00       09000       CLINIC       428,022       15,099       14,106       5,953       0       90.00         90.01       09001       0UTPATIENT PSYCH       0       0       0       0       0       90.01         90.02       09002       PEDS CLINIC       0       0       0       0       0       0       90.02         90.04       09004       BARIATRICS       0       0       0       0       0       90.04         91.00       P9100       EMERGENCY       3,518,847       355,370       201,634       140,113       177       91.00         91.01       DIAGNOSTIC TREATMENT CENTER       912,279       174,494       41,624       68,798       0       91.01       92.00         09200       OBSERVATION BEDS (NON-DISTINCT PART       92.00       92.00       92.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       97.00       0       0       0       95.00       97.00       98.00       98.00       98.00       98.00       98.00       98.00       99.00       0       0       0       0       0       0       0       0       0			0					1
90.01         09001         0UTPATI ENT PSYCH         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td>428.022</td> <td>15.099</td> <td>14. 106</td> <td>0</td> <td></td> <td></td>			428.022	15.099	14. 106	0		
90.02         09002         PEDS CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0	0	0	0		
91.00       09100       EMERGENCY       3, 518, 847       355, 370       201, 634       140, 113       177       91.00         91.01       DI AGNOSTI C TREATMENT CENTER       912, 279       174, 494       41, 624       68, 798       0       91.01         92.00       DBSERVATI ON BEDS (NON-DI STI NCT PART       912, 279       174, 494       41, 624       68, 798       0       91.01         92.00       DBSERVATI ON BEDS (NON-DI STI NCT PART       912, 279       174, 494       41, 624       68, 798       0       91.01         92.00       DTHER REI MBURSABLE COST CENTERS       97.00       0       0       0       92.00         95.00       09500       AMBULANCE SERVI CES       1, 561, 165       0       0       0       95.00       97.00         97.00       D9700       DURABLE MEDI CAL EQUI P-SOLD       1, 154, 972       114, 719       0       45, 231       0       97.00         98.00       09850       HOME OFFICE       0       0       0       0       98.00       99.00       100       99.00         101.00       10100       HOME HEALTH AGENCY       0       0       0       0       0       0       101.00          SPECI A			0	0	0	0	0	1
91. 01       09101       DI AGNOSTI C TREATMENT CENTER       912, 279       174, 494       41, 624       68, 798       0       91. 01         92. 00       09500       0BSERVATI ON BEDS (NON-DI STI NCT PART       0       0       92. 00         0THER       REI MBURSABLE COST CENTERS       1, 561, 165       0       0       0       95. 00         97. 00       09700       DURABLE MEDI CAL EQUI P-SOLD       1, 154, 972       114, 719       0       45, 231       0       97. 00         98. 00       09850       HOME OFFI CE       0       0       0       0       98. 00       985. 00       99.00       00       0       0       0       101. 01       99.00       00       0       0       0       101. 01       99.00       0       0       0       0       0       0       0       101. 01       101. 00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			0	0	0	0	-	1
92.00         09200         0BSERVATION BEDS (NON-DISTINCT PART         92.00           OTHER REIMBURSABLE COST CENTERS         0         0         0         0         95.00         97.00         09500         AMBULANCE SERVICES         1,561,165         0         0         0         0         95.00         97.00         09700         DURABLE MEDICAL EQUIP-SOLD         1,154,972         114,719         0         45,231         0         97.00         98.00         0         0         0         0         98.00         9850         HOME OFFICE         0         0         0         0         98.00         98.00         0         0         0         0         0         101.00         0         0         0         0         0         0         101.00         101.00         0         0         0         0         0         0         101.00         101.00         0         0         0         0         0         101.00         106.00         106.00         106.00         0         0         0         0         0         106.00         106.00         0         0         0         106.00         106.00         0         0         0         0         0         0         0								1
OTHER         REI MBURSABLE         COST         CENTERS           95.00         09500         AMBULANCE         SERVICES         1,561,165         0         0         0         95.00           97.00         09700         DURABLE         MEDICAL         EQUIP-SOLD         1,154,972         114,719         0         45,231         0         97.00           98.00         09850         HOME         OFFICE         0         0         0         0         98.00           99.00         09900         CMHC         0         0         0         0         99.00           101.00         10100         HOME         HEALTH         AGENCY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			912, 279	174, 494	41, 624	68, 798	0	1
95.00         09500         AMBULANCE SERVICES         1,561,165         0         0         0         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         97.00         114,719         0         45,231         0         97.00         98.00         98.00         0         0         0         0         98.00         99.00         09000         CMHC         0         0         0         0         98.00         99.00         09000         CMHC         0         0         0         0         98.00         99.00         0         0         0         0         99.00         0         0         0         0         99.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	<del>7</del> ∠. UU				I			92.00
97.00         09700         DURABLE MEDI CAL EQUI P-SOLD         1, 154, 972         114, 719         0         45, 231         0         97.00         98.00         99.00         09850         HOME OFFICE         0         0         0         0         98.00         98.00         99.00         09900         CMHC         0         0         0         0         98.00         99.00         00         0         0         99.00         00         0         99.00         00         0         99.00         00         0         0         99.00         00         0         99.00         00         0         99.00         00         0         0         99.00         00         0         0         99.00         00         0         0         99.00         00         0         0         99.00         00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <th< td=""><td>95.00</td><td></td><td>1,561,165</td><td>0</td><td>0</td><td>0</td><td>0</td><td>95.00</td></th<>	95.00		1,561,165	0	0	0	0	95.00
98.00         09850         HOME         OFFICE         0         0         0         0         98.00         99.00         09900         CMHC         0         0         0         0         0         99.00         09900         CMHC         0         0         0         0         0         99.00         09900         CMHC         0         0         0         0         0         99.00         0         101.00         101.00         101.00         101.00         0         0         0         0         0         0         0         0         0         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					0	45, 231		
101.00         10100         HOME         HEALTH         AGENCY         0         0         0         0         0         101.00           SPECIAL PURPOSE COST CENTERS           106.00         10600         HEART         ACQUI SI TI ON         0         0         0         0         106.00	98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS           106. 00         10600         HEART ACQUI SI TI ON         0         0         0         0         106. 00			0	0	0	0		
106. 00 10600 HEART ACQUI SI TI ON 0 0 0 0 0 106. 00	101.00		0	0	0	0	0	101.00
	104 00						<u>^</u>	104 00
			-					

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period:	Worksheet B	
				rom 07/01/2017	Part I	
				o 06/30/2018	Date/Time Pre 11/27/2018 1:	
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
cost center beschiption	& GENERAL	PLANT	LINEN SERVICE		DIETARI	
	5.00	7.00	8.00	9,00	10.00	
NONREI MBURSABLE COST CENTERS						
191. 00 19100 RESEARCH	0	0	(	0 0	C	191.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	2, 614, 842	385, 021	(	151, 804	88	192.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	77,053	261, 054	(	102, 927	C	194.00
194. 01 07951 APOTHECARY	2, 226, 485	45, 237		17, 836	C	194.01
194.0207952 OCCUPATIONAL MEDICINE	946, 407	739, 741		291, 660	C	194. 02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	(	0 0	C	194.03
194. 04 07954 MARKETI NG	874, 237	0	(	0 0	C	194.04
194.0607956M0B	152, 539	181, 024		71, 373	C	194.06
194. 07 07957 SENI OR PARTNERS	0	0		0 0	C	194.07
194.08 07958 ASCENSI ON PHYSI CI AN RECRUI TMENT	499, 169	13, 459	(	5, 307	C	194.08
194. 09 07959 CONV CARE	3, 384, 724	503, 773		198, 624	C	194.09
194.1007960 EMPLOYEE FITNESS CENTER	0	0	(	0 0	C	194.10
194. 11 07961 ST ELI ZABETH	4, 783	16, 207	(	6, 390	C	194. 11
194.1407964 FREE STANDING CATH LAB	4, 518	15, 306	(	6, 035	C	194.14
194. 1507965 FAMILY PRACTICE	13,030	123, 051	(	48, 516	C	194. 15
194. 17 07967 FOUNDATI ON/UNUSED SPACE	433, 507	2, 010, 646	(	792, 744	0	194. 17
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)	115, 826, 899	16, 453, 729	1, 541, 09	6, 325, 923	3, 796, 120	202.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	ST. VINCENT	Provi der CC	N: 15-0100	Period: From 07/01/2017	u of Form CMS-: Worksheet B Part I	
					To 06/30/2018	Date/Time Pre 11/27/2018 1:	pared: 09 pm
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECORDS & LI BRARY	
		11.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS	1					
1.00 2.00 4.00 5.00 7.00 8.00 9.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						1.00 2.00 4.00 5.00 7.00 8.00 9.00
10.00 11.00 13.00 14.00	01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	1, 946, 305 25, 626 42, 799 62, 584	4, 693, 154 0 0	4, 283, 00			9.00 10.00 11.00 13.00 14.00 15.00
16.00 21.00 23.00	01600 MEDICAL RECORDS & LIBRARY 02100 I &R SERVICES-SALARY & FRINGES APPRV 02300 PARAMED ED PRGM-(SPECIFY)	10, 357 8, 761 2, 967	0 0		0 7, 914, 052 0 0 0 0 0 0 0 0	1, 115, 200 0 0	16.00 21.00
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	· · ·					1
30.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	404, 593			0 0 0 0	39, 852 15, 870	
31.00 31.02	03100 INTENSIVE CARE UNIT 03102 NICU	161, 315 52, 259			0 0	15, 870 5, 757	
32.00	03200 CORONARY CARE UNI T	17, 872	104, 158		0 0	2, 058	32.00
40.00	04000 SUBPROVIDER - IPF	26, 470			0 0	4, 573	
41.00 43.00	04100 SUBPROVIDER - IRF 04300 NURSERY	29, 852 18, 239			0 0	3, 196 962	
44.00	04400 SKILLED NURSING FACILITY	0	1		0 0	0	
45.00	04500 NURSING FACILITY	C	0		0 0	0	45.00
50.00	ANCI LLARY SERVICE COST CENTERS 05000 OPERATING ROOM	126,099	160, 502		0 0	237, 773	50.00
51.00	05100 RECOVERY ROOM	22, 608			0 0	20, 707	
52.00	05200 DELIVERY ROOM & LABOR ROOM	38, 772			0 0	9, 716	1
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	1, 087 84, 205	1		0 0 0 0	13, 955 44, 471	
54.00	05402 ULTRASOUND	8, 577	1		0 0	10, 799	
54.03	05403 NUCLEAR MEDICINE	11, 353	1		0 0	21, 957	
56.00 57.00	05600 RADI OI SOTOPE 05700 CT SCAN	15 700	0		0 0	0	56.00
57.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	15, 720 8, 044	1		0 0	36, 010 13, 128	•
59.00	05900 CARDI AC CATHETERI ZATI ON	17, 161	119, 647		0 0	63, 561	1
60.00	06000 LABORATORY	52, 464	1 1		0 0	82, 571	
53.00 54.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06400 I NTRAVENOUS THERAPY	164 31, 956	1		0 0	5, 167 13, 975	
55.00	06500 RESPI RATORY THERAPY	51, 691	0		0 0	9, 980	65.00
66.00	06600 PHYSI CAL THERAPY	62, 832			0 0	11, 745	
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	26, 506 7, 547				7, 242 2, 535	
59.00 59.00	06900 ELECTROCARDI OLOGY	19, 613			0 0	40, 353	
	06902 CARDI AC REHAB	9, 998			0 0	914	
69. 03 70. 00	06903 DI ABETI C EDUCATI ON 07000 ELECTROENCEPHALOGRAPHY	3, 491 10, 245			0 0	0 5, 189	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0,210	0	1, 447, 7	58 0	78, 263	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	C	0	2, 835, 31		71, 507	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	15, 434	0 0		0 7, 914, 052	125, 541 2, 840	
	03951 ECT	2, 725			0 0	2, 840	
76. 01	03950 MOBILE OUTREACH CLINIC OUTPATIENT SERVICE COST CENTERS	16, 678	0		0 0	477	76.01
88.00	08800 RURAL HEALTH CLINIC	0	0		0 0	0	
89.00 90.00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	10, 343				0 4, 079	89.00 90.00
90. 00 90. 01	09001 OUTPATIENT PSYCH	0,010	0		0 0	0	90.01
90. 02	09002 PEDS CLINIC	C	0		0 0	0	90.02
90.04 91.00	09004 BARI ATRI CS 09100 EMERGENCY	128, 590	0 488, 463		0 0	0 74, 512	90.04
91.00 91.01	09101 DI AGNOSTI C TREATMENT CENTER	18, 251			0 0	19, 701	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	, _0.				.,	92.00
95.00	09500 AMBULANCE SERVICES	67, 089	233, 457		0 0	5, 909	95.00
97.00	09700 DURABLE MEDI CAL EQUI P-SOLD	22, 793			0 0	5, 434	97.00
	09850 HOME OFFICE 09900 CMHC				0 0	0	
	109900 CMHC 10100 HOME HEALTH AGENCY				0 0		101.00
	SPECIAL PURPOSE COST CENTERS		·				1
106.00	10600 HEART ACQUI SI TI ON	( C	0		0 0	0	106.00

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Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period:	Worksheet B	
				From 07/01/2017 To 06/30/2018	Part I	orod.
				To 06/30/2018	Date/Time Prep 11/27/2018 1:0	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDICAL	<u>, pin</u>
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11.00	13.00	14.00	15.00	16.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 755, 730	4, 693, 154	4, 283, 06	9 7, 914, 052	1, 115, 200	118.00
NONREI MBURSABLE COST CENTERS						
191. 00 19100 RESEARCH	0	0		0 0		191.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	67, 015	0		0 0	0	192.00
194.00079500THER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194.00
194. 01 07951 APOTHECARY	7, 535	0		0 0	0	194.01
194.02079520CCUPATIONAL MEDICINE	22, 140	0		0 0	0	194. 02
194.0307953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0		0 0	0	194. 03
194. 04 07954 MARKETI NG	1, 904	0		0 0	0	194.04
194. 06 07956 MOB	1	0		0 0	0	194.06
194. 07 07957 SENI OR PARTNERS	0	0		0 0	0	194. 07
194.08 07958 ASCENSI ON PHYSI CI AN RECRUI TMENT	0	0		0 0	0	194. 08
194. 09 07959 CONV CARE	86, 169	0		0 0	0	194.09
194.1007960 EMPLOYEE FITNESS CENTER	0	0		0 0	0	194. 10
194. 11 07961 ST ELI ZABETH	0	0		0 0	0	194. 11
194.14 07964 FREE STANDING CATH LAB	0	0		0 0	0	194. 14
194. 15 07965 FAMILY PRACTICE	0	0		0 0	0	194. 15
194. 17 07967 FOUNDATI ON/UNUSED SPACE	5, 811	0		0 0	0	194. 17
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)	1, 946, 305	4, 693, 154	4, 283, 06	9 7, 914, 052	1, 115, 200	202.00

	LLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Pre	
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-SALAR Y & FRI NGES APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	11/27/2018 1:   Total	<u>09 pr</u>
		21.00	23.00	24.00	25.00	26.00	
00 00 00 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY						1. ( 2. ( 4. ( 5. ( 7. ( 8. ( 9. ( 10. ( 11. ( 13. ( 14. ( 15. ( 16. (
	02100 I &R SERVICES-SALARY & FRINGES APPRV	746, 302					21. (
	02300 PARAMED ED PRGM-(SPECIFY)		269, 540				23. (
~~	INPATIENT ROUTINE SERVICE COST CENTERS	74( 202	0	44 447 00	0 744 202	45 700 710	
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	746, 302 0	0	46, 467, 02 17, 616, 76		45, 720, 718 17, 616, 768	
	03102 NI CU	0	0	6, 458, 88		6, 458, 886	
	03200 CORONARY CARE UNIT	0	0	2, 333, 27		2, 333, 271	
	04000 SUBPROVIDER - IPF	0	0	4, 141, 03		4, 141, 037	
	04100 SUBPROVIDER – IRF 04300 NURSERY	0	0	4, 469, 65 1, 539, 02		4, 469, 651 1, 539, 021	
	04400 SKILLED NURSING FACILITY	0	0		0 0	0,007,021	
00	04500 NURSING FACILITY	0	0		0 0	0	45.
	ANCI LLARY SERVI CE COST CENTERS	-1					
00 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	0	85, 454, 75 3, 389, 64		85, 454, 750 3, 389, 644	
00	05200 DELIVERY ROOM & LABOR ROOM	0	0	5, 189, 46		5, 189, 466	
	05300 ANESTHESI OLOGY	0	0	146, 27		146, 270	
00	05400 RADI OLOGY-DI AGNOSTI C	0	0	12, 138, 28		12, 138, 282	
	05402 ULTRASOUND 05403 NUCLEAR MEDICINE	0	0	1, 024, 64 3, 755, 37		1, 024, 648 3, 755, 377	
	05600 RADI OI SOTOPE	0	0		0 0	3,733,377	I – .
00	05700 CT SCAN	0	0	2, 537, 23		2, 537, 230	57.
00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	1, 466, 74		1, 466, 744	
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	0	4, 711, 40 21, 471, 68		4, 711, 408 21, 471, 681	
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2, 344, 14		2, 344, 142	
	06400 INTRAVENOUS THERAPY	0	0	6, 281, 78		6, 281, 780	
00	06500 RESPI RATORY THERAPY	0	0	5, 671, 67		5, 671, 679	
00 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	0	6, 646, 50 2, 468, 29		6, 646, 500 2, 468, 296	
	06800 SPEECH PATHOLOGY	0	0	2, 408, 29 845, 78		2, 408, 290 845, 781	
	06900 ELECTROCARDI OLOGY	0	0	2, 597, 67		2, 597, 677	
	06902 CARDI AC REHAB	0	0	1, 741, 89		1, 741, 895	
	06903 DI ABETI C EDUCATI ON 07000 ELECTROENCEPHALOGRAPHY	0	0	461, 29 1, 335, 50		461, 297 1, 335, 500	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12, 195, 70		12, 195, 707	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	23, 802, 51		23, 802, 514	
	07300 DRUGS CHARGED TO PATIENTS	0	269, 540	38, 413, 17		38, 413, 177	
	07400 RENAL DIALYSIS	0	0	1, 588, 45		1, 588, 454	
	03951 ECT 03950 MOBILE OUTREACH CLINIC	0	0	259, 65 1, 539, 00		259, 650 1, 539, 000	
2.	OUTPATIENT SERVICE COST CENTERS						1
	08800 RURAL HEALTH CLINIC	0	0		0 0	0	
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	1 664 01	0 0	0 1 554 212	
	09000 CLINIC 09001 OUTPATIENT PSYCH	0	0	1, 554, 21		1, 554, 213 0	
	09002 PEDS CLINIC	0	0		0 0	0	
04	09004 BARI ATRI CS	0	0		0 0	0	90.
	09100 EMERGENCY	0	0	13, 758, 72		13, 758, 726	
	09101 DIAGNOSTIC TREATMENT CENTER 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	3, 648, 34	2 0	3, 648, 342	91. 92.
00	OTHER REIMBURSABLE COST CENTERS				0		72.
	09500 AMBULANCE SERVICES 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	5, 794, 44 4, 248, 27		5, 794, 448	95.

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Health Financial Systems	ST. VINCENT I	EVANSVI LLE		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	F	veriod: rom 07/01/2017 o 06/30/2018	Worksheet B Part I Date/Time Pre 11/27/2018 1:	
Cost Center Description	I NTERNS & RESI DENTS SERVI CES-SALAR Y & FRI NGES APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	24.00	25.00	26.00	
99. 00 09900 CMHC 101. 00 10100 HOME HEALTH AGENCY	0	0 0	C	0		99.00 101.00
SPECIAL PURPOSE COST CENTERS						1
106.00 10600 HEART ACQUI SI TI ON	0	0	C	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	746, 302	269, 540	361, 508, 203	-746, 302	360, 761, 901	118.00
NONREI MBURSABLE COST CENTERS						
191. 00 19100 RESEARCH	0	0	C	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	9, 795, 930	0	9, 795, 930	192.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0	634, 846	0	634, 846	194.00
194. 01 07951 APOTHECARY	0	0	7, 897, 412	0	7, 897, 412	194.01
194.0207952 OCCUPATIONAL MEDICINE	0	0	4, 380, 462	0	4, 380, 462	194.02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	C	0	0	194.03
194. 04 07954 MARKETI NG	0	0	3, 075, 125	0	3, 075, 125	194.04
194.0607956 MOB	0	0	788, 620	0	788, 620	194.06
194. 07 07957 SENI OR PARTNERS	0	0	C	0		194.07
194.08 07958 ASCENSI ON PHYSI CI AN RECRUI TMENT	0	0	1, 773, 505	0	1, 773, 505	194.08
194. 09 07959 CONV CARE	0	0	12, 686, 948	0	12, 686, 948	194.09
194.1007960 EMPLOYEE FITNESS CENTER	0	0	C	0		194.10
194. 11 07961 ST ELI ZABETH	0	0	39, 412	0	39, 412	194. 11
194.14 07964 FREE STANDING CATH LAB	0	0	37, 222	0	37, 222	194.14
194. 15 07965 FAMILY PRACTICE	0	0	217, 371	0	217, 371	194. 15
194.17 07967 FOUNDATI ON/UNUSED SPACE	0	0	4, 333, 115	0	4, 333, 115	
200.00 Cross Foot Adjustments	0	0	C	0		200.00
201.00 Negative Cost Centers	0	0	C	0		201.00
202.00   TOTAL (sum lines 118 through 201)	746, 302	269, 540	407, 168, 171	-746, 302	406, 421, 869	202.00

OCATION OF CAPITAL RELATED COSTS		Provider CO	Fi Ti	eriod: rom 07/01/2017 o 06/30/2018	Worksheet B Part II Date/Time Pre 11/27/2018 1:	
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
· · · · · · · · · · · · · · · · · · ·	0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS 0 00100 CAP REL COSTS-BLDG & FIXT						1 1
0 00200 CAP REL COSTS JUBLE EQUIP 0 00400 EMPLOYEE BENEFITS DEPARTMENT 0 00500 ADMINISTRATIVE & GENERAL 0 00700 OPERATION OF PLANT 0 00800 LAUNDRY & LINEN SERVICE 0 00900 HOUSEKEEPING 00 01000 DIETARY 00 01100 CAFETERIA		8, 522 863, 882 983, 536 94, 262 209, 551 274, 605 0	0 1, 168, 896 1, 102, 678 23, 840 2, 076 146, 594 0	8, 522 2, 032, 778 2, 086, 214 118, 102 211, 627 421, 199 0	8, 522 1, 085 68 48 0 0 0	22 4 5 7 8 9 9
00       01300       NURSI NG ADMI NI STRATI ON         00       01400       CENTRAL SERVI CES & SUPPLY         01       01500       PHARMACY         00       01600       MEDI CAL RECORDS & LI BRARY         00       02100       I & SERVI CES-SALARY & FRI NGES APPRV         00       02300       PARAMED ED PRGM-(SPECI FY)         INPATI ENT ROUTI NE SERVI CE COST CENTERS		0	47, 016 122, 948 215, 988 0 520 0	453, 209 318, 558 284, 782 65, 931 520 0	132 105 315 38 28 11	14 15 16 21
00 03000 ADULTS & PEDIATRICS	0	1, 899, 201	136, 029	2, 035, 230	1, 352	30
00 03100 I NTENSI VE CARE UNI T 02 03102 NI CU 03200 CORONARY CARE UNI T 00 04000 SUBPROVI DER - I PF 00 04100 SUBPROVI DER - I RF 00 04300 NURSERY 00 04400 SKI LLED NURSI NG FACI LI TY 00 04500 NURSI NG FACI LI TY		464, 895 139, 233 61, 906 126, 926 387, 338 0 0	130, 022 116, 169 73, 695 13, 961 41, 077 0 0	2, 034, 027 594, 027 255, 402 135, 601 140, 887 428, 415 0 0 0	574 228 68 95 106 63 0	31 32 40 41 42 42
ANCI LLARY SERVI CE COST CENTERS	0	481, 677	1, 825, 071	2, 306, 748	493	5
00         05100         RECOVERY ROOM           00         05200         DELI VERY ROOM & LABOR ROOM           00         05200         DELI VERY ROOM & LABOR ROOM           00         05300         ANESTHESI OLOGY           00         05400         RADI OLOGY-DI AGNOSTI C           01         05402         ULTRASOUND           03         05403         NUCLEAR MEDI CI NE           00         05500         RADI OI SOTOPE           00         05700         CT SCAN           00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )           00         05900         CARDI AC CATHETERI ZATI ON           00         06000         LABORATORY           00         06300         BLOOD STORI NG, PROCESSI NG & TRANS.           00         06400         INTRAVENOUS THERAPY           00         06600         PHYSI CAL THERAPY           00         06600         RESPI RATORY THERAPY           00         06600         PHYSI CAL THERAPY           00         06600         SPEECH PATHOLOGY           00         06600         SPECH PATHOLOGY           00         06903         DI ABETI C EDUCATI ON           00         07000		102, 752 265, 468 0 236, 303 20, 511 77, 261 10, 636 140, 692 157, 989 6, 800 119, 270 31, 589 64, 977 0 50, 213 84, 237 50, 828 78, 589 0 0 0 3, 214 0	17, 165 49, 396 33, 204 1, 352, 478 3, 783 8, 241 0 237, 069 139, 406 597, 488 51, 231 277 292, 934 48, 326 15, 618 0 111, 759 178, 958 0 802	2, 306, 748 119, 917 314, 864 33, 204 1, 588, 781 24, 294 85, 502 0 293, 984 210, 042 738, 180 209, 220 7, 077 412, 204 79, 915 80, 595 0 11, 759 229, 171 84, 237 51, 630 111, 174 0 0 50, 355 0 218, 283	493 106 161 2 357 36 47 0 67 36 84 134 140 209 258 108 36 69 40 133 38 0 0 0 71 10 53 0	51 52 54 54 54 54 54 54 54 54 54 56 66 65 66 66 66 66 66 66 66 66 66 66
00         08900         FEDERALLY         QUALIFIED         HEALTH         CENTER           00         09000         CLINIC         09001         OUTPATIENT         PSYCH           02         09002         PEDS         CLINIC         04         09004         BARIATRICS           00         09100         EMERGENCY         09101         DIAGNOSTIC         TREATMENT         CENTER           00         09200         OBSERVATION         BEDS         (NON-DISTINCT         PART		0 0 11, 210 0 0 263, 834 129, 548	0 0 229, 127	0 0 13, 019 0 0 492, 961 239, 891 0	0 32 0 0 0 463 78	89 90 90 90 90 90
OTHER         REI MBURSABLE         COST         CENTERS           00         09500         AMBULANCE         SERVI CES           00         09700         DURABLE         MEDI CAL         EQUI P-SOLD           00         09850         HOME         OFFI CE         00         09850         CMHC	000000000000000000000000000000000000000	000000000000000000000000000000000000000	252, 969 1, 382 0 0	252, 969 1, 382 0 0	176 63 0 0	97 98

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prep 11/27/2018 1:0	
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
	0	1.00	2.00	2A	4.00	
101.00 10100 HOME HEALTH AGENCY	0	0		0 0	0	01.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUI SI TI ON	0	0		0 0		06.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	8, 754, 898	9, 097, 46	4 17, 852, 362	7, 697 1	18.00
NONREI MBURSABLE COST CENTERS						
191. 00 19100 RESEARCH	0	0		0 0		91.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	285, 847	43, 58			92.00
194.00079500THER NONREIMBURSABLE COST CENTERS	0	193, 812		0 193, 812		94.00
194. 01 07951 APOTHECARY	0	1, 996		0 1, 996		94.01
194. 02 07952 OCCUPATI ONAL MEDI CI NE	0	433, 394		0 433, 394		94.02
194.0307953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0		0 0		94.03
194. 04 07954  MARKETI NG	0	0		0 0		94.04
194. 06 07956 MOB	0	0		0 0		94.06
194. 07 07957 SENI OR PARTNERS	0	0		0 0		94.07
194.0807958 ASCENSI ON PHYSI CI AN RECRUI TMENT	0	9, 992		0 9, 992		94.08
194. 09 07959 CONV CARE	0	0	225, 54	8 225, 548		94.09
194.1007960 EMPLOYEE FITNESS CENTER	0	0		0 0	0	94.10
194. 11 07961 ST ELI ZABETH	0	12, 032		0 12, 032	0	94.11
194.1407964 FREE STANDING CATH LAB	0	11, 363		0 11, 363	0	94.14
194. 15 07965 FAMILY PRACTICE	0	32, 774		0 32, 774	0	94.15
194.17 07967 FOUNDATI ON/UNUSED SPACE	0	1, 008, 171		0 1, 008, 171	18	94.17
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0		0 0	02	201.00
202.00 TOTAL (sum lines 118 through 201)	0	10, 744, 279	9, 366, 59	2 20, 110, 871	8, 522 2	202.00

0.0         0.000         CAP REL_COSTS-WARE EQUIP         4.2           0.00000         CAPACITY & CHARAN         2.033, 863         141, 947           0.00000         CAPACITY & CHARAN         2.033, 863         141, 947           0.00000         CAPACITY & CHARAN         2.033, 863         141, 947           0.00000         CAPACITY & CHARAN         3.0, 199         3.7, 199         2.9, 05         9.           0.00000         CAPACITY         10, 309         49, 722         0         0         0, 5, 501         743, 324         141, 1947           1.00         CHORON CENTRAL, SENTICES         SUPPLY         19, 345         31, 724         0         1, 544         141           1.00         CHORON CENTRAL, SENTICES         SUPPLY         1, 332         0         0         0         21.           1.00         COUDICAPTERES ANDRES APPRY         3, 684         0         0         0         0         21.           1.00         COUDICAR CENTRAL SERVICE COST CENTRES         114, 727         44, 8144         329, 73, 340, 664, 694         3.0         3.0, 697         3.1, 74         3.0, 797         3.0, 697         3.1, 74         3.0, 797         3.0, 697         3.1, 74         3.0, 797         3.0, 697         3		Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	rom 07/01/2017 06/30/2018 HOUSEKEEPI NG	Part II Date/Time Pre 11/27/2018 1: DIETARY	
000         DOUD CAP HEL COSTS-BUDE & HIXI         1           000000 CAP HEL COSTS-BUDE & HIXI         2           000000 CAP HEL COSTS-BUDE & HIXI         3           000000 CAP HEL COSTS-BUDE & HIXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII						9.00	10.00	
0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>								
0.00         DODD I DEPUNTE INFETTS DEPARTMENT         2, 0.33, 16.3         4           0.00         DODD I FUNTION OF PLANT         10, 10         37, 71         141, 947         71           0.00         DODD I FUNTION OF PLANT         10, 10         37, 71         141, 947         71           0.00         DODD I FUNTION OF PLANT         10, 10         37, 71         141, 947         71           0.00         DODD I FUNTION OF PLANT         10, 10         37, 71         0         0         0         0         11           0.00         DODD I FUNTION OF PLANT         10, 10         35, 71         24, 72         0         0         0         0         11         10         11, 10         11, 74         0         1, 61         0         11         10         11, 74         0         1, 61         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	1.00							1.00
0.00         0.0000         COUNT IS STATUTOR & DENERAL         2.033.8 6c3         1.68.70         7.064         1.6.733         1.41.907         279.015         5.           0.0000         COUNT & LINER SERVICE         7.064         1.6.733         1.41.907         279.015         5.           0.00000         COUNT & LINER SERVICE         7.064         1.6.733         1.41.907         279.015         5.           0.00000         COUNT & LINER SERVICE         3.99.42         0.0000         0.99.314         0.11.01         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1         1.1.1								2.00
0.00         0.000         0.000         0.000         0.000         0.000         0.000         0.000         0.000         0.000         0.000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000			2 033 863					5.00
0.00         DOBDOL LAURORY & LITER SERVICE         7, 064         16, 733         141, 947         299, 015           0.00         DOBDOL DUSKERFUNG         30, 199         37, 739         141, 947         299, 015         241, 211         10           0.00         DOBDOL DUSKERFUNG         30, 199         37, 739         141, 947         299, 015         441, 312         10           0.00         DOBDOL DUSKERFUNG         30, 974         34, 734         0         4, 582         0         1, 611         15           0.00         DOBDOL DUSKERFUNG         36, 741         2, 721         0         1, 641         0         0         7, 14         4, 46         0         0         7, 14         14         15         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         17         16         16         16         16         16         16         17         16         16         16         17         16         16         16         17         16         16 <td< td=""><td>7.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td>7.00</td></td<>	7.00							7.00
0.00         DOD (DIVERSET IN G)         30. 189         37. 199         0         27. 915         9.         9.           0.00         010000 [FERRY         16. 359         49. 22         0         0         9.0         0         11.           0.00         01000 [FERRY         19.3         22         0         0         9.0         0         11.           0.00         01000 [FERRY         38.574         12.212         0         1.541         0         15.54         0         15.54         0         15.54         0         16.0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	3.00			1 - 1				8.00
1.00       0100       CAPETERIA       9, 722       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	9.00					279, 015		9.00
3.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00	0.00	01000 DI ETARY	16, 359	49, 265	0	6, 501	493, 324	10.00
4.00         Charlos CENTRAL SERVICES & SUPPLY         19, 346         34, 724         0         4, 660         0         1500           0.00         COLONO MEDICAL RECORDS & LIBRARY         3, 6574         12, 212         0         1, 514         0         15, 514           0.00         COLONO MEDICAL RECORDS & LIBRARY         4, 900         11, 704         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>1.00</td> <td></td> <td>9, 722</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>11.00</td>	1.00		9, 722	0	0	0	0	11.00
5.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00 <td< td=""><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></td<>					-			
6.00         0.00         0.00         1, 7.04         0         1, 5.44         0         1           0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00<	4.00				-			
1.00         DOID         DIA         DIA         DIA         DIA         DIA           1.00         DIA         DIA <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td>					0			
0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					-		-	
IMPAIL INT. ROUTINE SERVICE COST CENTERS           00         000000 ADDUTS & PEDIATRICS         184, 772         337, 140         13, 473         13, 678         10, 889         66, 049         31, 1           1, 00         10, 00         10, 00         2000         ADDUTS         PEDIATRICS         13, 474         13, 678         13, 678         13, 678         13, 678         13, 678         13, 140         13, 140         13, 140         13, 140         13, 140         144, 486         13, 140         13, 140         13, 140         13, 140         13, 140         13, 140         13, 140         13, 140         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145         14, 145						-	-	
0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00 <th< td=""><td>23.00</td><td></td><td>1, 332</td><td>0</td><td>0</td><td>0</td><td>0</td><td>23.00</td></th<>	23.00		1, 332	0	0	0	0	23.00
1.00       0100       INTRESIVE CARF_UNIT       76,493       82,527       13,678       10,889       66,049       31.1         2.00       0200       CORMARY CARF_UNIT       10,023       10,989       3,932       3,201       00       03.11       0.01       03.00       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000       000	20 00		184 772	337 140	54 117	44 486	339 085	30.00
1.02       2102 NICU       29, 288       24, 716       3, 932       3, 221       0       31, 1         0.00       2000 CORONARY CARE UNIT       10, 023       0, 29, 200 CORONARY CARE UNIT       10, 023       0, 29, 200 CORONARY CARE       14, 50, 200 State       40, 0       40, 0       40, 0       40, 0       40, 0       40, 0       40, 0       40, 0       43, 1       40, 0       43, 1       40, 0       43, 1       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44, 0       44,	31.00							
2.00         D2000         DCROWARY CARE         UNIT         10,023         10,989         3,557         1,450         6,208         32.1           0.00         D4000         SUBPROVIDER - IFF         15,558         66,759         6,571         9,073         36,879         41.1           0.00         D4000         SILEED         NURSNEY         7,592         0         0         0         44.1           0.00         D4000         SILEED         NURSNEY         0         0         0         44.1           0.00         D4500         MURSNEY         0         0         0         45.1           0.00         D5000         NURSNEY         FAT         91,164         16,169         12,029         161         50.1           0.00         D5000         NURSTHEIN         ROOM         21,343         47,125         4,634         6,218         59.2         50.0         53.2         50.0         53.2         50.0         53.2         50.0         53.2         50.0         53.2         50.0         53.2         50.0         53.2         50.0         53.2         50.0         53.2         50.0         53.2         50.0         50.0         50.0         50.0								
1.00         0.100         SUBPROVIDER - IRF         15, 588         68, 759         6. 571         9, 073         36, 879         41.           4.00         0.400         SKILLED. NURSING FACILITY         0         0         0         0         43.           4.00         0.400         SKILLED. NURSING FACILITY         0         0         0         0         43.           0.0         0.00         0.00         0         0         0         0         0         45.           0.0         0.0000         0.000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<	32.00	03200 CORONARY CARE UNI T		10, 989				
3.00       0.300       NURSERY       7, 592       0       0       0       0       0       0       44.0         5.00       0.4500       NURSING FACILITY       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       <	10.00	04000 SUBPROVIDER - IPF	18, 147	22, 532	0	2, 973	31, 008	40.00
4.00         SKILLED         UNESING FACILITY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>11.00</td> <td></td> <td></td> <td>68, 759</td> <td>6, 571</td> <td>9, 073</td> <td>36, 879</td> <td>41.00</td>	11.00			68, 759	6, 571	9, 073	36, 879	41.00
5.00         04500         NURSING FACILITY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	13.00				-	-		
ANCILLARY SERVICE COST CENTRES         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1 <th< td=""><td>4.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	4.00							
0.00         DSOOD         DEPENT ING ROM         418, 547         91, 164         10, 169         12, 029         101         150           0.00         DSOOD OPENAT ING ROM         21, 543         47, 125         4, 634         6, 218         5, 962         52.1           0.00         DSOOD ANDESTHESI LOGY         656         0         0         0         53.1           0.00         DSAOD ANDICLEAR WEDI CINE         14, 453         47, 226         0         1, 0.09         0         54.4           0.00         DSAOD ANDICLEAR MEDI CINE         14, 454         74, 248         263         9, 797         0         54.4           0.00         DSAOD ANGETIC RESONANCE I MAGI NG (MRI)         16, 11         2, 177         705         2, 926         0         51.8           0.00         DSAOD ANGETIC RESONANCE I MAGI NG (MRI)         10, 1930         87, 967         0         11.6         0         0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0         60.0	15.00		0	0	0	0	0	45.00
1.00       05100       RECOVERY ROOM       13,349       41,270       4,597       5,446       188       51.         0.00       05300       ANESTHESI OLOGY       656       0       0       0       53.         3.00       05300       ANESTHESI OLOGY       54.432       100.547       2.540       13.267       2.753       54.4         4.02       05402       ULTRASOUND       4.597       8.026       0       10.059       0       54.4         4.02       05402       ULTRASOUND       4.597       8.026       0       10.059       54.4         4.00       05402       ULTRASOUND       4.597       8.026       0       0       0       54.4         4.00       05402       ULTRASOUND       11.191       2.177       705       2.926       54.5         8.00       05300       MACHERR LERIZATION       19.919       47.546       11.807       60.0       53.0         0.00       05000       LABDRATORY       10.1930       87.967       6.01       52.98       4.654       64.5         0.00       05000       LABDRATORY       2.8274       40.151       0       0       66.6       60.0       0       66.6 <td>0 00</td> <td></td> <td>110 E 47</td> <td>01 144</td> <td>14 140</td> <td>12 020</td> <td>141</td> <td></td>	0 00		110 E 47	01 144	14 140	12 020	141	
2.00         B5200         DELUYERY ROOM & LABOR ROOM         21, 543         47, 125         4, 634         6, 218         5, 962         52.           3.00         D5300 ANESTHESI LOGY         566         0         0         0533         54.           4.00         D5400 RADI OLGOY-DI AGNOSTI C         54, 432         100, 557         2, 563         13, 267         2, 763         54.           4.02         D5403 NUCLEAR MEDI CLINE         14, 654         74, 248         26.3         9, 797         0         54.           0.00         D5500 CT SCAW         11, 219         20, 115         2, 462         2, 654         0         57.           0.00         D5900 CARDI AC CATHETEN TATI ON         19, 919         47, 546         1, 880         6, 274         0         58.           0.00         D6300 BLODO STORI NG, PROCESSI NG & TRANS.         11, 619         1, 207         0         1159         0         63.0           0.00         D6300 BLODO STORI NG, PROCESSI NG & TRANS.         11, 619         1, 207         0         159         63.0           0.00         D6400 INTRAVENUS THERAPY         28, 74         40, 151         0         59.08         0         740         65.0         65.0         65.0								
3.00       05300       AWESTHESIOLOCY       656       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
4.00       05400       RADI CLORV-DI AGNOSTI C       54, 432       100, 547       2, 540       13, 267       2, 763       54.         4.02       05403       MUCLEAR MEDI CI NE       14, 654       74, 248       263       9, 797       0       54.         4.03       055700       CT SCAN       11, 219       20, 115       2, 462       2, 654       0       57.0         0.00       05900       CARDI AC CATHETERI ZATI ON       10, 930       87, 967       0       11, 607       6       58.         9.00       05900       CARDI AC CATHETERI ZATI ON       101, 930       87, 967       0       11, 607       6       6       59.       0       05000       11, 607       6       6       59.       0       05000       CARDI AC CATHETERI ZATI ON       101, 930       87, 967       0       11, 607       6       6       6       0       0       6       6       6       6       6       6       6       6       0       0       0       6       6       6       0       0       0       0       6       6       6       6       0       0       0       0       0       0       0       0       0       0       <								
4, 02       65402       ULTRASOUND       4, 557       8, 026       0       1, 059       0       54.         6, 00       05600       RADI OLSTOPE       0       0       0       0       54.         6, 00       05600       RADI OLSTOPE       0       0       0       57.       54.       0       57.       57.       52.       2, 926       0       58.       0       05300       CARDI AC CATHETERI ZATI ON       19, 919       47. 546       1, 800       6. 2.74       0       58.       0       05300       CARDI AC CATHETERI ZATI ON       19, 919       47. 546       1, 800       6. 2.74       0       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       60.       <				100, 547	2, 540	13, 267	-	
6.00         06500         RADI LI SOTOPE         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					0			
7.00       65700       CT SCAN       11, 219       20, 115       2, 462       2, 654       0       57.0         8.00       05800       CARDIAC CATHETERIZATION       19, 919       47, 546       1, 880       6, 274       0       58.0         9.00       05900       CARDIAC CATHETERIZATION       19, 919       47, 546       1, 880       6, 274       0       59.0         0.00       06000       LABORATORY       101, 930       87, 967       0       11, 607       66.3         0.00       06400       INTRAVENUUS THERAPY       28, 274       40, 151       0       52.98       4, 645       64.         0.00       06400       INTRAVENUUS THERAPY       28, 274       40, 151       0       0       0       66.0         0.00       06400       INTRAVENUUS THERAPY       22, 161       0       0       0       0       67.0         0.00       06400       INTRAVENUUS THERAPY       12, 161       0       0       0       67.1       63.1       63.1       63.1       63.1       63.1       63.1       63.0       66.0       64.1       63.1       63.0       66.0       67.1       63.0       65.1       60.0       60.0       60.0	54.03	05403 NUCLEAR MEDICINE	14, 654	74, 248	263	9, 797	0	54.03
8.00       05800       MAGNETIC       RESOUNAGARDIAC       CARDIAC       CARDIAC <td>56.00</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>56.00</td>	56.00		0	0	0	0	0	56.00
9.00         05900         CARDIAC         CATHETERIZATION         19.919         47.546         1.880         6.274         0         59.00           0.00         06000         BLODD STORING,         PROCESSING & TRANS.         11.619         1.207         0         159         0         63.0           1.00         06400         INTRAVENOUS THERAPY         28.274         40.151         0         5.298         4,645         64.           5.00         06500         DESPIN ATORY THERAPY         27.726         5.608         0         740         0         65.0           5.00         06500         OCUPATIONAL THERAPY         12.161         0         0         0         67.0         67.0         66.0         740         0         0         66.0         68.9         9.02         0.0         0.00         0         0         67.0         66.0         0         0         0         67.0         68.9         9.02         0.00         1.910         66.9         9.02         0.0         1.910         66.9         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <	57.00							
0.00         06000         LABORATORY         101, 930         87, 967         0         11, 607         0         660           0.00         06300         BLOOD STORING, PROCESSI NG & TRANS.         11, 619         1, 207         0         159         0         63.0           4.00         06400         INTRAVENOUS THERAPY         28, 274         40, 151         0         5, 298         4, 645         64.1           5.00         06500         RESPI RATORY THERAPY         27, 726         5, 608         0         740         0         66.1           7.00         06700         0CCUPATIONAL THERAPY         12, 161         0         0         0         67.0         67.0         68.9           9.00         069000         ELECTROCARDI OLOCY         10, 547         23, 968         918         3, 163         06.9         9.0         0         0         0         67.1           9.00         06900         DUCAN         1, 810         9, 023         0         1, 1, 91         0         0         7.44         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td>58.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	58.00							
3.00       06300       BLOOD STORI NG, PROCESSI NG & TRANS.       11, 619       1, 207       0       15.99       0       63.43         4.00       06400       INTRAVENDUS THERAPY       28, 274       40, 151       0       5, 298       4, 645       64.         5.00       06500       RESPI RATORY THERAPY       20, 726       5, 608       0       740       0       65.         6.00       06600       PHYSI CAL THERAPY       30, 986       34, 342       498       4, 532       0       67.         0.00       000 CUPATI ONAL THERAPY       12, 161       0       0       0       68.0         0.00       000 CUPATI ONAL THERAPY       12, 161       0       0       0       68.0         9.02       064902       CLECTROCRAFIO       10, 547       23, 668       918       3, 163       0       69.0         9.02       064902       CLECTROCRAFIALORAPHY       5, 181       57, 931       902       7, 644       69.0       0       0       71.1       0       0       0       71.1       0       0       0       71.1       0       0       0       71.1       0       0       0       0       71.1       0       0       0								
4.00       06400       INTRAVENOUS THERAPY       28, 274       40, 151       0       5, 296       4, 645       64.       64.       65.         5.00       06500       RESPI RATORY THERAPY       27, 726       5, 608       0       740       0       65.         0.00       06000       PUYSI CAL THERAPY       30, 996       34, 342       498       4, 532       0       66.         7.00       06700       0CUPATI ONAL THERAPY       12, 161       0       0       0       67.       68.         9.00       06900       ELECTROCARDI OLOGY       10, 547       23, 968       918       3, 163       0       69.         9.02       06902       CARDI AC REHAB       5, 183       57, 931       902       7, 644       0       69.         9.02       06902       LARDI AC REHAB       5, 183       13, 951       593       1, 841       342       70.         0.00       07000       MEDI CAL SUPLIES CHARGED TO PATI ENTS       104, 377       0       0       0       0       72.         3.00       07300       DRUGS CHARGED TO PATI ENTS       17, 224       570       226       75       0       74.         0.00       000					-		-	
5.00         06500         RESPI RATORY THERAPY         27, 726         5,608         0         740         0         65.00           60.00         06600         PHYSI CAL THERAPY         30, 986         34, 342         498         4, 532         0         66.0           7.00         06700         0CUPATI ONAL THERAPY         12, 161         0         0         0         66.0           8.00         06600         SPEECH PATHOLOGY         4, 174         0         0         0         66.0           9.02         06402         CARDI AC REHAB         5, 183         57, 931         902         7, 644         69.0           9.02         06402         CARDI AC REHAB         5, 181         13, 951         593         1, 841         342         70.1           0.00         07000         ELCTROCACEPHALOGRAPHY         5, 811         13, 951         593         1, 841         342         70.1           0.00         07000         IPML DEV. CHARGED TO PATI ENTS         104, 377         0         0         0         0         72.1           0.00         07300         DRUE ALSUPPLIES CHARGED TO PATI ENTS         17, 2570         226         75         0         74.1           0					-			
6.00         0.6600         PHYSICAL THERAPY         30,986         34,342         498         4,532         0         66.0           7.00         06700         OCCUPATI ONAL THERAPY         12,161         0         0         0         67.1           8.00         06800         SPECH PATHOLOGY         4,174         0         0         0         68.1           9.00         06900         ELECTROCARDI OLOGY         10,547         23,968         918         3,163         0         69.1           9.02         06902         CARDIA C RHAB         5,183         57,931         902         7,644         69.1           9.03         06903         DI ABETI C EDUCATION         1,810         9,023         0         1,191         69.0           0.00         07000         RELECTROENCEPHALOGRAPHY         5,811         13,951         593         1,841         342         70.1           2.00         07200 IMPCL         SCHARGED TO PATIENTS         150,373         0         0         0         0         72.4           3.00         03000         DRUGS CHARGED TO PATIENTS         1,269         0         0         0         74.1           0.0         03950 INBLE CUTREACH CLINIC								
7.00         06700         0CUPATIONAL THERAPY         12,161         0         0         0         67.0           8.00         06800         SPEECH PATHOLOGY         4,174         0         0         0         68.0           9.00         06900         ELECTROCARDIOLOGY         10,547         23,968         918         3,163         0         69.0           9.02         06902         CARDIAC REHAB         5,183         57,931         902         7,644         0         69.0           9.03         06903         DIABETI C EDUCATION         1,810         9,023         0         1,191         0         69.0           0.00         07000         ELECTROENCEPHALOGRAPHY         5,811         13,951         593         1,841         342         70.1           1.00         07100         MEDIAL         DIPL.DEV. CHARGED TO PATIENTS         104,377         0         0         0         74.0           0.00         07400         RENAL DI ALYSIS         7,224         570         226         75         0         74.0           0.00         03950 MOBILE         OUTRACH CLINIC         7,179         8,004         0         1,056         0         76.1 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></t<>							-	
8.00       06800       SPEECH PATHOLOGY       4,174       0       0       0       68.0         9.00       06900       ELECTROCARDIOLOGY       10,547       23,968       918       3,163       0       69.0         9.00       06900       ELECTROCARDIOLOGY       10,547       23,968       918       3,163       0       69.0         9.02       06902       CARDIAC REHAB       5,183       57,931       902       7,644       0       69.0         0.00       07000       ELECTROCREPHALOGRAPHY       5,811       13,951       593       1,841       342       70.0         0.00       07000       ILECTROCARDET TO PATIENTS       104,377       0       0       0       72.0         0.00       07200       INUL, EV. CHARGED TO PATIENTS       150,373       0       0       0       73.4         0.00       07400       RENAL DIALYSIS       7,224       570       226       75       0       74.4         0.00       03950       MOBILE OUTREACH CLINIC       7,179       8,004       0       1,056       0       76.1         0.01       03950       RURAL HEALTH CLINIC       7,516       1,990       1,299       263       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
9. 02       06902       CARDIAC REHAB       5, 183       57, 931       902       7, 644       0       69.03         0. 03       0.6903       DI ABETIC       EDUCATION       1, 810       9, 023       0       1, 191       0       69.03         0. 00       07000       ELECTROENCEPHALOGRAPHY       5, 811       13, 951       593       1, 841       342       70.0         1. 00       07100       MEDICAL SUPPLIES       CHARGED TO PATIENTS       104, 377       0       0       0       73.1         3. 00       07300       DRUSC SHARGED TO PATIENTS       106, 373       0       0       0       74.0         0. 03951       ECT       1, 269       0       0       0       76.4         0. 01       03950       MOBILE OUTREACH CLINIC       7, 179       8, 004       0       76.4         0. 01       09800       RURAL HEALTH CLINIC       7, 516       1, 990       1, 259       263       90.0       90.0         0. 00       00000       CLINIC       7, 516       1, 990       1, 259       263       90.0       90.0         0. 01       09001       DUTPATIENT PSYCH       0       0       0       0       90.0 <t< td=""><td>68.00</td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></t<>	68.00			0	0	0	0	
9. 03       06903       DI ABETI C EDUCATI ON       1,810       9,023       0       1,191       0       69.0         0. 00       07000       ELECTROENCEPHALOGRAPHY       5,811       13,951       593       1,841       342       70.1         1. 00       07100       MEDL CAL SUPPLIES CHARGED TO PATI ENTS       104,377       0       0       0       72.1         2. 00       07300       DRUGS CHARGED TO PATI ENTS       150,373       0       0       0       73.1         3. 00       03951       ECT       1,269       0       0       0       76.1         0.01       03950       MOBI LE OUTREACH CLINIC       7,179       8,004       0       1,056       76.1         0.01       03950       MOBI LE OUTREACH CLINIC       7,516       1,990       1,299       263       90.0       90.0         0.00       09000       CLINIC       7,516       1,990       1,299       263       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0	59.00	06900 ELECTROCARDI OLOGY	10, 547	23, 968	918	3, 163	0	69.00
0.00         07000         ELECTROENCEPHALOGRAPHY         5, 811         13, 951         593         1, 841         342         70.           1.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENTS         104, 377         0         0         0         73.           2.00         07200         IRUE, SCHARGED TO PATI ENTS         150, 373         0         0         0         73.           3.00         07300         IRUE, SCHARGED TO PATI ENTS         150, 373         0         0         0         74.           6.00         03951         ECT         7, 224         570         226         75         0         74.           6.00         03950         MOBI LE OUTREACH CLINIC         7, 179         8, 004         0         1, 056         0         76.           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         88.         0         8800         10.00         0         0         88.         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td>69.02</td><td>06902 CARDI AC REHAB</td><td>5, 183</td><td>57, 931</td><td>902</td><td>7,644</td><td>0</td><td>69.0</td></t<>	69.02	06902 CARDI AC REHAB	5, 183	57, 931	902	7,644	0	69.0
1.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       53,296       0       0       0       0       0       71.1         2.00       07200       IMPL. DEV. CHARGED TO PATIENTS       104,377       0       0       0       72.1         3.00       07300       RENAL DI ALYSIS       150,373       0       0       0       74.1         4.00       07400       RENAL DI ALYSIS       17,224       570       226       75       0       74.1         6.00       03951       ECT       1,269       0       0       0       76.1         0UTPATIENT SERVICE COST CENTERS       0       0       0       1,056       76.1         010       03950       MOBILE OUTREACH CLINIC       7,516       9,90       0       0       88.8         0.00       08900       FEDERALLY QUALIFIENT PSYCH       0       0       0       0       89.0         0.01       09001       OUTPATIENT SERVICE COST CENTER       0       0       0       0       90.0       90.0         0.01       09000       CLINIC       7,516       1,990       1,299       263       0       90.0         0.01       09000       OUTPATIENT SERVICE								
2.00         07200         IMPL. DEV. CHARGED TO PATIENTS         104,377         0         0         0         72.           3.00         07300         DRUGS CHARGED TO PATIENTS         150,373         0         0         0         73.4           4.00         07400         RENAL DI ALYSI S         7,224         570         226         75         0         74.4           6.00         03951         ECT         1,269         0         0         0         76.1           017471         ENT SERVICE COST CENTERS         7,179         8,004         0         1,056         0         76.1           00         08800         RURAL HEALTH CLINIC         7,179         8,004         0         0         0         88.1           9.00         08900         FDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         90.0         90.0         0         0         90.0         90.0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						1, 841		
3.00       07300       DRUGS CHARGED TO PATIENTS       150,373       0       0       0       73.1         4.00       07400       RENAL DI ALYSIS       7,224       570       226       75       0       74.1         6.00       03951       ECT       1,269       0       0       0       76.1         6.01       03950       MOBILE OUTREACH CLINIC       7,179       8,004       0       1,056       0       76.1         0.01       03950       MOBILE OUTREACH CLINIC       7,179       8,004       0       1,056       0       76.1         0.01       03950       RURAL HEALTH CLINIC       0       0       0       88.9         0.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       88.9         0.00       09000       CLINIC       7,516       1,990       1,299       263       90.1         0.01       09001       OUTPATIENT PSYCH       0       0       0       0       90.1       90.0       90.0       90.0       90.0       90.0       90.0       90.1       90.0       90.1       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.				0	0	0	-	
4.00       07400       RENAL DIALYSIS       7,224       570       226       75       0       74.1         6.00       03950       RECT       1,269       0       0       0       0       76.6         0.03950       MOBILE       OUTREACH CLINIC       7,179       8,004       0       1,056       0       76.6         0       03950       NOBILE       OUTREACH CLINIC       7,179       8,004       0       1,056       0       76.6         0       08800       RURAL HEALTH       CLINIC       0       0       0       88.7         0.00       09000       CLINIC       7,516       1,990       1,299       263       0       90.0         0.01       09001       UTPATIENT PSYCH       0       0       0       0       90.0         0.02       09002       PEDS CLINIC       0       0       0       0       90.0         0.04       09004       BARIATRICS       0       0       0       0       90.0         0.01       09000       DERGENCY       61,789       46,835       18,572       6,180       23       91.1         1.01       09101       DI AGNOSTI C TREATMENT CEN				0	0	0		
6. 00         03951         ECT         1,269         0         0         0         76. 1           03950         MOBILE OUTREACH CLINIC         7,179         8,004         0         1,056         0         76. 1           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         0         8.00         8.00         0         0         0         0         0         8.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td></td> <td>226</td> <td>0</td> <td></td> <td></td>					226	0		
6. 01         03950         MOBILE         OUTRATIENT         SERVICE         OSSO         Provide         O         1,056         0         76. 0           0017PATIENT         SERVICE         COST         CONTRATIENT         SERVICE         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O <td></td> <td></td> <td></td> <td>570</td> <td></td> <td></td> <td></td> <td></td>				570				
OUTPATI ENT SERVICE COST CENTERS           8. 00         08800         RURAL HEALTH CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				8 004	-	-		
8.00       08800       RURAL HEALTH CLINIC       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	0.01		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,001		1,000	0	/0.0
0.00         09000         CLINIC         7,516         1,990         1,299         263         0         90.0           0.01         09001         OUTPATIENT PSYCH         0         0         0         0         0         90.0           0.02         09002         PEDS CLINIC         0         0         0         0         0         0         90.0           0.04         09004         BARIATRICS         0         0         0         0         0         0         0         90.0           0.04         09004         BARIATRICS         0         0         0         0         0         0         0         90.0           1.00         09104         DLAGNOSTI C TREATMENT CENTER         61,789         46,835         18,572         6,180         23         91.0           1.01         09101         DLAGNOSTI C TREATMENT CENTER         16,019         22,997         3,834         3,034         0         91.0           2.00         09200         DBSERVATION BEDS (NON-DISTINCT PART         0         0         0         92.0         92.0           0.01         09500         AMBULANCE SERVICES         27,413         0         0         0	38. 00		0	0	0	0	0	88.00
0.00         09000         CLINIC         7,516         1,990         1,299         263         0         90.0           0.01         09001         OUTPATIENT PSYCH         0         0         0         0         0         90.0           0.02         09002         PEDS CLINIC         0         0         0         0         0         0         90.0           0.04         09004         BARIATRICS         0         0         0         0         0         0         0         90.0           0.04         09004         BARIATRICS         0         0         0         0         0         0         0         90.0           1.00         09104         DLAGNOSTI C TREATMENT CENTER         61,789         46,835         18,572         6,180         23         91.0           1.01         09101         DLAGNOSTI C TREATMENT CENTER         16,019         22,997         3,834         3,034         0         91.0           2.00         09200         DBSERVATION BEDS (NON-DISTINCT PART         0         0         0         92.0         92.0           0.01         09500         AMBULANCE SERVICES         27,413         0         0         0	39.00							
0.01         09001         OUTPATI ENT PSYCH         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td>7, 516</td> <td>1, 990</td> <td>1, 299</td> <td>263</td> <td>0</td> <td></td>			7, 516	1, 990	1, 299	263	0	
0.04         09004         BARI ATRI CS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	0. 01	09001 OUTPATI ENT PSYCH	0	0	0	0	0	90.0
1.00       09100       EMERGENCY       61,789       46,835       18,572       6,180       23       91.0         1.01       09101       DI AGNOSTI C TREATMENT CENTER       16,019       22,997       3,834       3,034       0       91.0         2.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       16,019       22,997       3,834       3,034       0       91.0         0THER       REI MBURSABLE       COST CENTERS       27,413       0       0       0       95.0         0.00       09500       AMBULANCE SERVICES       27,413       0       0       0       95.0         7.00       09700       DURABLE MEDI CAL EQUI P-SOLD       20,281       15,119       0       1,995       0       97.0         8.00       09850       HOME OFFI CE       0       0       0       0       98.0       99.00       09900       CMHC       0       0       0       99.0       0       0       0       0       0       0       0       0       10.1       10.1       10.1       10.1       10.1       10.1       10.1       10.1       10.1       10.1       10.1       10.1       10.1       10.1       10.1       10.1	0. 02		0	0	0	0		
1. 01       09101       DI AGNOSTI C TREATMENT CENTER       16,019       22,997       3,834       3,034       0       91.0         2. 00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       0       0       92.0         0THER       REI MBURSABLE       COST CENTERS       92.0       95.0       95.0         0.00       09500       AMBULANCE SERVI CES       27,413       0       0       0       95.0         7. 00       09700       DURABLE MEDI CAL EQUI P-SOLD       20,281       15,119       0       1,995       0       97.0         8. 00       09850       HOME OFFI CE       0       0       0       0       99.0       0       90.0       0       99.0       0       90.0       99.00       0       0       0       99.0       0       0       0       0       99.0       0       0       0       99.0       0       0       0       99.0       0       0       0       0       99.0       0       0       0       0       99.0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	0. 04		0	0	0	0	-	
2. 00         09200         OBSERVATION         BEDS         (NON-DISTINCT PART         92. 0           OTHER         REIMBURSABLE         COST         CENTERS         92. 0         95.00         95.00         97.00         0         0         0         95.00         97.00         97.00         0.00         0         0         97.00         97.00         0.00         0         0         97.00         97.00         97.00         0.00         0         0         97.00         97.00         97.00         0.00         0         0         97.00         97.00         97.00         0.00         0         0         97.00         97.00         97.00         0.00         0         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00	1.00							
OTHER         REI MBURSABLE         COST         CENTERS           5. 00         09500         AMBULANCE         SERVICES         27, 413         0         0         0         95.0           7. 00         09700         DURABLE         MEDI CAL         EQUI P-SOLD         20, 281         15, 119         0         1, 995         0         97.0           8. 00         09850         HOME OFFICE         0         0         0         0         98.0           9. 00         09900         CMHC         0         0         0         0         99.0           0.1. 00         10100         HOME         HEALTH         AGENCY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			16, 019	22, 997	3, 834	3, 034	0	
5.00         09500         AMBULANCE SERVICES         27,413         0         0         0         95.0           7.00         09700         DURABLE MEDICAL EQUIP-SOLD         20,281         15,119         0         1,995         0         97.0           8.00         09850         HOME OFFICE         0         0         0         0         98.0           9.00         09900         CMHC         0         0         0         0         99.0           01.00         HOME HEALTH AGENCY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	2.00			l				92.0
7. 00         09700         DURABLE MEDI CAL EQUI P-SOLD         20, 281         15, 119         0         1, 995         0         97. 0           8. 00         09850         HOME OFFICE         0         0         0         0         98. 0         9980         09900         CMHC         0         0         0         99. 0         99.00         00         0         0         99. 0         99.00         00         0         0         99. 0         99. 0         0         0         0         0         99. 0         0         0         0         99. 0         0         0         0         0         0         0         99. 0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <	5 00		77 /12	0		0	0	05 0
8. 00         09850         HOME_OFFICE         0         0         0         0         98.0         99.00         09900         CMHC         0         0         0         0         99.00         09900         CMHC         0         0         0         0         99.00         99.00         0         0         0         0         99.00         0         99.00         0         0         0         0         99.00         0         99.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <th< td=""><td></td><td></td><td></td><td>-</td><td>0</td><td>1 995</td><td></td><td>1</td></th<>				-	0	1 995		1
9.00         09900         CMHC         0         0         0         0         99.0           01.00         10100         HOME         HEALTH         AGENCY         0         0         0         0         101.0           SPECIAL         PURPOSE         COST         CENTERS         0         0         0         106.0         106.00         106.0         106.0         0         0         0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         100         0         0         0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.			0	0	0	0		
01.00         10100         HOME         HEALTH         AGENCY         0         0         0         0         0         101.0           SPECIAL         PURPOSE         COST         CENTERS         0         0         0         0         106.0         106.0         106.0         0         0         0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0         106.0 <td< td=""><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>-</td><td></td></td<>			0	0	0	0	-	
SPECIAL PURPOSE COST CENTERS           06.00         10600         HEART ACQUI SI TI ON         0         0         0         0         106.0			0	0	0	0		
		SPECIAL PURPOSE COST CENTERS						
			-		-	-		

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		eri od:	Worksheet B	
				rom 07/01/2017	Part II	
				06/30/2018	Date/Time Pre 11/27/2018 1:	
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
oost oontor beschiption	& GENERAL	PLANT	LINEN SERVICE	HOUSEREEFTING	DIEMM	
	5.00	7.00	8.00	9,00	10,00	
NONREI MBURSABLE COST CENTERS		L				
191. 00 19100 RESEARCH	0	0	C	0	0	191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	45, 915	50, 743	c	6, 696	11	192.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	1, 353	34, 405	c	4, 540	0	194.00
194. 01 07951 APOTHECARY	39, 096	5, 962	C	787	0	194.01
194.0207952 OCCUPATIONAL MEDICINE	16, 618	97, 492	C	12, 864	0	194.02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	C	0	0	194.03
194. 04 07954 MARKETI NG	15, 351	0	C	0	0	194.04
194. 06 07956 MOB	2,678	23, 857	C	3, 148	0	194.06
194. 07 07957 SENI OR PARTNERS	0	0	C	0	0	194.07
194.0807958 ASCENSION PHYSICIAN RECRUITMENT	8, 765	1, 774	C	234	0	194. 08
194. 09 07959 CONV CARE	59, 434	66, 393	C	8, 761	0	194.09
194. 10 07960 EMPLOYEE FITNESS CENTER	0	0	C	0	0	194.10
194. 11 07961  ST_ELI ZABETH	84	2, 136	C	282	0	194.11
194.1407964 FREE STANDING CATH LAB	79	2, 017	C	266	0	194.14
194. 15 07965 FAMILY PRACTICE	229	16, 217	C	2, 140		194. 15
194. 17 07967 FOUNDATI ON/UNUSED SPACE	7,612	264, 987	C	34, 965	0	194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	C	0		201.00
202.00  TOTAL (sum lines 118 through 201)	2, 033, 863	2, 168, 470	141, 947	279, 015	493, 324	202.00

	Financial Systems TION OF CAPITAL RELATED COSTS	ST. VINCENT	Provi der CC	CN: 15-0100	Period: From 07/01/2017	u of Form CMS-: Worksheet B Part II Date/Time Pre	
						11/27/2018 1:	
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	1					1.00
2.00	00200 CAP REL COSTS-BEDG & FIXT						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY						9.00
11.00	01100 CAFETERI A	9, 722					11.00
13.00	01300 NURSING ADMINI STRATION	128					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	214		377, 52			14.00
15.00	01500 PHARMACY	313			0 337, 807	04.440	15.00
16.00 21.00	01600 MEDICAL RECORDS & LIBRARY 02100 I &R SERVICES-SALARY & FRINGES APPRV	52			0 0	84, 169 0	1
23.00	02300 PARAMED ED PRGM-(SPECIFY)	15			0 0	0	
	INPATIENT ROUTINE SERVICE COST CENTERS				-1 -1		
30.00	03000 ADULTS & PEDI ATRI CS	2, 018			0 0	3, 023	
31.00	03100 I NTENSI VE CARE UNI T	806			0 0	1, 204	1
31.02		261			0 0	437	•
32.00 40.00	03200 CORONARY CARE UNIT 04000 SUBPROVIDER - IPF	89				156 347	
41.00	04100 SUBPROVIDER - IRF	149			0 0	242	
43.00	04300 NURSERY	91			0 0	73	
44.00	04400 SKILLED NURSING FACILITY	C			0 0	0	
45.00	04500 NURSI NG FACI LI TY	C	0 0		0 0	0	45.00
50.00	ANCI LLARY SERVICE COST CENTERS	630	18, 967		0 0	17 410	50.00
51.00	05100 RECOVERY ROOM	113			0 0	17, 618 1, 571	
52.00	05200 DELIVERY ROOM & LABOR ROOM	194			0 0	737	1
53.00	05300 ANESTHESI OLOGY	5			0 0	1, 058	
54.00	05400 RADI OLOGY-DI AGNOSTI C	421			0 0	3, 373	•
54.02	05402 ULTRASOUND	43			0 0	819	
54.03 56.00	05403 NUCLEAR MEDICINE 05600 RADIOISOTOPE	57			0 0	1, 665 0	54.03 56.00
57.00	05700 CT SCAN	79			0 0	2, 731	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	40			0 0	996	
59.00	05900 CARDI AC CATHETERI ZATI ON	86			0 0	4, 821	•
60.00	06000 LABORATORY	262			0 0	6, 263	•
63.00 64.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06400 I NTRAVENOUS THERAPY	160	0 13, 582		0 0	392 1, 060	
65.00	06500 RESPI RATORY THERAPY	258			0 0	757	1
66.00	06600 PHYSI CAL THERAPY	314			0 0		66.00
67.00	06700 OCCUPATI ONAL THERAPY	132			0 0	549	
68.00		38			0 0	192	•
69.00 69.02	06900  ELECTROCARDI OLOGY 06902  CARDI AC REHAB	98				3, 061 69	1
69.03	06903 DI ABETI C EDUCATI ON	17			0 0	0	1
70.00	07000 ELECTROENCEPHALOGRAPHY	51	0		0 0	394	
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	C	0	127, 61		5, 936	
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	249, 91		5, 424	
73.00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	77	13,635		0 337, 807	9, 522 215	•
76.00	03951 ECT	14			0 0	213	•
76.01		83			0 0	36	1
	OUTPATIENT SERVICE COST CENTERS	1					
88.00	08800 RURAL HEALTH CLINIC	0	0		0 0	0	
89.00 90.00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	52			0 0	0 309	
90.00 90.01	09000 CETNIC 09001 OUTPATIENT PSYCH	) 52 (				309	
90.02	09002 PEDS CLINIC	0	o o		0 0	0	90.02
90.04	09004 BARI ATRI CS	C	0		0 0	0	
91.00	09100 EMERGENCY	642			0 0	5, 652	•
91.01	09101 DI AGNOSTI C TREATMENT CENTER	91	14, 006		0	1, 494	
92.00	09200 0BSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	I					92.00
95.00	09500 AMBULANCE SERVICES	335	27, 588		0 0	448	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	114			0 0	412	97.00
98.00	09850 HOME OFFICE	C	0		0 0	0	
			0		0 0	0	
101.00	DIO100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	L (	<u>1</u> 0		0	0	101.00
106.00	10600 HEART ACQUI SI TI ON	C	0		0 0	0	106.00
	· ·						

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period:	Worksheet B	
				From 07/01/2017 To 06/30/2018	Part II Date/Time Pre	nared
				10 00/ 30/ 2010	11/27/2018 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	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	8, 769	554, 593	377, 52	9 337, 807	84, 169	118.00
NONREI MBURSABLE COST CENTERS	1					
191.00 19100 RESEARCH	0			0 0		191.00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	335	0		0 0		192.00
194.00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0		0 0		194.00
194. 01 07951 APOTHECARY	38			0 0		194.01
194. 02 07952 OCCUPATI ONAL MEDI CI NE	111	0		0 0		194.02
194. 03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0		0 0		194.03
194. 04 07954 MARKETI NG	10	0		0 0		194.04
194.0607956 MOB	0	0		0 0		194.06
194.07 07957 SENI OR PARTNERS	0	0		0 0		194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	0		0 0		194.08
194. 09 07959 CONV CARE	430	0		0 0		194.09
194. 10 07960 EMPLOYEE FITNESS CENTER	0	0		0 0		194. 10
194. 11 07961 ST ELI ZABETH	0	0		0 0		194. 11
194. 14 07964 FREE STANDING CATH LAB	0	0		0 0		194.14
194. 1507965 FAMILY PRACTICE	0	0		0 0		194. 15
194. 17 07967 FOUNDATI ON/UNUSED SPACE	29	0		0 0	0	194. 17
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)	9,722	554, 593	377, 52	9 337, 807	84, 169	202.00

	Financial Systems TION OF CAPITAL RELATED COSTS	ST. VINCENT	EVANSVILLE Provider CC		<u>In Lie</u> Period: From 07/01/2017 To 06/30/2018	u of Form CMS-: Worksheet B Part II Date/Time Pre 11/27/2018 1:	pared:
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-SALAR Y & FRI NGES APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		21.00	23.00	24.00	25.00	26.00	
1 00	GENERAL SERVICE COST CENTERS	1			1		1.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 21.\ 00\\ 23.\ 00 \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 02100 I & SERVICES-SALARY & FRINGES APPRV 02300 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERVICE COST CENTERS	4, 276	1, 358				1. 00 2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 21. 00 23. 00
30.00	03000 ADULTS & PEDIATRICS			3, 181, 09	8 0	3, 181, 098	30.00
31. 00 31. 02 32. 00 40. 00 41. 00 43. 00 44. 00 45. 00	03100 I NTENSI VE CARE UNI T 03102 NI CU 03200 CORONARY CARE UNI T 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY			916, 70 345, 11 180, 44 216, 12 593, 37 7, 81	2 0 3 0 9 0 1 0 0 0	916, 702 345, 113 180, 449 216, 121 593, 370 7, 819 0 0	31.00 31.02 32.00 40.00 41.00
F0 00	ANCI LLARY SERVICE COST CENTERS			2 002 52	(	2 002 52(	
$\begin{array}{c} 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 69.\ 02\\ 69.\ 03\\ 70.\ 00\\ 71.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 74.\ 00\\ 76.\ 00\\ \end{array}$	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05402 ULTRASOUND 05403 NUCLEAR MEDI CI NE 05600 RADI OI SOTOPE 05700 CT SCAN 05800 MAGNETI C RESONANCE I MAGI NG (MRI ) 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 RESPI RATORY THERAPY 06600 CCUPATI ONAL THERAPY 06600 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 06900 ELECTROCARDI OLOGY 06900 ELECTROE PHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 03951 ECT 03950 MOBI LE OUTREACH CLI NI C			333, 31 242, 93 832, 92 417, 38 20, 45 505, 51 115, 21 152, 41 12, 95 16, 19 290, 22 164, 41 63, 68 134, 19 186, 84 359, 72 497, 70 72, 44 1, 51 234, 69	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	2, 882, 526 208, 521 429, 026 34, 925 1, 766, 481 38, 874 186, 233 0 333, 311 242, 933 832, 929 417, 383 20, 456 505, 514 115, 213 152, 416 12, 950 16, 199 290, 227 164, 412 63, 684 134, 195 186, 842 359, 720 497, 702 72, 448 1, 515 234, 694	$\begin{array}{c} 53.\ 00\\ 54.\ 00\\ 54.\ 02\\ 54.\ 03\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 63.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 69.\ 02\\ 69.\ 03\\ 70.\ 00\\ 71.\ 00\\ 71.\ 00\\ 73.\ 00\\ 74.\ 00\\ 76.\ 00\\ \end{array}$
88.00 89.00 90.00 90.01 90.02 90.04 91.00 91.01 92.00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 09001 OUTPATIENT PSYCH 09002 PEDS CLINIC 09004 BARIATRICS 09100 EMERGENCY 09101 DIAGNOSTIC TREATMENT CENTER 09200 OBSERVATION BEDS (NON-DISTINCT PART				0 0 0 0 0 0 0 0 0 0 9 0	0 0 24, 480 0 0 690, 839 301, 444	89.00 90.00 90.01 90.02 90.04 91.00
97.00	OTHER REI MBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 09700 DURABLE MEDICAL EQUIP-SOLD 09850 HOME OFFICE			308, 92 39, 36		308, 929 39, 366 0	1

Health Financial Systems	ST. VINCENT I	EVANSVI LLE		In Lie	eu of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	CN: 15-0100	Period: From 07/01/2017 To 06/30/2018		
Cost Center Description	I NTERNS & RESI DENTS SERVI CES-SALAR Y & FRI NGES APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	24.00	25.00	26.00	
99. 00 09900 CMHC 101. 00 10100 HOME HEALTH AGENCY				0 0 0 0	0	99.00 101.00
SPECIAL PURPOSE COST CENTERS						1
106. 00 10600 HEART ACQUI SI TI ON				0 0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	17,007,0	59 0	17, 007, 059	118.00
NONREI MBURSABLE COST CENTERS						
191. 00 19100 RESEARCH				0 0	0	191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES			433, 3	59 0	433, 359	192.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS			234, 1	10 0	234, 110	194.00
194. 01 07951 APOTHECARY			47, 9	17 0	47, 917	194.01
194. 02 07952 OCCUPATI ONAL MEDI CI NE			560, 5	77 0	560, 577	194. 02
194.0307953 CANCER CNETER/PHYSICIAN RECRUITMENT				0 0	0	194.03
194. 04 07954 MARKETI NG			15, 3	70 0	15, 370	194.04
194.0607956 MOB			29, 6	33 0	29, 683	194.06
194.07 07957 SENI OR PARTNERS				0 0	0	194.07
194.0807958 ASCENSION PHYSICIAN RECRUITMENT			20, 7	55 0		194. 08
194. 09 07959 CONV CARE			360, 9	96 0	360, 996	194.09
194.1007960 EMPLOYEE FITNESS CENTER				0 0	0	194. 10
194. 11 07961 ST ELI ZABETH			14, 5	34 0	14, 534	194. 11
194.14 07964 FREE STANDING CATH LAB			13, 7		13, 725	
194. 15 07965 FAMILY PRACTICE			51, 3	50 0		194. 15
194. 17 07967 FOUNDATI ON/UNUSED SPACE			1, 315, 7		1, 315, 782	
200.00 Cross Foot Adjustments	4, 276	1, 358	5, 6			200. 00
201.00 Negative Cost Centers	0	0		0 0		201.00
202.00   TOTAL (sum lines 118 through 201)	4, 276	1, 358	20, 110, 8	71 0	20, 110, 871	202.00

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	ST. VINCENT	EVANSVI LLE Provi der CC	CN: 15-0100 P	In Lie eriod:	u of Form CMS-2 Worksheet B-1	2552-10
				rom 07/01/2017 o 06/30/2018	Date/Time Pre 11/27/2018 1:	
	CAPI TAL REI	LATED COSTS				
Cost Center Description	BLDG & FIXT (HOSPITAL S QUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci I i ati on	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
	1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	979, 567					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUI P		8, 340, 681	114 250 701			2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 00 00500 ADMINISTRATIVE & GENERAL	777 78, 761	0 1, 040, 868	114, 350, 791 14, 462, 465		291, 341, 272	4.00 5.00
7.00 00700 OPERATION OF PLANT	89,670		904, 322		11, 773, 149	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	8, 594		637, 960		1, 011, 854	8.00
9. 00 00900 HOUSEKEEPI NG	19, 105		0	0	4, 324, 431	9.00
10. 00 01000 DI ETARY	25, 036		0		2, 343, 313	10.00
11. 00 01100 CAFETERIA	0 27 022	0	1 7/5 005	0	1, 392, 641	11.00
13. 00 01300 NURSI NG ADMI NI STRATI ON 14. 00 01400 CENTRAL SERVI CES & SUPPLY	37, 033 17, 834		1, 765, 095 1, 401, 402		2, 793, 928 2, 771, 187	13.00 14.00
15. 00 01500 PHARMACY	6, 272		4, 204, 201		5, 525, 523	15.00
16. 00 01600 MEDICAL RECORDS & LIBRARY	6, 011	0	509, 519		701, 952	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	463	368, 191		527, 733	21.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	142, 639	0	190, 741	23.00
INPATIENT ROUTINE SERVICE COST CENTERS	170.450		10 7/1 //0			
30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T	173, 152		18, 761, 449 7, 652, 918		26, 467, 907	30.00
31. 00  03100  I NTENSI VE CARE UNI T 31. 02  03102  NI CU	42, 385 12, 694		3, 040, 561		10, 957, 314 4, 195, 333	
32. 00 03200 CORONARY CARE UNI T	5, 644		901, 319		1, 435, 739	32.00
40. 00 04000 SUBPROVI DER - I PF	11, 572		1, 268, 690		2, 599, 535	40.00
41.00 04100 SUBPROVIDER - IRF	35, 314	36, 578	1, 418, 176	0	2, 232, 885	41.00
43.00 04300 NURSERY	0	0	845, 739		1, 087, 478	43.00
44. 00 04400 SKI LLED NURSI NG FACI LI TY	0		0	-	0	44.00
45. 00 04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	45.00
50. 00 05000 OPERATING ROOM	43, 915	1, 625, 172	6, 569, 670	0	59, 953, 635	50.00
51.00 05100 RECOVERY ROOM	9, 368		1, 417, 403		1, 912, 250	
52.00 05200 DELIVERY ROOM & LABOR ROOM	24, 203	43, 986	2, 142, 784	0	3, 085, 924	52.00
53.00 05300 ANESTHESI OLOGY	0	29, 567	32, 883		93, 898	53.00
54. 00 05400 RADI 0L0GY-DI AGNOSTI C 54. 02 05402 ULTRASOUND	21, 544		4, 761, 554		7, 797, 169	54.00
54. 02 05402 ULTRASOUND 54. 03 05403 NUCLEAR MEDICINE	1,870 7,044		483, 060 626, 429		658, 549 2, 099, 170	54.02 54.03
56. 00 05600 RADI OI SOTOPE	,,044	7, 330	020, 427		2,077,170	56.00
57. 00 05700 CT SCAN	5, 189	211, 103	898, 383	0	1, 607, 057	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	6, 440	124, 137	481, 758	0	860, 993	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	12, 827	532, 046	1, 119, 662		2, 853, 271	59.00
	14, 404		1, 783, 158		14, 601, 130	
63.00 06300 BLOOD STORING, PROCESSING & TRANS. 64.00 06400 INTRAVENOUS THERAPY	620 10, 874		10, 524 1, 870, 242		1, 664, 353 4, 050, 195	63.00 64.00
65. 00 06500 RESPI RATORY THERAPY	2,880		2, 784, 835		3, 971, 684	65.00
66. 00 06600 PHYSI CAL THERAPY	5, 924		3, 435, 406		4, 438, 575	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0	1, 435, 272	0	1, 741, 994	67.00
68. 00 06800 SPEECH PATHOLOGY	0	10, 471	476, 901		597, 968	
69. 00 06900 ELECTROCARDI OLOGY 69. 02 06902 CARDI AC REHAB	4,578		919, 340		1, 510, 794	69.00 69.02
69. 03 06903 DI ABETI C EDUCATI ON	7,680 4,634		530, 602 171, 043		742, 438 259, 273	69.02 69.03
70. 00 07000 ELECTROENCEPHALOGRAPHY	7, 165		507, 422		832, 453	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7, 634, 488	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14, 951, 513	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	21, 540, 369	
74. 00 07400 RENAL DI ALYSI S	293	41, 978	942, 436		1, 034, 875	74.00
76.00 03951 ECT 76.01 03950 MOBILE OUTREACH CLINIC	0	0 194, 375	133, 431 701, 265		181, 748 1, 028, 335	76. 00 76. 01
OUTPATIENT SERVICE COST CENTERS		174, 373	701,203	0	1, 020, 333	70.01
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90. 00 09000 CLINIC	1, 022	1, 611	432, 779	0	1, 076, 611	90.00
90. 01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90. 02   09002  PEDS_CLINIC 90. 04   09004  BARIATRICS		0	0	0	0	90. 02 90. 04
90. 04 109004 BARTATRICS 91. 00 109100 EMERGENCY	24, 054	204, 031	6, 170, 991	0	8, 851, 020	90.04
91. 01 09101 DI AGNOSTI C TREATMENT CENTER	11, 811	98, 257	1, 040, 433		2, 294, 671	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS	1					05 -
95.00 09500 AMBULANCE SERVICES	0	225, 262	2, 353, 330		3, 926, 828	95.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 98. 00 09850 HOME OFFICE	0	1, 231 0	839, 227 0	0	2, 905, 122	97.00 98.00
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Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC		Period:	Worksheet B-1	
				From 07/01/2017 To 06/30/2018	Date/Time Pre	narod
				10 00/ 30/ 2010	11/27/2018 1:	09 pm
	CAPI TAL RE	LATED COSTS				
Cost Center Description	BLDG & FIXT (HOSPITAL S	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFI TS	Reconci l i ati on	& GENERAL	
	QUARE FEE)	(DOLLAR VALUE)	DEPARTMENT		(ACCUM. COST)	
			(GROSS		(7000000. 0001)	
			SALARI ES)			
	1.00	2.00	4.00	5A	5.00	
99. 00 09900 CMHC	0	0		0 0		99.00
101.00 10100 HOME HEALTH AGENCY	0	0		0 0	0	101.00
SPECIAL PURPOSE COST CENTERS	1	1 1		1		
106.00 10600 HEART ACQUI SI TI ON	0	-		0 0		106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	798, 193	8, 101, 030	103, 356, 86	9 -115, 826, 899	263, 090, 996	118.00
NONREI MBURSABLE COST CENTERS	0	0			0	191.00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	26, 061	-	3, 092, 65	0 0 3		
192. 00 19200 PHYSICIANS PRIVATE OFFICES 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS	17,670		3, 092, 05	3 0	6, 577, 160 193, 812	
194. 01 07951 APOTHECARY	182		505, 94		5, 600, 319	
194. 02 07952 OCCUPATI ONAL MEDI CI NE	39, 513		1, 300, 23		2, 380, 514	
194. 03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0,,010	0	1, 000, 20	0 0		194.03
194. 04 07954 MARKETI NG	0	0	119, 42	8 0	2, 198, 984	
194.0607956 MOB	0	0		3 0	383, 683	
194. 07 07957 SENI OR PARTNERS	0	0		0 0	0	194.07
194.0807958 ASCENSION PHYSICIAN RECRUITMENT	911	0		0 0	1, 255, 570	
194.0907959 CONV CARE	0	200, 844	5, 736, 47	3 0	8, 513, 658	
194.1007960 EMPLOYEE FITNESS CENTER	0	0		0 0		194.10
194. 11 07961 ST ELIZABETH	1, 097			0 0		194.11
194. 14 07964 FREE STANDING CATH LAB	1,036			0 0		194.14
194. 15 07965 FAMILY PRACTICE	2,988		220.45	0 0		194.15
194. 17     07967     FOUNDATION/UNUSED     SPACE       200. 00     Cross Foot Adjustments	91, 916	0	239, 15	0	1, 090, 407	200.00
201.00 Negative Cost Centers						200.00
202.00 Cost to be allocated (per Wkst. B,	10, 744, 279	9, 366, 592	24, 198, 74	0	115, 826, 899	
Part I)	10, 711, 277	7,000,072	21, 170, 71	0	110, 020, 077	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10. 968396	1. 123001	0. 21161	8	0. 397564	203.00
204.00 Cost to be allocated (per Wkst. B,			8, 52	2	2, 033, 863	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part			0.00007	5	0. 006981	205.00
11)						
206.00 NAHE adjustment amount to be allocated						206.00
(per Wkst. B-2)						007 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00
Faits III and IV)	I	I I		I I	I	I

	Financial Systems LLOCATION - STATISTICAL BASIS	ST. VINCENT I	EVANSVILLE Provider CO	CN: 15-0100 P	eriod:	u of Form CMS-2 Worksheet B-1	
					rom 07/01/2017 o 06/30/2018	Date/Time Pre	
	Cost Center Description	OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (TOTAL SQUA RE FEET)	DI ETARY (MEALS SERVED)	11/27/2018 1: CAFETERI A (MANHOURS)	<u>09 pm</u>
		7.00	8.00	9.00	10.00	11.00	
1 00	GENERAL SERVICE COST CENTERS	1 1					1 1 00
13.00 14.00 15.00 16.00 21.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-WVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINI STRATI VE & GENERAL 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMINI STRATI ON 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 02100 I & SERVICES-SALARY & FRINGES APPRV 02300 PARAMED ED PRGM-(SPECIFY) INPATI ENT ROUTI NE SERVICE COST CENTERS	1, 113, 707 8, 594 19, 105 25, 302 0 37, 033 17, 834 6, 272 6, 011 0 0	3, 773, 843 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 086, 008 25, 302 0 37, 033 17, 834 6, 272 6, 011 0	214, 968 0 0 0 0 0 0 0	3, 248, 732 42, 774 71, 439 104, 464 17, 287 14, 624 4, 952	13.00 14.00 15.00 16.00 21.00
	03000 ADULTS & PEDIATRICS	173, 152	1, 438, 734			675, 345	
	03100 I NTENSI VE CARE UNI T 03102 NI CU	42, 385 12, 694	363, 645 104, 530			269, 263 87, 230	
32.00	03200 CORONARY CARE UNIT	5,644	94, 567	5, 644	2, 705	29, 831	32.00
40.00 41.00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF	11, 572 35, 314	0 174, 700			44, 183 49, 829	
43.00	04300 NURSERY	0	0			30, 444	
44.00 45.00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	0	0			0	
45.00	ANCI LLARY SERVICE COST CENTERS	<u> </u>	0		0	0	45.00
	05000 OPERATI NG ROOM	46, 821	429, 884			210, 481	
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	21, 196 24, 203	122, 221 123, 212			37, 736 64, 718	
53.00	05300 ANESTHESI OLOGY	0	0	0	0	1, 815	53.00
54.00 54.02	05400 RADI OLOGY-DI AGNOSTI C 05402 ULTRASOUND	51, 640 4, 122	67, 543 0			140, 553 14, 317	
54.03	05403 NUCLEAR MEDICINE	38, 133	6, 980			18, 951	
	05600 RADI OI SOTOPE 05700 CT SCAN	0	0	-	-	0	
57.00 58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	10, 331 11, 390	65, 454 18, 756			26, 239 13, 427	
59.00	05900 CARDI AC CATHETERI ZATI ON	24, 419	49, 977	24, 419	0	28, 644	59.00
60.00 63.00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS.	45, 179 620	0			87, 571 273	
64.00	06400 I NTRAVENOUS THERAPY	20, 621	0	20, 621			64.00
	06500 RESPIRATORY THERAPY	2,880	0	2,000			65.00
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	17, 638 0	13, 245 0			104, 878 44, 243	
68.00	06800 SPEECH PATHOLOGY	0	0	0	-	12, 598	68.00
	06900 ELECTROCARDI OLOGY 06902 CARDI AC REHAB	12, 310 29, 753	24, 398 23, 980			32, 738 16, 688	
	06903 DI ABETI C EDUCATI ON	4, 634	20, 700			5, 827	
	07000 ELECTROENCEPHALOGRAPHY	7, 165	15, 765			17, 101	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		0	1
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		0	73.00
	07400 RENAL DIALYSIS 03951 ECT	293	6, 019 0	-		25, 762 4, 548	
	03950 MOBILE OUTREACH CLINIC	4, 111	0	-	-	27, 838	
00.00	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	
90.00	09000 CLI NI C	1, 022	34, 543	1, 022	0	17, 264	90.00
	09001 OUTPATI ENT PSYCH 09002 PEDS CLINIC	0	0	0		0	
	09004 BARI ATRI CS	0	0	0	0	0	
	09100 EMERGENCY	24,054	493, 762			214, 639	
	09101 DI AGNOSTI C TREATMENT CENTER 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART	11, 811	101, 928	11, 811	0	30, 464	91.01 92.00
	OTHER REIMBURSABLE COST CENTERS	· · ·					
95.00 97.00	09500 AMBULANCE SERVICES 09700 DURABLE MEDICAL EQUIP-SOLD	0 7, 765	0	-	-	111, 983 38, 046	
98.00	09850 HOME OFFICE	0	0	, 785 0		38, 048 0	98.00
		0	0			0	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2552	2-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1	
				From 07/01/2017 To 06/30/2018	Date/Time Prepare	od.
				10 00/ 30/ 2018	11/27/2018 1:09	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERIA	
	PLANT			(MEALS SERVED)	(MANHOURS)	
	(TOTAL SQUA RE		FEET)			
	FEET)	LAUNDRY)				
	7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS		0			0 10/	00
106.00 10600 HEART ACQUISITION 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	-		-	0 106	
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	823, 023	3, 773, 843	/95, 324	4 214, 963	2, 930, 629 118	3.00
191. 00 19100 RESEARCH	0	0	(	0 0	0 191	1 00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	26,061	0	26,06		111, 860 192	
194. 00 07950 OTHER NONRELMBURSABLE COST CENTERS	17,670	0	17,670		0 194	
194. 01 07951 APOTHECARY	3,062	0	3, 062		12, 577 194	
194. 02 07952 OCCUPATI ONAL MEDI CI NE	50, 071		50, 07		36, 956 194	
194. 03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0				0 194	
194. 04 07954 MARKETI NG	0	0			3, 178 194	
194. 06 07956 MOB	12, 253	0	12, 25	3 0	2 194	
194. 07 07957 SENI OR PARTNERS	0	0	.2,20		0 194	
194. 08 07958 ASCENSI ON PHYSI CI AN RECRUI TMENT	911	0	91	0	0 194	
194. 09 07959 CONV CARE	34,099	0	34, 099	9 0	143, 831 194	1.09
194. 10 07960 EMPLOYEE FITNESS CENTER	0	0			0 194	
194. 11 07961 ST ELI ZABETH	1, 097	0	1, 09	7 0	0 194	4. 11
194.14 07964 FREE STANDING CATH LAB	1,036	0	1, 030	6 0	0 194	4.14
194. 15 07965 FAMILY PRACTICE	8, 329	0	8, 329	9 0	0 194	4. 15
194. 17 07967 FOUNDATI ON/UNUSED SPACE	136, 095	0	136, 09	5 0	9, 699 194	4. 17
200.00 Cross Foot Adjustments						0. 00
201.00 Negative Cost Centers						1.00
202.00 Cost to be allocated (per Wkst. B,	16, 453, 729	1, 541, 097	6, 325, 923	3 3, 796, 120	1, 946, 305 202	2.00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	14.773840				0. 599097 203	
204.00 Cost to be allocated (per Wkst. B,	2, 168, 470	141, 947	279, 01	5 493, 324	9, 722 204	4.00
Part II)		0.007/10	0.05/04/			
205.00 Unit cost multiplier (Wkst. B, Part	1. 947074	0. 037613	0. 256918	3 2. 294872	0. 002993 205	5.00
11)					201	5.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					206	5. 00
207.00 NAHE unit cost multiplier (Wkst. D,					502	7.00
Parts III and IV)					207	. 00
	1	I	I	1	I	

	Financial Systems LLOCATION - STATISTICAL BASIS	ST. VINCENT	EVANSVI LLE Provi der CO	CN: 15-0100	Peri od:	u of Form CMS-2 Worksheet B-1	2552-10
					From 07/01/2017 To 06/30/2018	Date/Time Pre	
						11/27/2018 1: INTERNS &	09 pm
	Cost Center Description	NURSI NG ADMI NI STRATI ON (DI RECT NRSI NG	CENTRAL SERVI CES & SUPPLY (COSTED	PHARMACY (COSTED REQUIS.)	MEDI CAL RECORDS & LI BRARY (GROSS CHAR	RESI DENTS SERVI CES-SALAR Y & FRI NGES APPRV (ASSI GNED	
		HRS)	REQUIS.)	15.00	GES)	TIME)	
	GENERAL SERVICE COST CENTERS	13.00	14.00	15.00	16.00	21.00	
13.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	41, 814 0	22, 586, 001				$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ \end{array}$
16. 00 21. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 02100 I&R SERVICES-SALARY & FRINGES APPRV 02300 PARAMED ED PRGM-(SPECIFY)	0	0 0 0 0	1, 00	00 0 1, 725, 596, 307 0 0 0 0	100	15.00 16.00 21.00 23.00
	INPATIENT ROUTINE SERVICE COST CENTERS			1	-		
31. 00 31. 02 32. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03102 NICU 03200 CORONARY CARE UNIT 04000 SUBPROVIDER - IPF	13, 562 5, 312 2, 080 928 0	0 0 0 0 0		0 61, 689, 846 0 24, 566, 336 0 8, 911, 893 0 3, 185, 909 0 7, 078, 862	100 0 0 0 0	30.00 31.00 31.02 32.00 40.00
44.00	04100 SUBPROVIDER - IRF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	2,080 0 0 0	0 0 0		0 4, 947, 003 0 1, 489, 453 0 0 0 0 0	0 0 0	41.00 43.00 44.00 45.00
50.00	05000 OPERATI NG ROOM	1, 430	0		0 367, 347, 463	0	50.00
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	1, 656 2, 080	0		0 32, 053, 563 0 15, 040, 952	0	51.00 52.00
	05300 ANESTHESI OLOGY	2,080	0		0 21, 601, 810	0	52.00
54.00 54.02	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 68, 840, 244 0 16, 717, 290	0	54.00
	05402 ULTRASOUND 05403 NUCLEAR MEDICINE	0	0		0 18, 717, 290	0	54.02 54.03
	05600 RADI OI SOTOPE	0	0		0 0 0	0	56.00
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 55, 743, 439 0 20, 322, 566	0	57.00 58.00
	05900 CARDI AC CATHETERI ZATI ON	1,066	0		0 98, 391, 111	0	59.00
	06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 127, 819, 476 0 7, 998, 377	0	60.00 63.00
64.00	06400 I NTRAVENOUS THERAPY	1, 024	0		0 21, 633, 716	0	64.00
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	0		0 15, 449, 637 0 18, 180, 944	0	65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 11, 211, 222	0	67.00
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0 1, 450	0		0 3, 923, 710 0 62, 466, 694	0	68.00 69.00
	06902 CARDI AC REHAB	630	0		0 1, 414, 302	0	69.02
	06903 DI ABETI C EDUCATI ON 07000 ELECTROENCEPHALOGRAPHY	0	0		0 8, 032, 675	0	69. 03 70. 00
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	7,634,488		0 121, 150, 107	0	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	14, 951, 513 0	1, 00	0 110, 692, 706 00 194, 336, 233	0	72.00 73.00
74.00	07400 RENAL DIALYSIS	1, 028	0		0 4, 396, 099	0	74.00
	03951 ECT 03950 MOBILE OUTREACH CLINIC	0	0		0 4, 522, 260 0 737, 626	0	76. 00 76. 01
	OUTPATIENT SERVICE COST CENTERS					· · · · · · · · · · · · · · · · · · ·	
	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	88.00 89.00
90.00	09000 CLINIC	0	0		0 6, 314, 349	0	90.00
	09001 OUTPATIENT PSYCH 09002 PEDS CLINIC	0	0		0 0	0	90. 01 90. 02
90.04	09004 BARI ATRI CS	0	0		0 0	0	90.04
	09100 EMERGENCY 09101 DI AGNOSTI C TREATMENT CENTER	4, 352 1, 056	0		0 115, 343, 453 0 30, 497, 618	0	91.00 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS		0			-	92.00
97.00	09500 AMBULANCE SERVICES 09700 DURABLE MEDICAL EQUIP-SOLD 09850 HOME OFFICE	2,080 0 0	0 0 0		0 9, 146, 852 0 8, 411, 376 0 0	0 0 0	95.00 97.00 98.00

Health Financial Systems	ST. VINCENT I	EVANSVI LLE		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC		eri od:	Worksheet B-1	
				rom 07/01/2017 o 06/30/2018	Date/Time Pre	pared:
					11/27/2018 1:	
					I NTERNS & RESI DENTS	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SERVI CES-SALAR	
· ·	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &	Y & FRINGES	
		SUPPLY	REQUIS.)	LI BRARY	APPRV	
	(DI RECT NRSI NG	(COSTED		(GROSS CHAR	(ASSI GNED	
	HRS) 13.00	REQUIS.) 14.00	15.00	GES) 16.00	TIME) 21.00	
99.00 09900 CMHC	0	0	13.00			99.00
101.00 10100 HOME HEALTH AGENCY	0	0	C	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUI SI TI ON	0	0	C	-		106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	41, 814	22, 586, 001	1,000	1, 725, 596, 307	100	118.00
NONREI MBURSABLE COST CENTERS 191. 00 19100 RESEARCH	ol	0	C	ol	0	191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	(			192.00
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	0		194.00
194. 01 07951 APOTHECARY	0	0	C	0	0	194.01
194.02079520CCUPATIONAL MEDICINE	0	0	C	0		194. 02
194. 03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0		194.03
194. 04 07954  MARKETI NG 194. 06 07956  MOB	0	0		0		194. 04 194. 06
194. 0707957 SENI OR PARTNERS	0	0		0		194.06
194. 08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	0	(	0		194.08
194. 09 07959 CONV CARE	0	0	C	0		194.09
194.1007960 EMPLOYEE FITNESS CENTER	0	0	C	0		194. 10
194. 11 07961 ST ELI ZABETH	0	0	C	0		194. 11
194. 14 07964 FREE STANDING CATH LAB	0	0	0	0		194.14
194. 15 07965 FAMILY PRACTICE 194. 17 07967 FOUNDATI ON/UNUSED SPACE	0	0		0		194. 15 194. 17
200.00 Cross Foot Adjustments	0	0	(	0	0	200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	4, 693, 154	4, 283, 069	7, 914, 052	1, 115, 200	746, 302	202.00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	112. 238820	0. 189634	7,914.052000		7,463.020000	
204.00 Cost to be allocated (per Wkst. B, Part II)	554, 593	377, 529	337, 807	84, 169	4,276	204.00
205.00 Unit cost multiplier (Wkst. B, Part	13. 263333	0. 016715	337.807000	0. 000049	42.760000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	ST. VINCENT E	EVANSVI LLE Provi der CCN: 15-0100	In Lieu Period: From 07/01/2017 To 06/30/2018	u of Form CMS-2552-10 Worksheet B-1 Date/Time Prepared:
Cost Center Description	PARAMED ED PRGM (ASSI GNED TI ME) 23.00			11/27/2018 1:09 pm
GENERAL         SERVI CE         COST         CENTERS           1.00         00100         CAP         REL         COSTS-BLDG         & FLXT           2.00         00200         CAP         REL         COSTS-MVBLE         EQUIP           4.00         00400         EMPLOYEE         BENEFITS         DEPARTMENT           5.00         00500         ADMINI STRATI VE         & GENERAL           7.00         00700         OPERATI ON OF         PLANT           8.00         00800         LAUNDRY         & LI NEN         SERVICE           9.00         00900         HOUSEKEEPI NG         0         0           10.00         O11000         CAFETERI A         1         3.00         01300         NURSI NG         ADMINI STRATI ON           14.00         01400         CENTRAL         SERVI CES         & SUPPLY           15.00         01500         PHARMACY         1         0         0         01600         MEDI CAL         RECORDS         & LI BRARY           21.00         02100         L& RECORDS         & LI BRARY         1         1         0         02300         PARAMED ED         PRGM- (SPECI FY)            DO3100         INTE				1.00           2.00           4.00           5.00           7.00           8.00           9.00           10.00           11.00           13.00           14.00           15.00           16.00           21.00           23.00           30.00           31.02           32.00           40.00           43.00           44.00
45.00         04500         NURSI NG FACI LI TY           ANCI LLARY SERVI CE COST CENTERS           50.00         05000         OPERATI NG ROOM           51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C           54.02         05402         ULTRASOUND           54.03         05403         NUCLEAR MEDI CI NE           56.00         05600         RADI OLOGY-DI         SAGNA           57.00         05700         CT SCAN           88.00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )           59.00         CARDI AC CATHETERI ZATI ON           60.00         06300         BLOOD STORI NG, PROCESSI NG & TRANS.           64.00         06400 I NTRAVENOUS THERAPY           65.00         06500 RESPI RATORY THERAPY           66.00         06600 PHYSI CAL THERAPY           67.00         06700 OCCUPATI ONAL THERAPY           68.00         06800 SPEECH PATHOLOGY           69.01         06900 ELECTROCARDI OLOGY           69.02         06900 ZARDI AC REHAB           69.03         04903				45.00 50.00 51.00 52.00 53.00 54.02 54.03 56.00 57.00 58.00 59.00 60.00 63.00 64.00 65.00 65.00 66.00 67.00 68.00 69.02 69.03 70.00 71.00 72.00 73.00 74.00 76.01
88.00       08800       RURAL HEALTH CLINIC         89.00       08900       FEDERALLY QUALIFIED HEALTH CENTER         90.00       09000       CLINIC         90.01       09001       OUTPATIENT PSYCH         90.02       09002       PEDS CLINIC         90.04       09004       BARIATRICS         91.00       09100       EMERGENCY         91.01       09101       DIAGNOSTIC TREATMENT CENTER         92.00       0BSERVATION BEDS (NON-DISTINCT PART				88.00 89.00 90.00 90.01 90.02 90.04 91.00 91.01 92.00
OTHERREI MBURSABLECOSTCENTERS95.00O9500AMBULANCESERVI CES97.00O9700DURABLEMEDI CALEQUI P-SOLD98.00O9850HOMEOFFI CE99.00O9900CMHC101.0010100HOMEHEALTHAGENCY	0 0 0 0 0			95. 00 97. 00 98. 00 99. 00 101. 00

Health Financial Systems	ST. VINCENT EV	ANSVILLE	Inlie	」of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0100	Peri od:	Worksheet B-1
			From 07/01/2017 To 06/30/2018	Date/Time Prepared:
				11/27/2018 1:09 pm
Cost Center Description	PARAMED ED			
	PRGM (ASSI GNED			
	TIME)			
	23.00			
SPECIAL PURPOSE COST CENTERS	23.00		· · · ·	
106. 00 10600 HEART ACQUI SI TI ON	0			106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	100			118.00
NONREI MBURSABLE COST CENTERS				
191. 00 19100 RESEARCH	0			191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0			192.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0			194.00
194. 01 07951  APOTHECARY	0			194. 01
194. 02 07952 OCCUPATI ONAL MEDI CI NE	0			194.02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0			194.03
194. 04 07954 MARKETI NG	0			194.04
	0			194.06
194. 07 07957 SENI OR PARTNERS	0			194.07
194. 08 07958 ASCENSI ON PHYSI CI AN RECRUI TMENT	0			194. 08 194. 09
194. 09 07959 CONV CARE 194. 10 07960 EMPLOYEE FITNESS CENTER	0			194. 09
194. 10/07960 EMPLOYEE FITNESS CENTER	0			194. 10
194. 14/07964 FREE STANDING CATH LAB	0			194.11
194. 15 07965 FAMILY PRACTICE	0			194. 15
194. 17 07967 FOUNDATI ON/UNUSED SPACE	0			194. 17
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B,	269, 540			202.00
Part I)				
203.00 Unit cost multiplier (Wkst. B, Part I)	2, 695. 400000			203.00
204.00 Cost to be allocated (per Wkst. B,	1, 358			204.00
Part II)				
205.00 Unit cost multiplier (Wkst. B, Part	13. 580000			205.00
206.00 NAHE adjustment amount to be allocated	0			206.00
(per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D,	0. 000000			207.00
Parts III and IV)	0.000000			207.00
				I

Heal th	Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-	2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider C		eri od:	Worksheet C	
					rom 07/01/2017 o 06/30/2018	Part I Date/Time Pre	pared:
						11/27/2018 1:	
			Title	XVIII	Hospi tal	PPS	
	Cost Conton Description	Tatal Cost	Thereony Limit	Tatal Casta	Costs RCE	Tatal Casta	
	Cost Center Description	Total Cost (from Wkst. B.	Therapy Limit Adj.	Total Costs	Di sal l owance	Total Costs	
		Part I, col.	Auj .		DI Sal I Owalice		
		26)					
		1.00	2.00	3.00	4.00	5.00	
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	15 300 340		15 300 340		15 300 310	
30.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	45, 720, 718		45, 720, 718 17, 616, 768		45, 720, 718	
	03100 INTENSIVE CARE UNIT	17, 616, 768 6, 458, 886		6, 458, 886		17, 616, 768 6, 458, 886	
	03200 CORONARY CARE UNIT	2, 333, 271		2, 333, 271	0	2, 333, 271	
40.00	04000 SUBPROVI DER – I PF	4, 141, 037		4, 141, 037	0	4, 141, 037	
	04100 SUBPROVIDER - IRF	4, 469, 651		4, 469, 651	0	4, 469, 651	
43.00	04300 NURSERY	1, 539, 021		1, 539, 021	0	1, 539, 021	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	-	0	1
45.00	04500 NURSI NG FACI LI TY	0		0	0	0	45.00
F0 00	ANCILLARY SERVICE COST CENTERS	05 454 750				05 45 4 750	50.00
50. 00 51. 00	05100 RECOVERY ROOM	85, 454, 750 3, 389, 644		85, 454, 750 3, 389, 644		85, 454, 750 3, 389, 644	
	05200 DELIVERY ROOM & LABOR ROOM	5, 189, 466		5, 189, 466		5, 189, 466	
53.00	05300 ANESTHESI OLOGY	146, 270		146, 270		146, 270	
	05400 RADI OLOGY-DI AGNOSTI C	12, 138, 282		12, 138, 282		12, 138, 282	
54.02	05402 ULTRASOUND	1, 024, 648		1, 024, 648	0	1, 024, 648	
54.03	05403 NUCLEAR MEDICINE	3, 755, 377		3, 755, 377	0	3, 755, 377	54.03
	05600 RADI OI SOTOPE	0		0	0	0	
57.00	05700 CT SCAN	2, 537, 230		2, 537, 230		2, 537, 230	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 466, 744		1, 466, 744		1, 466, 744	
59.00	05900 CARDI AC CATHETERI ZATI ON	4, 711, 408		4, 711, 408	0	4, 711, 408	
60. 00 63. 00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS.	21, 471, 681 2, 344, 142		21, 471, 681 2, 344, 142	0	21, 471, 681 2, 344, 142	
64.00	06400 I NTRAVENOUS THERAPY	6, 281, 780		6, 281, 780		6, 281, 780	
65.00	06500 RESPI RATORY THERAPY	5, 671, 679				5, 671, 679	1
66.00	06600 PHYSI CAL THERAPY	6, 646, 500				6, 646, 500	1
67.00	06700 OCCUPATI ONAL THERAPY	2, 468, 296	0	2, 468, 296	0	2, 468, 296	67.00
68.00	06800 SPEECH PATHOLOGY	845, 781		845, 781	0	845, 781	
	06900 ELECTROCARDI OLOGY	2, 597, 677		2, 597, 677		2, 597, 677	
69.02	06902 CARDI AC REHAB	1, 741, 895		1, 741, 895		1, 741, 895	
	06903 DI ABETI C EDUCATI ON 07000 ELECTROENCEPHALOGRAPHY	461, 297 1, 335, 500		461, 297 1, 335, 500		461, 297 1, 335, 500	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12, 195, 707		12, 195, 707		12, 195, 707	
	07200 I MPL. DEV. CHARGED TO PATIENTS	23, 802, 514		23, 802, 514		23, 802, 514	
	07300 DRUGS CHARGED TO PATIENTS	38, 413, 177		38, 413, 177	0	38, 413, 177	
	07400 RENAL DIALYSIS	1, 588, 454		1, 588, 454	0	1, 588, 454	74.00
	03951 ECT	259, 650		259, 650		259, 650	
76.01	03950 MOBILE OUTREACH CLINIC	1, 539, 000		1, 539, 000	0	1, 539, 000	76.01
00 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	0		0	0	0	00 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0	0	
90,00	09000 CLINIC	1, 554, 213		1, 554, 213	0	1, 554, 213	
	09001 OUTPATIENT PSYCH	0		0	0	0	
90.02	09002 PEDS CLINIC	0		0	0	0	90.02
	09004 BARI ATRI CS	0		0	0	0	90.04
91.00	09100 EMERGENCY	13, 758, 726		13, 758, 726		13, 758, 726	
	09101 DI AGNOSTI C TREATMENT CENTER	3, 648, 342		3, 648, 342		3, 648, 342	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	6, 703, 233		6, 703, 233		6, 703, 233	92.00
95.00	OTHER REIMBURSABLE COST CENTERS	5, 794, 448		5, 794, 448	0	5, 794, 448	95.00
	09700 DURABLE MEDICAL EQUIP-SOLD	4, 248, 271		4, 248, 271		4, 248, 271	
	09850 HOME OFFICE	0		0	0	0	
	09900 CMHC	0		0		0	
	10100 HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS						
	10600 HEART ACQUI SI TI ON	0		0	_		106.00
200.00 201.00		367, 465, 134				367, 465, 134 6, 703, 233	
201.00		6, 703, 233 360, 761, 901		6, 703, 233 360, 761, 901			
202.00		1 300,701,901	1 0	1 550,701,701	I U	300,701,701	202.00

	cial Systems	ST. VINCENT		CN. 15 0100		u of Form CMS-	2552-1
COMPUTATION	OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 07/01/2017	Worksheet C Part I	
					o 06/30/2018	Date/Time Pre	pared:
						11/27/2018 1:	09 pm
				e XVIII	Hospi tal	PPS	
	Cast Caston Decerintian	Innationt	Charges	Tatal (aal (	Cost or Other	TEFRA	
	Cost Center Description	I npati ent	Outpati ent	+ col. 7)	Ratio	Inpatient	
				+ COL. 7)	Ratio	Ratio	
		6.00	7.00	8.00	9.00	10.00	
I NPATI	ENT ROUTINE SERVICE COST CENTERS	- <b>-</b>					
30.00 03000	ADULTS & PEDIATRICS	50, 842, 930		50, 842, 930	)		30. 00
31.00 03100	INTENSIVE CARE UNIT	24, 566, 336		24, 566, 336	b		31.00
31.02 03102		8, 911, 893		8, 911, 893			31.02
	CORONARY CARE UNI T	3, 185, 909		3, 185, 909			32.00
	SUBPROVIDER - IPF	7, 078, 862		7, 078, 862			40.00
	SUBPROVIDER - IRF	4, 947, 003		4, 947, 003			41.00
		1, 489, 453		1, 489, 453			43.00
	SKILLED NURSING FACILITY NURSING FACILITY	0					44.00
	LARY SERVICE COST CENTERS	<u> </u>		<u> </u>			45.00
	OPERATING ROOM	121, 655, 095	245, 692, 368	367, 347, 463	0. 232626	0. 000000	50.00
	RECOVERY ROOM	8, 344, 812	23, 708, 751			0.000000	
	DELIVERY ROOM & LABOR ROOM	14, 052, 189	988, 763			0.000000	
	ANESTHESI OLOGY	12, 887, 229	8, 714, 581			0.000000	
54.00 05400	RADI OLOGY-DI AGNOSTI C	15, 971, 760	52, 868, 484	68, 840, 244	0. 176325	0. 000000	54.00
54.02 05402	ULTRASOUND	6, 615, 446	10, 101, 844	16, 717, 290	0. 061293	0.000000	54.0
	NUCLEAR MEDICINE	7, 746, 162	26, 242, 973	33, 989, 135		0.000000	
	RADI OI SOTOPE	0	0		0.000000	0. 000000	
	CT SCAN	19, 327, 969	36, 415, 470			0.00000	
	MAGNETIC RESONANCE IMAGING (MRI)	4, 271, 579	16, 050, 987			0.000000	
	CARDI AC CATHETERI ZATI ON	55, 607, 643	42, 783, 468			0.000000	
		46, 197, 151	81, 622, 325			0.000000	
	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY	6, 263, 730	1, 734, 647 13, 063, 403			0.000000	
	RESPIRATORY THERAPY	8, 570, 313 11, 410, 203	4, 039, 434			0. 000000 0. 000000	
	PHYSI CAL THERAPY	10, 716, 164	7, 464, 780			0.000000	
	OCCUPATIONAL THERAPY	10, 740, 943	470, 279			0. 000000	
	SPEECH PATHOLOGY	3, 699, 713	223, 997			0.000000	
	ELECTROCARDI OLOGY	23, 643, 836	38, 822, 858			0. 000000	
	CARDI AC REHAB	9, 222	1, 405, 080			0.000000	
69.03 06903	DIABETIC EDUCATION	0	0		0. 000000	0. 000000	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	1, 679, 254	6, 353, 421	8, 032, 675	0. 166258	0.000000	70.00
	MEDICAL SUPPLIES CHARGED TO PATIENT	64, 264, 636	56, 885, 471			0. 000000	
	IMPL. DEV. CHARGED TO PATIENTS	64, 459, 290	46, 233, 416			0.00000	
	DRUGS CHARGED TO PATIENTS	85, 240, 014	109, 096, 219			0.00000	
	RENAL DIALYSIS	4,029,331	366, 768			0.000000	
76.00 03951		2,089,007	2, 433, 253			0.000000	
	MOBILE OUTREACH CLINIC TIENT SERVICE COST CENTERS	1, 039	736, 587	737, 626	2. 086423	0. 000000	76. 0 <sup>4</sup>
	RURAL HEALTH CLINIC	0	0	0			88.00
	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
	CLINIC	90, 739	6, 223, 610	6, 314, 349	0. 246140	0. 000000	
	OUTPATIENT PSYCH	,0,,0,	0, 220, 010	0,011,012	0.000000	0.000000	
	PEDS CLINIC	0	0		0.000000	0.000000	1
	BARIATRICS	0	0		0. 000000	0.000000	
	EMERGENCY	31, 533, 211	83, 810, 242	115, 343, 453		0. 000000	
	DIAGNOSTIC TREATMENT CENTER	10, 659, 097	19, 838, 521	30, 497, 618	0. 119627	0. 000000	
	OBSERVATION BEDS (NON-DISTINCT PART	3, 014, 430	7, 832, 486	10, 846, 916	0. 617985	0.000000	92.00
	REIMBURSABLE COST CENTERS						
	AMBULANCE SERVICES	51, 404	9, 095, 448			0. 000000	
	DURABLE MEDICAL EQUIP-SOLD	11, 845	8, 399, 531			0.000000	
98.00 09850		0	C	C	0.000000	0. 000000	
99.00 09900		0	0	0			99.0
	HOME HEALTH AGENCY	0	0	0			101. 0
	AL PURPOSE COST CENTERS						10/ 0
	HEART ACQUI SI TI ON						106.00
200.00 201.00	Subtotal (see instructions) Less Observation Beds	755, 876, 842	909, 719, 465	1, 725, 596, 307			200.00
	Total (see instructions)	755, 876, 842	969 710 /65	1, 725, 596, 307	,		201.00
202 00 ·							

Heal th	Financial Systems	ST. VINCENT E	VANSVI LLE	In Lie	u of Form CMS-	2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0100	Peri od:	Worksheet C	
				From 07/01/2017 To 06/30/2018	Part I Date/Time Pre	epared:
			T: +1 - \//////		11/27/2018 1:	09 pm
	Cost Center Description	PPS Inpatient	Title XVIII	Hospi tal	PPS	
		Ratio				
		11.00				
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS					30.00
	03100 I NTENSI VE CARE UNI T					31.00
	03102 NI CU					31.02
	03200 CORONARY CARE UNI T					32.00
	04000 SUBPROVI DER – I PF					40.00
	04100 SUBPROVI DER – I RF					41.00
	04300 NURSERY					43.00
	04400 SKILLED NURSING FACILITY					44.00
	04500 NURSING FACILITY					45.00
	ANCILLARY SERVICE COST CENTERS					
	05000 OPERATING ROOM	0. 232626				50.00
	05100 RECOVERY ROOM	0. 105749				51.00
	05200 DELIVERY ROOM & LABOR ROOM	0. 345022				52.00
	05300 ANESTHESI OLOGY	0. 006771				53.00
	05400 RADI OLOGY-DI AGNOSTI C	0. 176325				54.00
	05402 ULTRASOUND	0.061293				54.02
	05403 NUCLEAR MEDICINE	0. 110488				54.03
	05600 RADI OI SOTOPE	0.000000				56.00
	05700 CT SCAN	0. 045516				57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 072173				58.00
	05900 CARDI AC CATHETERI ZATI ON	0. 047884				59.00 60.00
	06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS.	0. 167984 0. 293077				63.00
64.00	06400 I NTRAVENOUS THERAPY	0. 290370				64.00
	06500 RESPI RATORY THERAPY	0. 367108				65.00
	06600 PHYSI CAL THERAPY	0. 365575				66.00
	06700 OCCUPATI ONAL THERAPY	0. 220163				67.00
	06800 SPEECH PATHOLOGY	0. 215556				68.00
	06900 ELECTROCARDI OLOGY	0.041585				69.00
69.02	06902 CARDI AC REHAB	1. 231629				69.02
69.03	06903 DIABETIC EDUCATION	0. 000000				69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 166258				70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 100666				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 215032				72.00
	07300 DRUGS CHARGED TO PATIENTS	0. 197663				73.00
	07400 RENAL DIALYSIS	0. 361333				74.00
	03951 ECT	0. 057416				76.00
76. 01	03950 MOBILE OUTREACH CLINIC	2. 086423				76.01
88.00	OUTPATIENT SERVICE COST CENTERS					00 00
	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER					88.00 89.00
	09000 CLINIC	0. 246140				90.00
	09001 OUTPATI ENT PSYCH	0. 000000				90.00
	09002 PEDS CLINIC	0. 000000				90.02
	09004 BARI ATRI CS	0. 000000				90.04
	09100 EMERGENCY	0. 119285				91.00
	09101 DI AGNOSTI C TREATMENT CENTER	0. 119627				91.01
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 617985				92.00
	OTHER REIMBURSABLE COST CENTERS					
	09500 AMBULANCE SERVICES	0. 633491				95.00
	09700 DURABLE MEDICAL EQUIP-SOLD	0. 505063				97.00
	09850 HOME OFFICE	0. 000000				98.00
	09900 CMHC					99.00
101.00	10100 HOME HEALTH AGENCY					101.00
467 -	SPECIAL PURPOSE COST CENTERS	1				101
	10600 HEART ACQUI SI TI ON					106.00
200.00						200.00
201.00 202.00						201.00 202.00
202.00		I				1202.00

Heal th	Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-:	2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider C		Period:	Worksheet C	
					rom 07/01/2017 o 06/30/2018	Part I Date/Time Pre	pared:
						11/27/2018 1:	
				e XIX	Hospi tal	Cost	
	Cost Conton Description	Tatal Cast	Thereony Limit	Tatal Casta	Costs RCE	Tatal Casta	
	Cost Center Description	Total Cost (from Wkst. B,	Therapy Limit Adj.	Total Costs	Di sal l owance	Total Costs	
		Part I, col.	naj.		Di Sai i Owanee		
		26)					
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1				
	03000 ADULTS & PEDIATRICS	45, 720, 718		45, 720, 718		45, 720, 718	•
	03100 INTENSIVE CARE UNIT	17, 616, 768		17, 616, 768		17, 616, 768	•
	03102 NI CU	6, 458, 886 2, 333, 271		6, 458, 886		6, 458, 886	•
	03200 CORONARY CARE UNI T 04000 SUBPROVI DER – I PF	4, 141, 037		2, 333, 271 4, 141, 037		2, 333, 271 4, 141, 037	
	04100 SUBPROVI DER – I RF	4, 469, 651		4, 469, 651		4, 469, 651	•
	04300 NURSERY	1, 539, 021		1, 539, 021		1, 539, 021	•
44.00	04400 SKILLED NURSING FACILITY	0		C		0	1
45.00	04500 NURSING FACILITY	0		C	0 0	0	45.00
	ANCILLARY SERVICE COST CENTERS	- 1	1	1			
	05000 OPERATING ROOM	85, 454, 750		85, 454, 750		85, 454, 750	•
	05100 RECOVERY ROOM	3, 389, 644		3, 389, 644		3, 389, 644	•
	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	5, 189, 466 146, 270		5, 189, 466 146, 270		5, 189, 466	•
	05400 RADI OLOGY-DI AGNOSTI C	12, 138, 282		12, 138, 282		146, 270 12, 138, 282	
	05402 ULTRASOUND	1, 024, 648		1, 024, 648		1, 024, 648	•
	05403 NUCLEAR MEDICINE	3, 755, 377		3, 755, 377		3, 755, 377	
	05600 RADI OI SOTOPE	0		C		0	
57.00	05700 CT SCAN	2, 537, 230		2, 537, 230	0 0	2, 537, 230	57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 466, 744		1, 466, 744		1, 466, 744	
	05900 CARDI AC CATHETERI ZATI ON	4, 711, 408		4, 711, 408		4, 711, 408	
	06000 LABORATORY	21, 471, 681		21, 471, 681		21, 471, 681	1
	06300 BLOOD STORING, PROCESSING & TRANS.	2, 344, 142		2, 344, 142		2, 344, 142	
	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	6, 281, 780 5, 671, 679		6, 281, 780 5, 671, 679		6, 281, 780 5, 671, 679	•
	06600 PHYSI CAL THERAPY	6, 646, 500				6, 646, 500	•
	06700 OCCUPATI ONAL THERAPY	2, 468, 296		2, 468, 296		2, 468, 296	
68.00	06800 SPEECH PATHOLOGY	845, 781	0	845, 781		845, 781	
69.00	06900 ELECTROCARDI OLOGY	2, 597, 677		2, 597, 677		2, 597, 677	•
69.02	06902 CARDI AC REHAB	1, 741, 895		1, 741, 895	0	1, 741, 895	69.02
	06903 DI ABETI C EDUCATI ON	461, 297		461, 297		461, 297	•
	07000 ELECTROENCEPHALOGRAPHY	1, 335, 500		1, 335, 500		1, 335, 500	•
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	12, 195, 707		12, 195, 707		12, 195, 707	•
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	23, 802, 514 38, 413, 177		23, 802, 514 38, 413, 177		23, 802, 514 38, 413, 177	•
	07400 RENAL DI ALYSI S	1, 588, 454		1, 588, 454		1, 588, 454	
	03951 ECT	259, 650		259, 650		259, 650	•
	03950 MOBILE OUTREACH CLINIC	1, 539, 000		1, 539, 000		1, 539, 000	•
	OUTPATIENT SERVICE COST CENTERS	-					
	08800 RURAL HEALTH CLINIC	0		0	0	0	•
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0	0	
	09000 CLINIC 09001 OUTPATIENT PSYCH	1, 554, 213		1, 554, 213	0	1, 554, 213	
	09001 DUTPATTENT PSYCH 09002 PEDS CLINIC	0			0	0	
	09004 BARI ATRI CS	0				0	
	09100 EMERGENCY	13, 758, 726		13, 758, 726	0	13, 758, 726	
	09101 DIAGNOSTIC TREATMENT CENTER	3, 648, 342		3, 648, 342		3, 648, 342	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	6, 703, 233		6, 703, 233	8	6, 703, 233	92.00
	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVI CES	5, 794, 448		5, 794, 448		5, 794, 448	
	09700 DURABLE MEDICAL EQUIP-SOLD	4, 248, 271		4, 248, 271		4, 248, 271	
	09850 HOME OFFICE	0		0	-	0	
	09900 CMHC 10100 HOME HEALTH AGENCY	0				0	99.00 101.00
101.00	SPECIAL PURPOSE COST CENTERS	0	1	I C	<u></u>	0	101.00
106.00	10600 HEART ACQUI SI TI ON	0		C		0	106.00
200.00		367, 465, 134		-			•
201.00	Less Observation Beds	6, 703, 233		6, 703, 233		6, 703, 233	201.00
202.00	Total (see instructions)	360, 761, 901	0	360, 761, 901	0	360, 761, 901	202.00

Health Fi	nancial Systems	ST. VINCENT I	EVANSVI LLE		In Lie	u of Form CMS-	2552-10
COMPUTATI	ON OF RATIO OF COSTS TO CHARGES		Provider C		Period:	Worksheet C	
					rom 07/01/2017 o 06/30/2018	Part I Date/Time Pre	pared:
				e XIX	Hospi tal	11/27/2018 1: Cost	09 pm
			Charges	6 117		COST	
	Cost Center Description	I npati ent	Outpati ent		Cost or Other	TEFRA	
				+ col. 7)	Ratio	Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	PATIENT ROUTINE SERVICE COST CENTERS			1			
	000 ADULTS & PEDIATRICS	50, 842, 930		50, 842, 930			30.00
	100 I NTENSI VE CARE UNI T 102 NI CU	24, 566, 336 8, 911, 893		24, 566, 336 8, 911, 893			31.00 31.02
	200 CORONARY CARE UNIT	3, 185, 909		3, 185, 909			32.00
	000 SUBPROVI DER – I PF	7, 078, 862		7, 078, 862			40.00
	100 SUBPROVI DER – I RF	4, 947, 003		4, 947, 003			41.00
	300 NURSERY	1, 489, 453		1, 489, 453	3		43.00
	400 SKILLED NURSING FACILITY	0		0			44.00
	500 NURSING FACILITY	0					45.00
	CILLARY SERVICE COST CENTERS	121, 655, 095	245, 692, 368	367, 347, 463	0. 232626	0.00000	50.00
	100 RECOVERY ROOM	8, 344, 812	23, 708, 751			0. 000000	51.00
	200 DELIVERY ROOM & LABOR ROOM	14, 052, 189	988, 763			0. 000000	•
	300 ANESTHESI OLOGY	12, 887, 229	8, 714, 581			0. 000000	
	400 RADI OLOGY-DI AGNOSTI C	15, 971, 760	52, 868, 484			0. 000000	•
	402 ULTRASOUND	6, 615, 446	10, 101, 844			0.00000	•
	403 NUCLEAR MEDICINE	7, 746, 162	26, 242, 973			0.00000	
	600 RADI OI SOTOPE 700 CT SCAN	0 19, 327, 969	C 36, 415, 470			0. 000000 0. 000000	
	800 MAGNETIC RESONANCE IMAGING (MRI)	4, 271, 579	16, 050, 987			0. 000000	
	900 CARDI AC CATHETERI ZATI ON	55, 607, 643	42, 783, 468			0. 000000	
60.00 060	000 LABORATORY	46, 197, 151	81, 622, 325			0.00000	60.00
63.00 063	300 BLOOD STORING, PROCESSING & TRANS.	6, 263, 730	1, 734, 647	7, 998, 377	0. 293077	0. 000000	63.00
	400 I NTRAVENOUS THERAPY	8, 570, 313	13,063,403			0.00000	•
	500 RESPI RATORY THERAPY	11, 410, 203	4,039,434			0.00000	•
	600 PHYSI CAL THERAPY 700 OCCUPATI ONAL THERAPY	10, 716, 164 10, 740, 943	7, 464, 780 470, 279			0. 000000 0. 000000	•
	800 SPEECH PATHOLOGY	3, 699, 713	223, 997			0. 000000	•
	900 ELECTROCARDI OLOGY	23, 643, 836	38, 822, 858			0. 000000	
	902 CARDI AC REHAB	9, 222	1, 405, 080			0.00000	
	903 DIABETIC EDUCATION	0	C	0 0	0. 000000	0.00000	
	000 ELECTROENCEPHALOGRAPHY	1, 679, 254	6, 353, 421			0.00000	•
	100 MEDICAL SUPPLIES CHARGED TO PATIENT	64, 264, 636	56, 885, 471			0.00000	•
	200 I MPL. DEV. CHARGED TO PATI ENTS 300 DRUGS CHARGED TO PATI ENTS	64, 459, 290 85, 240, 014	46, 233, 416 109, 096, 219			0. 000000 0. 000000	•
	400 RENAL DI ALYSI S	4, 029, 331	366, 768			0. 000000	
	951 ECT	2, 089, 007	2, 433, 253			0.00000	
	950 MOBILE OUTREACH CLINIC	1, 039	736, 587	737, 626	2.086423	0.00000	76.01
	TPATIENT SERVICE COST CENTERS					0.000000	
	800 RURAL HEALTH CLINIC	0	C			0. 000000 0. 000000	•
	900 FEDERALLY QUALI FI ED HEALTH CENTER 000 CLI NI C	90, 739	6, 223, 610	6, 314, 349	0.000000 0.246140	0. 000000	
	001 OUTPATI ENT PSYCH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, 223, 010	) 0, 314, 34	0.000000	0. 000000	
	002 PEDS CLINIC	0	C	) (		0. 000000	
90.04 090	004 BARI ATRI CS	0	C	0 0	0. 000000	0. 000000	90.04
	100 EMERGENCY	31, 533, 211	83, 810, 242			0.00000	•
	101 DI AGNOSTI C TREATMENT CENTER	10, 659, 097	19, 838, 521			0.00000	91.01
	200 OBSERVATION BEDS (NON-DISTINCT PART	3, 014, 430	7, 832, 486	10, 846, 916	0. 617985	0. 000000	92.00
	HER REIMBURSABLE COST CENTERS 500 AMBULANCE SERVICES	51, 404	9, 095, 448	9, 146, 852	0. 633491	0. 000000	95.00
	700 DURABLE MEDICAL EQUIP-SOLD	11, 845	8, 399, 531			0. 000000	
	850 HOME OFFICE	0	C			0.00000	
99.00 099		0	C				99.00
	100 HOME HEALTH AGENCY	0	C	) (			101.00
	ECIAL PURPOSE COST CENTERS						104 00
200.00	600 HEART ACQUISITION Subtotal (see instructions)	0 755, 876, 842	060 710 /65	1, 725, 596, 307	7		106.00 200.00
200.00	Less Observation Beds	, 55, 070, 042	707, 717, 400	, , , , 20, 070, 307			200.00
202.00	Total (see instructions)	755, 876, 842	969, 719, 465	1, 725, 596, 307	7		202.00
1							•

$\begin{array}{cccccc} 0.00 & 0.300 \\ 1. & 00 & 0.311 \\ 1. & 02 & 0.311 \\ 1. & 02 & 0.311 \\ 2. & 00 & 0.321 \\ 0. & 00 & 0.311 \\ 1. & 00 & 0.311 \\ 0. & 0.311 \\ 3. & 00 & 0.431 \\ 1. & 00 & 0.441 \\ 3. & 00 & 0.441 \\ 5. & 00 & 0.451 \\ \hline \begin{array}{c} ANC \\ ANC \\ 0. & 0.521 \\ 3. & 00 & 0.531 \\ 4. & 00 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 00 & 0.561 \\ 7. & 00 & 0.571 \\ 8. & 00 & 0.561 \\ 7. & 00 & 0.571 \\ 8. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.$	Cost Center Description ATIENT ROUTINE SERVICE COST CENTERS OO ADULTS & PEDIATRICS OO INTENSIVE CARE UNIT OO CORONARY CARE UNIT OO SUBPROVIDER - IPF OO SUBPROVIDER - IRF OO NURSERY OO SKILLED NURSING FACILITY OO NURSING FACILITY ILLARY SERVICE COST CENTERS OO OPERATING ROOM OO RECOVERY ROOM OO DELIVERY ROOM & LABOR ROOM OO ANESTHESIOLOGY	PPS Inpati ent Ratio           11.00           0.000000           0.000000	Title XIX	Hospi tal	11/27/2018 1: Cost	30. 00 31. 00 31. 02 32. 00 40. 00 41. 00
$\begin{array}{cccccc} 0.00 & 0.300 \\ 1. & 00 & 0.311 \\ 1. & 02 & 0.311 \\ 1. & 02 & 0.311 \\ 2. & 00 & 0.321 \\ 0. & 00 & 0.311 \\ 1. & 00 & 0.311 \\ 0. & 0.311 \\ 3. & 00 & 0.431 \\ 1. & 00 & 0.441 \\ 3. & 00 & 0.441 \\ 5. & 00 & 0.451 \\ \hline \begin{array}{c} ANC \\ ANC \\ 0. & 0.521 \\ 3. & 00 & 0.531 \\ 4. & 00 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 00 & 0.561 \\ 7. & 00 & 0.571 \\ 8. & 00 & 0.561 \\ 7. & 00 & 0.571 \\ 8. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.$	ATIENT ROUTINE SERVICE COST CENTERS OO ADULTS & PEDIATRICS OO INTENSIVE CARE UNIT OO CORONARY CARE UNIT OO CORONARY CARE UNIT OO SUBPROVIDER - IPF OO SUBPROVIDER - IRF OO NURSERY OO SKILLED NURSING FACILITY OO NURSING FACILITY ILLARY SERVICE COST CENTERS OO OPERATING ROOM OO RECOVERY ROOM OO DELIVERY ROOM & LABOR ROOM	Ratio           11.00				31.00 31.02 32.00 40.00
$\begin{array}{cccccc} 0.00 & 0.300 \\ 1. & 00 & 0.311 \\ 1. & 02 & 0.311 \\ 1. & 02 & 0.311 \\ 2. & 00 & 0.321 \\ 0. & 00 & 0.311 \\ 1. & 00 & 0.311 \\ 0. & 0.311 \\ 3. & 00 & 0.431 \\ 1. & 00 & 0.441 \\ 3. & 00 & 0.441 \\ 5. & 00 & 0.451 \\ \hline \begin{array}{c} ANC \\ ANC \\ 0. & 0.521 \\ 3. & 00 & 0.531 \\ 4. & 00 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 00 & 0.561 \\ 7. & 00 & 0.571 \\ 8. & 00 & 0.561 \\ 7. & 00 & 0.571 \\ 8. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.$	00 ADULTS & PEDIATRICS 00 INTENSIVE CARE UNIT 02 NICU 00 CORONARY CARE UNIT 00 SUBPROVIDER - IPF 00 SUBPROVIDER - IRF 00 NURSERY 00 SKILLED NURSING FACILITY 00 NURSING FACILITY 1LLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM	0. 000000				31.00 31.02 32.00 40.00
$\begin{array}{cccccc} 0.00 & 0.300 \\ 1. & 00 & 0.311 \\ 1. & 02 & 0.311 \\ 1. & 02 & 0.311 \\ 2. & 00 & 0.321 \\ 0. & 00 & 0.311 \\ 1. & 00 & 0.311 \\ 0. & 0.311 \\ 3. & 00 & 0.431 \\ 1. & 00 & 0.441 \\ 3. & 00 & 0.441 \\ 5. & 00 & 0.451 \\ \hline \begin{array}{c} ANC \\ ANC \\ 0. & 0.521 \\ 3. & 00 & 0.531 \\ 4. & 00 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 02 & 0.541 \\ 4. & 00 & 0.561 \\ 7. & 00 & 0.571 \\ 8. & 00 & 0.561 \\ 7. & 00 & 0.571 \\ 8. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.$	00 ADULTS & PEDIATRICS 00 INTENSIVE CARE UNIT 02 NICU 00 CORONARY CARE UNIT 00 SUBPROVIDER - IPF 00 SUBPROVIDER - IRF 00 NURSERY 00 SKILLED NURSING FACILITY 00 NURSING FACILITY 1LLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					31.00 31.02 32.00 40.00
$\begin{array}{ccccc} 1. & 00 & 0.311 \\ 1. & 02 & 0.311 \\ 2. & 00 & 0.320 \\ 0. & 00 & 0.431 \\ 3. & 00 & 0.431 \\ 4. & 00 & 0.441 \\ 5. & 00 & 0.541 \\ 4. & 00 & 0.541 \\ 4. & 00 & 0.541 \\ 4. & 00 & 0.541 \\ 4. & 00 & 0.541 \\ 4. & 00 & 0.541 \\ 4. & 00 & 0.541 \\ 4. & 00 & 0.541 \\ 4. & 00 & 0.541 \\ 4. & 00 & 0.541 \\ 6. & 00 & 0.561 \\ 7. & 00 & 0.571 \\ 8. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7. & 00 & 0.561 \\ 7$	00 INTENSIVE CARE UNIT 02 NICU 00 CORONARY CARE UNIT 00 SUBPROVIDER - IPF 00 SUBPROVIDER - IRF 00 NURSERY 00 SKILLED NURSING FACILITY 00 NURSING FACILITY 1LLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					31.00 31.02 32.00 40.00
1. 02         031           2. 00         032           0. 00         040           1. 00         041           3. 00         043           4. 00         044           5. 00         045           0. 00         050           1. 00         051           2. 00         052           3. 00         053           3. 00         054           4. 02         054           4. 02         054           6. 00         056           7. 00         057           8. 00         058           9. 00         059           3. 00         063           4. 00         064           5. 00         063	02 NICU 00 CORONARY CARE UNIT 00 SUBPROVIDER - IPF 00 SUBPROVIDER - IRF 00 NURSERY 00 SKILLED NURSING FACILITY 00 NURSING FACILITY 1LLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					31.02 32.00 40.00
2.00         032           0.00         040           1.00         041           3.00         043           4.00         044           5.00         050           1.100         050           1.00         050           1.00         050           1.00         051           2.00         052           3.00         053           4.02         054           4.02         054           4.02         054           4.02         054           4.02         054           6.00         056           7.00         057           8.00         058           9.00         059           0.00         063           4.00         064           5.00         065	00 CORONARY CARE UNIT 00 SUBPROVIDER - IPF 00 SUBPROVIDER - IRF 00 NURSERY 00 SKILLED NURSING FACILITY 00 NURSING FACILITY 1LLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					32.00 40.00
0.00         0400           1.00         0411           3.00         0433           4.00         0443           5.00         0453           7.00         0450           0.00         0500           1.00         0511           2.00         0523           4.00         0544           4.00         0541           2.00         0523           4.00         0544           4.02         0544           4.02         0544           4.02         0544           6.00         0564           7.00         0577           8.00         0589           9.00         0590           0.00         0603           3.00         0633           4.00         0643           5.00         0659	00 SUBPROVIDER - IPF 00 SUBPROVIDER - IRF 00 NURSERY 00 SKILLED NURSING FACILITY 00 NURSING FACILITY 1LLARY SERVICE COST CENTERS 00 PERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					40.00
1.00         0411           3.00         0433           4.00         0443           5.00         0450           ANC         00           0.00         0500           1.00         0501           2.00         0523           4.00         0544           4.00         0544           4.00         0544           4.00         0544           4.02         0544           4.03         0544           6.00         0567           8.00         0589           9.00         0590           3.00         0633           4.00         0644           5.00         0645	00 SUBPROVIDER - IRF 00 NURSERY 00 SKILLED NURSING FACILITY 00 NURSING FACILITY 1LLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	00 NURSERY 00 SKILLED NURSING FACILITY 00 NURSING FACILITY 1LLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					
4.00         044           5.00         045           ANC         045           0.00         050           1.00         051           2.00         052           3.00         053           4.00         054           4.00         054           6.00         056           7.00         057           8.00         058           9.00         059           0.00         060           3.00         063           4.00         064	00 SKILLED NURSING FACILITY 00 NURSING FACILITY 1LLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					41.0
5.00         0450           ANC         0500           0.00         0500           1.00         0511           2.00         0523           3.00         0533           4.02         0544           4.03         0544           6.00         0566           7.00         0577           8.00         0589           9.00         0590           0.00         0630           4.00         0640           5.00         0659	00 NURSING FACILITY ILLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					44.0
ANC 0. 00 0500 1. 00 0511 2. 00 0522 3. 00 0534 4. 00 0544 4. 02 0544 4. 03 0544 6. 00 0566 7. 00 0578 8. 00 0588 9. 00 0598 9. 00 0590 3. 00 0630 4. 00 0644 5. 00 0650	ILLARY SERVICE COST CENTERS 00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					45.0
0.00         0500           1.00         0511           2.00         0523           3.00         0534           4.02         0544           4.02         0544           4.02         0544           4.03         0546           6.00         0567           7.00         0577           8.00         0589           9.00         0590           3.00         0630           4.00         0641           5.00         0659	00 OPERATING ROOM 00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					- 45.0
1.00         051           2.00         052           3.00         053           4.02         054           4.02         054           4.03         054           6.00         056           7.00         057           8.00         058           9.00         059           0.00         060           3.00         063           4.00         064           5.00         065	00 RECOVERY ROOM 00 DELIVERY ROOM & LABOR ROOM					50.00
2.00         052/           3.00         053/           4.00         054/           4.03         054/           4.03         054/           6.00         056/           7.00         057/           8.00         058/           9.00         059/           0.00         0600           3.00         063/           4.00         064/           5.00         065/	OO DELIVERY ROOM & LABOR ROOM	0.000000				51.00
3.00         053           4.00         054           4.02         054           4.03         054           6.00         056           7.00         057           8.00         058           9.00         059           0.00         060           3.00         063           4.00         064		0. 000000				52.0
4.00         054           4.02         054           4.03         054           6.00         056           7.00         057           8.00         059           9.00         059           0.00         060           3.00         063           4.00         064		0. 000000				53.0
4. 02         054/           4. 03         054/           6. 00         056/           7. 00         057/           8. 00         058/           9. 00         059/           0. 00         060/           3. 00         063/           4. 00         064/           5. 00         065/	00 RADI OLOGY-DI AGNOSTI C	0. 000000				54.0
4. 03         054/           6. 00         056/           7. 00         057/           8. 00         058/           9. 00         059/           0. 00         060/           3. 00         063/           4. 00         064/           5. 00         065/	02 ULTRASOUND	0. 000000				54.0
6.00       056         7.00       057         8.00       058         9.00       059         0.00       060         3.00       063         4.00       064         5.00       065	03 NUCLEAR MEDICINE	0. 000000				54.0
7.00         057           8.00         058           9.00         059           0.00         060           3.00         063           4.00         064           5.00         065	00 RADI OI SOTOPE	0. 000000				56.0
8.00         058           9.00         059           0.00         060           3.00         063           4.00         064           5.00         065	OO CT SCAN	0. 000000				57.0
0.00 060 3.00 063 4.00 064 5.00 065	MAGNETIC RESONANCE IMAGING (MRI)	0. 000000				58.0
3.00     063       4.00     064       5.00     065	OO CARDI AC CATHETERI ZATI ON	0. 000000				59.0
4.00 064 5.00 065	00 LABORATORY	0. 000000				60.0
5.00 065	00 BLOOD STORING, PROCESSING & TRANS.	0. 000000				63.0
	00 INTRAVENOUS THERAPY	0. 000000				64.0
	00 RESPI RATORY THERAPY	0. 000000				65.0
6.00 066	00 PHYSI CAL THERAPY	0. 000000				66.0
1	00 OCCUPATIONAL THERAPY	0. 000000				67.0
	00 SPEECH PATHOLOGY	0. 000000				68.0
	00 ELECTROCARDI OLOGY	0. 000000				69.0
	02 CARDI AC REHAB	0. 000000				69.0
		0. 000000				69.0
		0. 000000				70.0
	00 MEDI CAL SUPPLIES CHARGED TO PATIENT	0. 000000				71.0
	00 IMPL. DEV. CHARGED TO PATIENTS 00 DRUGS CHARGED TO PATIENTS	0. 000000				73.0
	00 RENAL DIALYSIS	0. 000000				74.0
	51 ECT	0. 000000				76.0
1	50 MOBILE OUTREACH CLINIC	0. 000000				76.0
	PATIENT SERVICE COST CENTERS	0.000000				_ /0.0
	00 RURAL HEALTH CLINIC	0. 000000				88. 0
	00 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				89.0
	00 CLINIC	0. 000000				90.0
	01 OUTPATIENT PSYCH	0. 000000				90.0
	02 PEDS CLINIC	0. 000000				90.0
	04 BARI ATRI CS	0. 000000				90.0
	00 EMERGENCY	0. 000000				91.0
1.01 091	01 DIAGNOSTIC TREATMENT CENTER	0. 000000				91.0
2.00 092	OO OBSERVATION BEDS (NON-DISTINCT PART	0. 000000				92.0
	ER REIMBURSABLE COST CENTERS					
	00 AMBULANCE SERVI CES	0. 000000				95.0
	OO DURABLE MEDICAL EQUIP-SOLD	0. 000000				97.0
	50 HOME OFFICE	0. 000000				98.0
9.00 099						99.0
	OO HOME HEALTH AGENCY					101.0
	CIAL PURPOSE COST CENTERS					4
	00 HEART ACQUI SI TI ON					106.0
00.00	Subtotal (see instructions)					1000 0
01.00 02.00	Less Observation Beds					200. 0 201. 0

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider C	CN: 15-0100	Period: From 07/01/2017 To 06/30/2018		pared: 09 pm
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,	-	Related Cos			
	Part II, col.		(col. 1 - co	L.		
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3, 181, 098	C	3, 181, 0	98 50, 248	63.31	30.00
31.00 INTENSIVE CARE UNIT	916, 702		916, 7	02 12, 171	75.32	31.00
31. 02 NI CU	345, 113		345, 1	13 5, 259	65.62	31.02
32.00 CORONARY CARE UNIT	180, 449		180, 4	49 1, 240	145.52	32.00
40.00 SUBPROVIDER - IPF	216, 121	C	216, 1	21 4, 080	52.97	40.00
41.00 SUBPROVIDER - IRF	593, 370	C	593, 3	70 4, 718	125.77	41.00
43.00 NURSERY	7, 819		7,8	19 2, 656	2.94	43.00
44.00 SKILLED NURSING FACILITY	0			0 0	0.00	44.00
45.00 NURSING FACILITY	0			0 0	0.00	45.00
200.00 Total (lines 30 through 199)	5, 440, 672		5, 440, 6	72 80, 372		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		1	1			
30. 00 ADULTS & PEDIATRICS	23, 948		1			30.00
31.00 INTENSIVE CARE UNIT	8, 576					31.00
31. 02 NI CU	0					31.02
32.00 CORONARY CARE UNI T	874					32.00
40. 00 SUBPROVIDER – IPF	849					40.00
41.00 SUBPROVIDER – IRF	2,440	306, 879				41.00
43.00 NURSERY	0	C	)			43.00
44.00 SKILLED NURSING FACILITY	0	C	0			44.00
45.00 NURSING FACILITY	0	C	0			45.00
200.00 Total (lines 30 through 199)	36, 687	2, 641, 127	'			200. 00

PPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provider C	CN: 15-0100	Period:	Worksheet D	
				From 07/01/2017	Part II	
				To 06/30/2018	Date/Time Pre	pared:
					11/27/2018 1:	09 pm
Cost Costos Description	Carrital		XVIII	Hospi tal	PPS	
Cost Center Description	Capital Related Cost	Total Charges (from Wkst. C,			Capital Costs (column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	Program	column 4)	
	Part II, col.	8)	2)	. Charges	COTUMIT 4)	
	26)	0)	2)			
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	5.00	4.00	5.00	
0. 00 05000 OPERATING ROOM	2, 882, 526	367, 347, 463	0.00784	47 56, 769, 002	445, 466	1 50. OC
1. 00 05100 RECOVERY ROOM	208, 521					
2.00 05200 DELIVERY ROOM & LABOR ROOM	429, 026					
3. 00 05300 ANESTHESI OLOGY	34, 925					
4. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 766, 481		1		148, 417	
4. 02 05402 ULTRASOUND	38, 874				7, 685	
4. 03 05403 NUCLEAR MEDICINE	186, 233					
6. 00 05600 RADI OI SOTOPE	100, 233					
7. 00 05700 CT SCAN	333, 311	-			45, 398	
8.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	242, 933					
9. 00 05900 CARDI AC CATHETERI ZATI ON	832, 929				154, 102	
0. 00 06000 LABORATORY	417, 383				61, 178	
3. 00 06300 BLOOD STORING, PROCESSING & TRANS.	20, 456				6, 557	
4.00 06400 I NTRAVENOUS THERAPY	505, 514					
5. 00 06500 RESPI RATORY THERAPY	115, 213					
6.00 06600 PHYSI CAL THERAPY	152, 416					
7.00 06700 OCCUPATI ONAL THERAPY	12,950		1		3, 413	
8.00 06800 SPEECH PATHOLOGY	16, 199				3, 612	
9.00 06900 ELECTROCARDI OLOGY	290, 227				50, 600	
9.02 06902 CARDI AC REHAB	164, 412					
9.03 06903 DI ABETI C EDUCATI ON	63, 684				0	
0.00 07000 ELECTROENCEPHALOGRAPHY	134, 195					
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	186, 842				40, 186	
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	359, 720				86, 785	
3.00 07300 DRUGS CHARGED TO PATIENTS	497, 702				74, 517	
4.00 07400 RENAL DIALYSIS	72, 448					
6.00 03951 ECT	1, 515					
6. 01 03950 MOBILE OUTREACH CLINIC	234, 694	737, 626	0. 3181	75 0	0	76.0
OUTPATIENT SERVICE COST CENTERS			0.0000		0	
8.00 08800 RURAL HEALTH CLINIC	0	-			-	
9.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	, s	0.00000		, i i i i i i i i i i i i i i i i i i i	
0.00 09000 CLINIC	24, 480				24	
0. 01 09001 OUTPATIENT PSYCH	0	-				
0. 02 09002 PEDS CLINIC	0	-				
0. 04 09004 BARI ATRI CS	0	-			0	
1.00 09100 EMERGENCY	690, 839					
1.01 09101 DI AGNOSTI C TREATMENT CENTER	301, 444					
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	466, 391	10, 846, 916	0.04299	98 1, 323, 257	56, 897	92.00
OTHER REIMBURSABLE COST CENTERS		1	1			4
5. 00 09500 AMBULANCE SERVI CES						95.0
7.00 09700 DURABLE MEDICAL EQUIP-SOLD	39, 366	8, 411, 376				
8.00 09850 HOME OFFICE	0	0	0.0000		0	
00.00 Total (lines 50 through 199)	11, 723, 849	1, 615, 427, 069	1	259, 247, 050	1, 572, 658	200.00

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER F	PASS THROUGH COS	TS Provider C		Period: From 07/01/2017 To 06/30/2018		epared: 09 pm
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School Post-Stepdown Adjustments 1A	Nursing School	Allied Health Post-Stepdowr Adjustments 2A	Allied Health Cost 2.00	All Other Medical Education Cost 3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2/	2.00	5.00	
30. 00       03000       ADULTS & PEDIATRICS         31. 00       03100       INTENSIVE CARE UNIT         31. 02       03102       NICU         32. 00       03200       CORONARY CARE UNIT         40. 00       04000       SUBPROVIDER - IPF         41. 00       04100       SUBPROVIDER - IRF         43. 00       04300       NURSERY         44. 00       04400       SKILLED NURSING FACILITY         45. 00       04500       NURSING FACILITY         200. 00       Total (lines 30 through 199)					0 0 0 0	31.00 31.02 32.00 40.00 41.00
Cost Center Description		Total Costs (sum of cols. 1 through 3, minus col. 4)	Days	: Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5.00	6.00	7.00	8.00	
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         INTENSI VE CARE UNI T           31. 02         03102         NI CU           32. 00         03200         CORONARY CARE UNI T           40. 00         04000         SUBPROVI DER - I PF           41. 00         04100         SUBPROVI DER - I RF           43. 00         04300         NURSERY           44. 00         04400         SKI LLED NURSI NG FACI LI TY           45. 00         04500         NURSI NG FACI LI TY           200. 00         Total (li nes 30 through 199)         Cost Contor Description	0 0 0 0		12, 17 5, 25 1, 24 4, 08 4, 71 2, 65	1         0.00           9         0.00           0         0.00           8         0.00           6         0.00           0         0.00           0         0.00           0         0.00           0         0.00           0         0.00           0         0.00           0         0.00	8, 576 0 874 849 2, 440 0 0 0 0	31.00 31.02 32.00 40.00 41.00 43.00 44.00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00					
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30.00         O3000         ADULTS & PEDI ATRI CS           31.00         O3100         INTENSI VE CARE UNI T           31.02         O3102         NI CU           32.00         O3200         CORONARY CARE UNI T           40.00         O4000         SUBPROVI DER - I PF           41.00         O4100         SUBPROVI DER - I RF           43.00         O4300         NURSERY           44.00         O4400         SKI LLED NURSI NG FACI LI TY           45.00         O4500         NURSI NG FACI LI TY           200.00         Total (li nes 30 through 199)						30. 00 31. 00 31. 02 32. 00 40. 00 41. 00 43. 00 44. 00 45. 00 200. 00

Heal th	Financial Systems	ST. VINCENT	EVAN	SVI LLE			In Lie	u of Form CMS-:	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PAS	is f		CN: 15-0100			11/27/2018 1:	
					XVIII		Hospi tal	PPS	
	Cost Center Description					ol	Allied Health	Allied Health	
		Anestheti st		-Stepdown			Post-Stepdown		
		Cost	Adj	ustments			Adjustments		
		1.00		2A	2.00		3A	3.00	
50, 00	ANCI LLARY SERVICE COST CENTERS	0	1	0		0	0	0	
50.00	05100 RECOVERY ROOM			0		0	0		50.00 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	-	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	1	0		0	0	0	54.00
54.02	05402 ULTRASOUND	0	1	0		0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	1	0		0	0	0	54.03
56.00	05600 RADI OI SOTOPE	0	1	0		0	0	0	56.00
57.00	05700 CT SCAN	0		0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	D	0		0	0		58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	D I	0		0	0	0	59.00
60.00	06000 LABORATORY	0		0		0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	D	0		0	0	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0	D	0		0	0	0	64.00
65.00	06500 RESPI RATORY THERAPY	0	D	0		0	0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	D	0		0	0	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	D	0		0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	D	0		0	0	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0	D	0		0	0	0	69.00
69.02	06902 CARDI AC REHAB	0	D	0	)	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	D	0	)	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	D	0	)	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	D	0	)	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0		0		0	0	269, 540	73.00
74.00	07400 RENAL DI ALYSI S	0		0		0	0	0	74.00
76.00	03951 ECT	0		0		0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0		0		0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS	•							
88.00	08800 RURAL HEALTH CLINIC	0	D	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0		0	0	0	89.00
90.00	09000 CLI NI C	0		0		0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	5	0		0	0	0	90.01
90.02	09002 PEDS CLINIC	0	5	0		0	0	0	90.02
90.04	09004 BARI ATRI CS	0		0		0	0	0	90.04
91.00	09100 EMERGENCY	0		0		Ő	0	0	91.00
91.00	09101 DI AGNOSTI C TREATMENT CENTER		1	0		Ő	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			0		0	0	0	92.00
72.00	OTHER REIMBURSABLE COST CENTERS		1		1	0		0	/2.00
95.00	09500 AMBULANCE SERVICES		1						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0		0	0	0	97.00
97.00 98.00	09850 HOME OFFICE	0		0		0	0		98.00
200.00		0		0		0	0		
200.00			1	0	Т	0	0	207, 340	200.00

	Financial Systems	ST. VINCENT		01 45 0400		u of Form CMS-2	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE H COSTS	RVICE OTHER PAS	S Provider C		Period: From 07/01/2017 To 06/30/2018		pared:
						11/27/2018 1:	09 pm
				XVIII	Hospi tal	PPS	
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
		Medical	(sum of col 1	Outpatient	(from Wkst. C,	to Charges	
		Education Cost	through col. 4)	Cost (sum of col. 2, 3 and		(col. 5 ÷ col. 7)	
			4)	4)	0)	()	
		4.00	5.00	6.00	7.00	8.00	
	ANCI LLARY SERVI CE COST CENTERS	1.00	0.00	0.00	7.00	0.00	
50.00	05000 OPERATING ROOM	0	0		367, 347, 463	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0		32, 053, 563		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 15, 040, 952	0.000000	52.00
53.00	05300 ANESTHESI OLOGY	0	0		21, 601, 810	0.000000	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		68, 840, 244	0.000000	54.00
54.02	05402 ULTRASOUND	0	0		0 16, 717, 290	0.000000	54.02
54.03	05403 NUCLEAR MEDICINE	0	0		33, 989, 135		
56.00	05600 RADI OI SOTOPE	0	0		0 0	0.000000	56.00
57.00	05700 CT SCAN	0	0		55, 743, 439		
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		20, 322, 566		
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		98, 391, 111	0. 000000	
60.00	06000 LABORATORY	0	0		127, 819, 476		
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		7, 998, 377	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		21, 633, 716		•
65.00	06500 RESPI RATORY THERAPY	0	0		0 15, 449, 637	0. 000000	65.00
66.00	06600 PHYSI CAL THERAPY	0	0		18, 180, 944	0. 000000	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		11, 211, 222	0. 000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0		3, 923, 710	0. 000000	68.00
69.00	06900 ELECTROCARDI OLOGY	0	0		62, 466, 694	0.000000	69.00
69.02	06902 CARDI AC REHAB	0	0		0 1, 414, 302	0.000000	69.02
69.03	06903 DIABETIC EDUCATION	0	0		0 0	0.000000	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		8, 032, 675	0. 000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 121, 150, 107	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 110, 692, 706	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	269, 540	269, 54	0 194, 336, 233	0. 001387	73.00
74.00	07400 RENAL DIALYSIS	0	0		4, 396, 099	0. 000000	74.00
76.00	03951 ECT	0	0		4, 522, 260	0. 000000	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0		0 737, 626	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS	_					
88.00	08800 RURAL HEALTH CLINIC	0	0		0 0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0.000000	89.00
90.00	09000 CLINIC	0	0		0 6, 314, 349	0.000000	90.00
90.01	09001 OUTPATI ENT PSYCH	0	0		0 0	0.000000	90.01
90.02	09002 PEDS CLINIC	0	0		0 0	0.000000	
90.04	09004 BARI ATRI CS	0	0		0 0	0.000000	
	09100 EMERGENCY	0	0		0 115, 343, 453		•
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0			30, 497, 618		•
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 10, 846, 916	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS	-		1	-		
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	-		0 8, 411, 376		•
98.00	09850 HOME OFFI CE	0	-		0 0	0.000000	•
200.00	Total (lines 50 through 199)	0	269, 540	269,54	0 1, 615, 427, 069		200.00

Health Financial Systems	ST. VINCENT EV				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI THROUGH COSTS	ERVICE OTHER PASS	Provider CC		Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Pre 11/27/2018 1:	pared: 09 pm
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Outpati ent	Inpati ent	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col.	-	Costs (col.	3	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 OPERATING ROOM	0. 000000	56, 769, 002		0 61, 179, 751	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	8, 264, 978		0 23, 416, 217	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	43, 449		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	5, 974, 566		0 8, 070, 064	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	5, 783, 767		0 6, 213, 454	0	54.00
54. 02 05402 ULTRASOUND	0.000000	3, 305, 544		0 3, 623, 968	0	54.02
54. 03 05403 NUCLEAR MEDICINE	0. 000000	3, 661, 025		0 10, 751, 812	0	54.03
56. 00 05600 RADI OI SOTOPE	0. 000000	0,001,020		0 0	0	56.00
57. 00 05700 CT SCAN	0. 000000	7, 592, 901		0 12, 599, 605	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	1, 643, 968		0 5, 888, 132	0	58.00
59. 00 05900 CARDIAC CATHETERIZATION	0. 000000	18, 204, 586		0 16, 390, 139	0	59.00
60. 00 06000 LABORATORY	0. 000000	18, 737, 444		0 10, 224, 618	0	60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	2, 563, 141		0 1, 155, 864	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0. 000000	3, 688, 218		0 5, 634, 163	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	3, 875, 885		0 1, 397, 112	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	3, 458, 695		0 201, 837	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	2, 955, 261		0 170, 789	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	874, 999		0 43, 551	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	10, 891, 074		0 13, 781, 523	0	69.00
69. 02 06902 CARDI AC REHAB	0. 000000	2, 338		0 725, 885	0	69.02
69. 03 06903 DI ABETI C EDUCATI ON	0. 000000	0		0 0	0	69.03
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	418, 070		0 2, 032, 099	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	26, 060, 812		0 19, 387, 189	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	26, 703, 127		0 17, 497, 864	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 001387	29, 096, 667	40, 35	7 40, 718, 770	56, 477	73.00
74.00 07400 RENAL DIALYSIS	0. 000000	1, 626, 240		0 189, 280	0	74.00
76.00 03951 ECT	0. 000000	5, 825		0 533, 570	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0. 000000	0		0 0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0. 000000	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0		0 0	0	89.00
90. 00 09000 CLINIC	0. 000000	6, 104		0 524, 776	0	90.00
90. 01 09001 OUTPATI ENT PSYCH	0. 000000	0, 104		0 0	0	90.01
90. 02 09002 PEDS CLINIC	0. 000000	0		0 0	0	90.02
90. 04 09004 BARI ATRI CS	0. 000000	0		0 0	0	90.02
91. 00 09100 EMERGENCY	0. 000000	12, 844, 479		0 14, 957, 608	0	90.04
91. 00 09100 EMERGENCY 91. 01 09101 DI AGNOSTI C TREATMENT CENTER	0.000000				0	91.00
	0.000000	2,871,628				
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART	0.000000	1, 323, 257	l	0 2, 313, 395	0	92.00
OTHER REIMBURSABLE COST CENTERS	1					05 00
95. 00 09500 AMBULANCE SERVICES	0.00000	_			-	95.00
07 00 00700 DUDADLE NEDLOAL FOULD COLD						97.00
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0. 000000	0		0 0	0	
97.00         09700         DURABLE         MEDICAL         EQUIP-SOLD           98.00         09850         HOME         OFFICE           200.00         Total         (lines 50 through 199)	0. 000000	0 0 259, 247, 050		0 0	0	98.00

PORTI ONM	ancial Systems ENT OF MEDICAL, OTHER HEALTH SERVICES AND	ST. VINCENT VACCINE COST	Provider C		Period: From 07/01/2017 To 06/30/2018	u of Form CMS-2 Worksheet D Part V Date/Time Pre 11/27/2018 1:	pared:
			Title	XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
			Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins			
		1.00	0.00	(see inst.)		F 00	
ANCI		1.00	2.00	3.00	4.00	5.00	
	LLARY SERVICE COST CENTERS	0 222424	41 170 7E1	1	0 0	14 222 001	50.00
	O RECOVERY ROOM	0. 232626	61, 179, 751			14, 232, 001	
		0. 105749			0 0	2, 476, 242	
	00 DELIVERY ROOM & LABOR ROOM	0. 345022	0		0 0	0	52.00
	00 ANESTHESI OLOGY	0.006771	8, 070, 064		0 0	54, 642	
	00 RADI OLOGY-DI AGNOSTI C	0. 176325	6, 213, 454		0 0	1, 095, 587	54.00
	02 ULTRASOUND	0.061293			0 0	222, 124	
	03 NUCLEAR MEDICINE	0. 110488	10, 751, 812		0 0	1, 187, 946	
	00 RADI 0I SOTOPE	0. 000000	0		0 0	0	56.00
	DO CT SCAN	0. 045516	12, 599, 605		0 0	573, 484	57.00
	DO MAGNETIC RESONANCE IMAGING (MRI)	0. 072173	5, 888, 132		0 0	424, 964	58.00
	00 CARDI AC CATHETERI ZATI ON	0. 047884	16, 390, 139		0 0	784, 825	
	00 LABORATORY	0. 167984	10, 224, 618		0 0	1, 717, 572	
	00 BLOOD STORING, PROCESSING & TRANS.	0. 293077	1, 155, 864		0 0	338, 757	
	00 INTRAVENOUS THERAPY	0. 290370	5, 634, 163		0 0	1, 635, 992	64.00
	00 RESPI RATORY THERAPY	0. 367108	1, 397, 112		0 0	512, 891	65.00
	00 PHYSI CAL THERAPY	0. 365575	201, 837		0 0	73, 787	66.00
	00 OCCUPATI ONAL THERAPY	0. 220163	170, 789		0 0	37, 601	67.00
3.00 0680	00 SPEECH PATHOLOGY	0. 215556	43, 551		0 0	9, 388	68.00
9.00 0690	00 ELECTROCARDI OLOGY	0. 041585	13, 781, 523		0 0	573, 105	69.00
9.02 0690	02 CARDI AC REHAB	1. 231629	725, 885		0 0	894, 021	69.02
9.03 0690	03 DIABETIC EDUCATION	0. 000000	0		0 0	0	69.0
0700	00 ELECTROENCEPHALOGRAPHY	0. 166258	2, 032, 099		0 0	337, 853	70.00
1.00 0710	00 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 100666	19, 387, 189		0 0	1, 951, 631	71.0
2.00 0720	00 IMPL. DEV. CHARGED TO PATIENTS	0. 215032	17, 497, 864		0 0	3, 762, 601	72.00
3.00 0730	DO DRUGS CHARGED TO PATIENTS	0. 197663	40, 718, 770		0 86, 586	8, 048, 594	73.00
1.00 0740	00 RENAL DIALYSIS	0. 361333	189, 280		0 0	68, 393	74.00
5.00 0395	51 ECT	0. 057416	533, 570		0 0	30, 635	76.00
5.01 0395	O MOBILE OUTREACH CLINIC	2. 086423	0		0 0	0	76.01
	ATIENT SERVICE COST CENTERS						
3.00 0880	DO RURAL HEALTH CLINIC	0. 000000				0	88.00
	00 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	89.00
0,00 0900	DO CLINIC	0. 246140	524, 776		0 0	129, 168	90.00
	01 OUTPATI ENT PSYCH	0.000000	0		0 0	0	90.0
0.02 0900	D2 PEDS CLINIC	0. 000000	0		0 0	0	90.02
0,04 0900	04 BARI ATRI CS	0. 000000	0		0 0	0	90.04
1.00 0910	DO EMERGENCY	0. 119285	14, 957, 608		0 0	1, 784, 218	91.00
1.01 0910	1 DIAGNOSTIC TREATMENT CENTER	0. 119627	4, 635, 758		0 0	554, 562	91.0
2.00 0920	OO OBSERVATION BEDS (NON-DISTINCT PART	0. 617985	2, 313, 395		0 0	1, 429, 643	92.00
OTHE	R REIMBURSABLE COST CENTERS						
5.00 0950	0 AMBULANCE SERVICES	0. 633491			0		95.0
	DO DURABLE MEDICAL EQUIP-SOLD	0. 505063	0		0 0	0	97.0
	O HOME OFFICE	0. 000000	0		0 0	0	98.0
00.00	Subtotal (see instructions)		284, 258, 793		0 86, 586	44, 942, 227	200. 0
01.00	Less PBP Clinic Lab. Services-Program	1			0 0		201.0
	Only Charges						
02.00	Net Charges (line 200 - line 201)	1	284, 258, 793		0 86, 586	44, 942, 227	202 0

eal th Financial S PPORTIONMENT OF	MEDICAL, OTHER HEALTH SERVICES AND	ST. VINCENT VACCINE COST	Provi der C	CN: 15-0100	Peri od: From 07/01/2017 To 06/30/2018	u of Form CMS-255 Worksheet D Part V Date/Time Prepar
						11/27/2018 1:09
		0		XVIII	Hospi tal	PPS
Cost	Canton Decerintian		sts Coot			
COST	Center Description	Cost	Cost Reimbursed			
		Reimbursed Services	Servi ces Not			
		Subject To	Subject To			
		-	Ded. & Coins.			
		(see inst.)	(see inst.)			
		6.00	7.00			
ANCI LLARY S	ERVICE COST CENTERS	0100	1.00	I		
0. 00 05000 OPERA		0	0			50
1.00 05100 RECOV		0				51
	ERY ROOM & LABOR ROOM	0	0			52
3. 00 05300 ANEST		0	0			53
	LOGY-DI AGNOSTI C	0	0			54
4. 02 05402 ULTRA		0	0			54
4.03 05403 NUCLE		0	0			54
6.00 05600 RADI 0		0	0			56
7.00 05700 CT SC		0	0			57
	TIC RESONANCE IMAGING (MRI)	0	0			58
	AC CATHETERI ZATI ON	0	0			59
D. 00 06000 LABOR		0	0			60
3. 00 06300 BLOOD	STORING, PROCESSING & TRANS.	0	0			63
	VENOUS THERAPY	0	0			64
	RATORY THERAPY	0	0			65
5. 00 06600 PHYSI		0	0			66
	ATIONAL THERAPY	0	0			67
8. 00 06800 SPEEC	H PATHOLOGY	0	0			68
9. 00 06900 ELECT	ROCARDI OLOGY	0	0			69
9. 02 06902 CARDI	AC REHAB	0	0			69
9. 03 06903 DI ABE	TIC EDUCATION	0	0			69
0. 00 07000 ELECT	ROENCEPHALOGRAPHY	0	0			70
1.00 07100 MEDIC	AL SUPPLIES CHARGED TO PATIENT	0	0			71
2.00 07200 IMPL.	DEV. CHARGED TO PATIENTS	0	0			72
3. 00 07300 DRUGS	CHARGED TO PATIENTS	0	17, 115			73
4.00 07400 RENAL	DI ALYSI S	0	0			74
6.00 03951 ECT		0	0			76
6.01 03950 MOBIL	E OUTREACH CLINIC	0	0			76
	SERVICE COST CENTERS					
	HEALTH CLINIC	0				88
	ALLY QUALIFIED HEALTH CENTER	0				89
0.00 09000 CLINI		0	0			90
	TI ENT PSYCH	0	0			90
0. 02 09002 PEDS		0	0			90
0. 04   09004   BARI A		0	0			90
1.00 09100 EMERG		0	0			91
	OSTIC TREATMENT CENTER	0				91
	VATION BEDS (NON-DISTINCT PART	0	0			92
	URSABLE COST CENTERS					
	ANCE SERVICES	0				95
	LE MEDICAL EQUIP-SOLD	0				97
3.00 09850 HOME		0	-			98
	tal (see instructions)	0	17, 115			200
	PBP Clinic Lab. Services-Program	0				201
	Charges					
02.00 Net C	harges (line 200 - line 201)	0	17, 115			202

Health Financial Systems	ST. VINCENT				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provider C	CN: 15-0100	Period: From 07/01/2017	Worksheet D Part II	
		Component (	CCN: 15-S100	To 06/30/2018		pared: 09 pm
		Ti tl e	XVIII	Subprovider -	PPS	<u>o, bii</u>
Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)	0.00	0.00	4.00	F 00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATING ROOM	2, 882, 526	367, 347, 463	0.00784	47 2, 465	19	50.00
51. 00 05100 RECOVERY ROOM	2, 002, 520				478	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	429, 026				478	
53. 00 05300 ANESTHESI OLOGY	34, 925				106	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 766, 481				515	•
54. 02 05400 RADIOLOGI - DI AGNOSTI C 54. 02 05402 ULTRASOUND					9	
	38,874					
54. 03 05403 NUCLEAR MEDICINE	186, 233				45	•
56. 00 05600 RADI OI SOTOPE	0		0.0000		0	
57. 00 05700 CT SCAN	333, 311				189	
58. 00 05800 MAGNETIC RESONANCE I MAGI NG (MRI)	242, 933				27	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	832, 929				0	•
60. 00 06000 LABORATORY	417, 383				336	
63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	20, 456				19	
64. 00 06400 I NTRAVENOUS THERAPY	505, 514				0	
65. 00 06500 RESPI RATORY THERAPY	115, 213				21	65.00
66. 00 06600 PHYSI CAL THERAPY	152, 416				106	
67.00 06700 OCCUPATIONAL THERAPY	12, 950				12	•
68.00 06800 SPEECH PATHOLOGY	16, 199				16	
69. 00 06900 ELECTROCARDI OLOGY	290, 227				102	•
69. 02 06902 CARDI AC REHAB	164, 412				0	
69. 03 06903 DIABETIC EDUCATION	63, 684				0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	134, 195				0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	186, 842				33	•
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	359, 720				0	
73.00 07300 DRUGS CHARGED TO PATIENTS	497, 702	194, 336, 233	0. 00256	51 269, 429	690	
74.00 07400 RENAL DIALYSIS	72, 448	4, 396, 099	0. 01648	30 0	0	74.00
76. 00 03951 ECT	1, 515	4, 522, 260	0.00033	35 90, 870	30	76.00
76. 01 03950 MOBILE OUTREACH CLINIC	234, 694	737, 626	0. 31817	75 0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.0000		0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.0000	0 00	0	89.00
90. 00 09000 CLINIC	24, 480	6, 314, 349	0.00387	77 0	0	90.00
90. 01 09001 OUTPATIENT PSYCH	0	0	0.0000	0 00	0	90.01
90. 02 09002 PEDS CLINIC	0	0	0.0000	0 0	0	90.02
90. 04 09004 BARI ATRI CS	0	0	0. 00000	0 0	0	90.04
91. 00 09100 EMERGENCY	690, 839	115, 343, 453	0. 00598	63, 492	380	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	301, 444	30, 497, 618	0. 00988	34 0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10, 846, 916	0.0000	0 0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES						95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	39, 366	8, 411, 376	0. 00468	30 0	0	97.00
98.00 09850 HOME OFFICE	0	0	0.0000	0 00	0	98.00

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	5 Provider C	CN: 15-0100	Period:	Worksheet D	
THROUGH COSTS		Company	20N 15 0100	From 07/01/2017		
		component	CCN: 15-S100	To 06/30/2018	Date/Time Pre 11/27/2018 1:	09 nm
		Title	XVIII	Subprovider -	PPS	
Cost Center Description	Non Physician	Nursing School	Nursing Schoo	Allied Health	Allied Health	
	Anesthetist	Post-Stepdown	g ====	Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
54. 02 05402 ULTRASOUND	0	0		0 0	0	54.02
54. 03 05403 NUCLEAR MEDICINE	0	0		0 0	0	54.03
56. 00 05600 RADI OI SOTOPE	0	0		0 0	0	56.00
57.00 05700 CT SCAN	0	0		0 0	0	•
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0 0	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0 0	0	
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0	0		0 0	0	
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	
69. 02 06902 CARDI AC REHAB	0	0		0 0	0	
69. 03 06903 DI ABETI C EDUCATI ON	0	0		0 0	0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	•
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	-	
74. 00 07400 RENAL DIALYSIS	0	0		0 0	0	
76.00 03951 ECT	0	0		0 0		•
76.01 03950 MOBILE OUTREACH CLINIC	0	0		0 0		
OUTPATIENT SERVICE COST CENTERS	-			-	-	
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0		
90. 00 09000 CLINIC	0	0		0 0	0	
90. 01 09001 OUTPATIENT PSYCH	0	0		0 0	0	90.01
90. 02 09002 PEDS CLINIC	0	0		0 0	0	
90. 04 09004 BARI ATRI CS	0	0		0 0	0	•
91. 00 09100 EMERGENCY	0	0		0 0	0	91.00
91. 01 09101 DI AGNOSTI C TREATMENT CENTER	0	0		0 0	0	
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART	0	0		0	0	
OTHER REI MBURSABLE COST CENTERS			1	<u> </u>		12.00
95. 00 09500 AMBULANCE SERVICES						95.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0 0	0	
98. 00 09850 HOME OFFICE	0	0		0 0	-	•
200.00 Total (lines 50 through 199)	0	0		0 0		
	ı v	0	I	- -	207, 340	1-00.00

APPORTI	Financial Systems IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	ST. VINCENT RVICE OTHER PASS		CN: 15-0100	Peri od:	u of Form CMS-2 Worksheet D	2002 10
	H COSTS			CCN: 15-S100	From 07/01/2017 To 06/30/2018	Part IV	pared:
			Title	e XVIII	Subprovider -	PPS	<u>09 piii</u>
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
		Medi cal	(sum of col 1	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost	through col.	Cost (sum o	F Part I, col.	(col. 5 ÷ col.	
			4)	col. 2, 3 an	d 8)	7)	
		4.00	F 00	4) 6.00	7.00	0.00	
	ANCI LLARY SERVI CE COST CENTERS	4.00	5.00	6.00	7.00	8.00	
	05000 OPERATING ROOM	0	0		0 367, 347, 463	0. 000000	50.00
	05100 RECOVERY ROOM	0	0		0 32, 053, 563	0.000000	
	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 15, 040, 952	0.000000	
	05300 ANESTHESI OLOGY	0	0		0 21, 601, 810	0. 000000	
	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 68, 840, 244	0.000000	
	05402 ULTRASOUND	0	0		0 16, 717, 290	0.000000	
	05403 NUCLEAR MEDICINE	0	0		0 33, 989, 135	0.000000	
	05600 RADI OI SOTOPE	0	0		0 0	0.000000	
	05700 CT SCAN	0	0		0 55, 743, 439	0.000000	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 20, 322, 566	0.000000	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0 98, 391, 111	0.000000	59.00
	06000 LABORATORY	0	0		0 127, 819, 476	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 7, 998, 377	0. 000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		0 21, 633, 716	0. 000000	64.00
65.00	06500 RESPI RATORY THERAPY	0	0		0 15, 449, 637	0.00000	65.00
66.00	06600 PHYSI CAL THERAPY	0	0		0 18, 180, 944	0.00000	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 11, 211, 222	0.00000	67.00
	06800 SPEECH PATHOLOGY	0	0		0 3, 923, 710	0.00000	68.00
	06900 ELECTROCARDI OLOGY	0	0		0 62, 466, 694	0. 000000	
	06902 CARDI AC REHAB	0	0		0 1, 414, 302	0. 000000	
	06903 DIABETIC EDUCATION	0	0		0 0	0.00000	
	07000 ELECTROENCEPHALOGRAPHY	0	0		0 8, 032, 675	0.00000	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 121, 150, 107	0.000000	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 110, 692, 706	0.00000	
	07300 DRUGS CHARGED TO PATIENTS	0	269, 540			0.001387	
	07400 RENAL DIALYSIS	0	0		0 4, 396, 099	0.00000	
	03951 ECT	0	0		0 4, 522, 260	0.00000	
		0	0		0 737, 626	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	0	0		0 0	0. 000000	88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0.000000	
	09000 CLINIC	0	0		0 6, 314, 349	0.000000	
	09001 OUTPATIENT PSYCH	0	0		0 0, 314, 349	0.000000	
	09002 PEDS CLINIC	0	0		0 0	0.000000	
	09002 PEDS CETNIC	0	0		0 0	0.000000	
	09100 EMERGENCY	0	0		0 115, 343, 453	0.000000	
	09101 DI AGNOSTI C TREATMENT CENTER	0	0		0 30, 497, 618	0.000000	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 10, 846, 916	0.000000	
	OTHER REIMBURSABLE COST CENTERS	. 0	0	1	10,040,710	0.000000	1 2.00
	09500 AMBULANCE SERVICES						95.00
	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0 8, 411, 376	0.000000	
	09850 HOME OFFICE	0	0		0 0	0.000000	
200.00		0	269, 540	0 0 F	40 1, 615, 427, 069		200.00

Heal th	Financial Systems	ST. VINCENT E	VANSVI LLE		-	In Lie	u of Form CMS-2	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	Provider CO	CN: 15-0100		riod: om 07/01/2017	Worksheet D Part IV	
THROUG	11 00313		Component (	CCN: 15-S100	To		Date/Time Pre 11/27/2018 1:	pared: 09 pm
			Title	XVIII	S	ubprovider - IPF	PPS	
	Cost Center Description	Outpatient	Inpatient	Inpati ent		Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	.	Program	Program	
		to Charges	Charges	Pass-Throug		Charges	Pass-Through	
		(col. 6 ÷ col. 7)		Costs (col. x col. 10)			Costs (col. 9 x col. 12)	
		9.00	10.00	11.00		12.00	13.00	
	ANCI LLARY SERVI CE COST CENTERS	7.00	10.00	11.00		12.00	10.00	
50.00	05000 OPERATING ROOM	0.000000	2, 465		0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	73, 536		0	о	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0		0	0	0	52.00
53.00	05300 ANESTHESI OLOGY	0.000000	65, 649		0	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0.000000	20, 053		0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	3, 929		0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	8, 135		0	0	0	54.03
56.00	05600 RADI OI SOTOPE	0.000000	0		0	0	0	56.00
57.00	05700 CT SCAN	0.000000	31, 557		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2, 273		0	0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0.000000	0		0	0	0	59.00
60.00	06000 LABORATORY	0.000000	102, 983		0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	7, 318		0	0	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0. 000000	0		0	0	0	64.00
65.00	06500 RESPI RATORY THERAPY	0. 000000	2, 869		0	0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0. 000000	12, 682		0	0	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0.000000	10, 453		0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	3, 983		0	0	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0.000000	21, 895		0	0	0	69.00
69.02	06902 CARDI AC REHAB	0.000000	0		0	0	0	69.02
69. 03 70. 00	06903 DI ABETI C EDUCATI ON 07000 ELECTROENCEPHALOGRAPHY	0. 000000 0. 000000	0		0 0	0	0	69.03 70.00
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	21, 601		0	0	0	70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	21, 801		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	269, 429	2	74	387	1	73.00
74.00	07400 RENAL DI ALYSI S	0.000000	207, 427	5	0	0	0	74.00
76.00	03951 ECT	0.000000	90, 870		0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0,070		0	0	0	76.01
70.01	OUTPATIENT SERVICE COST CENTERS	0.000000	0		0	0		/0.01
88.00	08800 RURAL HEALTH CLINIC	0.000000	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0		0	0	0	89.00
90.00	09000 CLINIC	0.000000	0		0	0	0	90.00
90.01	09001 OUTPATI ENT PSYCH	0.000000	0		0	0	0	90.01
90. 02	09002 PEDS CLINIC	0. 000000	0		0	О	0	90.02
90.04	09004 BARI ATRI CS	0. 000000	0		0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	63, 492		0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0. 000000	0		0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0		0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS	1 1		I				
95.00	09500 AMBULANCE SERVICES							95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0		0	0	0	97.00
98.00	09850 HOME OFFICE	0. 000000	015 272		0	0	0	98.00
200.00	Total (lines 50 through 199)	I I	815, 273	3	74	387	1	200.00

APPORTI ONME	ncial Systems INT OF MEDICAL, OTHER HEALTH SERVICES ANI	VACCINE COST	Provider C		Period: From 07/01/2017	u of Form CMS-: Worksheet D Part V	
			•	CCN: 15-S100	To 06/30/2018	Date/Time Pre 11/27/2018 1:	pared: 09 pm
			Title	e XVIII	Subprovider - IPF	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
		Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins			
		1.00	0.00	(see inst.)		F 00	
ANCL		1.00	2.00	3.00	4.00	5.00	
	LARY SERVICE COST CENTERS	0.000(0)	0	1	0		50.00
	D OPERATING ROOM	0. 232626			0 0	0	
1	D RECOVERY ROOM	0. 105749			0 0	0	
1	D DELIVERY ROOM & LABOR ROOM	0. 345022			0 0	0	1
	D ANESTHESI OLOGY	0. 006771	0		0 0	0	1
	D RADI OLOGY-DI AGNOSTI C	0. 176325			0 0	0	
1	2 ULTRASOUND	0. 061293			0 0	0	1
1	3 NUCLEAR MEDICINE	0. 110488			0 0	0	
	D RADI OI SOTOPE	0. 000000			0 0	0	56.00
	D CT SCAN	0. 045516	0		0 0	0	57.00
58.00 05800	D MAGNETIC RESONANCE IMAGING (MRI)	0. 072173	0		0 0	0	58.00
59.00 05900	O CARDI AC CATHETERI ZATI ON	0. 047884	0		0 0	0	59.00
60.00 06000	DLABORATORY	0. 167984	0		0 0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0. 293077	0		0 0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0. 290370	0		0 0	0	64.00
65.00 06500	RESPI RATORY THERAPY	0. 367108	l o		0 0	0	65.00
66.00 06600	PHYSI CAL THERAPY	0. 365575			0 0	0	66.00
	O OCCUPATIONAL THERAPY	0. 220163			0 0	0	
	O SPEECH PATHOLOGY	0. 215556			0 0	0	68.00
	D ELECTROCARDI OLOGY	0. 041585			0 0	0	1
	2 CARDI AC REHAB	1. 231629			0 0	0	
	3 DI ABETI C EDUCATI ON	0. 000000			0 0	0	
1	DELECTROENCEPHALOGRAPHY	0. 166258			0 0	0	
	D MEDICAL SUPPLIES CHARGED TO PATIENT	0. 100250			0 0	0	
	DIMPL. DEV. CHARGED TO PATIENTS	0. 215032			0 0	0	
	D DRUGS CHARGED TO PATIENTS				0 352		
		0. 197663				76	
	D RENAL DI ALYSI S	0. 361333			0 0	0	
76.00 0395		0. 057416			0 0	0	
	D MOBILE OUTREACH CLINIC	2. 086423	0		0 0	0	76. 01
	ATIENT SERVICE COST CENTERS	0.00000		1		0	
	D RURAL HEALTH CLINIC	0. 000000				0	
1	D FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	
1		0. 246140			0 0	0	
	1 OUTPATI ENT PSYCH	0. 000000			0 0	0	
	2 PEDS CLINIC	0. 000000			0 0	0	90.02
	4 BARI ATRI CS	0. 000000			0 0	0	
91.00 09100		0. 119285			0 0	0	
	1 DIAGNOSTIC TREATMENT CENTER	0. 119627			0 0	0	
	O OBSERVATION BEDS (NON-DISTINCT PART	0. 617985	0		0 0	0	92.00
	R REIMBURSABLE COST CENTERS	0.100/51		1			05 05
	D AMBULANCE SERVI CES	0. 633491			0		95.00
	D DURABLE MEDICAL EQUIP-SOLD	0. 505063			0 0	0	
	D HOME OFFICE	0. 000000			0 0	0	
200.00	Subtotal (see instructions)		387		0 352	76	200.00
201.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
	Only Charges						
202.00	Net Charges (line 200 - line 201)		387	1	0 352		202.00

PPORT	Financial Systems IONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	ST. VINCENT E	Provi der C	CN: 15-0100	Peri od:	u of Form CMS Worksheet D	2002
				CCN: 15-S100	From 07/01/2017 To 06/30/2018	Part V Date/Time Pr	
			Title	XVIII	Subprovider -	<u>11/27/2018</u> 1 PPS	:09 pm
		Cos	te		I PF		
	Cost Center Description	Cost	Cost				
	'	Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To Ded. & Coins.	Subject To Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
	ANCI LLARY SERVI CE COST CENTERS			1			
	05000 OPERATING ROOM	0	0				50.0
	05100 RECOVERY ROOM	0	0				51.0
2.00 3.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	0	0				52.0
	05400 RADI OLOGY-DI AGNOSTI C	0	0				54. 0
4. 02	05402 ULTRASOUND	0	0				54.
4. 03	05403 NUCLEAR MEDICINE	0	0				54.0
6.00	05600 RADI OI SOTOPE	0	0				56. (
	05700 CT SCAN	0	0				57.
8.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0				58.
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	0 0				59.
D. 00 3. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0				60. 63.
4.00	06400 I NTRAVENOUS THERAPY	0	0				64.
5.00	06500 RESPI RATORY THERAPY	0	0				65.
6.00	06600 PHYSI CAL THERAPY	0	0				66.
7.00	06700 OCCUPATI ONAL THERAPY	0	0				67.
	06800 SPEECH PATHOLOGY	0	0				68.
9.00	06900 ELECTROCARDI OLOGY	0	0				69.
	06902 CARDIAC REHAB 06903 DIABETIC EDUCATION	0	0 0				69. 69.
	07000 ELECTROENCEPHALOGRAPHY	0	0				70.
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.
3.00	07300 DRUGS CHARGED TO PATIENTS	0	70				73.
	07400 RENAL DI ALYSI S	0	0				74.
		0	0				76.
6. 01	03950 MOBILE OUTREACH CLINIC OUTPATIENT SERVICE COST CENTERS	0	0				76.
8.00	08800 RURAL HEALTH CLINIC	0	0				88.
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.
	09000 CLI NI C	0	0				90. (
0. 01	09001 OUTPATI ENT PSYCH	0	0				90. (
	09002 PEDS CLINIC	0	0				90.
	09004 BARI ATRI CS	0	0				90.
	09100 EMERGENCY	0	0				91.0
	09101 DI AGNOSTI C TREATMENT CENTER 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART	0	0 0				91.0
2.00	OTHER REIMBURSABLE COST CENTERS	0	0				- 72.0
5.00	09500 AMBULANCE SERVICES	0					95.0
	09700 DURABLE MEDICAL EQUIP-SOLD	0	0				97. (
	09850 HOME OFFICE	0	0				98. (
00.00		0	70				200. (
01.00	Less PBP Clinic Lab. Services-Program	0					201. (
	Only Charges Net Charges (line 200 - line 201)	1	70				202.0

PPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provider C	CN: 15-0100	Period:	Worksheet D	
		Component	CCN: 15-T100	From 07/01/2017 To 06/30/2018	Part II Date/Time Pre 11/27/2018 1:	pared 09 pm
		Title	e XVIII	Subprovider - IRF	PPS	<u>o, bu</u>
Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
	Related Cost	(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	<u>26)</u> 1.00	2.00	2.00	4.00	F 00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
D. 00 05000 OPERATING ROOM	2, 882, 526	367, 347, 463	0.00784	17 30, 872	242	50.0
1. 00 05100 RECOVERY ROOM	208, 521				41	51.0
2. 00 05200 DELIVERY ROOM & LABOR ROOM	429, 026					52.0
3. 00 05300 ANESTHESI OLOGY	34, 925		1		8	
4. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 766, 481				1,090	
4. 02 05402 ULTRASOUND	38, 874				50	54.0
4. 03 05403 NUCLEAR MEDICINE	186, 233				0	
5. 00 05600 RADIOI SOTOPE	160, 233		0.0000		0	56.0
	-	-				
	333, 311				251	57.0
B. 00 05800 MAGNETIC RESONANCE I MAGI NG (MRI)	242, 933				43	58.0
9. 00 05900 CARDI AC CATHETERI ZATI ON	832, 929					
0.00 06000 LABORATORY	417, 383				955	60.
B. 00 06300 BLOOD STORING, PROCESSING & TRANS.	20, 456				27	63.
4. 00 06400 I NTRAVENOUS THERAPY	505, 514				210	
5. 00 06500 RESPI RATORY THERAPY	115, 213		1			65.
5. 00 06600 PHYSI CAL THERAPY	152, 416				13, 811	66.
7. 00 06700 OCCUPATI ONAL THERAPY	12, 950				2, 140	
3. 00 06800 SPEECH PATHOLOGY	16, 199				3, 339	
9. 00 06900 ELECTROCARDI OLOGY	290, 227				140	
9. 02 06902 CARDI AC REHAB	164, 412				0	69.
9. 03 06903 DIABETIC EDUCATION	63, 684				0	
D. 00 07000 ELECTROENCEPHALOGRAPHY	134, 195				0	70.
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	186, 842				302	
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	359, 720				33	72.
3. 00 07300 DRUGS CHARGED TO PATIENTS	497, 702				1, 414	
4. 00 07400 RENAL DIALYSIS	72, 448				2, 473	
5. 00 03951 ECT	1, 515				0	76.
5. 01 03950 MOBILE OUTREACH CLINIC	234, 694	737, 626	0. 3181	75 0	0	76.
OUTPATIENT SERVICE COST CENTERS	-	-			-	
3. 00 08800 RURAL HEALTH CLINIC	0				0	88.
9.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.
D. 00 09000 CLINIC	24, 480				-	90.
D. 01 09001 OUTPATI ENT PSYCH	0		0.0000		0	90.
D. 02 09002 PEDS CLINIC	0		0.0000		0	90.
D. 04 09004 BARI ATRI CS	0		0.0000		0	90.
1. 00 09100 EMERGENCY	690, 839				0	91.
1. 01 09101 DI AGNOSTI C TREATMENT CENTER	301, 444				75	91.
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10, 846, 916	0.0000	0 00	0	92.
OTHER REIMBURSABLE COST CENTERS	1	1	1	1	1	
5. 00 09500 AMBULANCE SERVI CES						95.
7.00 09700 DURABLE MEDICAL EQUIP-SOLD	39, 366	8, 411, 376				97.
3. 00 09850 HOME OFFICE	0	C	0.0000	0 00	0	98.
DO.00 Total (lines 50 through 199)	11, 257, 458	1, 615, 427, 069		5, 742, 265	26, 829	200

Health Financial Systems	ST. VINCENT I	EVANSVI LLE		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provider C	CN: 15-0100	Peri od:	Worksheet D	
THROUGH COSTS		Component	CON. 15 T100	From 07/01/2017 To 06/30/2018		norod.
		component	CCN: 15-T100	To 06/30/2018	Date/Time Pre 11/27/2018 1:	09 nm
		Title	XVIII	Subprovider -	PPS	<u>07 piii</u>
	. <u>-</u>		<u>.</u> .	I RF		
Cost Center Description			Nursing Scho	ol Allied Health	Allied Health	
	Anestheti st	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments	0.00	
	1.00	2A	2.00	3A	3.00	
	0	0		0 0	0	F0 00
50. 00 05000 OPERATING ROOM	-	-		-		
51.00 05100 RECOVERY ROOM	0	0		0 0		
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	-	
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
54. 02 05402 ULTRASOUND	0	0		0 0	0	
54. 03 05403 NUCLEAR MEDICINE	0	0		0 0	0	54.03
56. 00 05600 RADI OI SOTOPE	0	0		0 0		
57.00 05700 CT SCAN	0	0		0 0	0	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	
69. 02 06902 CARDI AC REHAB	0	0		0 0	0	69.02
69. 03 06903 DI ABETI C EDUCATI ON	0	0		0 0	0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	269, 540	
74. 00 07400 RENAL DI ALYSI S	0	0		0 0	0	
76. 00 03951 ECT	0	0		0 0		
76.01 03950 MOBILE OUTREACH CLINIC	0	0		0 0		
OUTPATIENT SERVICE COST CENTERS	<u> </u>	0	I	0 0	0	70.01
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0		
90. 00 09000 CLINIC	0	0		0 0		
90. 01 09001 0UTPATI ENT PSYCH	0	0		0 0	0	
90. 02 09002 PEDS CLINIC	0	0		0 0	0	
90. 04 09004 BARI ATRI CS	0	0		0 0	0	
91. 00 09100 EMERGENCY	0	0		0 0	0	
	0	0		0 0	0	
91. 01 09101 DI AGNOSTI C TREATMENT CENTER	0	0			0	
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART	U			0	0	92.00
						05.00
95. 00 09500 AMBULANCE SERVICES		~		0	_	95.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0 0		
98.00 09850 HOME OFFICE	0	0		0 0		
200.00   Total (lines 50 through 199)	0	0	I	0 0	269, 540	∠UU. UU

APPORT	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	S   Provider C	CN: 15-0100	Peri od:	Worksheet D	
	H COSTS			CCN: 15-T100	From 07/01/2017 To 06/30/2018	Part IV	pared:
			Title	e XVIII	Subprovider - IRF	PPS	<u>07 piii</u>
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	·	Medi cal	(sum of col 1	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost	through col.	Cost (sum o	f Part I, col.	(col. 5 ÷ col.	
			4)	col. 2, 3 an	id 8)	7)	
		1.00	F 00	4)	7.00	0.00	
	ANCI LLARY SERVI CE COST CENTERS	4.00	5.00	6.00	7.00	8.00	
50.00	05000 OPERATING ROOM	0	C		0 367, 347, 463	0.000000	50.00
51.00	05100 RECOVERY ROOM	0			0 32, 053, 563		
52.00	05200 DELIVERY ROOM & LABOR ROOM	0			0 15, 040, 952		
52.00	05300 ANESTHESI OLOGY	0			0 21, 601, 810		
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	-				
54.00	05400 KADI OLOGI - DI AGNOSTI C 05402 ULTRASOUND	0	-		0 68, 840, 244 0 16, 717, 290		
54.02	05403 NUCLEAR MEDICINE	0	-		0 33, 989, 135		
56.00	05600 RADI OI SOTOPE	0	-		0 33, 969, 133		
56.00	05700 CT SCAN	0	-			0. 000000 0. 000000	
57.00		0			0 55, 743, 439 0 20, 322, 566		
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	-	-				
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0			0 98, 391, 111		
60.00		0			0 127, 819, 476 0 7, 998, 377		
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	-				
64.00	06400 I NTRAVENOUS THERAPY						
65.00		0	-		0 15, 449, 637		1
66.00	06600 PHYSI CAL THERAPY	0	-		0 18, 180, 944		
67.00 68.00	06700 OCCUPATI ONAL THERAPY	0			0 11, 211, 222 0 3, 923, 710		1
	06800 SPEECH PATHOLOGY	0	-				
69.00	06900 ELECTROCARDI OLOGY	0					
69.02	06902 CARDI AC REHAB	0	-		0 1, 414, 302		
		0	0		0	0.000000	
	07000 ELECTROENCEPHALOGRAPHY	0			0 8, 032, 675		
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0			0 121, 150, 107		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	-		0 110, 692, 706		
	07300 DRUGS CHARGED TO PATIENTS	-	,				
	07400 RENAL DIALYSIS 03951 ECT	0			0 4, 396, 099		
76.00 76.01		0			0 4, 522, 260 0 737, 626		
76.01		0	0	1	0 737, 626	0.000000	76.01
88. 00	OUTPATIENT SERVICE COST CENTERS	0	C		0 0	0. 000000	88.00
88.00 89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0					
	09000 CLINIC	0			0 6, 314, 349		
90.00 90.01	09000 OUTPATIENT PSYCH	0			0 0, 314, 349 0 0		
	09002 PEDS CLINIC	0					
90.02 90.04	09002 PEDS CETNIC	0				0. 000000	
90.04 91.00	09100 EMERGENCY	0	-		0 115, 343, 453		
91.00 91.01	09101 DI AGNOSTI C TREATMENT CENTER	0					
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0 30, 497, 618 0 10, 846, 916		
7∠.00	OTHER REIMBURSABLE COST CENTERS	0	L 0	1	0 10, 840, 916	0.00000	92.00
95.00	09500 AMBULANCE SERVICES			1			95.00
	09300 AMBULANCE SERVICES 09700 DURABLE MEDICAL EQUIP-SOLD	0	c c		0 8, 411, 376	0. 000000	
	09850 HOME OFFICE	0			0 0,411,370	0.000000	
		. 0	. U	1	U U		1 70.00

	Financial Systems	ST. VINCENT EV	ANSVI LLE			In Lie	u of Form CMS-2	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provi der C	CN: 15-0100		ri od:	Worksheet D	
THROUG	H COSTS		Component	CCN: 15-T100	To	com 07/01/2017 06/30/2018	Part IV Date/Time Pre 11/27/2018 1:	pared: 09 pm
			Title	e XVIII	5	Subprovider - IRF	PPS	
	Cost Center Description	Outpati ent	Inpati ent	I npati ent		Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program		Program	Program	
		to Charges	Charges	Pass-Throug		Charges	Pass-Through	
		(col. 6 ÷ col.		Costs (col.			Costs (col. 9	
		7)		x col. 10)			x col. 12)	
		9.00	10.00	11.00		12.00	13.00	
50.00	ANCI LLARY SERVI CE COST CENTERS	0.000000	30, 872		0	0	0	50.00
50.00	05100 RECOVERY ROOM	0.000000			0	0	0	51.00
			6, 298 0		0	0	0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0			-		52.00
53.00	05300 ANESTHESI OLOGY	0.000000	4,845		0	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0.000000	42, 464		0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	21, 455		0	-	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	0		0	0	0	54.03
56.00	05600 RADI OI SOTOPE	0.000000	0		0	0	0	56.00
57.00	05700 CT SCAN	0.000000	42,002		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0.000000	3, 587		0	0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0.000000	2, 574		0	0	0	59.00
60.00	06000 LABORATORY	0.000000	292, 438		0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	10, 418		0	0	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0.000000	8, 994		0	366	0	64.00
65.00	06500 RESPI RATORY THERAPY	0.000000	21, 833		0	0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0.000000	1, 647, 464		0	0	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0.00000	1, 852, 442		0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0. 000000	808, 756		0	0	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0.00000	30, 065		0	278	0	69.00
69.02	06902 CARDI AC REHAB	0.00000	0		0	0	0	69.02
69.03	06903 DI ABETI C EDUCATI ON	0. 000000	0		0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.00000	0		0	0	0	70.00
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0.000000	195, 914		0	126	0	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0.000000	10, 057		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001387	552, 168		66	728	1	73.00
74.00	07400 RENAL DIALYSIS	0.000000	150, 080		0	0	0	74.00
76.00	03951 ECT	0. 000000	0		0	0	0	76.00
76. 01	03950 MOBILE OUTREACH CLINIC	0.000000	0		0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS	0.000000						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0		0	0	0	89.00
90.00	09000 CLINIC	0.000000	0		0	0	0	90.00
90.01	09001 OUTPATI ENT PSYCH	0.00000	0		0	0	0	90.01
90.02	09002 PEDS CLINIC	0.00000	0		0	0	0	90.02
90.04	09004 BARI ATRI CS	0.000000	0		0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	0		0	0	0	91.00
91.01	09101 DI AGNOSTI C TREATMENT CENTER	0.000000	7, 539		0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	0	1	0	0	0	92.00
05 00		<u> </u>		1	-			
95.00	09500 AMBULANCE SERVICES	0.000000	~			_	~	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0		0	0	0	97.00
98.00	09850 HOME OFFICE	0. 000000			0	0	0	98.00
200.00	Total (lines 50 through 199)		5, 742, 265	/	66	1, 498	I	200.00

	NT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C Component		Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Pre	epared:
			Title	e XVIII	Subprovider -	11/27/2018 1: PPS	<u>09 pm</u>
				Charges	I RF	Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins			
		1.00		(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
	LARY SERVICE COST CENTERS	0.000(0)	0	1			
	OPERATING ROOM	0. 232626			0 0	0	
	RECOVERY ROOM	0. 105749	0		0 0	0	
	DELIVERY ROOM & LABOR ROOM	0. 345022	0		0 0	0	
	ANESTHESI OLOGY	0. 006771	0		0 0	0	
	RADI OLOGY-DI AGNOSTI C	0. 176325	0		0 0	0	
	ULTRASOUND	0. 061293	0		0 0	0	
	NUCLEAR MEDICINE	0. 110488	0		0 0	0	
	RADI OI SOTOPE	0. 000000	0		0 0	0	56.00
	CT SCAN	0. 045516	0		0 0	0	57.00
8.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0. 072173	0		0 0	0	58.00
9.00 05900	CARDIAC CATHETERIZATION	0. 047884	0		0 0	0	59.00
0.00 06000	LABORATORY	0. 167984	0		0 0	0	60.00
3.00 06300	BLOOD STORING, PROCESSING & TRANS.	0. 293077	0		0 0	0	63.00
4.00 06400	INTRAVENOUS THERAPY	0. 290370	366		0 0	106	64. OC
5.00 06500	RESPI RATORY THERAPY	0. 367108	0		0 0	0	65.00
6.00 06600	PHYSI CAL THERAPY	0. 365575	0		0 0	0	66.00
7.00 06700	OCCUPATIONAL THERAPY	0. 220163	0		0 0	0	67.00
8.00 06800	SPEECH PATHOLOGY	0. 215556	0		0 0	0	68.00
9.00 06900	ELECTROCARDI OLOGY	0. 041585	278		0 0	12	69.00
	CARDI AC REHAB	1.231629	0		0 0	0	
	DIABETIC EDUCATION	0. 000000			0 0	0	
	ELECTROENCEPHALOGRAPHY	0. 166258	0		0 0	0	
	MEDICAL SUPPLIES CHARGED TO PATIENT	0. 100666	126		0 0	13	
	IMPL. DEV. CHARGED TO PATIENTS	0. 215032	0		0 0	0	
	DRUGS CHARGED TO PATIENTS	0. 197663	728		0 399	144	
	RENAL DI ALYSI S	0. 361333	0		0 0	0	
6.00 03951		0. 057416	0		0 0	0	
	MOBILE OUTREACH CLINIC	2. 086423	0		0 0	0	
	TIENT SERVICE COST CENTERS	21000120			<u> </u>		1 / 0. 01
	RURAL HEALTH CLINIC	0.000000				0	88. 00
	FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	
	CLINIC	0. 246140	0		0 0	0	
	OUTPATIENT PSYCH	0. 000000	0		0 0	0	
	PEDS CLINIC	0. 000000	0		0 0	0	
	BARIATRICS	0.000000	0		0 0	0	
1.00 09100	EMERGENCY	0. 119285			0 0	0	
	DIAGNOSTIC TREATMENT CENTER	0. 119627			0 0	0	
	OBSERVATION BEDS (NON-DISTINCT PART	0. 617985	0		0 0	0	
	REIMBURSABLE COST CENTERS	0.017903	0	I	<u> </u>	0	1 /2.00
	AMBULANCE SERVICES	0. 633491			0		95.00
	DURABLE MEDICAL EQUIP-SOLD	0. 505063	0		0 0	0	
	HOME OFFICE	0. 000000			0 0	0	
00.00	Subtotal (see instructions)	0.00000	1, 498		0 399		200.00
	Less PBP Clinic Lab. Services-Program		1, 498			275	
01.00	Only Charges				0 0		201.00

PPORTI ONME	NT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0100	Peri od:	Worksheet D	
			Component	CCN: 15-T100	From 07/01/2017 To 06/30/2018	Part V Date/Time Pr 11/27/2018 1	epare
			Title	e XVIII	Subprovider -	PPS	<u>. 09 pi</u>
		Cost			IRF		
	Cost Center Description	Cost	Cost	1			
		Reimbursed	Reimbursed				
			Services Not Subject To				
		Subject To Ded. & Coins. [	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
	LARY SERVICE COST CENTERS			1			
	OPERATING ROOM	0	0	•			50.
	RECOVERY ROOM	0	0	1			51.
	DELIVERY ROOM & LABOR ROOM	0	0	1			52.
	) ANESTHESI OLOGY ) RADI OLOGY-DI AGNOSTI C	0	0 0	1			53. 54.
	2 ULTRASOUND	0	0	1			54.
	NUCLEAR MEDICINE	0	0				54.
	RADI OI SOTOPE	0	0				56.
	CT SCAN	0	0	1			57.
	MAGNETIC RESONANCE IMAGING (MRI)	0	0	)			58.
9.00 05900	CARDI AC CATHETERI ZATI ON	0	0				59.
06000	LABORATORY	0	0				60
	BLOOD STORING, PROCESSING & TRANS.	0	0	1			63
	INTRAVENOUS THERAPY	0	0				64
	RESPIRATORY THERAPY	0	0	1			65
	PHYSICAL THERAPY	0	0	1			66.
	O OCCUPATI ONAL THERAPY	0	0				67.
	DELECTROCARDI OLOGY	0	0	1			69.
	2 CARDI AC REHAB	0	0				69.
	DIABETIC EDUCATION	0	0				69.
07000 07000	ELECTROENCEPHALOGRAPHY	0	0				70.
1.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.
	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.
	DRUGS CHARGED TO PATIENTS	0	79	1			73.
	RENAL DIALYSIS	0	0				74.
6.00 03951		0	0	1			76.
	DIMOBILE OUTREACH CLINIC	0	0	1			76.
	RURAL HEALTH CLINIC	0	0				88.
	FEDERALLY QUALIFIED HEALTH CENTER	0	0	1			89.
		0	0	)			90.
09001 09001	OUTPATIENT PSYCH	0	0				90.
0. 02 09002	2 PEDS CLINIC	0	0				90.
	4 BARI ATRI CS	0	0				90.
	EMERGENCY	0	0				91.
	DI AGNOSTI C TREATMENT CENTER	0	0				91.
	O OBSERVATION BEDS (NON-DISTINCT PART R REIMBURSABLE COST CENTERS	0	0	1			92.
	AMBULANCE SERVICES	0					95.
	DURABLE MEDICAL EQUIP-SOLD	0	0				97.
	HOME OFFICE	0	0				98.
00.00	Subtotal (see instructions)	0	79				200.
01.00	Less PBP Clinic Lab. Services-Program Only Charges	0					201.

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER F	PASS THROUGH COS	TS Provider C		Period: From 07/01/2017 To 06/30/2018		
		Ti tl	e XIX	Hospi tal	Cost	
Cost Center Description	Nursing School Post-Stepdown Adjustments 1A	Nursing School	Allied Health Post-Stepdowr Adjustments 2A	Allied Health Cost 2.00	All Other Medical Education Cost 3.00	
INPATIENT ROUTINE SERVICE COST CENTERS	IA	1.00	ZA	2.00	3.00	
30. 00       03000       ADULTS & PEDIATRICS         31. 00       03100       INTENSIVE CARE UNIT         31. 02       03102       NI CU         32. 00       03200       CORONARY CARE UNIT         40. 00       04000       SUBPROVI DER - IPF         41. 00       04100       SUBPROVI DER - IRF         43. 00       04300       NURSERY         44. 00       04400       SKI LLED NURSI NG FACI LITY         45. 00       04500       NURSI NG FACI LITY         200. 00       Total (lines 30 through 199)				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0	31.00 31.02 32.00 40.00 41.00
Cost Center Description		Total Costs (sum of cols. 1 through 3, minus col. 4)	Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5.00	6.00	7.00	8.00	
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         INTENSI VE CARE UNI T           31. 02         03102         NI CU           32. 00         03200         CORONARY CARE UNI T           40. 00         04000         SUBPROVI DER - I PF           41. 00         04100         SUBPROVI DER - I RF           43. 00         04300         NURSERY           44. 00         04400         SKI LLED NURSI NG FACI LI TY           45. 00         04500         NURSI NG FACI LI TY           20. 00         Total (li nes 30 through 199)	0 0 0 0		12, 17 5, 25 1, 24 4, 08 4, 71 2, 65	1         0.00           9         0.00           0         0.00           0         0.00           8         0.00           6         0.00           0         0.00           0         0.00           0         0.00           0         0.00           0         0.00           0         0.00	5 114 0 1, 455 7 1, 664 0 0	31.00 31.02 32.00 40.00 41.00 43.00 44.00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x <u>col. 8)</u> 9.00					
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         INTENSI VE CARE UNI T           31. 02         03102         NI CU           32. 00         03200         CORONARY CARE UNI T           40. 00         04000         SUBPROVI DER - I PF           41. 00         04100         SUBPROVI DER - I RF           43. 00         04300         NURSERY           44. 00         04400         SKI LLED NURSI NG FACI LI TY           45. 00         04500         NURSI NG FACI LI TY           200. 00         Total (lines 30 through 199)						30.00 31.00 31.02 32.00 40.00 41.00 43.00 44.00 45.00 200.00

Heal th	Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	eu of Form CMS-:	2552-10
	I ONMENT OF I NPATI ENT/OUTPATI ENT ANCI LLARY SEF H COSTS	RVICE OTHER PAS		CN: 15-0100	Period: From 07/01/2017 To 06/30/2018		
				e XIX	Hospi tal	Cost	
	Cost Center Description				Allied Health	Allied Health	
		Anestheti st	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adj ustments		
	ANCI LLARY SERVI CE COST CENTERS	1.00	2A	2.00	3A	3.00	
E0 00	OSOOO OPERATING ROOM	0	0		0 0	0	50.00
50.00					0 0		50.00
51.00	05100 RECOVERY ROOM	-					51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0			0 0		52.00
53.00	05300 ANESTHESI OLOGY	0			0 0		53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0			0 0		54.00
54.02	05402 ULTRASOUND	0			0 0	-	54.02
54.03	05403 NUCLEAR MEDICINE	0			0 0		54.03
56.00	05600 RADI OI SOTOPE	0			0 0		56.00
57.00	05700 CT SCAN	0			0 0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0			0 0		58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0			0 0		59.00
60.00	06000 LABORATORY	0	0	D	0 0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	(	D	0 0	-	63.00
64.00	06400 I NTRAVENOUS THERAPY	0	(		0 0		64.00
65.00	06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0	0	D	0 0	0	69.00
69.02	06902 CARDI AC REHAB	0	0		0 0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0		0 0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	269, 540	73.00
74.00	07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76.00	03951 ECT	0	( )		0 0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	( )		0 0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	c c		0 0	0	89.00
90.00	09000 CLINIC	0			0 0		90.00
90.01	09001 OUTPATIENT PSYCH	0	(		0 0		90.01
90.02	09002 PEDS CLINIC				0 0		90.02
90.04	09004 BARI ATRI CS	0			0 0	-	90.04
91.00	09100 EMERGENCY				0 0	-	91.00
91.00	09101 DI AGNOSTI C TREATMENT CENTER				0 0	-	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			Ϋ́Ι	0	0	92.00
72.00	OTHER REIMBURSABLE COST CENTERS		1	1	<u> </u>	0	72.00
95.00	09500 AMBULANCE SERVICES		1	1			95.00
95.00 97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	, c		0 0	0	95.00
97.00 98.00	09850 HOME OFFICE				0 0	-	
200.00					0 0		
200.00		1 0	i c	4	U U	207, 340	1200.00

Health Financial Systems	ST. VINCENT				u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILL/ THROUGH COSTS	ARY SERVICE OTHER PASS	S Provider CO	F	Period: From 07/01/2017 To 06/30/2018		pared: 09 pm
		Titl	e XIX	Hospi tal	Cost	<u>o, biii</u>
Cost Center Description	AII Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of col 1	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost		Cost (sum of		(col. 5 ÷ col.	
		4)	col. 2, 3 and	8)	7)	
		5.00	4)	7.00		
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0	0	(	367, 347, 463	0. 000000	50.00
51. 00 05100 RECOVERY ROOM	0					
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0				
53. 00 05300 ANESTHESI OLOGY	0	0	(			
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0				
54. 02 05402 ULTRASOUND	0	0	(			
54. 03 05403 NUCLEAR MEDICINE	0	0				
56. 00 05600 RADI OI SOTOPE	0	0			0.000000	1
57. 00 05700 CT SCAN	0	0	(	-		1
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	-			
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	-		0.000000	
60. 00 06000 LABORATORY	0	0				
63. 00 06300 BLOOD STORING, PROCESSING & TRANS	s 0	0				1
64. 00 06400 I NTRAVENOUS THERAPY	0	0	-	.,,		1
65. 00 06500 RESPI RATORY THERAPY	0	0			0.000000	
66. 00 06600 PHYSI CAL THERAPY	0	0	(			
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	-		0.000000	
68. 00 06800 SPEECH PATHOLOGY	0	0				
69. 00 06900 ELECTROCARDI OLOGY	0	0				
69. 02 06902 CARDI AC REHAB	0	0		1, 414, 302	0.000000	
69. 03 06903 DI ABETI C EDUCATI ON	0	0	(		0.000000	1
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0	(	-		
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIL		0	(		0.000000	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	(			1
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	269, 540	-			1
74. 00 07400 RENAL DI ALYSI S	0	0	207, 010			
76. 00 03951 ECT	0	0	-			
76. 01 03950 MOBILE OUTREACH CLINIC	0	0				
OUTPATIENT SERVICE COST CENTERS				, , , , , , , , , , , , , , , , , , , ,	0100000	
88.00 08800 RURAL HEALTH CLINIC	0	0	(	0 0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	2 0	0		-	0.000000	
90. 00 09000 CLINIC	0	0		6, 314, 349		
90. 01 09001 OUTPATIENT PSYCH	0	0	(	0 0	0.000000	
90. 02 09002 PEDS CLINIC	0	0	(	0		
90. 04 09004 BARI ATRI CS	0	0	C	0	0.000000	
91.00 09100 EMERGENCY	0	0	(	115, 343, 453		
91.01 09101 DI AGNOSTI C TREATMENT CENTER	0	0				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PA		0				1
OTHER REIMBURSABLE COST CENTERS						1
95. 00 09500 AMBULANCE SERVICES						95.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	(	8, 411, 376	0.000000	
98.00 09850 HOME OFFICE	0	0	(		0.000000	

Health Financial Systems	ST. VINCENT EV				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI THROUGH COSTS	ERVICE OTHER PASS	Provider CC		Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Pre 11/27/2018 1:	pared: 09 pm
			e XIX	Hospi tal	Cost	
Cost Center Description	Outpati ent	Inpati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0. 000000	14, 796, 957		0 40, 047, 792	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	0		0 292, 534	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	1, 709, 173	1	0 145, 710	0	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	1, 567, 479	1	0 644, 517	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0, 000000	1, 942, 651		0 7, 791, 026	0	54.00
54. 02 05402 ULTRASOUND	0, 000000	804, 639		0 1, 488, 670	0	54.02
54. 03 05403 NUCLEAR MEDICINE	0. 000000	942, 169		0 3, 867, 326	0	54.03
56. 00 05600 RADI OI SOTOPE	0. 000000	, 12, 10,		0 0	0	56.00
57. 00 05700 CT SCAN	0. 000000	2, 350, 868		0 5, 366, 408	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	2, 330, 860 519, 554		0 2, 365, 372	0	58.00
	0. 000000				0	59.00
	0. 000000	6, 763, 579			0	
		5, 618, 978				60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	761, 860		0 255, 628	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0. 000000	1,042,410		0 1, 925, 104	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	1, 387, 827		0 595, 276	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	1, 303, 411		0 1, 100, 056	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0. 000000	1, 306, 425		0 69, 303	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	449, 998		0 33, 010	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	2, 875, 809		0 5, 721, 176	0	69.00
69. 02 06902 CARDI AC REHAB	0. 000000	1, 122		0 207, 061	0	69.02
69.03 06903 DIABETIC EDUCATION	0. 000000	0		0 0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	204, 248		0 936, 279	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	7, 816, 533		0 8, 382, 994	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	7, 840, 209		0 6, 813, 241	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 001387	10, 367, 776	14, 38	16, 077, 091	22, 299	73.00
74.00 07400 RENAL DIALYSIS	0. 000000	490, 089	1	0 54,049	0	74.00
76.00 03951 ECT	0. 000000	254, 087	1	0 358, 579	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0. 000000	126	1	0 108, 548	0	76.01
OUTPATIENT SERVICE COST CENTERS			•			1
88.00 08800 RURAL HEALTH CLINIC	0.000000	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0		0 0	0	89.00
90. 00 09000 CLINIC	0. 000000	11, 037		0 917, 150	0	90.00
90. 01 09001 OUTPATIENT PSYCH	0. 000000	0		0 0	0	90.01
90. 02 09002 PEDS CLINIC	0. 000000	0		0 0	0	90.02
90. 04 09004 BARI ATRI CS	0. 000000	0		0 0	0	90.02
91. 00 09100 EMERGENCY	0. 000000	3, 835, 397		0 12, 350, 794	0	91.00
91. 01 09101 DI AGNOSTI C TREATMENT CENTER	0. 000000	1, 296, 470		0 2, 923, 527	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	366, 646		0 2, 923, 327	0	91.01
	0.000000	300, 040	I	1, 104, 243	0	72.00
OTHER REI MBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVI CES						05 00
95. 00 09500 AMBULANCE SERVICES 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0,000000			1 007 007	~	95.00
97 UU IU97UUUURABLE MEDICAL EUULP-SOLD	0. 000000	1, 441	1	0 1, 237, 807	0	97.00
	0,000000	~		0	^	00 00
98.00 09850 HOME OFFICE 200.00 Total (lines 50 through 199)	0. 000000	0 78, 628, 968	14, 38	0 0 0 141, 563, 475	0 22, 299	98.00

APPORTI ONI	MENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Pre	pared:
						11/27/2018 1:	09 pm
			li ti	e XIX	Hospital	Cost	
	Cost Contor Description	Cost to Chargo	DDS Doimburcod	Charges Cost	Cost	Costs PPS Services	
	Cost Center Description	Cost to Charge Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Servi ces Not	(366 1131.)	
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coi ns	2		
				(see inst.)			
		1.00	2.00	3.00	4.00	5.00	
ANC	ILLARY SERVICE COST CENTERS	-			!		
50.00 050	000 OPERATING ROOM	0. 232626	40, 047, 792		0 0	9, 316, 158	50.00
51.00 051	OO RECOVERY ROOM	0. 105749	292, 534		0 0	30, 935	51.00
52.00 052	OO DELIVERY ROOM & LABOR ROOM	0. 345022	145, 710		0 0	50, 273	52.00
53.00 053	OO ANESTHESI OLOGY	0. 006771	644, 517		0 0	4, 364	53.00
54.00 054	00 RADI OLOGY-DI AGNOSTI C	0. 176325	7, 791, 026		0 0	1, 373, 753	54.00
54.02 054	02 ULTRASOUND	0. 061293	1, 488, 670		0 0	91, 245	54.02
	03 NUCLEAR MEDICINE	0. 110488	3, 867, 326		0 0		
	00 RADI OI SOTOPE	0. 000000	0		0 0	0	56.00
	OO CT SCAN	0. 045516	5, 366, 408		0 0	244, 257	57.00
	MAGNETIC RESONANCE IMAGING (MRI)	0.072173	2, 365, 372		0 0	170, 716	58.00
59.00 059	DOO CARDI AC CATHETERI ZATI ON	0.047884	6, 304, 835		0 0	301, 901	59.00
	DOO LABORATORY	0. 167984	12, 028, 369		0 0	2, 020, 574	
	OO BLOOD STORING, PROCESSING & TRANS.	0. 293077	255, 628		0 0		•
	OO INTRAVENOUS THERAPY	0. 290370			0 0		•
	00 RESPI RATORY THERAPY	0. 367108	595, 276		0 0	218, 531	65.00
	00 PHYSI CAL THERAPY	0. 365575	1, 100, 056		0 0	402, 153	
	OO OCCUPATIONAL THERAPY	0. 220163	69, 303		0 0	15, 258	
	SOO SPEECH PATHOLOGY	0. 215556	33, 010		0 0	7, 116	
	00 ELECTROCARDI OLOGY	0. 041585	5, 721, 176		0 0	237, 915	
	02 CARDI AC REHAB	1. 231629			0 0	255, 022	
1	O3 DI ABETI C EDUCATI ON	0. 000000	0		0 0	0	69.03
	000 ELECTROENCEPHALOGRAPHY	0. 166258	936, 279		0 0	155, 664	
	OO MEDICAL SUPPLIES CHARGED TO PATIENT	0. 100666	8, 382, 994		0 0		
	OO IMPL. DEV. CHARGED TO PATIENTS	0. 215032	6, 813, 241		0 0	1, 465, 065	
	OO DRUGS CHARGED TO PATIENTS	0. 197663	16, 077, 091		0 0	3, 177, 846	
	OO RENAL DI ALYSI S	0. 361333	54, 049		0 0	19, 530	
	951 ECT	0.057416	358, 579		0 0	20, 588	
	DO MOBILE OUTREACH CLINIC	2.086423	108, 548		0 0		
	PATIENT SERVICE COST CENTERS	1					1
	BOO RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 089	POO FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
	DOO CLINIC	0. 246140	917, 150		0 0	225, 747	90.00
	01 OUTPATIENT PSYCH	0. 000000	0		0 0	0	90.01
	02 PEDS CLINIC	0. 000000	n n		0 0	0	90.02
	004 BARI ATRI CS	0. 000000	n n		0 0	0	90.04
	OO EMERGENCY	0. 119285	12, 350, 794		0 0	1, 473, 264	91.00
	01 DIAGNOSTIC TREATMENT CENTER	0. 119627			0 0		
	OO OBSERVATION BEDS (NON-DISTINCT PART	0. 617985			0 0		•
	ER REIMBURSABLE COST CENTERS				1		1 1
	OO AMBULANCE SERVICES	0. 633491	1, 346, 614		0		95.00
	OO DURABLE MEDICAL EQUIP-SOLD	0. 505063			0 0	625, 171	
	50 HOME OFFICE	0. 000000	0		0 0		98.00
200.00	Subtotal (see instructions)		141, 563, 475		0 0		
201.00	Less PBP Clinic Lab. Services-Program	1	, , ,		0 0		201.00
	Only Charges						
202.00	Net Charges (line 200 - line 201)	1	141, 563, 475	1	0 0	25, 950, 715	1

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND		ST. VINCENT VACCINE COST	Provider CO		Period: From 07/01/2017 To 06/30/2018	u of Form CMS- Worksheet D Part V Date/Time Pre 11/27/2018 1:	epared
		<u>^</u>		e XIX	Hospi tal	Cost	
0.5	act Contor Decerintion	Cost	cost				
	ost Center Description		Reimbursed				
		Reimbursed Services	Servi ces Not				
		Subject To	Subject To				
			Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
	RY SERVICE COST CENTERS	0.00	7.00				
	PERATING ROOM	0	0				50. (
	COVERY ROOM	0					51. (
	LIVERY ROOM & LABOR ROOM	0	0				52. (
	IESTHESI OLOGY	0	0				53. (
	ADI OLOGY-DI AGNOSTI C	0	0				54.
	TRASOUND	0	0				54.
	ICLEAR MEDICINE	0	0				54.
		0	0				
	ADI OI SOTOPE	0	0				56.
00 05700 CT		0	0				57.
	GNETIC RESONANCE IMAGING (MRI)	0	0				58.
	ARDI AC CATHETERI ZATI ON	0	0				59.
	BORATORY	0	0				60.
1 1	OOD STORING, PROCESSING & TRANS.	0	0				63.
1 1	ITRAVENOUS THERAPY	0	0				64.
	SPI RATORY THERAPY	0	0				65.
00 06600 PH	IYSI CAL THERAPY	0	0				66.
. 00  06700 00	CUPATIONAL THERAPY	0	0				67.
. 00  06800  SF	PEECH PATHOLOGY	0	0				68.
00 06900 EL	ECTROCARDI OLOGY	0	0				69.
. 02   06902   CA	ARDI AC REHAB	0	0				69.
. 03 06903 DI	ABETIC EDUCATION	0	0				69.
. 00 07000 EL	ECTROENCEPHALOGRAPHY	0	0				70.
. 00 07100 ME	DICAL SUPPLIES CHARGED TO PATIENT	0	0				71.
	IPL. DEV. CHARGED TO PATIENTS	0	0				72.
	RUGS CHARGED TO PATIENTS	0	0				73.
	NAL DIALYSIS	0	0				74.
00 03951 EC		0	0				76.
	DBILE OUTREACH CLINIC	0					76.
	ENT SERVICE COST CENTERS	-	-				
	IRAL HEALTH CLINIC	0	0				88.
	EDERALLY QUALIFIED HEALTH CENTER	0					89.
00 09000 CL			0				90.
	ITPATIENT PSYCH						90.
	EDS CLINIC						90.
	ARI ATRI CS						90.
00 09100 EN			0				90.
		0					
	AGNOSTIC TREATMENT CENTER	-	-				91.
	BSERVATION BEDS (NON-DISTINCT PART	0	0				92.
	IBULANCE SERVICES						0.5
		0					95.
	IRABLE MEDI CAL EQUI P-SOLD	0	0				97.
	ME OFFICE	0	0				98.
	ubtotal (see instructions)	0	0				200.
	ess PBP Clinic Lab. Services-Program	0					201.
	nly Charges						
2.00 Ne	et Charges (line 200 - line 201)	0	0				202.

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	S Provider C	CN: 15-0100	Peri od:	Worksheet D	
THROUGH COSTS		Component	CON. 15 \$100	From 07/01/2017	Part IV	norod.
		component (	CCN: 15-S100	To 06/30/2018	Date/Time Pre 11/27/2018 1:	
		Titl	e XIX	Subprovider -	Cost	<u>o, bii</u>
Cast Conton Deporintion	Non Dhuci ci on	Nuncing Cohool	Nursing Soho	IPF ol Allied Health	Allind llool th	
Cost Center Description	Anesthetist	Post-Stepdown	Nursing scho	Post-Stepdown	Arried Hearth	
	Cost	Adjustments		Adj ustments		
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	20	2.00	54	5.00	
50. 00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	0		0 0	0	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
53.00 05300 ANESTHESI OLOGY	0	0		0 0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
54. 02 05402 ULTRASOUND	0	0		0 0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0		0 0	0	54.03
56. 00 05600 RADI 0I SOTOPE	0	0		0 0	0	56.00
57.00 05700 CT SCAN	0	0		0 0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
69. 02 06902 CARDI AC REHAB	0	0		0 0	0	69.02
69. 03 06903 DI ABETI C EDUCATI ON	0	0		0 0	0 0	•
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0 0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0		•
74.00 07400 RENAL DIALYSIS	0	0		0 0	-	
76. 00 03951 ECT	0	0		0 0		
76.01 03950 MOBILE OUTREACH CLINIC	0	0		0 0	0 0	76.01
OUTPATIENT SERVICE COST CENTERS			1			
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0		
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0		
90. 00 09000 CLINIC	0	0		0 0	0	
90. 01 09001 OUTPATI ENT PSYCH	0	0		0 0	0	90.01
90. 02 09002 PEDS CLINIC	0	0		0 0	0	
90. 04 09004 BARI ATRI CS	0	0		0 0	0	
91.00 09100 EMERGENCY	0	0		0 0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0	0	
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART OTHER REI MBURSABLE COST CENTERS	0			0	0	92.00
95.00 09500 AMBULANCE SERVICES						95.00
95. 00 09500 AMBULANCE SERVICES 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0 0	0	
98.00 09850 HOME OFFICE	0	0				•
200.00 Total (lines 50 through 199)	0	0		0 0		
	ı V	0	I	U U	1 207, 340	200.00

Health Financial Systems	ST. VINCENT				eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI	ERVICE OTHER PAS	S Provider C	CN: 15-0100	Period: From 07/01/2017	Worksheet D Part IV	
THROUGH COSTS		Component (	CCN: 15-S100	To 06/30/2018		
		Titl	e XIX	Subprovider - IPF	Cost	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of col 1	Outpatient	(from Wkst. C,		
	Education Cost	5	Cost (sum of		(col. 5 ÷ col.	
		4)	col. 2, 3 an 4)	d 8)	7)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	0.00	0.00	7.00	0.00	
50. 00 05000 OPERATI NG ROOM	0	0		0 367, 347, 463	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0		0 32, 053, 563	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 15, 040, 952	0. 000000	52.00
53. 00 05300 ANESTHESI OLOGY	0	0		0 21, 601, 810	0.000000	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 68, 840, 244	0.000000	54.00
54. 02 05402 ULTRASOUND	0	0		0 16, 717, 290		54.02
54. 03 05403 NUCLEAR MEDICINE	0	-		0 33, 989, 135		
56. 00 05600 RADI OI SOTOPE	0			0 0	0.000000	•
57.00 05700 CT SCAN	0			0 55, 743, 439		•
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	-		0 20, 322, 566		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0			0 98, 391, 111	0.000000	
60. 00 06000 LABORATORY	0			0 127, 819, 476		•
63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	-		0 7, 998, 377		
64. 00 06400 I NTRAVENOUS THERAPY	0			0 21, 633, 716		
65. 00 06500 RESPIRATORY THERAPY	0	-		0 15, 449, 637		•
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 18, 180, 944 0 11, 211, 222		
68. 00 06800 SPEECH PATHOLOGY	0			0 11, 211, 222 0 3, 923, 710		•
69. 00 06900 ELECTROCARDI OLOGY	0	-		0 62, 466, 694		•
69. 02 06902 CARDI AC REHAB	0	-		0 1, 414, 302		
69. 03 06903 DI ABETI C EDUCATI ON	0	0		0 1, 414, 302		
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	-		0 8, 032, 675		•
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	-		0 121, 150, 107		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0			0 110, 692, 706		•
73.00 07300 DRUGS CHARGED TO PATIENTS	0	269, 540	269, 54			
74.00 07400 RENAL DI ALYSI S	0	0		0 4, 396, 099	0. 000000	74.00
76.00 03951 ECT	0	0		0 4, 522, 260	0. 000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		0 737, 626	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0			0 0		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0 0	0.000000	
90. 00 09000 CLINIC	0			0 6, 314, 349		•
90. 01 09001 OUTPATI ENT PSYCH	0	-		0 0	0.000000	
90. 02 09002 PEDS CLINIC	0	0		0 0		•
90. 04 09004 BARI ATRI CS	0	0		0 0	0.000000	
91.00 09100 EMERGENCY	0	-		0 115, 343, 453		
91. 01 09101 DI AGNOSTI C TREATMENT CENTER	0			0 30, 497, 618		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0	0		0 10, 846, 916	0.000000	92.00
95. 00 09500 AMBULANCE SERVICES						95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0 8, 411, 376	0. 000000	97.00
98.00 09850 HOME OFFICE	0	0		0 0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	269, 540		1, 615, 427, 069		200.00

APPORT IONMENT OF INPATIENT AVCILLARY SERVICE OTHER PASS         Provider CX: 15-0100 Component CX: 15-0100 To 6/30/2018         Provider CX: 15-0100 To 700         Provider CX: 15-0100 To 7		Financial Systems	ST. VINCENT E	VANSVI LLE			In Lie	u of Form CMS-	2552-10
ANCINE         Component CCN: 15-5100         To         06/30/2018         Date/Time Pregram Date/Time Pregram Charges           Cost Center Description         Outpatient to Charges (col. 6 + col. 7)         Inpatient Program Charges         Inpatient Program Cost (col. 8 × col. 10)         Outpatient Program Cost (col. 8 × col. 10)         Outpatient Program Program Program Program Cost (col. 8 × col. 10)         Outpatient Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Prog			RVICE OTHER PASS	Provider CO	CN: 15-0100				
Cost Center Description         Outpatient Ratio of Cost to Charges (col. 6 + col. 7)         Inpatient Program Charges (col. 6 + col. 7)         Inpatient Program Charges (col. 6 + col. 7)         Outpatient Program Charges (col. 6 + col. 7)         Outpatient Program Charges (col. 6 + col. 7)         Outpatient Program Pass=Through Cost (col. 9 x col. 10)         Outpatient Program Charges         Outpatient Program Charges           50:00         05000         0PERATING ROM         0.000000         5,265         0         0         0           50:00         05000         0PERATING ROM         0.000000         0         0         0         0           50:00         05000         0PERATING ROM         0.000000         0         0         0         0           51:00         05100         RECWERY ROM         0.000000         0         0         0         0           52:00         06300         ARSTHESI LOGY         0.000000         140, 222         0         0         0           54:00         05400         RADI LOGY - DI AGNOSTI C         0.000000         0         0         0         0           59:00         05700 CT SCAN         0.000000         0         0         0         0         0           60:00         05600 GESON (ARDI NOT CRESING & TRANS.         0.00	11000			Component (	CCN: 15-S100		06/30/2018	Date/Time Pre	pared: 09 pm
Cost Center Description         Outpatient Ratio of Cost to Charges (col. 6 + col. 7)         inpatient Program (Col. 6 + col. 7)         Inpatient Program (Col. 6 + col. 7)         Unpatient Program (Col. 6 + col. 7)         Outpatient Program (Col. 6 + col. 7)           50:00         05000         OPERATING ROM         0.000000         0         0         0         0           50:00         05000         DECOVERY ROM         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				Titl	e XIX	5			
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		Cost Center Description							
ANCILLARY SERVICE COST CENTERS         Costs (col. 6 x col. 12)         Costs (col. 2 x col. 12)         Costs (col. 2 x col. 12)           50.00         05000         OPERATING ROOM         0.000000         5, 265         0         0         0           50.00         05100         RECOVERY ROOM         0.000000         0         0         0         0         0           50.00         05100         RECOVERY ROOM         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				0		-	0		
Image: https://production.org/line         mage: https://production.org/line				Charges			Charges		
P. 00         10.00         11.00         12.00         13.00           50.00         05000         OPERATI NG ROOM         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
ANCI LLARY SERVICE COST CENTERS           ANCI LLARY SERVICE COST CENTERS           05000 0PERATING ROOM         0.000000         0         0         0           51.00         DSIOO RECOVERY ROOM         0.000000         0         0         0         0           52.00         DELIVERY ROOM & LABOR ROOM         0.000000         140.222         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td>10.00</td> <td></td> <td>-</td> <td>12 00</td> <td></td> <td></td>				10.00		-	12 00		
50.00         05000         0PERATI NG ROOM         0.000000         5,265         0         0         0           51.00         05100         RECOVERY ROOM         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		ANCILLARY SERVICE COST CENTERS	7.00	10.00	11.00		12.00	10.00	
52.00         ICLIVERY ROOM & LABOR ROOM         0.000000         0         0         0         0           53.00         05300         ANESTHESI OLOGY         0.000000         140,222         0         0         0           54.00         05400         RADI OLOGY-DI AGNOSTI C         0.000000         42,832         0         0         0           54.01         05403         NUCLEAR MEDI CINE         0.000000         17,376         0         0         0           56.00         05600         RADI OLOGY-DIPE         0.000000         0         0         0         0         0           57.00         05700         T SCAN         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	). 00		0.000000	5, 265		0	0	0	50.00
52.00         ICLIVERY ROOM & LABOR ROOM         0.000000         0         0         0         0           53.00         05300         ANESTHESI OLOGY         0.000000         140,222         0         0         0           54.00         05400         RADI OLOGY-DI AGNOSTI C         0.000000         42,832         0         0         0           54.01         05403         NUCLEAR MEDI CINE         0.000000         17,376         0         0         0           56.00         05600         RADI OLOGY-DIPE         0.000000         0         0         0         0         0           57.00         05700         T SCAN         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	I. 00	05100 RECOVERY ROOM	0, 000000	0		0	0	0	51.00
53:00         053:00         ANESTHESI OLOGY         0.000000         140, 222         0         0         0           54:00         05400         RADI OLOGY-DI AGNOSTI C         0.000000         42, 832         0         0         0           54:02         05402         JULTRASOUND         0.000000         8, 392         0         0         0           54:02         05403         JULTRASOUND         0.000000         17, 376         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				0					
54.00         05400         RADI OLOGY-DI AGNOSTI C         0.000000         42,832         0         0         0           54.02         05402         ULTRASOUND         0.000000         8,392         0         0         0           54.03         05403         NUCLEAR MEDI CI NE         0.000000         7,376         0         0         0           56.00         05700         CT SCAN         0.000000         67,404         0         0         0           59.00         05800         MAGNETI C RESONANCE I MAGING (MRI )         0.000000         4,855         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	3.00		0. 000000	140, 222		0	0	0	53.00
54.03       05403       NUCLEAR MEDICINE       0.000000       17,376       0       0         56.00       05600       RADIOISOPE       0.000000       0       0       0       0         57.00       05700       CT SCAN       0.000000       67,404       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>4.00</td> <td>05400 RADI OLOGY-DI AGNOSTI C</td> <td>0.000000</td> <td>42, 832</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>54.00</td>	4.00	05400 RADI OLOGY-DI AGNOSTI C	0.000000	42, 832		0	0	0	54.00
56.00         05600         RADI 0I SOTOPE         0.000000         0         0         0         0           57.00         CT SCAN         0.000000         67,404         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <	1. 02	05402 ULTRASOUND	0. 000000	8, 392		0	0	0	54.02
57.00       05700       CT SCAN       0.000000       67,404       0       0         58.00       MAGNETI C RESONANCE IMAGI NG (MRI)       0.000000       4,855       0       0       0         59.00       05900       CARDIAC CATHETERIZATI ON       0.000000       219,966       0       0       0         63.00       06400       LABORATORY       0.000000       219,966       0       0       0         64.00       06400       NTRAVENOUS THERAPY       0.000000       0       0       0       0         65.00       06500       RESPI RATORY THERAPY       0.000000       6,128       0       0       0         66.00       06600       PHYSI CAL THERAPY       0.000000       27,088       0       0       0         67.00       0C700       0CUPATI ONAL THERAPY       0.000000       2,327       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	1. 03	05403 NUCLEAR MEDICINE	0. 000000	17, 376		0	0	0	54.03
58.00         05800         MAGNETI C         RESONANCE I MAGI NG (MRI )         0.000000         4.855         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	5.00	05600 RADI OI SOTOPE	0.000000	0		0	0	0	56.00
59.00       05900       CARDIAC CATHETERIZATION       0.000000       0       0       0         60.00       06000       LABORATORY       0.000000       219,966       0       0       0         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0.000000       15,631       0       0       0         64.00       06400       INTRAVENOUS THERAPY       0.000000       0       0       0       0         65.00       06500       RESPI RATORY THERAPY       0.000000       6,128       0       0       0       0         66.00       06600       PHYSI CAL THERAPY       0.000000       22,327       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	7.00	05700 CT SCAN	0.000000	67,404		0	0	0	57.00
60.00         06000         LABORATORY         0.000000         219,966         0         0         0           63.00         06300         BLOOD STORING, PROCESSING & TRANS.         0.000000         15,631         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<	3.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	4, 855		0	0	0	58.00
63.00         06300         BLOOD STORI NG, PROCESSI NG & TRANS.         0.000000         15, 631         0         0         0           64.00         06400         INTRAVENOUS THERAPY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	9.00			0			0	0	59.00
64.00       06400       INTRAVENOUS THERAPY       0.00000       0       0       0         65.00       06500       RESPI RATORY THERAPY       0.000000       6,128       0       0         66.00       06600       PHYSI CAL THERAPY       0.000000       27,088       0       0       0         67.00       0CCUPATI ONAL THERAPY       0.000000       22,327       0       0       0         68.00       06800       SPECH PATHOLOGY       0.000000       8,507       0       0       0         69.00       06902       CARDI AC REHAB       0.000000       0       0       0       0         69.02       06902       CARDI AC REHAB       0.000000       0       0       0       0         69.03       06903 DI ABETI C EDUCATI ON       0.000000       0       0       0       0       0         70.00       ELECTROEAREPHALOGRAPHY       0.000000       0       0       0       0       0         71.00       O7100       MED CAL SUPPLI ES CHARGED TO PATI ENT       0.000000       0       0       0       0         72.00       O7200       IMPL. DEV. CHARGED TO PATI ENTS       0.000000       216       0       0 <td< td=""><td>0. 00</td><td>06000 LABORATORY</td><td>0.000000</td><td>219, 966</td><td></td><td></td><td>0</td><td>0</td><td>60.00</td></td<>	0. 00	06000 LABORATORY	0.000000	219, 966			0	0	60.00
65.00       06500       RESPI RATORY THERAPY       0.000000       6, 128       0       0         66.00       06600       PHYSI CAL THERAPY       0.000000       27, 088       0       0       0         67.00       06700       0CCUPATI ONAL THERAPY       0.000000       22, 327       0       0       0         68.00       06800       SPEECH PATHOLOGY       0.000000       8, 507       0       0       0         69.00       06900       ELECTROCARDI OLOGY       0.000000       46, 766       0       0       0         69.02       CARDI AC REHAB       0.000000       0       0       0       0       0         69.03       D6903       DLBETIC EDUCATI ON       0.000000       0       0       0       0       0       0         70.00       G7000       ELECTROENCEPHALOGRAPHY       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<	3.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	15, 631		0	0	0	63.00
66.00         06600         PHYSI CAL THERAPY         0.000000         27,088         0         0         0           67.00         06700         OCCUPATI ONAL THERAPY         0.000000         22,327         0         0         0           68.00         06800         SPEECH PATHOLOGY         0.000000         8,507         0         0         0           69.02         06900         ELECTROCARDI OLOGY         0.000000         46,766         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	4.00			-			0	0	64.00
67.00       06700       0CCUPATI ONAL THERAPY       0.00000       22,327       0       0       0         68.00       06800       SPEECH PATHOLOGY       0.000000       8,507       0       0       0         69.00       06900       ELECTROCARDI OLOGY       0.000000       46,766       0       0       0         69.02       06902       CARDI AC REHAB       0.000000       0       0       0       0       0         69.03       06903       DI ABETI C EDUCATI ON       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td></t<>							-		
68.00         06800         SPECH PATHOLOGY         0.000000         8,507         0         0         0           69.00         06900         ELECTROCARDI OLOGY         0.000000         46,766         0         0         0           69.02         06902         CARDI AC REHAB         0.000000         0         0         0         0         0           69.02         06902         CARDI AC REHAB         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <							-		
69.00         06900         ELECTROCARDI OLOGY         0.000000         46,766         0         0         0           69.02         06902         CARDI AC REHAB         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							-		1
69.02       06902       CARDIAC REHAB       0.000000       0       0       0       0         69.03       06903       DIABETI C EDUCATI ON       0.000000       0       0       0       0       0         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       0       0       0       0       0         71.00       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0.000000       46, 138       0       0       0       0         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.001387       575, 485       798       0       0         73.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<							-		68.00
69.03         06903         DI ABETI C EDUCATI ON         0.000000         0         0         0         0           70.00         O7000         ELECTROENCEPHALOGRAPHY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							-		
70.00         07000         ELECTROENCEPHALOGRAPHY         0.000000         0         0         0         0           71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         0.000000         46,138         0         0         0           72.00         07200         IMPL. DEV. CHARGED TO PATI ENTS         0.000000         216         0         0         0           73.00         07300         DRUGS CHARGED TO PATI ENTS         0.001387         575,485         798         0         0           74.00         07400         RENAL DI ALYSI S         0.000000         0         0         0         0           76.00         03950         MOBI LE OUTREACH CLINIC         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				•			-		
71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         0.000000         46,138         0         0         0           72.00         07200         IMPL. DEV. CHARGED TO PATI ENTS         0.000000         216         0         0         0           73.00         07300         DRUGS CHARGED TO PATI ENTS         0.001387         575,485         798         0         0           74.00         07400         RENAL DI ALYSI S         0.000000         0         0         0         0           76.00         03950         MOBI LE OUTREACH CLINIC         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td></td<>							-		
72.00         07200         IMPL.         DEV.         CHARGED TO PATIENTS         0.000000         216         0         0         0           73.00         07300         DRUGS CHARGED TO PATIENTS         0.001387         575, 485         798         0         0           74.00         07400         RENAL DI ALYSI S         0.000000         0         0         0         0           76.00         03951         ECT         0.000000         194, 093         0         0         0         0           76.01         03950         MOBILE OUTREACH CLINIC         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				-			-		
73.00         07300         DRUGS CHARGED TO PATIENTS         0.001387         575,485         798         0         0           74.00         07400         RENAL DI ALYSIS         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							Ű		
74.00         07400         RENAL DI ALYSI S         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td></t<>							-		
76.00         03951         ECT         0.00000         194,093         0         0         0         0           76.01         03950         MOBILE_OUTREACH_CLINIC         0.00000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							-		
76. 01         03950         MOBILE OUTREACH CLINIC         0.00000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				•					1
OUTPATIENT SERVICE COST CENTERS           88.00         08800         RURAL HEALTH CLINIC         0.000000         0         0         0         0           89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							-		
88.00         08800         RURAL         HEALTH         CLINIC         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <th< td=""><td>5. 01</td><td></td><td>0.000000</td><td>0</td><td></td><td>U</td><td>0</td><td>0</td><td>70.01</td></th<>	5. 01		0.000000	0		U	0	0	70.01
89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	3 00		0,00000	0		0	0	0	88.00
90.00 09000 CLINIC 0.000000 0 0 0 0							-		
				-			-		
		09001 OUTPATIENT PSYCH	0. 000000	0		0	0	0	
90.02 09002 PEDS CLINIC 0.000000 0 0 0 0							0		
0. 04 09004 BARIATRICS 0. 000000 0 0 0				-		~	0		
91. 00 09100 EMERGENCY 0. 000000 135, 615 0 0 0							-		
91. 01 09101 DI AGNOSTI C TREATMENT CENTER 0. 000000 0 0 0 0							-		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0.000000 0 0 0 0							-		
OTHER REI MBURSABLE COST CENTERS			· ·						1
95.00 09500 AMBULANCE SERVICES	5.00	09500 AMBULANCE SERVI CES							95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.00000 0 0 0 0	7.00	09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000	0		0	0	0	97.00
98.00 09850 HOME OFFICE 0.00000 0 0 0 0			0. 000000	-					
200.00         Total (lines 50 through 199)         1,584,306         798         0         0	00.00	Total (lines 50 through 199)		1, 584, 306	7	98	0	0	200.00

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	S Provider C	CN: 15-0100	Peri od:	Worksheet D	
THROUGH COSTS		Commente	20N 15 T100	From 07/01/2017	Part IV	
		component	CCN: 15-T100	To 06/30/2018	Date/Time Pre 11/27/2018 1:	
		Titl	e XIX	Subprovider -	Cost	<u>07 piii</u>
				I RF		
Cost Center Description			Nursing Scho	Allied Health	Allied Health	
	Anesthetist	Post-Stepdown		Post-Stepdown		
	<u>Cost</u> 1.00	Adjustments 2A	2.00	Adjustments 3A	3.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	28	2.00	ЭА	3.00	
50. 00 05000 OPERATING ROOM	0	0		0 0	0	50.00
51. 00 05100 RECOVERY ROOM	0	0		0 0		
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0		
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0		
54. 02 05402 ULTRASOUND	0	0		0 0	0	
54. 03 05403 NUCLEAR MEDICINE	0	0		0 0		54.03
56. 00 05600 RADI OI SOTOPE	0	0		0 0	-	
57. 00 05700 CT SCAN	0	0		0 0	0	•
58.00 05800 MAGNETIC RESONANCE I MAGI NG (MRI)	0	0		0 0	-	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0		
60. 00 06000 LABORATORY	0	0		0 0	0	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0		
64.00 06400 I NTRAVENOUS THERAPY	0	0		0 0		
65. 00 06500 RESPIRATORY THERAPY	0	0		0 0		
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0		
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	
69.00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
69. 02 06902 CARDI AC REHAB	0	0		0 0		
69. 03 06903 DI ABETI C EDUCATI ON	0	0		0 0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	269, 540	73.00
74.00 07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76.00 03951 ECT	0	0	1	0 0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		0 0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLI NI C	0	0		0 0	0 0	
90. 01 09001 OUTPATI ENT PSYCH	0	0		0 0	0	90.01
90. 02 09002 PEDS CLINIC	0	0		0 0	0	
90. 04 09004 BARI ATRI CS	0	0		0 0	0	90.04
91. 00 09100 EMERGENCY	0	0		0 0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		0 0		
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART	0			0	0	92.00
OTHER REIMBURSABLE COST CENTERS			1		1	4
95. 00 09500 AMBULANCE SERVICES						95.00
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	0		0 0		
98. 00 09850 HOME OFFICE	0	0		0 0		
200.00  Total (lines 50 through 199)	0	0	l	0 0	269, 540	200. 00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY	SEDVICE OTHED DASS	S Provider C	CN: 15 0100	Peri od:	Worksheet D	2552-10
THROUGH COSTS	SERVICE OTHER FAS.		CCN: 15-0100	From 07/01/2017 To 06/30/2018	Part IV Date/Time Pre	
		Ti +1	e XIX	Subprovider -	11/27/2018 1: Cost	09 pm
		11 (1	e viv	I RF	COST	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of col 1	Outpatient	(from Wkst. C,	to Charges	
	Education Cost	5	Cost (sum o		(col. 5 ÷ col.	
		4)	col. 2, 3 an 4)	d 8)	7)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0		0 367, 347, 463	0.00000	50.00
51.00 05100 RECOVERY ROOM	0			0 32, 053, 563	0.00000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 15, 040, 952	0.00000	52.00
53. 00 05300 ANESTHESI OLOGY	0	0		0 21, 601, 810	0.00000	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 68, 840, 244	0.00000	54.00
54. 02 05402 ULTRASOUND	0	0		0 16, 717, 290	0.00000	54.02
54. 03 05403 NUCLEAR MEDICINE	0	0		0 33, 989, 135	0.00000	54.03
56. 00 05600 RADI OI SOTOPE	0	0		0 0	0.00000	56.00
57.00 05700 CT SCAN	0	0		0 55, 743, 439	0.00000	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0 20, 322, 566	0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 98, 391, 111	0. 000000	
60. 00 06000 LABORATORY	0	0		0 127, 819, 476	0. 000000	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 7, 998, 377	0. 000000	
64.00 06400 I NTRAVENOUS THERAPY	0	0		0 21, 633, 716	0. 000000	
65. 00 06500 RESPI RATORY THERAPY	0	0		0 15, 449, 637	0. 000000	1
66. 00 06600 PHYSI CAL THERAPY	0	0		0 18, 180, 944	0.00000	
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 11, 211, 222	0. 000000	1
68.00 06800 SPEECH PATHOLOGY	0	0		0 3, 923, 710	0.00000	
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 62, 466, 694	0.00000	
69. 02 06902 CARDI AC REHAB	0	0		0 1, 414, 302	0.000000	
69. 03 06903 DI ABETI C EDUCATI ON	0	0		0 0	0.00000	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 8, 032, 675	0.00000	
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0		0 121, 150, 107	0.00000	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 110, 692, 706	0.00000	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	269, 540			0.001387	
74. 00 07400 RENAL DIALYSIS	0	0		0 4, 396, 099	0.00000	
76. 00 03951 ECT	0	0		0 4, 522, 260	0.00000	
76. 01 03950 MOBILE OUTREACH CLINIC	0	0		0 737, 626	0. 000000	76.01
0UTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0. 000000	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0 0	0.000000	
90. 00 09000 CLINIC	0	0		0 6, 314, 349	0.000000	
90. 01 09001 0UTPATI ENT PSYCH	0	0		0 0, 314, 347	0.000000	
90. 02 09002 PEDS CLINIC	0	0		0 0	0.000000	
90. 04 09004 BARI ATRI CS	0	0		0 0	0.000000	
91. 00 09100 EMERGENCY	0	0		0 115, 343, 453	0.000000	
91. 01 09101 DI AGNOSTI C TREATMENT CENTER	0	0		0 30, 497, 618	0.000000	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 10, 846, 916	0.000000	
OTHER REI MBURSABLE COST CENTERS			1			1
95.00 09500 AMBULANCE SERVICES						95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0 8, 411, 376	0. 000000	97.00
98.00 09850 HOME OFFICE	0	0		0 0	0.000000	98.00
						200.00

	Financial Systems	ST. VINCENT EV	ANSVI LLE			In Lie	u of Form CMS-	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provider C	CN: 15-0100		ri od:	Worksheet D	
THROUG	H COSTS		Component (	CCN: 15-T100	To	com 07/01/2017 06/30/2018	Part IV Date/Time Pre 11/27/2018 1:	pared: 09 pm
			Titl	e XIX	S	ubprovider - IRF	Cost	
	Cost Center Description	Outpati ent	Inpatient	I npati ent		Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program		Program	Program	
		to Charges	Charges	Pass-Throug		Charges	Pass-Through	
		(col. 6 ÷ col.		Costs (col.			Costs (col. 9	
		7)	10.00	x col. 10)		10.00	x col. 12)	
	ANCI LLARY SERVICE COST CENTERS	9.00	10.00	11.00		12.00	13.00	
50.00	05000 OPERATING ROOM	0.000000	7, 670		0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	, 0,0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0		0	0	0	52.00
53.00	05300 ANESTHESI OLOGY	0.000000	1, 204		0	0	0	53.00
53.00	05400 RADI OLOGY-DI AGNOSTI C	0.000000	10, 550		0	0	0	53.00
54.00 54.02	05400 RADI OLOGI - DI AGNOSTI C	0.000000	5, 330		0	0	0	54.00
54.02 54.03	05402 DETRASOUND	0.000000	5, 330 0		0	0	0	54.02
54.03 56.00	05600 RADI OI SOTOPE	0.000000	0		0	0	0	56.00
57.00	05700 CT SCAN	0.000000	10, 435		0	0	0	57.00
58.00		0.000000	891		0	0	0	57.00
58.00 59.00	05800 MAGNETIC RESONANCE I MAGING (MRI)				0	-	0	58.00
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0. 000000 0. 000000	639 72, 654		0	0	0	60.00
					0	-		•
63.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0.000000	2, 588		0	0	0	63.00
64.00 65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0. 000000 0. 000000	2, 234		0	0	0	64.00 65.00
66.00	06600 PHYSI CAL THERAPY	0.000000	5, 424 409, 298		0	0	0	66.00
					0	-		
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0.000000	460, 223 200, 928		0	0	0	67.00 68.00
68.00 69.00	06900 ELECTROCARDI OLOGY	0. 000000 0. 000000			0	0	0	69.00
69.00 69.02	06902 CARDI AC REHAB		7, 469 0		0	0	0	69.00
69.02 69.03	06902 CARDIAC REHAB	0. 000000 0. 000000	0		0	-		•
69.03 70.00			0		0	0	0	69.03 70.00
	07000 ELECTROENCEPHALOGRAPHY	0.000000	0		0	0	0	
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0.000000	48, 673		0	0	0	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0.000000	2,499			0	0	72.00
73.00 74.00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DI ALYSI S	0. 001387 0. 000000	137, 181		90 0	0	0	73.00
	03951 ECT		37, 286		0	0		74.00
76. 00 76. 01	03950 MOBILE OUTREACH CLINIC	0. 000000 0. 000000	0 0		0	0	0	
76.01	OUTPATIENT SERVICE COST CENTERS	0.000000	0		0	0	0	1 /0.01
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	1	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0		0	0	0	89.00
90.00	09000 CLINIC	0. 000000	0		0	0	0	90.00
90.00 90.01	09001 OUTPATI ENT PSYCH	0. 000000	0		0	0	0	90.00
90. 01 90. 02	09002 PEDS CLINIC	0.000000	0		0	0	0	90.01
90.02 90.04	09004 BARI ATRI CS	0.000000	0		0	0	0	90.02
90.04 91.00	09100 EMERGENCY	0.000000	0		0	0	0	91.00
91.00 91.01	09101 DI AGNOSTI C TREATMENT CENTER	0.000000	0		0	0	0	91.00
91.01 92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0		0	0	0	
72.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	1	J	0	0	72.00
95.00	09500 AMBULANCE SERVICES							95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000	0		0	0	0	•
98.00	09850 HOME OFFICE	0. 000000	0		0	0	0	98.00
200.00		0.000000	1, 423, 176		90	0		200.00
_00.00		I I	., .20, 170			9	0	1-201.00

OMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Pre 11/27/2018 1:0	
		Title XVIII	Hospi tal	PPS	- p
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS				
. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed day	s excluding newborn)		50, 248	1.0
. 00	Inpatient days (including private room days, excluding swing-			50, 248	
. 00	Private room days (excluding swing-bed and observation bed da	ays). If you have only pr	ivate room days,	0	3.0
. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation b	ped days)		42, 881	4.0
. 00	Total swing-bed SNF type inpatient days (including private ro		er 31 of the cost	0	5. C
. 00	reporting period Total swing-bed SNF type inpatient days (including private ro	om dave) after Decomber	21 of the cost	0	6. C
. 00	reporting period (if calendar year, enter 0 on this line)	Join days) at ter becember	ST OF THE COST	0	0.0
. 00	Total swing-bed NF type inpatient days (including private roo	om days) through December	31 of the cost	0	7.C
. 00	reporting period Total swing-bed NF type inpatient days (including private roo	om davs) after December 3	1 of the cost	0	8.0
	reporting period (if calendar year, enter 0 on this line)			Ũ	
. 00	Total inpatient days including private room days applicable t	to the Program (excluding	swing-bed and	23, 948	9.0
0. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII o	only (including private r	oom davs)	0	10. C
	through December 31 of the cost reporting period (see instruc	ctions)	5 -		
1.00	Swing-bed SNF type inpatient days applicable to title XVIII of December 31 of the cost reporting period (if calendar year, e		room days) after	0	11. C
2.00	Swing-bed NF type inpatient days applicable to titles V or XI		e room days)	0	12.0
2 00	through December 31 of the cost reporting period			0	10.0
3.00	Swing-bed NF type inpatient days applicable to titles V or XI after December 31 of the cost reporting period (if calendar y			0	13. C
4.00	Medically necessary private room days applicable to the Progr	am (excluding swing-bed	days)	0	
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	
0.00	SWING BED ADJUSTMENT		ļ	0	10.0
7.00	Medicare rate for swing-bed SNF services applicable to servic	ces through December 31 c	of the cost	0.00	17. C
8.00	reporting period Medicare rate for swing-bed SNF services applicable to servic	ces after December 31 of	the cost	0.00	18. C
	reporting period				
9.00	Medicaid rate for swing-bed NF services applicable to service reporting period	es through December 31 of	the cost	0.00	19. C
0. 00	Medicaid rate for swing-bed NF services applicable to service	es after December 31 of t	he cost	0.00	20. C
1 00	reporting period	20)		45 700 710	21 0
1.00 2.00	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decemb		ing period (line	45, 720, 718 0	
	5 x line 17)		01		
3.00	Swing-bed cost applicable to SNF type services after December x line 18)	<sup>-</sup> 31 of the cost reportir	ng period (line 6	0	23.0
4.00	Swing-bed cost applicable to NF type services through December	er 31 of the cost reporti	ng period (line	0	24.0
F 00	7 x line 19)			0	25.0
5.00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reporting	period (iine 8	0	25. (
6. 00	Total swing-bed cost (see instructions)			0	26.0
7.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		45, 720, 718	27.0
8. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-be	ed and observation bed ch	arges)	0	28.0
9.00	Private room charges (excluding swing-bed charges)		3 /	0	29.0
0.00	Semi-private room charges (excluding swing-bed charges)			0	
1.00 2.00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.000000	
2.00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 0.00	
4.00	Average per diem private room charge differential (line 32 mi	nus line 33)(see instruc	tions)	0.00	
	Average per diem private room cost differential (line 34 x li			0.00	
5.00	Private room cost differential adjustment (line 3 x line 35)	-		0	36. (
5.00 6.00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	45, 720, 718	37. (
	27 minus line 2()				
6. 00	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
6.00 7.00	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ				
6. 00 7. 00 8. 00	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ Adjusted general inpatient routine service cost per diem (see	e instructions)		909.90	
6.00 7.00	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	e instructions) e 38)		909. 90 21, 790, 285 0	39. C

alth Financial S MPUTATION OF IN	PATIENT OPERATING COST		Provider C		eriod:	worksheet D-1	
					rom 07/01/2017 o 06/30/2018		pare
						11/27/2018 1:	
Ct		Tatal		XVIII	Hospi tal	PPS	
COST	Center Description	Total Inpatient Costl	Total	Average Per Diem (col 1 ÷	Program Days	Program Cost (col. 3 x col.	
		inputiont cooti	inpatriont bajo	col . 2)		4)	
		1.00	2.00	3.00	4.00	5.00	
	tle V & XIX only) are Type Inpatient Hospital Uni	0	C	0.00	0	0	42
00 INTENSIVE		17, 616, 768	12, 171	1, 447. 44	8, 576	12, 413, 245	43
02 NI CU		6, 458, 886	5, 259		0		
00 CORONARY CA		2, 333, 271	1, 240	1, 881. 67	874	1, 644, 580	
	IVE CARE UNIT ITENSIVE CARE UNIT						45
	AL CARE (SPECIFY)						40
	Center Description				1		
						1.00	
	atient ancillary service cost ( am inpatient costs (sum of line			nc)		43, 519, 528 79, 367, 638	
	H COST ADJUSTMENTS	<u>s 41 thiough 48)(s</u>		115)		77, 307, 038	47
	h costs applicable to Program i	npatient routine s	services (from	Wkst. D, sum	of Parts I and	2, 289, 276	50
						1 (10 015	-
00 Pass throug and IV)	h costs applicable to Program i	npatient ancillary	y services (fr	UNI WKST. D, SU	m or Parts II	1, 613, 015	51
	am excludable cost (sum of line	s 50 and 51)				3, 902, 291	52
00 Total Prog	am inpatient operating cost exc	luding capital rel	lated, non-phy	sician anesthe	tist, and	75, 465, 347	
	ication costs (line 49 minus lin NT AND LIMIT COMPUTATION	e 52)					1
00 Program dis						0	54
	int per di scharge					0.00	55
U U	nt (line 54 x line 55)					0	
	between adjusted inpatient oper ent (see instructions)	ating cost and tai	rget amount (I	ine 56 minus I	ine 53)	0	
	ines 53/54 or 55 from the cost	reporting period (	endina 1996. u	pdated and com	pounded by the		
market bas	et		-				
	ines 53/54 or 55 from prior yea				<b>b</b> a <b>b b b b b b b b b b</b>	0.00	
	'54 is less than the lower of li ting costs (line 53) are less t					0	61
	ie 56), otherwise enter zero (se		3 (ITIC3 04 X		the target		
	nent (see instructions)					0	
	npatient cost plus incentive pa ATIENT ROUTINE SWING BED COST	yment (see instruc	ctions)			0	63
	ing-bed SNF inpatient routine c	osts through Decer	mber 31 of the	cost reportin	g period (See	0	64
i nstructi or	s)(title XVIII only)					_	
	ving-bed SNF inpatient routine c us)(title XVIII only)	osts after Decembe	er 31 of the c	ost reporting	period (See	0	65
	are swing-bed SNF inpatient rou	tine costs (line d	64 plus line 6	5)(title XVIII	only). For	0	66
CAH (see in	istructions)						
	XIX swing-bed NF inpatient rout	ine costs through	December 31 c	f the cost rep	orting period	0	67
(line 12 x .00 Title V or	XIX swing-bed NF inpatient rout	ine costs after De	ecember 31 of	the cost repor	tina period	0	68
(line 13 x						_	
	V or XIX swing-bed NF inpatien			,		0	69
	SKILLED NURSING FACILITY, OTHER sing facility/other nursing fac						70
	eneral inpatient routine service						71
.00 Program rou	tine service cost (line 9 x lin	,					72
	ecessary private room cost appl						73
0	am general inpatient routine se ated cost allocated to inpatien	•			rt II. column		74
26, line 45	· ·	Le roatine service		S. KONCOL D, FO	, corumn		
00 Per diem ca	pital-related costs (line 75 ÷						76
	vital-related costs (line 9 x li						77
	outine service cost (line 74 mi charges to beneficiaries for exc	,	rovi der record	s)			78
55 5	am routine service costs for co			· .	s line 79)		80
	outine service cost per diem li						81
	routine service cost limitation	•					82
	inpatient routine service costs patient ancillary services (see	•	>)				83
, U	review - physician compensatio		ns)				85
.00 Total Prog	am inpatient operating costs (s	um of lines 83 th					86
	OMPUTATION OF OBSERVATION BED P						1 ~-
.00  Total obser	vation bed days (see instructio		lino 2)			7, 367 909. 90	
	eneral inpatient routine cost pe						

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Peri od:	Worksheet D-1	
				From 07/01/2017 To 06/30/2018		
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (	COST					
90.00 Capital-related cost	3, 181, 098	45, 720, 718	0.06957	6, 703, 233	466, 391	90.00
91.00 Nursing School cost	0	45, 720, 718	0.00000	6, 703, 233	0	91.00
92.00 Allied health cost	0	45, 720, 718	0.00000	6, 703, 233	0	92.00
93.00 All other Medical Education	0	45, 720, 718	0.00000	6, 703, 233	0	93.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0100	Peri od:	Worksheet D-1	
		Component CCN: 15-S100	From 07/01/2017 To 06/30/2018	Date/Time Prep 11/27/2018 1:0	
		Title XVIII	Subprovider - IPF	PPS	<u>o, b</u>
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS				
00	INPATIENT DAYS			4 000	1
00 00	Inpatient days (including private room days and swing-bed da Inpatient days (including private room days, excluding swing	lys, excluding newborn)		4, 080 4, 080	1.
00	Private room days (excluding private room days, excluding swing Private room days (excluding swing-bed and observation bed d		ivate room davs	4,080	3
00	do not complete this line.		rvate room days,	0	
00	Semi-private room days (excluding swing-bed and observation	bed days)		4, 080	4
00	Total swing-bed SNF type inpatient days (including private r	room days) through Decembe	r 31 of the cost	0	5
~~	reporting period		21 - 6 + +	0	,
00	Total swing-bed SNF type inpatient days (including private r reporting period (if calendar year, enter 0 on this line)	oom days) after December	31 OF the COSt	0	6
00	Total swing-bed NF type inpatient days (including private ro	om days) through December	31 of the cost	0	7
	reporting period				
00	Total swing-bed NF type inpatient days (including private ro	oom days) after December 3	1 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)	/			
00	Total inpatient days including private room days applicable	to the Program (excluding	swing-bed and	849	9
. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII	only (including private r	noom dave)	0	10
. 00	through December 31 of the cost reporting period (see instru		oom days)	0	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII	only (including private r	oom days) after	0	11
	December 31 of the cost reporting period (if calendar year,		-		
. 00	Swing-bed NF type inpatient days applicable to titles V or X	(IX only (including privat	e room days)	0	12
. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or X	(IV only (including privat	a room day(c)	0	13
. 00	after December 31 of the cost reporting period (if calendar			0	13
00	Medically necessary private room days applicable to the Prog			0	14
	Total nursery days (title V or XIX only)			0	
. 00	Nursery days (title V or XIX only)			0	16
~~	SWING BED ADJUSTMENT		<u> </u>		
. 00	Medicare rate for swing-bed SNF services applicable to servi	ces through December 31 o	f the cost	0.00	17
. 00	reporting period Medicare rate for swing-bed SNF services applicable to servi	ces after December 31 of	the cost	0.00	18
. 00	reporting period			0.00	
. 00	Medicaid rate for swing-bed NF services applicable to servic	es through December 31 of	the cost	0.00	19
	reporting period				
. 00	Medicaid rate for swing-bed NF services applicable to servic	es after December 31 of t	he cost	0.00	20
. 00	reporting period Total general inpatient routine service cost (see instructio	ne)		4, 141, 037	21
. 00	Swing-bed cost applicable to SNF type services through Decem		ing period (line	4, 141, 037	
	5 x line 17)		ing poir ou (inite		
. 00	Swing-bed cost applicable to SNF type services after Decembe	er 31 of the cost reportin	g period (line 6	0	23
	x line 18)				
. 00	Swing-bed cost applicable to NF type services through Decemb	per 31 of the cost reporti	ng period (line	0	24
. 00	7 x line 19) Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25
	x line 20)		-51.00 (1110 0	0	- 0
	Total swing-bed cost (see instructions)			0	
. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		4, 141, 037	27
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				0.00
	General inpatient routine service charges (excluding swing-b Private room charges (excluding swing-bed charges)	bed and observation bed ch	arges)	0	
	Semi-private room charges (excluding swing bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27	'÷line 28)		0. 000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 m	, ,	tions)	0.00	
	Average per diem private room cost differential (line 34 x l Private room cost differential adjustment (line 2 x line 25)			0.00	
. 00 . 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost		fferential (line)	0 4, 141, 037	36 37
. 00	27 minus line 36)			7, 141, 037	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD				
	Adjusted general inpatient routine service cost per diem (se	e instructions)		1, 014. 96	
		20)	1		
. 00	Program general inpatient routine service cost (line 9 x lin Medically necessary private room cost applicable to the Prog			861, 701 0	

OMPUTATI	ON OF INPATIENT OPERATING COST		Provider C	CN: 15-0100	Peri od:	Worksheet D-1	1
			Component	CCN: 15-S100	From 07/01/2017 To 06/30/2018		
			Title	XVIII	Subprovider -	11/27/2018 1: PPS	09
	Cost Conton Description	Tatal	Tatal	Average Der	IPF Program Days	Program Cost	_
	Cost Center Description	Total Inpatient Costl	Total npatient Days	col. 2)	÷	(col. 3 x col. 4)	
. 00 NU	IRSERY (title V & XIX only)	1.00	2.00	3.00	<u>4.00</u> 00 0	5.00 C	) 4
	tensive Care Type Inpatient Hospital Unit		0	0.	00  0		4
	ITENSI VE CARE UNI T	0	0				) 4
	CU	0	0				
	RONARY CARE UNI T IRN I NTENSI VE CARE UNI T	0	0	0.	00 0	C	4
	IRGI CAL I NTENSI VE CARE UNI T						4
	HER SPECIAL CARE (SPECIFY)						4
	Cost Center Description					1.00	-
.00 Pr	ogram inpatient ancillary service cost (W	Ikst D-3 col 3	Line 200)	_		1.00 112,517	7 4
	ogram inpatient and rang service cost (w			ns)		974, 218	
	SS THROUGH COST ADJUSTMENTS						
	iss through costs applicable to Program in	patient routine s	services (from	Wkst. D, su	m of Parts I and	44, 972	2 50
11 ∣.00  Pa	l) iss through costs applicable to Program in	natient ancillar	1 services (fr	om Wkst D	sum of Parte II	3, 507	5
	id IV)	patront and fildly	, services (II	om most. D <sub>i</sub>		3, 507	
	tal Program excludable cost (sum of lines					48, 479	
	otal Program inpatient operating cost excl	5 1	ated, non-phy	sician anest	hetist, and	925, 739	9 5
	edical education costs (line 49 minus line RGET AMOUNT AND LIMIT COMPUTATION	52)					
	ogram di scharges					C	5
	irget amount per discharge					0.00	
	irget amount (line 54 x line 55)					C	
	fference between adjusted inpatient opera onus payment (see instructions)	iting cost and tar	get amount (i	The so minus	TThe 53)		
	esser of lines 53/54 or 55 from the cost r	eporting period e	ending 1996, u	pdated and c	ompounded by the		
	irket basket		-				
	esser of lines 53/54 or 55 from prior year Fline 53/54 is less than the lower of lin					0.00	
	ich operating costs (line 53) are less th					C	) 6
	nount (line 56), otherwise enter zero (see						
	lief payment (see instructions)					C	
	lowable Inpatient cost plus incentive pay OGRAM INPATIENT ROUTINE SWING BED COST	ment (see instruc	ctions)			C	) 6
	dicare swing-bed SNF inpatient routine co	sts through Decer	nber 31 of the	cost report	ing period (See	C	0 6
in	structions)(title XVIII only)	0			0.		
	dicare swing-bed SNF inpatient routine co	sts after Decembe	er 31 of the c	ost reportin	g period (See	C	) 6
	nstructions)(title XVIII only) Ntal Medicare swing-bed SNF inpatient rout	ine costs (line /	54 nlus line 6	5)(title XVI	II only) For	c	) 6
	H (see instructions)			5)((1110 X))	ri oniy). Toi		
	tle V or XIX swing-bed NF inpatient routi	ne costs through	December 31 c	f the cost r	eporting period	C	) 6
1 -	ine 12 x line 19) tle V or XIX swing-bed NF inpatient routi	no costs after D	combor 21 of	the cost ron	orting poriod	c	) 6
	ine 13 x line 20)		scelliber 51 01	the cost rep	or tring period		
9.00 <u>To</u>	tal title V or XIX swing-bed NF inpatient	routine costs (I	ine 67 + line	68)		C	) 6
	RT III - SKILLED NURSING FACILITY, OTHER				<u>`</u>		
	illed nursing facility/other nursing faci justed general inpatient routine service				)		7
	ogram routine service cost (line 9 x line			-,			7
	dically necessary private room cost appli	U	•	ne 35)			7
	tal Program general inpatient routine ser	•		orkeboot P	Dart II column		7
	pital-related cost allocated to inpatient p, line 45)	TOULTHE SELVICE	CUSIS (ITUM M	UINSHEEL B,	iaitii, corumn		7
. 00 Pe	er diem capital-related costs (line 75 $\div$ l						7
	rogram capital-related costs (line 9 x lin						7
	upatient routine service cost (line 74 min Igregate charges to beneficiaries for exce		ovider record	s)			7
1 3	ital Program routine service costs for com			· · · · · · · · · · · · · · · · · · ·	nus line 79)		8
.00 In	patient routine service cost per diem lim	•			,		8
	patient routine service cost limitation (						8
1	easonable inpatient routine service costs		5)				8
1	ogram inpatient ancillary services (see i ilization review - physician compensation		ıs)				8
	tal Program inpatient operating costs (su	•					8
PA	RT IV - COMPUTATION OF OBSERVATION BED PA	SS THROUGH COST					
7.00 To	ntal observation bed days (see instruction ljusted general inpatient routine cost per		1 :			0. 00	
3. 00 Ad							

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 07/01/2017	Worksheet D-1	
		Component (		To 06/30/2018	Date/Time Pre 11/27/2018 1:0	
		Title	XVIII	Subprovider - IPF	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.	
				, i i i i i i i i i i i i i i i i i i i	4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	216, 121	4, 141, 037	0. 05219	0 0	0	90.00
91.00 Nursing School cost	0	4, 141, 037	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	4, 141, 037	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	4, 141, 037		0 0	0	93.00

	Financial         Systems         ST.         VINCENT         EV           ATION OF INPATIENT OPERATING COST         ST.         VINCENT         EV         EV	Provider CCN: 15-0100	Peri od:	u of Form CMS-2 Worksheet D-1	
		Component CCN: 15-T100	From 07/01/2017 To 06/30/2018	Date/Time Pre 11/27/2018 1:	
		Title XVIII	Subprovider -	PPS	<u>07 pi</u>
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS				
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed day	(s. oxcluding nowborn)		4, 718	1 1.
00	Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing-	-bed and newborn days)		4, 718	
00	do not complete this line.		ivate room days,	0	
00 00	Semi-private room days (excluding swing-bed and observation b Total swing-bed SNF type inpatient days (including private ro reporting period		er 31 of the cost	4, 718 0	
00	Total swing-bed SNF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	oom days) after December	31 of the cost	0	6.
00	Total swing-bed NF type inpatient days (including private roc reporting period			0	
00	Total swing-bed NF type inpatient days (including private roo reporting period (if calendar year, enter 0 on this line)			0	
00 . 00	Total inpatient days including private room days applicable t newborn days) Swing-bed SNF type inpatient days applicable to title XVIII o	0 1 0	U U	2, 440	
	through December 31 of the cost reporting period (see instruc Swing-bed SNF type inpatient days applicable to title XVIII of	ctions) only (including private r	•	0	
. 00	December 31 of the cost reporting period (if calendar year, e Swing-bed NF type inpatient days applicable to titles V or XI		e room days)	0	12
00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI			0	13
	after December 31 of the cost reporting period (if calendar y Medically necessary private room days applicable to the Progr Total nursery days (title V or XIX only)			0	
	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	
00	Medicare rate for swing-bed SNF services applicable to servic reporting period	ces through December 31 c	of the cost	0.00	17
	Medicare rate for swing-bed SNF services applicable to servic reporting period			0.00	18
	Medicaid rate for swing-bed NF services applicable to service reporting period	-		0.00	
	Medicaid rate for swing-bed NF services applicable to service reporting period		he cost	0.00	
	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decemb 5 x line 17)		ing period (line	4, 469, 651 0	
. 00	Swing-bed cost applicable to SNF type services after December x line 18)	- 31 of the cost reportin	ng period (line 6	0	23
	Swing-bed cost applicable to NF type services through December 7 x line 19)			0	24
	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reporting	period (line 8	0	
	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(line 21 minus line 26)		0 4, 469, 651	
00	General inpatient routine service charges (excluding swing-be	ed and observation bed ch	arges)	0	28
00	Private room charges (excluding swing-bed charges)		-	0	29
	Semi-private room charges (excluding swing-bed charges)	Line 20)		0	
	General inpatient routine service cost/charge ratio (line 27 Average private room per diem charge (line 29 ÷ line 3)	÷ IINE 28)		0.000000	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mi	nus line 33)(see instruc	tions)	0.00	
	Average per diem private room cost differential (line 34 x li		ŕ	0.00	
00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	0 4, 469, 651	36.
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
~	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ			0.17.07	1
	Adjusted general inpatient routine service cost per diem (see	-		947.36 2 311 558	
	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Progr			2, 311, 558 0	
	Imour our ry necessary private room cost appricable to the Progr			0	1 +U,

					From 07/01/2017		
			Component	CCN: 15-T100	To 06/30/2018	Date/Time Pre 11/27/2018 1:	
			Title	e XVIII	Subprovider -	PPS	
	Cost Center Description	Total Inpatient Costl	Total npatient Days			Program Cost (col. 3 x col.	
		1.00	2.00	<u>col.2)</u> 3.00	4.00	4) 5.00	
2.00	NURSERY (title V & XIX only)	0	2.00				42.
	Intensive Care Type Inpatient Hospital Unit						
3.00	INTENSIVE CARE UNIT	0	0				
3.02 1.00	NI CU CORONARY CARE UNI T	0	0	0. 0.		0	
. 00	BURN INTENSIVE CARE UNIT						45.
. 00	SURGI CAL I NTENSI VE CARE UNI T						46.
. 00	OTHER SPECIAL CARE (SPECIFY)			1			47.
	Cost Center Description					1.00	
. 00	Program inpatient ancillary service cost (V	/kst. D-3, col. 3,	line 200)			1, 453, 634	48.
. 00	Total Program inpatient costs (sum of lines			ns)		3, 765, 192	
	PASS THROUGH COST ADJUSTMENTS						
. 00	Pass through costs applicable to Program ir	patient routine s	ervices (from	Wkst. D, sur	m of Parts I and	306, 879	50.
. 00	Pass through costs applicable to Program in	npatient ancillarv	services (fr	om Wkst. D.	sum of Parts II	27, 595	51
	and IV)	.p==============	(				
. 00	Total Program excludable cost (sum of lines					334, 474	
. 00	Total Program inpatient operating cost excl medical education costs (line 49 minus line		ated, non-phy	si ci an anesti	netist, and	3, 430, 718	53
	TARGET AMOUNT AND LIMIT COMPUTATION	; 52)				1	
. 00	Program di scharges					0	54
00	Target amount per discharge					0.00	
. 00	Target amount (line 54 x line 55)	ting aget and tan	act employet (1	ing E( minug	Line E2)	0	
. 00 . 00	Difference between adjusted inpatient opera Bonus payment (see instructions)	iting cost and tar	get amount (i	The so minus	TThe 53)	0	
. 00	Lesser of lines 53/54 or 55 from the cost r	reporting period e	nding 1996, u	pdated and co	ompounded by the		
	market basket		0		. ,		
. 00	Lesser of lines 53/54 or 55 from prior year				Ale	0.00	
. 00	If line 53/54 is less than the lower of lin which operating costs (line 53) are less th					0	61
	amount (line 56), otherwise enter zero (see				the target		
. 00	Relief payment (see instructions)					0	
. 00	Allowable Inpatient cost plus incentive pay	vment (see instruc	tions)			0	63
00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine co	sts through Decem	her 31 of the	cost report	ing period (See	0	64
. 00	instructions)(title XVIII only)	0		•	<b>0</b> · · · ·		
. 00	Medicare swing-bed SNF inpatient routine co	osts after Decembe	r 31 of the c	ost reporting	g period (See	0	65
00	instructions)(title XVIII only)	ino coste (lino 6	4 plus lips 4	E) (+; +  o V)/		0	66
. 00	Total Medicare swing-bed SNF inpatient rout CAH (see instructions)	The costs (The o	4 prus rifie d	5)(title xvi	TT UTTY). FUI	0	
. 00		ne costs through	December 31 c	f the cost re	eporting period	0	67
~ ~	(line 12 x line 19)						
. 00	Title V or XIX swing-bed NF inpatient routi (line 13 x line 20)	ne costs after De	cember 31 of	the cost repo	orting period	0	68
. 00	Total title V or XIX swing-bed NF inpatient	routine costs (I	ine 67 + line	68)		0	69
	PART III - SKILLED NURSING FACILITY, OTHER						
. 00	Skilled nursing facility/other nursing faci				)		70
. 00	Adjusted general inpatient routine service Program routine service cost (line 9 x line		ne /0 ÷ line	2)			71
. 00	Medically necessary private room cost appli		(line 14 x li	ne 35)			73
. 00	Total Program general inpatient routine ser	vice costs (line	72 + line 73)				74
. 00	Capital-related cost allocated to inpatient	routine service	costs (from W	orksheet B, I	Part II, column		75
. 00	26, line 45) Per diem capital-related costs (line 75 ÷ l	ine 2)					76
. 00	Program capital -related costs (line 9 x lin						77
00	Inpatient routine service cost (line 74 mir						78
00	Aggregate charges to beneficiaries for exce			· · · · · · · · · · · · · · · · · · ·	aug ling 70)		79
00 00	Total Program routine service costs for com Inpatient routine service cost per diem lim	•	st inmitation	(IINE /8 MII	ius IThe /9)		80
00	Inpatient routine service cost per drem rim						82
. 00	Reasonable inpatient routine service costs	• • • •					83
. 00	Program inpatient ancillary services (see i						84
. 00	Utilization review - physician compensation						85
. 00	Total Program inpatient operating costs (su PART IV - COMPUTATION OF OBSERVATION BED PA		ouyn obj			1	1 00
	Total observation bed days (see instruction					0	87
. 00	Total observation bed days (see first detroi	13)					

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 07/01/2017	Worksheet D-1	
		Component (		To 06/30/2018	Date/Time Pre 11/27/2018 1:0	
		Title	XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	593, 370	4, 469, 651	0. 13275	5 0	0	90.00
91.00 Nursing School cost	0	4, 469, 651	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	4, 469, 651	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	4, 469, 651	0.00000	0 0	0	93.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Pre 11/27/2018 1:0	pared
	Cost Center Description	Title XIX	Hospi tal	Cost	
	·			1.00	
	PART I – ALL PROVIDER COMPONENTS				-
	Inpatient days (including private room days and swing-bed days			50, 248	
00	Inpatient days (including private room days, excluding swing-	5,		50, 248	
00	Private room days (excluding swing-bed and observation bed day do not complete this line.	ys). If you have only p	rivate room days,	0	3.
00	Semi-private room days (excluding swing-bed and observation be	ed days)		42, 881	4.
00	Total swing-bed SNF type inpatient days (including private roo		er 31 of the cost	0	
	reporting period				
00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6.
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	m days) through Decembe	- 31 of the cost	0	7.
	reporting period	in days) thi dagn becchibe	ST OF the cost	0	<sup>/.</sup>
00	Total swing-bed NF type inpatient days (including private room	m days) after December 3	31 of the cost	0	8.
	reporting period (if calendar year, enter 0 on this line)				
00	Total inpatient days including private room days applicable to newborn days)	o the Program (excluding	g swing-bed and	797	9.
00	Swing-bed SNF type inpatient days applicable to title XVIII or	nlv (including private	room davs)	0	10.
	through December 31 of the cost reporting period (see instruct			-	
00	Swing-bed SNF type inpatient days applicable to title XVIII or		room days) after	0	11.
00	December 31 of the cost reporting period (if calendar year, en		to room dovo)	0	10
00	Swing-bed NF type inpatient days applicable to titles V or XIX through December 31 of the cost reporting period	k only (including priva	te room days)	0	12.
00	Swing-bed NF type inpatient days applicable to titles V or XIX	X only (including priva	te room days)	0	13.
	after December 31 of the cost reporting period (if calendar ye				
	Medically necessary private room days applicable to the Progra	am (excluding swing-bed	days)	0	
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			2, 656 1, 664	
	SWING BED ADJUSTMENT			1, 004	1 10.
	Medicare rate for swing-bed SNF services applicable to service	es through December 31 (	of the cost	0.00	17.
00	reporting period		++	0.00	10
00	Medicare rate for swing-bed SNF services applicable to service reporting period	es alter becember 31 01	the cost	0.00	18.
00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 o	f the cost	0.00	19.
	reporting period				
00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of	the cost	0.00	20.
00	reporting period Total general inpatient routine service cost (see instructions	5)		45, 720, 718	21
	Swing-bed cost applicable to SNF type services through December		ting period (line	0	
	5 x line 17)		0 1 1		
	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	ng period (line 6	0	23.
	x line 18) Swing-bed cost applicable to NF type services through December	r 31 of the cost report	ng period (line	0	24.
00	7 x line 19)	1 31 01 the cost report	ng period (inne	0	24.
00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	g period (line 8	0	25.
	x line 20)				
	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 45, 720, 718	
- +	PRIVATE ROOM DI FFERENTI AL ADJUSTMENT	(The 21 minus the 20)		45, 720, 718	27.
	General inpatient routine service charges (excluding swing-bed	d and observation bed c	narges)	0	28.
	Private room charges (excluding swing-bed charges)			0	
	Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27 - Average private room per diem charge (line 29 ÷ line 3)	÷ TThe 28)		0. 000000 0. 00	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 min	nus line 33)(see instru	ctions)	0.00	
	Average per diem private room cost differential (line 34 x lin	ne 31)		0.00	
	Private room cost differential adjustment (line 3 x line 35)	and antivate area and "	fforontial (1)	0 45 700 710	
00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	anu private room cost d	Therential (IIne	45, 720, 718	37.
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	JSTMENTS			1
	Adjusted general inpatient routine service cost per diem (see	-		909.90	
	Program general inpatient routine service cost (line 9 x line	38)		725, 190	39.
	Medically necessary private room cost applicable to the Progra	om (lino 11 y line 05)	I	0	40.

					nom 07/01/2017		
				T	rom 07/01/2017 o 06/30/2018		
				e XIX	Hospi tal	Cost	_
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	NURSERY (title V & XIX only)	1, 539, 021	2, 656	579.45	1, 664	964, 205	42.
	Intensive Care Type Inpatient Hospital Units		10.474		-	7 007	1 10
	INTENSIVE CARE UNIT NICU	17, 616, 768 6, 458, 886			5 114		
	CORONARY CARE UNI T	2, 333, 271			0		
	BURN INTENSIVE CARE UNIT	_,,	.,	.,	-	-	45
	SURGICAL INTENSIVE CARE UNIT						46
00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description					1.00	
00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3	3, line 200)			13, 558, 837	48
	Total Program inpatient costs (sum of lines	41 through 48)(	see instructio	ns)		15, 395, 479	49
	PASS THROUGH COST ADJUSTMENTS				<u> </u>		1 50
	Pass through costs applicable to Program inp	batient routine	Services (Tron	IWKST. D, SUM (	or Parts I and	0	50
	Pass through costs applicable to Program inp	oatient ancillar	y services (fr	om Wkst. D, su	m of Parts II	0	51
	and IV)		-				1
	Total Program excludable cost (sum of lines					0	
	Total Program inpatient operating cost exclumedical education costs (line 49 minus line		erated, non-pny	sician anestne	tist, and	0	53
	TARGET AMOUNT AND LIMIT COMPUTATION	02)					
	Program discharges					0	
	Target amount per discharge					0.00	
	Target amount (line 54 x line 55) Difference between adjusted inpatient operat	ting cost and ta	arget amount (1	ine 56 minus L	ine 53)	0	
	Bonus payment (see instructions)					0	
	Lesser of lines 53/54 or 55 from the cost re	eporting period	endi ng 1996, u	pdated and com	pounded by the	0.00	59
	market basket	aget report up	datad by the m	arkat baakat		0.00	
	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line				he amount by	0.00	
	which operating costs (line 53) are less that						
	amount (line 56), otherwise enter zero (see	instructions)			-		
	Relief payment (see instructions)	ant (and instru	(ationa)			0	
	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST					0	03
	Medicare swing-bed SNF inpatient routine cos	sts through Dece	ember 31 of the	cost reporting	g period (See	0	64
	instructions)(title XVIII only)						
	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	sts after Decemb	er 31 of the c	ost reporting	period (See	0	65
	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVIII	only). For	0	66
	CAH (see instructions)	, , , , , , , , , , , , , , , , , , ,			<i>J</i> ,		
	Title V or XIX swing-bed NF inpatient routin	ne costs through	n December 31 c	of the cost rep	orting period	0	67
	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routir	ne costs after D	ecember 31 of	the cost repor	ting period	0	68
	(line 13 x line 20)			the cost repor	ting period	"	
	Total title V or XIX swing-bed NF inpatient					0	69
	PART III - SKILLED NURSING FACILITY, OTHER N						1 70
	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service of						70
	Program routine service cost (line 9 x line			,			72
	Medically necessary private room cost applic						73
	Total Program general inpatient routine serv						74
	Capital-related cost allocated to inpatient 26, line 45)	TOULTHE SERVICE	CUSIS (FROM W	iorksneet B, Pa	iti, column		75
	Per diem capital-related costs (line 75 ÷ li	ne 2)					76
	Program capital-related costs (line 9 x line	· · · ·					77
	Inpatient routine service cost (line 74 minu		rovidor record	le)			78
	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp				s line 79)		80
	Inpatient routine service cost per diem limi			(			81
00	Inpatient routine service cost limitation (I	ine 9 x line 81					82
	Reasonable inpatient routine service costs (	•	ıs)				83
	Program inpatient ancillary services (see in		ne)				84
	Utilization review - physician compensation Total Program inpatient operating costs (sum	•					85
	PART IV - COMPUTATION OF OBSERVATION BED PAS					I	
	Total observation bed days (see instructions					7, 367	
	Adjusted general inpatient routine cost per					909.90	

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
				From 07/01/2017 To 06/30/2018	Date/Time Pre 11/27/2018 1:	pared: 09 pm
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (	COST					
90.00 Capital-related cost	3, 181, 098	45, 720, 718	0. 06957	7 6, 703, 233	466, 391	90.00
91.00 Nursing School cost	0	45, 720, 718	0.00000	0 6, 703, 233	0	91.00
92.00 Allied health cost	0	45, 720, 718	0.00000	0 6, 703, 233	0	92.00
93.00 All other Medical Education	0	45, 720, 718	0. 00000	0 6, 703, 233	0	93.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0100	Peri od:	u of Form CMS-2 Worksheet D-1	
		Component CCN: 15-S100	From 07/01/2017 To 06/30/2018	Date/Time Pre 11/27/2018 1:	pare
		Title XIX	Subprovider -	Cost	<u>07 pi</u>
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
00	Inpatient days (including private room days and swing-bed day			4, 080 4, 080	1. 2.
	Inpatient days (including private room days, excluding swing- Private room days (excluding swing-bed and observation bed days)		ivate room dave	4,080	3.
50	do not complete this line.	iys). Tr you have only pr	Tvate Toolii uays,	0	3.
00	Semi-private room days (excluding swing-bed and observation b	oed days)		4, 080	4.
00	Total swing-bed SNF type inpatient days (including private ro	oom days) through Decembe	er 31 of the cost	0	5
~	reporting period		21 - 6 + +	0	,
00	Total swing-bed SNF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	days) after December	31 of the cost	0	6.
00	Total swing-bed NF type inpatient days (including private roo	om days) through December	31 of the cost	0	7.
	reporting period	adys) through becomen		0	
00	Total swing-bed NF type inpatient days (including private roo	om days) after December 3	1 of the cost	0	8.
	reporting period (if calendar year, enter 0 on this line)	to the Decase ( ) "		a .F-	
00	Total inpatient days including private room days applicable i newborn days)	to the program (excluding	swing-bed and	1, 455	9.
00	Swing-bed SNF type inpatient days applicable to title XVIII of	only (includina private r	oom days)	0	10
	through December 31 of the cost reporting period (see instruc			-	
00	Swing-bed SNF type inpatient days applicable to title XVIII of		oom days) after	0	11.
00	December 31 of the cost reporting period (if calendar year, e Swing-bed NF type inpatient days applicable to titles V or XI		a room dave)	0	12
. 00	through December 31 of the cost reporting period	x only (including privat	e room days)	0	12
00	Swing-bed NF type inpatient days applicable to titles V or XI	X only (including privat	e room days)	0	13
	after December 31 of the cost reporting period (if calendar v	/ear, enter O on this lin	ie)		
	Medically necessary private room days applicable to the Progr	am (excluding swing-bed	days)	-	14
	Total nursery days (title V or XIX only)			2,656	
	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			1, 664	10
	Medicare rate for swing-bed SNF services applicable to service	ces through December 31 c	of the cost	0.00	17
	reporting period	5			
00	Medicare rate for swing-bed SNF services applicable to service	ces after December 31 of	the cost	0.00	18
. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	s through December 21 of	the cost	0.00	10
. 00	reporting period	es thiough becember 31 of	the cost	0.00	17.
00	Medicaid rate for swing-bed NF services applicable to service	es after December 31 of t	he cost	0.00	20
	reporting period				
	Total general inpatient routine service cost (see instruction			4, 141, 037	
. 00	Swing-bed cost applicable to SNF type services through Decemb 5 x line 17)	per 31 of the cost report	ing period (line	0	22
. 00	Swing-bed cost applicable to SNF type services after December	- 31 of the cost reportin	a period (line 6	0	23
	x line 18)		.9	-	
. 00	Swing-bed cost applicable to NF type services through December	er 31 of the cost reporti	ng period (line	0	24
00	7 x line 19) Swing had anot appliable to NE type convises often December	21 of the east reporting	noried (line 0	0	25
. 00	Swing-bed cost applicable to NF type services after December x line 20)	31 OF the cost reporting	period (inne 8	0	25
. 00	Total swing-bed cost (see instructions)			0	26
. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		4, 141, 037	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		<u> </u>		
	General inpatient routine service charges (excluding swing-be Private room charges (excluding swing-bed charges)	ed and observation bed ch	arges)	0	
	Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3)	-		0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mi	, ,	tions)	0.00	
	Average per diem private room cost differential (line 34 x li Private room cost differential adjustment (line 3 x line 35)	ne 31)		0.00	
	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	4, 141, 037	
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.			1 014 07	20
	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line	-		1, 014. 96 1, 476, 767	
	Medically necessary private room cost applicable to the Progr			1, 470, 707	
					41

OMPUT	ATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0100	Period: From 07/01/2017	Worksheet D-1	1
			Component	CCN: 15-S100	To 06/30/2018		
			Ti tl	e XIX	Subprovider -	Cost	<u> </u>
	Cost Center Description	Total	Total	Average Per	IPF Program Days	Program Cost	
		Inpatient Costli	npatient Days	Diem (col. 1 col. 2)	÷	(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
2.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Unit	0	0	0.	00 0	0	42.
3. 00	INTENSIVE CARE UNIT	0	0	0.	00 0	0	43.
3. 02	NI CU	0	0			°  °	
4.00 5.00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0	U	0.	00 0	0	44.
b. 00	SURGI CAL I NTENSI VE CARE UNI T						46.
7.00	OTHER SPECIAL CARE (SPECIFY)						47.
	Cost Center Description					1.00	+
3. 00	Program inpatient ancillary service cost (N	Wkst. D-3, col. 3,	line 200)			223, 722	2 48.
. 00	Total Program inpatient costs (sum of lines	s 41 through 48)(s	ee instructio	ns)		1, 700, 489	49.
0. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program in	npatient routine s	ervices (from	Wkst D su	m of Parts I and	0	50.
	111)						
. 00	Pass through costs applicable to Program in	npatient ancillary	services (fr	om Wkst. D,	sum of Parts II	0	51.
2. 00	and IV) Total Program excludable cost (sum of lines	s 50 and 51)				0	52.
3.00	Total Program inpatient operating cost excl		ated, non-phy	sician anest	hetist, and	0	
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	e 52)					-
. 00	Program di scharges					0	54
. 00	Target amount per discharge					0.00	
. 00	Target amount (line 54 x line 55)				1	0	
. 00 . 00	Difference between adjusted inpatient opera Bonus payment (see instructions)	ating cost and tar	get amount (i	ine 56 minus	TThe 53)		
. 00	Lesser of lines 53/54 or 55 from the cost i	reporting period e	nding 1996, ι	pdated and c	ompounded by the		
	market basket						
. 00 . 00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of lin					0.00	
. 00	which operating costs (line 53) are less th						
	amount (line 56), otherwise enter zero (see	e instructions)					
. 00 . 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive pay	vment (see instruc	tions)			0	
	PROGRAM INPATIENT ROUTINE SWING BED COST		•			-	
. 00	Medicare swing-bed SNF inpatient routine constructions)(title XVIII only)	osts through Decem	ber 31 of the	cost report	ing period (See	0	64
. 00	Medicare swing-bed SNF inpatient routine co	osts after Decembe	r 31 of the c	ost reportin	q period (See	0	65
	instructions)(title XVIII only)						
o. 00	Total Medicare swing-bed SNF inpatient rou CAH (see instructions)	tine costs (line 6	4 plus line 6	5)(title XVI	ll only). For	0	66
. 00		ine costs through	December 31 c	f the cost r	eporting period	C	67.
	(line 12 x line 19)						
3. 00	Title V or XIX swing-bed NF inpatient routi (line 13 x line 20)	ine costs after De	cember 31 of	the cost rep	orting period	0	68.
9.00	Total title V or XIX swing-bed NF inpatien	t routine costs (I	ine 67 + line	68)		0	69.
	PART III - SKILLED NURSING FACILITY, OTHER				<u>\</u>	1	1 70
. 00 . 00	Skilled nursing facility/other nursing faci Adjusted general inpatient routine service				)		70
. 00	Program routine service cost (line 9 x line			,			72
. 00	Medically necessary private room cost appli	U U	•				73
. 00 . 00	Total Program general inpatient routine ser Capital-related cost allocated to inpatien				Part II. column		74
	26, line 45)				,		
5.00 7.00	Per diem capital-related costs (line 75 ÷ l Program capital-related costs (line 9 x lin						76.
. 00	Inpatient routine service cost (line 74 min						78
. 00	Aggregate charges to beneficiaries for exce	ess costs (from pr		· .			79
. 00 . 00	Total Program routine service costs for con	•	st limitatior	(line 78 mi	nus line 79)		80
2.00	Inpatient routine service cost per diem lin Inpatient routine service cost limitation						81
. 00	Reasonable inpatient routine service costs	(see instructions	)				83
1.00	Program inpatient ancillary services (see i						84.
5.00 5.00	Utilization review - physician compensation Total Program inpatient operating costs (su						85.
	PART IV - COMPUTATION OF OBSERVATION BED PA					1	
7.00	Total observation bed days (see instruction Adjusted general inpatient routine cost per					0.00	
3.00							

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 07/01/2017	Worksheet D-1	
		Component (		To 06/30/2018	Date/Time Prep 11/27/2018 1:0	pared: 09 pm
		Titl	e XIX	Subprovider -	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (	COST	•				
90.00 Capital-related cost	216, 121	4, 141, 037	0. 05219	0 0	0	90.00
91.00 Nursing School cost	0	4, 141, 037	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	4, 141, 037	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	4, 141, 037	0. 00000	0 0	0	93.00

<sup>11/27/2018 1:09</sup> pm Y: \27100 - St. Vincent Evansville\300 - Medicare Cost Report\20180630\CR\27100-18.mcrx

) MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0100	Peri od:	Worksheet D-1	
		Component CCN: 15-T100	From 07/01/2017 To 06/30/2018	Date/Time Prep 11/27/2018 1:0	
		Title XIX	Subprovider -	Cost	07 p
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS		Ш		
	INPATIENT DAYS Inpatient days (including private room days and swing-bed			4 710	1 1
00 00	Inpatient days (including private room days, excluding swi Inpatient days (including private room days, excluding swi	5. 5 ,		4, 718 4, 718	1.
	Private room days (excluding swing-bed and observation bec		ivate room davs.	4, 7, 10	
	do not complete this line.			-	-
00	Semi-private room days (excluding swing-bed and observation			4, 718	
00	Total swing-bed SNF type inpatient days (including private	e room days) through Decembe	r 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private	e room days) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)			0	ľ
00	Total swing-bed NF type inpatient days (including private	room days) through December	31 of the cost	0	7
	reporting period				
00	Total swing-bed NF type inpatient days (including private	room days) after December 3	1 of the cost	0	8
00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicabl	e to the Program (excluding	swing-bed and	7	9
	newborn days)		Lining 200 and	, ,	Ĺ
. 00	Swing-bed SNF type inpatient days applicable to title XVII		oom days)	0	10
. 00	through December 31 of the cost reporting period (see inst		and days) after	0	1 1 1
. 00	Swing-bed SNF type inpatient days applicable to title XVII December 31 of the cost reporting period (if calendar year		oom days) arter	0	11
. 00	Swing-bed NF type inpatient days applicable to titles V or		e room days)	0	12
	through December 31 of the cost reporting period				
. 00	Swing-bed NF type inpatient days applicable to titles V or			0	13
00	after December 31 of the cost reporting period (if calenda Medically necessary private room days applicable to the Pr	ar year, enter U on this lin cogram (excluding swing-bed	e) davs)	0	14
	Total nursery days (title V or XIX only)	ogram (exer daring swring bed	uays)	2,656	
	Nursery days (title V or XIX only)			1, 664	16
	SWING BED ADJUSTMENT		<u></u>	0.00	
. 00	Medicare rate for swing-bed SNF services applicable to ser reporting period	rvices through December 31 c	T THE COST	0.00	17
. 00	Medicare rate for swing-bed SNF services applicable to ser	rvices after December 31 of	the cost	0.00	18
	reporting period				
. 00	Medicaid rate for swing-bed NF services applicable to serv reporting period	vices through December 31 of	the cost	0.00	19
. 00	Medicaid rate for swing-bed NF services applicable to serv	vices after December 31 of t	he cost	0.00	20
	reporting period				
	Total general inpatient routine service cost (see instruct	2		4, 469, 651	
. 00	Swing-bed cost applicable to SNF type services through Dec 5 x line 17)	cember 31 of the cost report	ing period (line	0	22
. 00	Swing-bed cost applicable to SNF type services after Decem	mber 31 of the cost reportin	a period (line 6	0	23
	x line 18)		g por rou (rino o		20
. 00	Swing-bed cost applicable to NF type services through Dece	ember 31 of the cost reporti	ng period (line	0	24
. 00	7 x line 19) Swing-bed cost applicable to NF type services after Decemb	or 21 of the cost conorting	pariod (line 9	0	25
. 00	x line 20)		period (Trie o	0	25
. 00	Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed co	ost (line 21 minus line 26)		4, 469, 651	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	a had and obconvertion had	argos)		20
	General inpatient routine service charges (excluding swing Private room charges (excluding swing-bed charges)	y-bed and observation bed ch	ai yes <i>i</i>	0	
	Semi-private room charges (excluding swing bed charges)			0	
00	General inpatient routine service cost/charge ratio (line	27 ÷ line 28)		0. 000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line		tions)	0.00	
	Average per diem private room charge differential (line 32 Average per diem private room cost differential (line 34 ×		(TONS)	0.00 0.00	
	Private room cost differential adjustment (line 3 x line 3	·		0.00	
	General inpatient routine service cost net of swing-bed co	-	fferential (line	4, 469, 651	
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST				
	Adjusted general inpatient routine service cost per diem (			947.36	38
	Program general inpatient routine service cost (line 9 x l	· ,		6, 632	
.00					
. 00	Medically necessary private room cost applicable to the Pr Total Program general inpatient routine service cost (line	<b>0</b>		0 6, 632	

OMPUT	ATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0100	Period: From 07/01/2017	Worksheet D-1	1
			Component	CCN: 15-T100	To 06/30/2018		
			Ti tl	e XIX	Subprovider -	Cost	<u> </u>
	Cost Center Description	Total	Total	Average Pe	IRF Program Days	Program Cost	
		Inpatient Costl	npatient Days	Diem (col. 1 col. 2)	÷	(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
2.00	NURSERY (title V & XIX only)	0	C	0.	00 0	) C	) 42.
3. 00	Intensive Care Type Inpatient Hospital Unit INTENSIVE CARE UNIT	0	C	0.	00 0		43.
3. 02	NI CU	0	C		00 0		
1.00 5.00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0	C	0.	00 0	C	44.
	SURGI CAL I NTENSI VE CARE UNI T						46.
. 00	OTHER SPECIAL CARE (SPECIFY)						47.
	Cost Center Description					1.00	
. 00	Program inpatient ancillary service cost (W	kst. D-3, col. 3,	line 200)			360, 753	3 48.
. 00	Total Program inpatient costs (sum of lines			ons)		367, 385	
0. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program in	nationt routing o	and and (from	Wkat D au	m of Dorto I and	C	
. 00	The program in the pr	patrent routine s	ervices (Iron	IWKSL. D, SU	m of Parts I and		50.
. 00	Pass through costs applicable to Program in	patient ancillary	services (fr	om Wkst. D,	sum of Parts II	C	51.
2. 00	and IV) Total Program excludable cost (sum of lines	50 and $51$				c	) 52.
3.00	Total Program inpatient operating cost excl		ated, non-phy	sician anest	hetist, and		
	medical education costs (line 49 minus line	5 1					
	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					C	54
. 00 . 00	Target amount per discharge					0.00	
. 00	Target amount (line 54 x line 55)					C	56
	Difference between adjusted inpatient opera	ting cost and tar	get amount (I	ine 56 minus	line 53)	C	
. 00 . 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost r	enorting period e	ndina 1996 u	indated and c	ompounded by the	0.00	
	market basket	eporting period e	naring 1770, c		ompounded by the	0.00	
. 00	Lesser of lines 53/54 or 55 from prior year					0.00	
. 00	If line 53/54 is less than the lower of lin which operating costs (line 53) are less th					C	61
	amount (line 56), otherwise enter zero (see		(				
. 00	Relief payment (see instructions)	mant (and instrue	+: -===)			0	
. 00	Allowable Inpatient cost plus incentive pay PROGRAM INPATIENT ROUTINE SWING BED COST		tions)			C	) 63
. 00	Medicare swing-bed SNF inpatient routine co	sts through Decem	ber 31 of the	e cost report	ing period (See	C	64
. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine co	sts after Decembe	r 21 of the c	act conartin	a pariod (Saa		) 65
. 00	instructions)(title XVIII only)	Sts after Decembe		Jost reportin	y period (see		
. 00	Total Medicare swing-bed SNF inpatient rout	ine costs (line 6	4 plus line 6	5)(title XVI	II only). For	C	66
. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routi	no costs through	Docombor 21 c	of the cost r	oporting poriod		67
. 00	(line 12 x line 19)	ne costs through	December 31 C	i the cost i	eporting period		
3. 00	Title V or XIX swing-bed NF inpatient routi	ne costs after De	cember 31 of	the cost rep	orting period	C	68
9. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routino costs (1	ino 67 Lino	<u>, 60)</u>		c	69
. 00	PART III - SKILLED NURSING FACILITY, OTHER						1 07
. 00	Skilled nursing facility/other nursing faci				)		70
. 00 . 00	Adjusted general inpatient routine service Program routine service cost (line 9 x line		ne 70 ÷ line	2)			71
. 00	Medically necessary private room cost appli		(line 14 x li	ne 35)			73
. 00	Total Program general inpatient routine ser	vice costs (line	72 + line 73)				74
. 00	Capital-related cost allocated to inpatient	routine service	costs (from V	lorksheet B,	Part II, column		75
. 00	26, line 45) Per diem capital-related costs (line 75 ÷ l	ine 2)					76
. 00	Program capital-related costs (line 9 x lin	e 76)					77
. 00	Inpatient routine service cost (line 74 min		ovidor record	16)			78
. 00 . 00	Aggregate charges to beneficiaries for exce Total Program routine service costs for com			•	nus line 79)		79 80
. 00	Inpatient routine service cost per diem lim	•			/		81
. 00	Inpatient routine service cost limitation (		、 、				82
. 00 . 00	Reasonable inpatient routine service costs Program inpatient ancillary services (see i	•	)				83
. 00	Utilization review - physician compensation		s)				85
. 00	Total Program inpatient operating costs (su	m of lines 83 thr					86
7.00	PART IV - COMPUTATION OF OBSERVATION BED PA Total observation bed days (see instruction					C	87.
3.00	Adjusted general inpatient routine cost per		line 2)			0.00	
	Observation bed cost (line 87 x line 88) (s		-				89

Health Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 07/01/2017	Worksheet D-1	
		Component (		To 06/30/2018	Date/Time Pre 11/27/2018 1:	pared: D9 pm
			e XIX	Subprovider - IRF	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST	•				
90.00 Capital-related cost	593, 370	4, 469, 651	0. 13275	5 0	0	90.00
91.00 Nursing School cost	0	4, 469, 651	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	4, 469, 651	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	4, 469, 651	0. 00000	0 0	0	93.00

PATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0100	Peri od:	Worksheet D-3	1
			From 07/01/2017 To 06/30/2018	Data /Tima Dra	nore
			10 00/30/2018	Date/Time Pre 11/27/2018 1:	
	Title	e XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program Charges	Program Costs (col. 1 x col.	
			charges	2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1	45 455 0/4	-	1
. 00   03000   ADULTS & PEDI ATRI CS . 00   03100   I NTENSI VE CARE UNI T			15, 455, 361 13, 703, 821		30
. 02  03102 NICU			13, 703, 821		31
. 00 03200 CORONARY CARE UNI T			3, 092, 056		32
00 04000 SUBPROVIDER - IPF			1, 455		40
. 00 04100 SUBPROVIDER - IRF			0		41
. 00 04300 NURSERY					43
ANCI LLARY SERVI CE COST CENTERS		0.000/	o/	10.005.044	1 50
.00 05000 0PERATING ROOM .00 05100 RECOVERY ROOM		0. 2326 0. 1057			
. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 1037			
. 00 05300 ANESTHESI OLOGY		0.0067			
. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 1763		1, 019, 823	
02 05402 ULTRASOUND		0.0612	93 3, 305, 544	202, 607	54
. 03 05403 NUCLEAR MEDICINE		0. 1104			
. 00 05600 RADI OI SOTOPE		0.0000		-	
		0.0455		345, 598	
.00 05800 MAGNETIC RESONANCE IMAGING (MRI) .00 05900 CARDIAC CATHETERIZATION		0.0721			
. 00  05900  CARDI AC CATHETERI ZATI ON . 00  06000  LABORATORY		0. 0478			
. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 2930			
. 00 06400 I NTRAVENOUS THERAPY		0. 2903			
. 00 06500 RESPI RATORY THERAPY		0.3671			
. 00 06600 PHYSI CAL THERAPY		0.3655		1, 264, 412	66
00 06700 OCCUPATI ONAL THERAPY		0. 2201		650, 639	
		0. 2155			
. 00 06900 ELECTROCARDI OLOGY . 02 06902 CARDI AC REHAB		0.0415			
. 03  06903  DI ABETI C EDUCATI ON		0. 0000		2,000	
. 00 07000 ELECTROENCEPHALOGRAPHY		0. 1662			
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 1006			
. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 2150	32 26, 703, 127	5, 742, 027	72
. 00 07300 DRUGS CHARGED TO PATIENTS		0. 1976		5, 751, 334	
. 00 07400 RENAL DI ALYSI S		0.3613			
.00 03951 ECT .01 03950 MOBILE OUTREACH CLINIC		0.0574 2.0864			
OUTPATIENT SERVICE COST CENTERS		2.0004	23 0	0	
00 08800 RURAL HEALTH CLINIC		0.0000	00	0	88
. 00 08900 FEDERALLY QUALI FI ED HEALTH CENTER		0.0000	00	0	89
. 00 09000 CLINIC		0. 2461			
. 01 09001 OUTPATI ENT PSYCH		0.0000			
. 02 09002 PEDS CLINIC		0.0000		0	
. 04  09004  BARI ATRI CS . 00  09100  EMERGENCY		0.0000		0	
. 00 09100 EMERGENCY . 01 09101 DI AGNOSTI C TREATMENT CENTER		0. 1192			
. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 6179			
OTHER REIMBURSABLE COST CENTERS		0.0177	, ., 020, 201	017,700	1 1
. 00 09500 AMBULANCE SERVICES					95
. 00 09700 DURABLE MEDI CAL EQUI P-SOLD		0. 5050		0	
. 00 09850 HOME OFFICE		0.0000		0	
0.00   Total (sum of lines 50 through 94 and 96 through 98)			259, 247, 050	43, 519, 528	200 201
1.00 Less PBP Clinic Laboratory Services-Program only charge	(1.1)				

ATIENT ANCILLARY SERVICE COST APPORTIONMENT		1	Period: From 07/01/2017 To 06/30/2018		epar
	Title	e XVIII	Subprovider -	11/27/2018 1: PPS	09
Cost Center Description		Ratio of Cost		Inpati ent	
'		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2.00	2)	-
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	-
00 03000 ADULTS & PEDIATRICS			0		3
DO 03100 INTENSIVE CARE UNIT			0		3
D2 03102 NI CU			0		3
DO 03200 CORONARY CARE UNI T			0		3
00 04000 SUBPROVI DER – I PF			1, 540, 997		4
00 04100 SUBPROVIDER - IRF			0		4
00 04300 NURSERY					43
ANCI LLARY SERVI CE COST CENTERS		0 22262	6 2,465	E72	1 6/
00  05000  OPERATI NG ROOM 00  05100  RECOVERY ROOM		0. 23262		573 7, 776	
00 05200 DELIVERY ROOM & LABOR ROOM		0. 10574		0	
00 05300 ANESTHESI OLOGY		0.00677		445	
00 05400 RADI OLOGY-DI AGNOSTI C		0. 17632		3, 536	
02 05402 ULTRASOUND		0.06129		241	
03 05403 NUCLEAR MEDICINE		0. 11048	8 8, 135	899	5
00 05600 RADI OI SOTOPE		0.00000	0 0	0	5
00 05700 CT SCAN		0. 04551		1, 436	
00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0.07217		164	
00 05900 CARDI AC CATHETERI ZATI ON		0.04788		0	
		0. 16798		17, 299	
00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 29307		2, 145	
00  06400  I NTRAVENOUS THERAPY 00  06500  RESPI RATORY THERAPY		0. 29037		0 1, 053	
00 06600 PHYSI CAL THERAPY		0.36557		4, 636	
00 06700 OCCUPATI ONAL THERAPY		0. 22016		2, 301	
00 06800 SPEECH PATHOLOGY		0. 21555		859	
00 06900 ELECTROCARDI OLOGY		0.04158		911	
D2 06902 CARDI AC REHAB		1. 23162	9 0	0	6
D3 06903 DI ABETI C EDUCATI ON		0.00000	0 0	0	6
00 07000 ELECTROENCEPHALOGRAPHY		0. 16625		0	
00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT		0. 10066		2, 174	
00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 21503		22	
00  07300  DRUGS CHARGED TO PATIENTS 00  07400  RENAL DIALYSIS		0. 19766		53, 256	
00  07400  RENAL_DI ALYSI S 00  03951  ECT		0. 36133 0. 05741		0 5, 217	
D1 03950 MOBILE OUTREACH CLINIC		2. 08642		0,217	
OUTPATI ENT SERVI CE COST CENTERS					
00 08800 RURAL HEALTH CLINIC		0.00000	C	0	8
00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0.00000	C	0	-
00 09000 CLINIC		0. 24614		0	
01 09001 OUTPATIENT PSYCH		0.00000		0	
02 09002 PEDS CLINIC		0.00000		0	
04 09004 BARI ATRI CS 00 09100 EMERGENCY		0.00000		0	91
01 09100 EMERGENCY 01 09101 DI AGNOSTI C TREATMENT CENTER		0. 11928		7, 574 0	
00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 61798		0	
OTHER REIMBURSABLE COST CENTERS		0.01790	0	0	1 7
00 09500 AMBULANCE SERVICES					9
00 09700 DURABLE MEDICAL EQUIP-SOLD		0. 50506	3 0	0	
00 09850 HOME OFFICE		0.00000		0	9
.00 Total (sum of lines 50 through 94 and 96 through 98) .00 Less PBP Clinic Laboratory Services-Program only cha			815, 273	112, 517	
					20

		CN: 15-0100 CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Pre	
	omponent (	CN: 15-1100	10 06/30/2018	11/27/2018 1:	
	Ti tl e	XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cos	t Inpatient	Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col. 2)	
		1.00	2.00	3.00	-
INPATIENT ROUTINE SERVICE COST CENTERS					
00 03000 ADULTS & PEDIATRICS			0		30
00 03100 I NTENSI VE CARE UNI T 02 03102 NI CU			0		3
00 03200 CORONARY CARE UNI T			0		3
00 04000 SUBPROVI DER - I PF			0		4
00 04100 SUBPROVIDER - IRF			2, 511, 692		4
00 04300 NURSERY					4:
ANCI LLARY SERVI CE COST CENTERS					
00 05000 OPERATING ROOM		0. 23262		7, 182	
00 05100 RECOVERY ROOM		0. 10574			
00 05200 DELIVERY ROOM & LABOR ROOM		0.34502		0	
00 05300 ANESTHESI 0LOGY 00 05400 RADI 0LOGY-DI AGNOSTI C		0. 00677 0. 17632		33 7, 487	
02 05402 ULTRASOUND		0. 17632			
03 05403 NUCLEAR MEDICINE		0. 11048		0	
00 05600 RADI 0I SOTOPE		0.00000		0	
00 05700 CT SCAN		0. 04551		1, 912	
00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 07217		259	
00 05900 CARDI AC CATHETERI ZATI ON		0. 04788	34 2, 574	123	5
00 06000 LABORATORY		0. 16798			
00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 29307			
00 06400 INTRAVENOUS THERAPY		0. 29037			
00 06500 RESPI RATORY THERAPY 00 06600 PHYSI CAL THERAPY		0. 36710 0. 36557			
00 06700 OCCUPATI ONAL THERAPY		0. 22016		407, 839	
00 06800 SPEECH PATHOLOGY		0. 21555			
00 06900 ELECTROCARDI OLOGY		0. 04158		1, 250	
02 06902 CARDI AC REHAB		1. 23162		0	
03 06903 DI ABETI C EDUCATI ON		0.0000	0 0	0	6
00 07000 ELECTROENCEPHALOGRAPHY		0. 16625		0	
00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT		0. 10066			
00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 21503		2, 163	
00 07300 DRUGS CHARGED TO PATIENTS 00 07400 RENAL DIALYSIS		0. 19766 0. 36133			
00 03951 ECT		0.05741		04,229	
01 03950 MOBILE OUTREACH CLINIC		2. 08642			
OUTPATI ENT SERVI CE COST CENTERS					1
00 08800 RURAL HEALTH CLINIC		0.0000		0	
00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0.00000		0	
		0. 24614		0	
01 09001 OUTPATI ENT PSYCH		0.00000		0	
02 09002 PEDS CLINIC 04 09004 BARIATRICS		0.00000 0.00000		0	
00 09100 EMERGENCY		0. 11928		0	
01 09101 DI AGNOSTI C TREATMENT CENTER		0. 11962			
00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART		0. 61798		0	
00 09500 AMBULANCE SERVICES				_	9
00 09700 DURABLE MEDICAL EQUIP-SOLD 00 09850 HOME OFFICE		0. 50506 0. 00000		0	
D. 00 Total (sum of lines 50 through 94 and 96 through 98)		0.00000	5, 742, 265	-	
1.00 Less PBP Clinic Laboratory Services-Program only charges (	line 61)		5, 742, 205 N	1, 400, 004	20
2.00 Net charges (line 200 minus line 201)			5, 742, 265		202

I NPATI F	Financial Systems ST. VINCENT EVAN INT ANCILLARY SERVICE COST APPORTIONMENT		CN: 15-0100	Peri od:	u of Form CMS-: Worksheet D-3	
	AT ANOTEEART SERVICE COST AT ORTONWENT		CN. 13 0100	From 07/01/2017		
				To 06/30/2018	Date/Time Pre 11/27/2018 1:	
		Titl	e XIX	Hospi tal	Cost	07 pili
	Cost Center Description		Ratio of Cos		Inpatient	
	·		To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
			1.00	2.00	2)	
li	NPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
	D3000 ADULTS & PEDIATRICS			5, 250, 894		30. 0
	D3100 I NTENSI VE CARE UNI T			4, 296, 646		31.0
31.02	D3102 NI CU			1, 083, 957		31.0
32.00	D3200 CORONARY CARE UNI T			93, 853		32.0
40.00	04000 SUBPROVI DER – I PF			861,005		40.0
	D4100 SUBPROVI DER – I RF			501, 706		41.0
	D4300 NURSERY			1, 114, 314		43.0
	ANCI LLARY SERVI CE COST CENTERS		0.000/		0.440.457	
	D5000 OPERATING ROOM		0.2326		3, 442, 157	50.0
	D5100 RECOVERY ROOM D5200 DELIVERY ROOM & LABOR ROOM		0. 1057 0. 3450		0 589, 702	
	D5300 ANESTHESI OLOGY		0. 3450		10, 613	
	05400 RADI OLOGY - DI AGNOSTI C		0. 1763		342, 538	
	05402 ULTRASOUND		0.0612		49, 319	
	D5403 NUCLEAR MEDICINE		0. 1104		104, 098	
	D5600 RADI OI SOTOPE		0.0000		0	56.0
	D5700 CT SCAN		0.0455		107,002	
58.00	D5800 MAGNETIC RESONANCE IMAGING (MRI)		0. 0721		37, 498	
59.00	D5900 CARDI AC CATHETERI ZATI ON		0. 0478	6, 763, 579	323, 867	59.0
50.00	D6000 LABORATORY		0. 1679	5, 618, 978	943, 898	60.0
63.00	D6300 BLOOD STORING, PROCESSING & TRANS.		0. 2930	77 761, 860	223, 284	63.0
64.00	D6400 I NTRAVENOUS THERAPY		0. 2903	70 1, 042, 410	302, 685	64.0
	D6500 RESPI RATORY THERAPY		0. 3671		509, 482	
	D6600 PHYSI CAL THERAPY		0.3655		476, 494	
	D6700 OCCUPATI ONAL THERAPY		0. 2201		287, 626	
	D6800 SPEECH PATHOLOGY		0. 2155			
	D6900 ELECTROCARDI OLOGY		0.0415			
	D6902 CARDIAC REHAB D6903 DIABETIC EDUCATION		1. 2316 0. 0000		1, 382 0	
	D7000 ELECTROENCEPHALOGRAPHY		0. 1662		33, 958	
	D7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 1002			
	D7200 I MPL. DEV. CHARGED TO PATIENTS		0. 2150		1, 685, 896	
	D7300 DRUGS CHARGED TO PATIENTS		0. 1976		2, 049, 326	
	07400 RENAL DI ALYSI S		0.3613		177, 085	
76.00	D3951 ECT		0. 0574	16 254, 087	14, 589	76.0
	D3950 MOBILE OUTREACH CLINIC		2.0864	23 126	263	76.0
	DUTPATIENT SERVICE COST CENTERS					
	08800 RURAL HEALTH CLINIC		0.0000		0	
	28900 FEDERALLY QUALIFIED HEALTH CENTER		0.0000			
			0.2461		2, 717	
	D9001 OUTPATIENT PSYCH D9002 PEDS CLINIC		0.0000		0	
	D9002 PEDS CETINIC D9004 BARI ATRI CS		0.0000		0	
	D9100 EMERGENCY		0.0000		457, 505	
	D9100 LINERGENCT		0. 1192			
	09200 OBSERVATION BEDS (NON-DISTINCT PART		0.6179		226, 582	
-	DTHER REIMBURSABLE COST CENTERS				220, 302	1
	D9500 AMBULANCE SERVICES					95.0
	D9700 DURABLE MEDI CAL EQUI P-SOLD		0. 5050	63 1, 441	728	97.0
	09850 HOME OFFICE		0.0000		0	
200.00	Total (sum of lines 50 through 94 and 96 through 98)			78, 628, 968	13, 558, 837	200.0
201.00	Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0		201.0
202.00	Net charges (line 200 minus line 201)		1	78, 628, 968		202.0

Health Financia					u of Form CMS-2	
INPATIENT ANCI	LLARY SERVICE COST APPORTIONMENT	Provider C		Period: From 07/01/2017	Worksheet D-3	
		Component		To 06/30/2018	Date/Time Pre 11/27/2018 1:	
		Titl	e XIX	Subprovider - IPF	Cost	
Со	ost Center Description		Ratio of Cos		Inpati ent	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
			1.00	2.00	2) 3.00	
I NPATI EN	NT ROUTINE SERVICE COST CENTERS		1.00	2.00	0.00	
	OULTS & PEDIATRICS			0		30.00
	ITENSI VE CARE UNI T			0		31.00
31.02 03102 NI				0		31.02
	NONARY CARE UNIT IBPROVIDER - IPF			2 449 550		32.00 40.00
1 1	IBPROVIDER - IRF			3, 448, 550 0		40.00
43.00 04300 NU				0		43.00
	RY SERVICE COST CENTERS		1			
	PERATING ROOM		0. 23262	6 5, 265	1, 225	50.00
	COVERY ROOM		0. 10574			
	LIVERY ROOM & LABOR ROOM		0. 34502		0	
	IESTHESI OLOGY ADI OLOGY-DI AGNOSTI C		0.00677		949	
	TRASOUND		0. 17632 0. 06129			1
1 1	ICLEAR MEDI CI NE		0. 11048			
1 1	ADI OI SOTOPE		0. 00000		0	1
57.00 05700 CT	SCAN		0. 04551		3, 068	57.00
	GNETIC RESONANCE IMAGING (MRI)		0. 07217	3 4, 855	350	
1 1	RDI AC CATHETERI ZATI ON		0. 04788		0	
1 1	BORATORY		0. 16798			60.00
	.00D STORING, PROCESSING & TRANS. ITRAVENOUS THERAPY		0. 29307 0. 29037		4, 581 0	1
	SPIRATORY THERAPY		0. 29037			1
	IYSI CAL THERAPY		0. 36557			
	CCUPATIONAL THERAPY		0. 22016		4, 916	
68.00 06800 SP	PEECH PATHOLOGY		0. 21555	6 8, 507	1, 834	68.00
	ECTROCARDI OLOGY		0. 04158			
1 1	NDI AC REHAB		1. 23162		0	1
	ABETI C EDUCATI ON ECTROENCEPHALOGRAPHY		0.00000		0	1
	EDICAL SUPPLIES CHARGED TO PATIENT		0. 10025		-	
	IPL. DEV. CHARGED TO PATIENTS		0. 21503			
	RUGS CHARGED TO PATIENTS		0. 19766			
74.00 07400 RE	NAL DIALYSIS		0. 36133	3 0	0	74.00
76.00 03951 EC			0. 05741			
	DBILE OUTREACH CLINIC		2.08642	3 0	0	76.01
	ENT SERVICE COST CENTERS		0,00000	0 0	0	88.00
88.00 08800 RU	EDERALLY QUALIFIED HEALTH CENTER		0.00000			
90.00 09000 CL			0. 24614		0	
90.01 09001 0U	ITPATI ENT PSYCH		0.00000		0	
90.02 09002 PE	EDS CLINIC		0. 00000		0	
	RI ATRI CS		0.00000		0	
91.00 09100 EM			0. 11928			
1 1	AGNOSTIC TREATMENT CENTER SERVATION BEDS (NON-DISTINCT PART		0. 11962 0. 61798		0	1
	EIMBURSABLE COST CENTERS		0.01798	0	0	72.00
	IBULANCE SERVI CES					95.00
	IRABLE MEDI CAL EQUI P-SOLD		0. 50506	3 0	0	
98.00 09850 HO			0. 00000		0	
	otal (sum of lines 50 through 94 and 96 through 98)	<i></i>		1, 584, 306	223, 722	
	ess PBP Clinic Laboratory Services-Program only charge	s (line 61)		1 504 304		201.00
202.00 Ne	et charges (line 200 minus line 201)		1	1, 584, 306	I	202.00

1	Period: From 07/01/2017 To 06/30/2018	Date/Time Pre	epar
хіх	Subprovider - IRF	11/27/2018 1: Cost	09
atio of Cost	t Inpatient	I npati ent	
To Charges	Program	Program Costs	
	Charges	(col. 1 x col. 2)	
1.00	2.00	3.00	+
		I	
	0		30
	0		3.
			32
	0		40
	627, 446		4
	027,110		43
0. 232620	6 7,670	1, 784	1 50
0. 105749			
0.345022			
0.00677			
0. 17632			
0. 061293 0. 110488			
0. 000000			
0. 04551		-	
0.072173			
0.047884			
0. 167984	4 72, 654	12, 205	5 60
0.29307	7 2, 588	8 758	3 63
0. 290370			
0.367108			
0.36557			
0. 22016			
0. 215550 0. 04158			
1. 231629			
0.00000			
0. 166258			
0. 100666	6 48, 673	4, 900	) 7 <sup>-</sup>
0. 215032	2 2, 499	537	7 72
0. 197663			
0.36133			
0.057410			
2.086423	3 0	0	76
0.00000	0 0	0 0	0 88
0.00000			
0.246140		0	
0.00000	0 0	0	) 90
0.00000		~	
0.00000		-	
0. 11928		-	
0.11962			
0. 61798	<u> </u>	<u>'</u> 0	<u>'</u>   ¥
			95
0.505063	3 0	0	
0.00000		0	
		360, 753	
	0		20 <sup>2</sup>
	0.00000	1, 423, 176 C	

	Financial Systems ST. VINCENT EVAN ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100	Peri od:	u of Form CMS-2 Worksheet E	2002-
			From 07/01/2017 To 06/30/2018	Part A Date/Time Pre	pared
		Title XVIII	Hospi tal	11/27/2018 1: PPS	09 pm
			•	1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
. 00 . 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurrin	ng prior to October 1 (	see	0 12, 421, 509	
. 02	instructions) DRG amounts other than outlier payments for discharges occurring	ng on or after October	1 (see	39, 583, 396	1. (
. 03	instructions) DRG for federal specific operating payment for Model 4 BPCI for 1 (see instructions)	r discharges occurring	prior to October	0	1. (
. 04	DRG for federal specific operating payment for Model 4 BPCI for October 1 (see instructions)	r discharges occurring	on or after	0	1. (
. 00 . 01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			1, 112, 859 0	1
. 02	Outlier payment for discharges for Model 4 BPCI (see instruction	ons)		0	2.0
. 00 . 00	Managed Care Simulated Payments Bed days available divided by number of days in the cost repor	ting period (see instru	uctions)	14, 759, 467 384. 82	1
. 00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the most	recent cost reporting	period ending on	16. 42	5. (
. 00	or before 12/31/1996. (see instructions) FTE count for all opathic and osteopathic programs which meet the	he criteria for an add-	on to the cap	0.00	6.
. 00 . 01	for new programs in accordance with 42 CFR 413.79(e) MMA Section 422 reduction amount to the IME cap as specified un ACA § 5503 reduction amount to the IME cap as specified under			5.20	
. 01	cost report straddles July 1, 2011 then see instructions. Adjustment (increase or decrease) to the FTE count for allopat		, , , , , ,	6.56 0.00	
. 00	affiliated programs in accordance with 42 CFR 413.75(b), 413.7 1998), and 67 FR 50069 (August 1, 2002).			0.00	0.
01	The amount of increase if the hospital was awarded FTE cap slo report straddles July 1, 2011, see instructions.	0.00	8.		
. 02	The amount of increase if the hospital was awarded FTE cap slo under § 5506 of ACA. (see instructions)	0.00	8.		
. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line: instructions)	s (8, 8,01 and 8,02)	(see	4.66	9.
0.00	FTE count for allopathic and osteopathic programs in the current	nt year from your recor	ds	0.00	
1.00 2.00	FTE count for residents in dental and podiatric programs. Current year allowable FTE (see instructions)			6.00 6.00	
3.00	Total allowable FTE count for the prior year.			6.00	
1.00	Total allowable FTE count for the penultimate year if that year otherwise enter zero.	r ended on or after Sep	otember 30, 1997,	6.00	
5.00	Sum of lines 12 through 14 divided by 3.			6.00	
5.00	Adjustment for residents in initial years of the program			0.00	
7.00 3.00	Adjustment for residents displaced by program or hospital close	ure		0.00	
9.00 9.00	Adjusted rolling average FTE count Current year resident to bed ratio (line 18 divided by line 4)			6.00 0.015592	
). 00	Prior year resident to bed ratio (see instructions)			0.015576	
	Enter the lesser of lines 19 or 20 (see instructions)			0. 015576	
2.00	IME payment adjustment (see instructions)			440, 846	
. 01	IME payment adjustment - Managed Care (see instructions)			125, 116	
. 00	Indirect Medical Education Adjustment for the Add-on for § 422 Number of additional allopathic and osteopathic IME FTE reside		CFR 412. 105	0.00	
. 00	(f)(1)(iv)(C). IME FTE Resident Count Over Cap (see instructions)	.,		-4.66	
. 00	If the amount on line 24 is greater than -O-, then enter the lo instructions)	ower of line 23 or line	e 24 (see	0.00	
b. 00	Resident to bed ratio (divide line 25 by line 4)			0.000000	
7.00	IME payments adjustment factor. (see instructions)			0.000000	
3.00	IME add-on adjustment amount (see instructions)			0	
8. 01	IME add-on adjustment amount - Managed Care (see instructions)			0	
9. 00 9. 01	Total IME payment ( sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	)		440, 846 125, 116	
0.00	Disproportionate Share Adjustment	tiont days (and instant	tions)	E 00	1 20
	Percentage of SSI recipient patient days to Medicare Part A pa	trent days (see instruc	.11005)	5.32	
1.00 2.00	Percentage of Medicaid patient days (see instructions)			24.36	
Z. UU	Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions)			29.68 13.70	

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100	Peri od: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prep 11/27/2018 1:0	
		Title XVIII	Hospi tal	PPS	<u>, , , , , , , , , , , , , , , , , , , </u>
			Prior to 10/1		
			1.00	2.00	
	Uncompensated Care Adjustment				
. 00	Total uncompensated care amount (see instructions)		0	0	35
. 01	Factor 3 (see instructions)		0.00000000	0. 000000000	35
. 02	Hospital uncompensated care payment (If line 34 is zero, enter	zero on this line) (se	ee 2, 748, 471	3, 282, 476	
	instructions)				
. 03	Pro rata share of the hospital uncompensated care payment amou	unt (see instructions)	692, 766	2, 455, 112	35
00	Total uncompensated care (sum of columns 1 and 2 on line 35.03	3)	3, 147, 878		36
	Additional payment for high percentage of ESRD beneficiary dis	charges (lines 40 throu	ıgh 46)		
. 00	Total Medicare discharges on Worksheet S-3, Part I excluding d	lischarges for MS-DRGs	0		40
	652, 682, 683, 684 and 685 (see instructions)				
			Before 1/1	On/After 1/1	
			1.00	1.01	
. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 68	33, 684 an 685. (see	0	0	41
_	instructions)		.		
. 01	Total ESRD Medicare covered and paid discharges excluding MS-D	JRGs 652, 682, 683, 684	4 0	0	41
0.2	an 685. (see instructions)				
	Divide line 41 by line 40 (if less than 10%, you do not qualif		0.00		42
. 00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682	2, 683, 684 an 685. (see	÷ 0		43
00	instructions)		0,000000		
. 00	Ratio of average length of stay to one week (line 43 divided b	by line 41 divided by 7	0. 000000		44
. 00	days) Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45
	Total additional payment (line 45 times line 44 times line 41.		0.00	0.00	40
. 00	Subtotal (see instructions)	01)	58, 487, 656		40
. 00	Hospital specific payments (to be completed by SCH and MDH, sm	all rural bosnitals	50, 407, 050		48
. 00	only. (see instructions)		0		140
				Amount	
				1.00	
. 00	Total payment for inpatient operating costs (see instructions)			58, 612, 772	49
. 00	Payment for inpatient program capital (from Wkst. L, Pt. I and			4, 517, 672	
	Exception payment for inpatient program capital (Wkst. L, Pt.			0	51
. 00	Direct graduate medical education payment (from Wkst. E-4, lin			250, 878	
. 00	Nursing and Allied Health Managed Care payment	,		0	53
. 00	Special add-on payments for new technologies			50, 956	54
. 01	Islet isolation add-on payment			0	54
. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69	))		0	55
. 00	Cost of physicians' services in a teaching hospital (see intru	uctions)		0	56
. 00	Routine service other pass through costs (from Wkst. D, Pt. II	I, column 9, lines 30 t	through 35).	0	57
. 00	Ancillary service other pass through costs from Wkst. D, Pt. I	V, col. 11 line 200)		40, 357	58
. 00	Total (sum of amounts on lines 49 through 58)			63, 472, 635	59
. 00	Primary payer payments			14, 949	60
. 00	Total amount payable for program beneficiaries (line 59 minus	line 60)		63, 457, 686	
. 00	Deductibles billed to program beneficiaries			5, 295, 011	
. 00	Coinsurance billed to program beneficiaries			99, 002	
. 00	Allowable bad debts (see instructions)			284, 962	64
. 00	Adjusted reimbursable bad debts (see instructions)			185, 225	65
. 00	Allowable bad debts for dual eligible beneficiaries (see instr	uctions)		152, 266	66
. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			58, 248, 898	6
. 00	Credits received from manufacturers for replaced devices for a			0	68
00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(	For SCH see instruction	ıs)	0	60
00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70
50	Rural Community Hospital Demonstration Project (§410A Demonstr	ation) adjustment (see	instructions)	0	70
. 87	Demonstration payment adjustment amount before sequestration			0	70
. 88	SCH or MDH volume decrease adjustment (contractor use only)			0	70
	Pioneer ACO demonstration payment adjustment amount (see instr	uctions)			70
	HSP bonus payment HVBP adjustment amount (see instructions)			0	
. 90				0	
. 90 . 91	HSP bonus payment HRR adjustment amount (see instructions)				
. 90 . 91 . 92	Bundled Model 1 discount amount (see instructions)			0	70
. 89 . 90 . 91 . 92 . 93	Bundled Model 1 discount amount (see instructions) HVBP payment adjustment amount (see instructions)			-34, 236	70
90 91 92 93 94	Bundled Model 1 discount amount (see instructions)				7 7

ALCULATION OF REIMBURSEMENT SETTI	ST. VINCENT	Provider C	N. 15-0100	Peri od:	u of Form CMS Worksheet E	2002
ACCOUNT ON OF RETINDORSEMENT SETTI			SN. 13 0100	From 07/01/2017	Part A	
				To 06/30/2018	Date/Time Pre	
		Title	XVIII	Hospi tal	11/27/2018 1: PPS	09
		nue		( (yyyy)	Amount	
				0	1.00	
).96 Low volume adjustment for f	<sup>f</sup> ederal fiscal year (yyyy) (Enter	in column O		0	0	70
the corresponding federal y	year for the period prior to 10/1	)				
	federal fiscal year (yyyy) (Enter			0	0	70
	year for the period ending on or	after 10/1)			0	1 70
0.98 Low Volume Payment-3	i notructi enc)				0	
0.99  HAC adjustment amount (see .00  Amount due provider (line 6	57 minus lines 68 plus/minus line	c 60 % 70)			473, 739 56, 864, 494	
. 01 Sequestration adjustment (s	•	5 07 a 70)			1, 137, 290	
	stment amount after sequestration				0	
.00 Interim payments					55, 173, 164	
.00 Tentative settlement (for c	contractor use only)				0	73
. 00 Bal ance due provi der/progra	am (line 71 minus lines 71.01, 71	.02, 72, and	1		554, 040	74
73)						
	vable cost report items) in accor	dance with			705, 011	75
CMS Pub. 15-2, chapter 1, § TO BE COMPLETED BY CONTRACT						
	rom Wkst. E, Pt. A, line 2 (see i	nstructions)			0	90
.00 Capital outlier from Wkst.					0	
	ation adjustment amount (see ins	tructions)			0	
1 5	tion adjustment amount (see instr				0	
.00 The rate used to calculate	the time value of money (see ins	tructions)			0.00	94
.00 Time value of money for ope	erating expenses (see instruction	s)			0	95
0.00 Time value of money for cap	pital related expenses (see instr	uctions)			0	96
				Prior to 10/1		
HSP Bonus Payment Amount				1.00	2.00	-
U UULHSP NONUS AMOUNT (SEE ENSTR	ructions)			0	0	1100
				0	0	100
HVBP Adjustment for HSP Bon	nus Payment			0. 000000000	0. 000000000	
HVBP Adjustment for HSP Bon 1.00 HVBP adjustment factor (see	nus Payment	ons)			0. 000000000	101
HVBP Adjustment for HSP Bon 1.00 HVBP adjustment factor (see	nus Payment e instructions) HSP bonus payment (see instructi	ons)		0. 000000000	0. 000000000	101
HVBP Adjustment for HSP Bon 1.00 HVBP adjustment factor (see 2.00 HVBP adjustment amount for HRR Adjustment for HSP Bonu 3.00 HRR adjustment factor (see	us Payment e instructions) HSP bonus payment (see instructi us Payment instructions)			0. 000000000	0. 000000000 0 0. 0000	101 102 103
HVBP Adj ustment for HSP Bon           1.00         HVBP adj ustment factor (see           2.00         HVBP adj ustment amount for           HRR Adj ustment for HSP Bonu           3.00         HRR adj ustment factor (see           4.00         HRR adj ustment amount for H	us Payment e instructions) HSP bonus payment (see instructi us Payment instructions) HSP bonus payment (see instructio	ns)		0.000000000	0. 000000000 0 0. 0000	101 102 103
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment amount for         HRR Adjustment for HSP Bonu         3.00       HRR adjustment factor (see         4.00       HRR adjustment amount for HRR adjustment factor (see         Rural Community Hospital De	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) ISP bonus payment (see instructio emonstration Project (§410A Demon	ns) stration) Adju		0. 000000000000000000000000000000000000	0. 000000000 0 0. 0000	101 102 103 104
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment amount for         HRR Adjustment for HSP Bonu         3.00       HRR adjustment factor (see         4.00       HRR adjustment amount for HRR adjustment for HSP Bonu         3.00       HRR adjustment factor (see         4.00       HRR adjustment amount for HRR adjustment amount for HRR adjustment amount for HRR adjustment grant for HSP Bonu         0.00       Is this the first year of the first grant for HSP Bonu	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instructio mmonstration Project (§410A Demon the current 5-year demonstration	ns) stration) Adju		0. 000000000000000000000000000000000000	0. 000000000 0 0. 0000	101 102 103 104
HVBP Adjustment for HSP Bon         11.00       HVBP adjustment factor (see         12.00       HVBP adjustment amount for         HRR Adjustment for HSP Bonu         13.00       HRR adjustment factor (see         14.00       HRR adjustment factor (see         14.00       HRR adjustment factor (see         15.00       IS this the first year of t         16.00       Is this the first year of t         17.00       Community Cures Act? Enter "Year	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instructio mmonstration Project (§410A Demon the current 5-year demonstration	ns) stration) Adju		0. 000000000000000000000000000000000000	0. 000000000 0 0. 0000	101 102 103 104
HVBP Adj ustment for HSP Bon         11.00       HVBP adj ustment factor (see         12.00       HVBP adj ustment amount for         HRR Adj ustment for HSP Bonu         13.00       HRR adj ustment factor (see         14.00       HRR adj ustment factor (see         14.00       IRR adj ustment factor (see         15.00       IS this the first year of the	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instructio monstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no.	ns) stration) Adju period under t		0. 000000000000000000000000000000000000	0. 000000000 0 0. 0000	101 102 103 104 200
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment amount for         HRR Adjustment for HSP Bonu         3.00       HRR adjustment factor (see         4.00       HRR adjustment factor (see         0.00       Is this the first year of t         Century Cures Act? Enter "Y         Cost Reimbursement         1.00       Medicare inpatient service	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instructio emonstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I	ns) stration) Adju period under t		0. 000000000000000000000000000000000000	0. 000000000 0 0. 0000	101 102 103 104 200
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment amount for         HRR Adjustment for HSP Bonu         3.00       HRR adjustment factor (see         4.00       HRR adjustment factor (see         Mural Community Hospital De         0.00       Is this the first year of t         Century Cures Act? Enter "Y         Cost Reimbursement         1.00       Medicare inpatient service         2.00       Medicare discharges (see in	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instruction emonstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I nstructions)	ns) stration) Adju period under t		0. 000000000000000000000000000000000000	0. 000000000 0 0. 0000	101 102 103 104 200 201 202
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment for HSP Bonu         3.00       HRR Adjustment for HSP Bonu         3.00       HRR adjustment factor (see         AU       HRR adjustment for HSP Bonu         3.00       Is adjustment for HSP Bonu         0.01       Is this the first year of to Century Cures Act? Enter "Y Cost Reimbursement         1.00       Medicare inpatient service         2.00       Medicare discharges (see in factor)         3.00       Case-mix adjustment factor	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instruction emonstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I nstructions)	ns) stration) Adju period under t ine 49)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 201 202
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment for HSP Bonu         3.00       HRR adjustment for HSP Bonu         3.00       IRR adjustment for HSP Bonu         0.00       Is this the first year of to Century Cures Act? Enter "Y         Cost Reimbursement       1.00         1.00       Medicare inpatient service         2.00       Medicare discharges (see in         3.00       Case-mix adjustment factor         Computation of Demonstration period)       1.00	us Payment instructions) HSP bonus payment (see instructi instructions) HSP bonus payment (see instruction HSP bonus payment (see instruction monstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I nstructions) (see instructions)	ns) stration) Adju period under t ine 49)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 201 202 203
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment for HSP Bonu         3.00       HRR adjustment for HSP Bonu         0.00       Is the first year of t         Contury Cures Act? Enter "Y         Cost Reimbursement         1.00       Medicare inpatient service         2.00       Medicare discharges (see ir         3.00       Case-mix adjustment factor         Computation of Demonstration         period)       4.00	Hus Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instruction monstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I nstructions) (see instructions) on Target Amount Limitation (N/A	ns) stration) Adju period under t ine 49)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 201 203 203
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment for HSP Bonu         HRR Adjustment for HSP Bonu       HRR adjustment for HSP Bonu         3.00       HRR adjustment for HSP Bonu         4.00       HRR adjustment for HSP Bonu         00       HR adjustment for HSP Bonu         1.00       HRR adjustment factor (see         4.00       HRR adjustment factor (see         0.00       Is this the first year of t         Cost Reimbursement       Cost Reimbursement         1.00       Medicare inpatient service         2.00       Medicare discharges (see in         3.00       Case-mix adjustment factor         Computation of Demonstration period)       Medicare target amount	hus Payment a instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) HSP bonus payment (see instruction monstration Project (§410A Demonon the current 5-year demonstration ("for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I nstructions) (see instructions) on Target Amount Limitation (N/A mount (line 203 times line 204)	ns) stration) Adju period under t ine 49) in first year	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 201 202 203 204 204
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment for HSP Bonu         HRR Adjustment for HSP Bonu         3.00       HRR adjustment for HSP Bonu         4.00       HRR adjustment for HSP Bonu         0.01       Ist adjustment for HSP Bonu         1.00       HRR adjustment for HSP Bonu         0.01       Ist adjustment for HSP Bonu         0.02       Ist adjustment for HSP Bonu         0.03       Ist adjustment factor (see         0.04       Ist his the first year of too         0.05       Reimbursement         1.00       Medicare inpatient service         2.00       Medicare discharges (see in         3.00       Case-mix adjustment factor         Computation of Demonstration period)       Medicare target amount         4.00       Medicare target amount         5.00       Case-mix adjusted target amount         6.00       Medicare inpatient routine	hus Payment a instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) HSP bonus payment (see instruction HSP bonus payment (see instruction for yes or "N" for no. Costs (from Wkst. D-1, Pt. II, I nstructions) (see instructions) on Target Amount Limitation (N/A mount (line 203 times line 204) cost cap (line 202 times line 20	ns) stration) Adju period under t ine 49) in first year	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 201 202 203 204 204 205
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment for HSP Bonu         3.00       HRR Adjustment for HSP Bonu         3.00       HRR adjustment for HSP Bonu         4.00       HRR adjustment for HSP Bonu         00       Is adjustment for HSP Bonu         1.00       HRR adjustment for HSP Bonu         2.00       Is this the first year of the	us Payment instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instruction HSP bonus payment (see instruction monstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I nstructions) (see instructions) (see instructions) on Target Amount Limitation (N/A mount (line 203 times line 204) cost cap (line 202 times line 20 A Inpatient Reimbursement	ns) stration) Adju period under t ine 49) in first year 5)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 201 202 203 204 205 206
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment for HSP Bonu         3.00       HRR adjustment for HSP Bonu         3.00       Is adjustment for HSP Bonu         0.01       Radjustment for HSP Bonu         0.02       Is this the first year of to Century Cures Act? Enter "Y         0.03       Is this the first year of to Cost Reimbursement         1.00       Medicare inpatient service         0.00       Medicare discharges (see in         3.00       Case-mix adjustment factor         Computation of Demonstration period)       4.00         4.00       Medicare target amount         5.00       Case-mix adjusted target an         6.00       Medicare inpatient routine         Adjustment to Medicare Part       7.00	Hus Payment a instructions) HSP bonus payment (see instructions) instructions) HSP bonus payment (see instruction instructions) HSP bonus payment (see instruction immonstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I instructions) (see instructions) (see instructions) on Target Amount Limitation (N/A mount (line 203 times line 204) cost cap (line 202 times line 204) cost cap (line 202 times line 204) cost cap (line 203 times line 204) cost cap (line 205 times line 205 times line 204) cost cap (line 205 times line 205 times	ns) stration) Adju period under t ine 49) in first year 5) structions)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 201 202 203 204 205 206 207
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment for HSP Bonu         3.00       HRR adjustment for HSP Bonu         0.01       Sthis the first year of the Contury Cures Act? Enter "Non Cost Reimbursement         1.00       Medicare inpatient service         2.00       Medicare discharges (see in 3.00         2.00       Case-mix adjustment factor         Computation of Demonstration period)       4.00         4.00       Medicare target amount         5.00       Case-mix adjusted target an         6.00       Medicare inpatient routine Adjustment to Medicare Part         7.00       Program reimbursement under         8.00       Medicare Part A inpatient set	Hus Payment a instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) monstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I instructions) (see instructions) (see instructions) in Target Amount Limitation (N/A mount (line 203 times line 204) cost cap (line 202 times line 204) cost cap (line 202 times line 204) cost cap (line 203 times line 204) cost cap (line 204) cost cap (line 205 times line 204) cost cap	ns) stration) Adju period under t ine 49) in first year 5) structions)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 201 202 203 204 205 206 207 208
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment amount for         HRR Adjustment for HSP Bonu         3.00       HRR adjustment factor (see         Cost Reimbursement       1.00         Medicare inpatient service       2.00         Medicare discharges (see ir       3.00         Case-mix adjustment factor       Computation of Demonstration period)         4.00       Medicare target amount         5.00       Case-mix adjusted target amount         6.00       Medicare inpatient routine         Adjustment to Medicare Part       7.00         Program reimbursement under       8.00         Medicare Part A inpatient s       9.00	Hus Payment a instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) monstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I instructions) (see instructions) (see instructions) in Target Amount Limitation (N/A mount (line 203 times line 204) cost cap (line 202 times line 204) cost cap (line 202 times line 204) cost cap (line 203 times line 204) cost cap (line 204) cost cap (line 205 times line 204) cost cap	ns) stration) Adju period under t ine 49) in first year 5) structions)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 203 203 204 205 206 207 208 207 208 209
HVBP Adjustment for HSP Bon         1.00       HVBP adjustment factor (see         2.00       HVBP adjustment for HSP Bonu         HRR Adjustment for HSP Bonu       HRR adjustment for HSP Bonu         3.00       HRR adjustment for HSP Bonu         4.00       HRR adjustment for HSP Bonu         00       HRR adjustment for HSP Bonu         1.00       HRR adjustment for HSP Bonu         0.00       Is this the first year of t         Century Cures Act? Enter "Y         Cost Reimbursement         1.00       Medicare inpatient service         2.00       Medicare discharges (see in         3.00       Case-mix adjustment factor         Computation of Demonstration period)       Medicare target amount         5.00       Case-mix adjusted target an         6.00       Medicare inpatient routine         Adjustment to Medicare Part       7.00         Program reimbursement under       8.00         8.00       Medicare Part A inpatient service         9.00       Adjustment to Medicare IPPS         0.00       Reserved for future use	Hus Payment a instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) HSP bonus payment (see instructions) monstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I instructions) (see instructions) (see instructions) in Target Amount Limitation (N/A mount (line 203 times line 204) cost cap (line 202 times line 204) cost cap (line 202 times line 204) cost cap (line 203 times line 204) cost cap (line 204) cost cap (line 205 times line 204) cost cap	ns) stration) Adju period under t ine 49) in first year 5) structions) A, line 59)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 200 201 202 203 204 205 206 207 208 209 210
HVBP Adjustment for HSP Bom         11.00       HVBP adjustment factor (see         12.00       HVBP adjustment for HSP Bomu         13.00       HRR adjustment for HSP Bomu         14.00       HR adjustment for HSP Bomu         15.00       Is this the first year of to Cost Reimbursement         16.00       Medicare inpatient service         17.00       Medicare discharges (see in Computation of Demonstration Deriod)         14.00       Medicare target amount         15.00       Case-mix adjustment for Larget an Adjustment to Medicare Part         17.00       Medicare Part A inpatient service         18.00       Medicare Part A inpatient service         19.00       Adjustment to Medicare IPPS         0.00       Reserved for future use         1.00       Total adjustment to Medicare	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instruction instructions) HSP bonus payment (see instruction emonstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I nstructions) (see instructions) (see instructions) (see instructions) on Target Amount Limitation (N/A mount (line 203 times line 204) cost cap (line 202 times line 204) cost cap (line 202 times line 204) cost cap (from Wkst. E, Pt. S payments (see instructions) re IPPS payments (see instruction cost Reimbursement	ns) stration) Adju period under t ine 49) in first year 5) structions) A, line 59) s)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 200 201 202 203 204 205 206 207 208 209 210
HVBP Adjustment for HSP Bom         11.00       HVBP adjustment factor (see         12.00       HVBP adjustment for HSP Bomu         13.00       HRR adjustment for HSP Bomu         14.00       HRR adjustment for HSP Bomu         15.00       Is this the first year of the Century Cures Act? Enter "Yest Cost Reimbursement         11.00       Medicare inpatient service         12.00       Medicare discharges (see in "Yest")         13.00       Case-mix adjustment factor         14.00       Medicare target amount         15.00       Case-mix adjusted target amount         16.00       Medicare target amount         16.00       Medicare part and usted target amount         17.00       Program reimbursement under         18.00       Medicare Part A inpatient service         19.00       Adjustment to Medicare IPPS         0.00       Reserved for future use         1.00       Total adjustment to Medicar         2.00       Total adjustment to Medicar	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instruction instructions) HSP bonus payment (see instruction monstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I nstructions) (see instructions) (see instructions) on Target Amount Limitation (N/A mount (line 203 times line 204) cost cap (line 202 times line 204) cost cap (line 202 times line 204) cost cap (line 202 times line 204) cost cap (from Wkst. E, Pt. S payments (see instructions) re IPPS payments (see instruction cost Reimbursement re Part A IPPS payments (from lin	ns) stration) Adju period under t ine 49) in first year 5) structions) A, line 59) s)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	101 102 103 104 200 203 204 205 206 207 208 209 210 209 210 211
<ul> <li>01.00 HVBP adjustment factor (see 22.00 HVBP adjustment amount for HRR Adjustment for HSP Bonu 103.00 HRR adjustment factor (see 24.00 HRR adjustment factor (see 25.00 HRR adjustment amount for HR adjustment amount for HR adjustment amount for HR adjustment amount for HR adjustment factor (see 17.00 Medicare inpatient service 10.00 Medicare discharges (see in 17.00 Medicare target amount factor Computation of Demonstration period)</li> <li>04.00 Medicare target amount for Case-mix adjustment factor (see 17.00 Medicare target amount for Demonstration period)</li> <li>04.00 Medicare target amount for Medicare Part A inpatient service 10.00 Medicare Part A inpatient service 11.00 Total adjustment to Medicare 12.00 Total adjustment to Medicare 13.00 Low-volume adjustment (see 14.00 Low-volume adjustment (see</li></ul>	us Payment e instructions) HSP bonus payment (see instructi is Payment instructions) HSP bonus payment (see instruction instructions) HSP bonus payment (see instruction monstration Project (§410A Demon the current 5-year demonstration (" for yes or "N" for no. costs (from Wkst. D-1, Pt. II, I nstructions) (see instructions) (see instructions) on Target Amount Limitation (N/A mount (line 203 times line 204) cost cap (line 202 times line 204) cost cap (line 202 times line 204) cost cap (line 202 times line 204) cost cap (from Wkst. E, Pt. S payments (see instructions) re IPPS payments (see instruction cost Reimbursement re Part A IPPS payments (from lin	ns) stration) Adju period under t ine 49) in first year 5) structions) A, line 59) s) e 211)	he 21st	0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	102

.OW VO	Financial Systems DLUME CALCULATION EXHIBIT 4		ST. VINCENT	Provider C	F	Period: From 07/01/2017 Fo 06/30/2018	Date/Time Prep 11/27/2018 1:0	t 4 pared:
		W/S E, Part A line 0	Amounts (from E, Part A) 1.00	Title Pre/Post Entitlement 2.00	XVIII Period Prior to 10/01 3.00	Hospital Period On/After 10/01 4.00	PPS Total (Col 2 through 4) 5.00	
. 00	DRG amounts other than outlier	1.00	0	0		0 0	0	1. 0
. 01	payments DRG amounts other than outlier payments for discharges	1.01	12, 421, 509	0	12, 421, 509	9	12, 421, 509	1. 0
. 02	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	39, 583, 396	0		39, 583, 396	39, 583, 396	1. 0
. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1. 03	0	0	(	D	0	1. 0
. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.0
. 00	Outlier payments for	2.00	1, 112, 859	0	359, 160	753, 699	1, 112, 859	2.0
. 01	discharges (see instructions) Outlier payments for	2.02	0	0	(	0 0	0	2.0
. 00	discharges for Model 4 BPCI Operating outlier reconciliation	2. 01	0	0	0	0 0	0	3. C
. 00	Managed care simulated payments	3.00	14, 759, 467	0	3, 332, 578	3 11, 426, 889	14, 759, 467	4. C
. 00	Indirect Medical Education Adju Amount from Worksheet E, Part	21.00	0. 015576	0. 015576	0. 015576	0. 015576		5.0
. 00	A, line 21 (see instructions) IME payment adjustment (see instructions)	22.00	440, 846	0	105, 297	7 335, 549	440, 846	6. (
. 01	IME payment adjustment for managed care (see	22.01	125, 116	0	(	125, 116	125, 116	6. (
	instructions) Indirect Medical Education Adju	stment for the	e Add-on for Se	ction 422 of t	he MMA			
. 00	IME payment adjustment factor (see instructions)	27.00	0. 000000	0.00000	0. 000000	0.000000		7.0
00	IME adjustment (see	28.00	0	0	0	o o	0	8.0
01	instructions) IME payment adjustment add on for managed care (see	28.01	О	0	C	0 0	0	8. (
. 00	instructions) Total IME payment (sum of lines 6 and 8)	29.00	440, 846	0	105, 297	7 335, 549	440, 846	9. (
. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	125, 116	0	(	0 125, 116	125, 116	9. (
0. 00	Disproportionate Share Adjustme Allowable disproportionate	ant 33.00	0. 1370	0. 1370	0. 1370	0. 1370		10. (
	share percentage (see instructions)							
1. 00	Disproportionate share adjustment (see instructions)	34.00	1, 781, 168	0	425, 437	7 1, 355, 731	1, 781, 168	11. (
1. 01	Uncompensated care payments	36.00	3, 147, 878		788, 412	2 2, 055, 705	2, 844, 117	11. (
2.00	Additional payment for high per Total ESRD additional payment	<u>centage of ESF</u> 46.00	ND beneficiary	di scharges 0	(	0 0	0	12. 0
3. 00	(see instructions) Subtotal (see instructions) Hospital specific payments	47.00	58, 487, 656	0			58, 487, 656 0	13. (
4. 00	(completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00		U				14. (
5.00	Total payment for inpatient operating costs (see instructions)	49.00	58, 612, 772	0	14, 099, 815	5 44, 512, 957	58, 612, 772	15. (
6. 00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4, 517, 672	0	1, 079, 603	3 3, 438, 069	4, 517, 672	16. 0
	Special add-on payments for new technologies	54.00	50, 956	0	1, 036	6 49, 921	50, 957	
7. 01 7. 02	Net organ aquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	Ο	0	(	0 0	0	17. C 17. C

Heal th	Financial Systems		ST. VINCENT	EVANSVI LLE		In Lie	eu of Form CMS-:	2552-10
LOW VO	LUME CALCULATION EXHIBIT 4			Provider C		Period: From 07/01/2017 To 06/30/2018		pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	0n/After 10/01	through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0 0	0	18.00
19.00	SUBTOTAL			0	15, 180, 45	48, 000, 947	63, 181, 401	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	4, 197, 408	0	998, 05	51 3, 199, 357	4, 197, 408	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	20, 149	0	10, 19	92 9, 957	20, 149	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0		0 0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0. 0096	0. 0096	0.009	0. 0096		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	40, 295	0	9, 58	30, 714	40, 295	23.00
24.00	Al lowable disproportionate share percentage (see instructions)	10.00	0. 0619	0. 0619	0.061	0. 0619		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	259, 820	0	61, 77	79 198, 041	259, 820	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4, 517, 672	0	1, 079, 60	3, 438, 069	4, 517, 672	26.00
		W/S E, Part A						
		line	Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.0000	0. 000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96				0	0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. 00

HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5		F	Period: From 07/01/2017 Fo 06/30/2018	Date/Time Prep 11/27/2018 1:0	bared:
				XVIII	Hospi tal	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00 1.01	DRG amounts other than outlier payments DRG amounts other than outlier payments for discharge payments prior to Osthern 1	1.00 1.01	12, 421, 509	12, 421, 509	2	12, 421, 509	1. 00 1. 01
1.02	discharges occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39, 583, 396		39, 583, 396	39, 583, 396	1. 02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	(		0	1. 03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1. 04
2.00	Outlier payments for discharges (see instructions)	2.00	1, 112, 859	359, 160	753, 699	1, 112, 859	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	(	0	0	2. 01
3.00 4.00	Operating outlier reconciliation Managed care simulated payments	2. 01 3. 00	0 14, 759, 467	( 3, 332, 578	0 3 11, 426, 889	0 14, 759, 467	3.00 4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 015576	0. 015576	0. 015576		5.00
6.00 6.01	IME payment adjustment (see instructions) IME payment adjustment for managed care (see instructions)	22.00 22.01	440, 846 125, 116				6. 00 6. 01
	Indirect Medical Education Adjustment for the	Add-on for Se	ection 422 of t	he MMA			
7.00	IME payment adjustment factor (see instructions)	27.00	0. 000000	0.00000	0. 000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	(	0 0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	(	0 0	0	8. 01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	440, 846				9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	125, 116	28, 250	96, 866	125, 116	9. 01
10.00	Disproportionate Share Adjustment	22.00	0 1070	0 107	0 1270		10.00
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0. 1370	0. 1370	0. 1370		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1, 781, 168	425, 437	1, 355, 731	1, 781, 168	11.00
11.01	Uncompensated care payments	36.00	3, 147, 878	692, 766	2, 455, 112	3, 147, 878	11.01
	Additional payment for high percentage of ESR		di scharges				
12.00	Total ESRD additional payment (see instructions)	46.00	0		0 0		12.00
13. 00 14. 00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	47.00 48.00	58, 487, 656 0	14, 004, 169 (	9 44, 483, 487 0 0	58, 487, 656 0	13. 00 14. 00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	58, 612, 772	14, 032, 419	44, 580, 353	58, 612, 772	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4, 517, 672	1, 079, 603	3, 438, 069	4, 517, 672	16.00
17. 00 17. 01	Special add-on payments for new technologies Net organ acquisition cost	54.00	50, 956	1, 036	5 49, 920	50, 956	17. 00 17. 01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	(	0 0	0	17.02
18.00		93.00	0	(	0 0	0	18.00
19.00	SUBTOTAL			15, 113, 058	48, 068, 342	63, 181, 400	19.00

ST. VINCENT EVANSVILLE

11/27/2018 1:09 pm Y: \27100 - St. Vincent Evansville\300 - Medicare Cost Report\20180630\CR\27100-18.mcrx

Health Financial Systems

In Lieu of Form CMS-2552-10

Heal th	Financial Systems	ST. VINCENT	EVANSVI LLE		In Lie	eu of Form CMS-2	2552-10
	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5			Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Exhibi	t 5 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	4, 197, 408				20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0		0 0	0	1
21.00	Capital DRG outlier payments	2.00	20, 149	10, 1	92 9,957	20, 149	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0		0 0	0	
22.00	Indirect medical education percentage (see	5.00	0.0096	0.00	0. 0096		22.00
	instructions)						
23.00	Indirect medical education adjustment (see instructions)	6.00	40, 295	9, 5	30, 714	40, 295	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0619	0.06	0.0619		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	259, 820	61, 7	79 198, 041	259, 820	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4, 517, 672	1, 079, 6	3, 438, 069	4, 517, 672	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0		0	0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		C	0	29.00
30.00	HVBP payment adjustment (see instructions)	70. 93	-34, 236	-37, 3	23 3, 087	-34, 236	30.00
30. 01	HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0		0 C	0	30. 01
31.00	HRR adjustment (see instructions)	70, 94	-876, 429	-178, 8		-876, 429	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0 C	0	
	· · · · · · · · · · · · · · · · · · ·					(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70. 99			0 473, 739	473, 739	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100. 00

Heal th	Financial Systems ST. VINCENT EV	ANSVI LLE	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100	Period: From 07/01/2017	Worksheet E Part B	
			To 06/30/2018	Date/Time Pre	
		Title XVIII	Hospi tal	11/27/2018 1: PPS	09 pm
			noopritur		
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			17, 115	1.00
2.00	Medical and other services reimbursed under OPPS (see instruct	tions)		44, 885, 750	
3.00 4.00	OPPS payments			39, 113, 529 296, 259	
4.00	Outlier payment (see instructions) Outlier reconciliation amount (see instructions)			290, 259	4.00
5.00	Enter the hospital specific payment to cost ratio (see instru-	ctions)		0.000	1
6.00	Line 2 times line 5			0	6.00
7.00 8.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	7.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		56, 477	
10.00	Organ acqui si ti ons			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			17, 115	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				-
12.00	Ancillary service charges			86, 586	12.00
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13) Customary charges			86, 586	14.00
15.00	Aggregate amount actually collected from patients liable for	payment for services on	a charge basis	0	15.00
	Amounts that would have been realized from patients liable for			0	16.00
17 00	had such payment been made in accordance with 42 CFR §413.13(	e)		0,000000	47.00
	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 86, 586	
19.00	Excess of customary charges over reasonable cost (complete on	ly if line 18 exceeds li	ne 11) (see	69, 471	1
	instructions)	· · · · · · · · · · · · · · · · · · ·		-	
20.00	Excess of reasonable cost over customary charges (complete on instructions)	ly if line 11 exceeds li	ne 18) (see	0	20.00
21.00	Lesser of cost or charges (see instructions)			17, 115	21.00
	Interns and residents (see instructions)			0	22.00
	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			39, 466, 265	24.00
	Deductibles and coinsurance (for CAH, see instructions)			6, 210	25.00
	Deductibles and Coinsurance relating to amount on line 24 (for			6, 945, 540	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)   instructions)	plus the sum of lines 22	and 23] (see	32, 531, 630	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, 1)	ine 50)		134, 127	28.00
	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
	Subtotal (sum of lines 27 through 29) Primary payer payments			32, 665, 757 1, 546	
	Subtotal (line 30 minus line 31)			32, 664, 211	1
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVIC	CES)			
33.00	Composite rate ESRD (from Wkst. 1-5, line 11) Allowable bad debts (see instructions)			0	
	Adjusted reimbursable bad debts (see instructions)			863, 701 561, 406	
	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		748, 243	
	Subtotal (see instructions)			33, 225, 617	
	MSP-LCC reconciliation amount from PS&R			44	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instruction:	s)		0	39.00 39.50
39.97	Demonstration payment adjustment amount before sequestration			0	1
39. 98	Partial or full credits received from manufacturers for replace	ced devices (see instruc	tions)	0	39. 98
	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
	Subtotal (see instructions) Sequestration adjustment (see instructions)			33, 225, 573 664, 511	1
	Demonstration payment adjustment amount after sequestration			004, 311	
41.00	Interim payments			32, 447, 468	
	Tentative settlement (for contractors use only)			0 112 E04	42.00
43.00 44.00	Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accorda	nce with CMS Pub 15-2	chapter 1	113, 594 0	43.00 44.00
17.00	§115. 2			0	
00.00	TO BE COMPLETED BY CONTRACTOR			-	00.00
	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money			0.00	
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

CALCUL	Financial         Systems         ST.         VINCENT           ATION OF         REIMBURSEMENT         SETTLEMENT         SETTLEMENT	EVANSVILLE Provider CCN: 15-0100	Peri od:	u of Form CMS-2 Worksheet E	2552-10
		Component CCN: 15-S100	From 07/01/2017 To 06/30/2018	Part B Date/Time Pre 11/27/2018 1:	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00 2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instr	ructions)		70 75	
2.00	OPPS payments			100	
4.00	Outlier payment (see instructions)			0	
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00 6.00	Enter the hospital specific payment to cost ratio (see inst Line 2 times line 5	tructions)		0.000	•
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	
8.00	Transitional corridor payment (see instructions)			0	•
9.00	Ancillary service other pass through costs from Wkst. D, P1	t. IV, col. 13, line 200		1	9.00
10. 00 11. 00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0	10.00
11.00	COMPUTATION OF LESSER OF COST OR CHARGES			/0	1 11.00
	Reasonabl e charges				1
12.00	Ancillary service charges				12.00
13.00 14.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Total reasonable charges (sum of lines 12 and 13)	, line 69)		0 352	
14.00	Customary charges			552	14.00
15.00	Aggregate amount actually collected from patients liable for	1 5	5	0	15.00
16.00	Amounts that would have been realized from patients liable		n a chargebasis	0	16.00
17.00	had such payment been made in accordance with 42 CFR §413.1 Ratio of line 15 to line 16 (not to exceed 1.000000)	13(e)		0. 000000	17.00
18.00	Total customary charges (see instructions)			352	
19.00	Excess of customary charges over reasonable cost (complete	only if line 18 exceeds li	ne 11) (see	282	19.00
20. 00	instructions) Excess of reasonable cost over customary charges (complete	only if line 11 exceeds li	ne 18) (see	0	20.00
20.00	instructions)	only if the firexceeds fi	116 10) (366	0	20.00
21.00	Lesser of cost or charges (see instructions)			70	•
22.00	Interns and residents (see instructions)			0	
23.00 24.00	Cost of physicians' services in a teaching hospital (see in Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9			0	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	• /			
25.00	Deductibles and coinsurance (for CAH, see instructions)			0	25.00
26.00 27.00	Deductibles and Coinsurance relating to amount on line 24 ( Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26			0	26.00
27.00	instructions)	b) prus the sum of trifes 22		171	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4,			0	•
29.00 30.00	ESRD direct medical education costs (from Wkst. E-4, line 3	36)		0	29.00 30.00
30.00	Subtotal (sum of lines 27 through 29) Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			171	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SER	RVI CES)			
33.00 34.00	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions)			0	•
35.00	Adjusted reimbursable bad debts (see instructions)			0	
36.00	Allowable bad debts for dual eligible beneficiaries (see in	nstructions)		0	•
37.00 38.00	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R			171	1
38.00 39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
39.50	Pioneer ACO demonstration payment adjustment (see instructi	ions)			39.50
39.97	Demonstration payment adjustment amount before sequestration			0	
39. 98 39. 99	Partial or full credits received from manufacturers for rep RECOVERY OF ACCELERATED DEPRECIATION	placed devices (see instruc	tions)	0	
40.00	Subtotal (see instructions)			171	
40. 01	Sequestration adjustment (see instructions)			3	
40.02	Demonstration payment adjustment amount after sequestration	n		0	40.02
41.00 42.00	Interim payments Tentative settlement (for contractors use only)			167 0	
43.00	Balance due provider/program (see instructions)			1	
44.00	Protested amounts (nonallowable cost report items) in accor	rdance with CMS Pub. 15-2,	chapter 1,	0	44.00
	§115.2 TO BE COMPLETED BY CONTRACTOR				-
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions	s)		0	91.00
	The rate used to calculate the Time Value of Money			0.00	92.00
92.00 93.00	Time Value of Money (see instructions)			0	93.00

CUL	Financial Systems ST. VINCENT EV ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0100	Period:	u of Form CMS-: Worksheet E	
		Component CCN: 15-T100	From 07/01/2017 To 06/30/2018	Part B Date/Time Pre 11/27/2018 1:	
		Title XVIII	Subprovider -	PPS	<u>07 p</u>
			IRF		
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	-
00	Medical and other services (see instructions)	-+:)		79	
00	Medical and other services reimbursed under OPPS (see instruction OPPS payments)	ctions)		274 184	
00	Outlier payment (see instructions)			0	4.
01 00	Outlier reconciliation amount (see instructions)	uati ana)		0 0. 000	
00	Enter the hospital specific payment to cost ratio (see instru Line 2 times line 5			0.000	
00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7
00	Transitional corridor payment (see instructions)	W and 12 Line 200		0	
00	Ancillary service other pass through costs from Wkst. D, Pt. Organ acquisitions	IV, COL. 13, TINE 200		1	
00	Total cost (sum of lines 1 and 10) (see instructions)			79	
	COMPUTATION OF LESSER OF COST OR CHARGES				
00	Reasonable charges Ancillary service charges			399	12
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	line 69)		0	
00	Total reasonable charges (sum of lines 12 and 13)			399	14
00	Customary charges Aggregate amount actually collected from patients liable for	payment for services on	a charge basis	0	15
00	Amounts that would have been realized from patients liable for			0	
00	had such payment been made in accordance with 42 CFR §413.130 Ratio of line 15 to line 16 (not to exceed 1.000000)	(e)		0,000000	17
00 00	Total customary charges (see instructions)			0. 000000 399	
00	Excess of customary charges over reasonable cost (complete or	nly if line 18 exceeds li	ne 11) (see	320	
00	instructions)	nly if line 11 evenede li	no 10) (coo	0	1 20
00	Excess of reasonable cost over customary charges (complete or instructions)	niy if line if exceeds if	ne 18) (See	0	20
00	Lesser of cost or charges (see instructions)			79	21
	Interns and residents (see instructions)	+		0	
00	Cost of physicians' services in a teaching hospital (see inst Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	tructions)		0 185	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
	Deductibles and coinsurance (for CAH, see instructions)			0	
	Deductibles and Coinsurance relating to amount on line 24 (for Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)			10 254	
	instructions)				
00	Direct graduate medical education payments (from Wkst. E-4, I			0	
00 00	ESRD direct medical education costs (from Wkst. E-4, line 36) Subtotal (sum of lines 27 through 29)	)		0 254	
	Primary payer payments			0	
00	Subtotal (line 30 minus line 31)			254	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI Composite rate ESRD (from Wkst. 1-5, line 11)	ICES)		0	33
	Allowable bad debts (see instructions)			0	
	Adjusted reimbursable bad debts (see instructions)	+		0	
	Allowable bad debts for dual eligible beneficiaries (see inst Subtotal (see instructions)	tructions)		0 254	
	MSP-LCC reconciliation amount from PS&R			0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	``````````````````````````````````````		0	
	Pioneer ACO demonstration payment adjustment (see instruction Demonstration payment adjustment amount before sequestration			0	39
	Partial or full credits received from manufacturers for repla		tions)	0	
99	RECOVERY OF ACCELERATED DEPRECIATION			0	
	Subtotal (see instructions) Sequestration adjustment (see instructions)			254 5	
	Demonstration payment adjustment amount after sequestration			0	
00	Interim payments			249	41
	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)			0	
	Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub. 15-2.	chapter 1,	0	
	§115. 2				
	TO BE COMPLETED BY CONTRACTOR			0	
	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money			0.00	92
00	Time Value of Money (see instructions)			0	93

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	CN: 15-0100	Period: From 07/01/2017 To 06/30/2018		pared
		Title	XVIII	Hospi tal	PPS	
		I npati en	t Part A	Pa	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3. 00	4.00	
1.00	Total interim payments paid to provider		55, 173, 1	64	32, 414, 568	1. (
2.00	Interim payments payable on individual bills, either			0	0	2.0
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
3.00	write "NONE" or enter a zero List separately each retroactive lump sum adjustment					3. (
. 00	amount based on subsequent revision of the interim rate					3.1
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
. 01	ADJUSTMENTS TO PROVIDER			0 01/30/2018	32, 900	3.
. 02				0	0	3.
. 03				0	0	3.
6.04				0	0	3.
. 05	Provider to Program			0	0	3.
. 50	ADJUSTMENTS TO PROGRAM			0	0	3.
. 51				0	0	3.
. 52				0	0	3.
. 53				0	0	3.
. 54				0	0	3.
. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	32, 900	3.
	3. 50-3. 98)		FF 470 4		00 447 440	
. 00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as		55, 173, 1	64	32, 447, 468	4.
	appropriate)					
	TO BE COMPLETED BY CONTRACTOR					
. 00	List separately each tentative settlement payment after					5.
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
. 01	Program to Provider TENTATIVE TO PROVIDER			0		-
. 01 . 02	TENTATIVE TO PROVIDER			0	0	5. 5.
. 02				0	0	5.
	Provider to Program	l				
. 50	TENTATI VE TO PROGRAM			0	0	5.
. 51				0	0	5.
. 52				0	0	5.
. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5.
. 00	5.50-5.98) Determined net settlement amount (balance due) based on					6.
	the cost report. (1)					0.
. 01	SETTLEMENT TO PROVIDER		554, 0	40	113, 594	6.
. 02	SETTLEMENT TO PROGRAM			0	0	6.
. 00	Total Medicare program liability (see instructions)		55, 727, 2		32, 561, 062	7.
				Contractor	NPR Date	
		(	<u>,                                     </u>	Number	(Mo/Day/Yr)	
	Name of Contractor	(	)	1.00	2.00	8.

VALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC Component C	CN: 15-0100 CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prep 11/27/2018 1:0	pared
		Ti tl e	XVIII	Subprovider -	PPS	<u>o , bi</u>
		Inpatien	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate		635, 9	39 0	167 0	1. 2. 3.
	for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
01	ADJUSTMENTS TO PROVIDER			0	0	3.
02				0	0	3.
03 04				0	0	3
05				0	Ő	3
	Provider to Program					
50	ADJUSTMENTS TO PROGRAM			0	0	3
51 52				0	0	3
5∠ 53				0	0	3
54				0	Ő	3
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	0	3
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		635, 9	39	167	4
~~	TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5
	Program to Provider					_
01 02	TENTATI VE TO PROVI DER			0	0	5
03				0	0	5
	Provider to Program					
50	TENTATI VE TO PROGRAM			0	0	5
51 52				0	0	5 5
99	Subtotal (sum of lines 5.01–5.49 minus sum of lines 5.50–5.98)			0	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
01	SETTLEMENT TO PROVIDER		8, 7		1	6
02 00	SETTLEMENT TO PROGRAM		644, 7	0	0 168	6
00	Total Medicare program liability (see instructions)		044, /	Contractor	NPR Date	
				Number	(Mo/Day/Yr)	
		C	)	1.00	2.00	

VALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC Component C	CN: 15-0100 CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prep 11/27/2018 1:0	pared
		Ti tl e	XVIII	Subprovider - IRF	PPS	<u>o, b.</u>
		I npati en	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate		3, 690, 2	22 0	249 0	1. 2. 3.
	for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
01	ADJUSTMENTS TO PROVIDER			0	0	3
02				0	0	3
03 04				0 0	0	3
04 05				0	0	3
	Provider to Program			3		
50	ADJUSTMENTS TO PROGRAM			0	0	3
51				0	0	3
52				0	0	3
53 54				0 0	0	3
94 99	Subtotal (sum of lines 3.01–3.49 minus sum of lines 3.50–3.98)			0	0	3
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3, 690, 2	22	249	4
	TO BE COMPLETED BY CONTRACTOR					_
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5
11	Program to Provider			0		-
)1 )2	TENTATI VE TO PROVI DER			0 0	0	5
)2 )3				0	0	5
	Provider to Program			3		
50	TENTATI VE TO PROGRAM			0	0	5
51				0	0	5
52				0	0	5
9	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			U	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
)1	SETTLEMENT TO PROVIDER		11, 6	99	0	6
)2	SETTLEMENT TO PROGRAM			0	0	6
00	Total Medicare program liability (see instructions)		3, 701, 9		249	7
				Contractor Number	NPR Date (Mo/Day/Yr)	
		(		1.00	2.00	_

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT       Provider CCN: 15-0100       Period: From 07/01/2017 To 06/30/2018       Worksheet E-1 Part II Date 71 ine Prepared: 11/27/2018         Title XVIII       Hospital       PPS         To BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS       1.00         HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION       1.00         1.00       Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14       2.00         Medicare days from Wkst. S-3, Pt. I, col. 6 line 2       3.00         0.00       Total hospital charges from Wkst. S-3, Pt. I, col. 8 line 200       3.00         0.00       Total hospital charity care charges from Wkst. S-10, col. 3 line 20       5.00         7.00       CALculation of the HIT incentive payment (see instructions)       9.00         9.00       Sequestration adjustment amount (see instructions)       9.00         9.00       Initial /interim HIT payment adjustment (see instructions)       9.00         9.00       Initial /interim HIT payment adjustment (see instructions)       9.00         9.00       Initial /interim HIT payment adjustment (see instructions)       9.00         9.00       Initial /interim HIT payment adjustment (see instructions)       9.00         9.00       Initial /interim HIT payment adjustment (see instructions)       30.00	Heal th	Health Financial Systems ST. VINCENT EVANSVILLE In Lieu of				-2552-10			
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION       1.00         1.00       Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14       1.00         2.00       Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12       2.00         3.00       Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2       3.00         4.00       Total inpatient days from Wkst C, Pt. I, col. 8 sum of lines 1, 8-12       3.00         5.00       Total hospital charges from Wkst C, Pt. I, col. 8 line 200       5.00         6.00       Total hospital charity care charges from Wkst. S-10, col. 3 line 20       5.00         7.00       CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I       7.00         8.00       Calculation of the HIT incentive payment (see instructions)       9.00         9.00       Sequestration adjustment amount (see instructions)       9.00         10.00       Inital /interim HIT payment adjustment (see instructions)       9.00         10.00       Inital /interim HIT payment adjustment (see instructions)       30.00         31.00       Other Adjustment (specify)       30.00	CALCUL	From 07/01/2017 To 06/30/2018				epared:			
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.002.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.003.00Medicare HMO days from Wsst. S-3, Pt. I, col. 6. line 23.004.00Total inpatient days from S-3, Pt. I, col. 8 line 2004.005.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.006.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.007.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.008.00Calculation of the HIT incentive payment (see instructions)8.009.00Sequestration adjustment amount (see instructions)9.0010.00Initial/interim HIT payment adjustment (see instructions)10.0031.00Other Adjustment (specify)30.00									
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.002.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.003.00Medicare HMO days from Wsst. S-3, Pt. I, col. 6. line 23.004.00Total inpatient days from S-3, Pt. I, col. 8 line 2004.005.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.006.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.007.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.008.00Calculation of the HIT incentive payment (see instructions)8.009.00Sequestration adjustment amount (see instructions)9.0010.00Initial/interim HIT payment adjustment (see instructions)10.0031.00Other Adjustment (specify)30.00									
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.002.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.003.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.004.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-123.005.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2004.006.00Total hospital charjes from Wkst S. S-10, col. 3 line 205.007.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.001 line 1688.00Calculation of the HIT incentive payment (see instructions)8.009.00Calculation of the HIT incentive payment after sequestration (see instructions)9.0010.00Initial/interim HIT payment adjustment (see instructions)9.0030.0031.00Other Adjustment (specify)30.00					1.00				
1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.002.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.003.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.004.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-124.005.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.006.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.007.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.001 line 1688.00Calculation of the HIT incentive payment (see instructions)8.009.00Sequestration adjustment amount (see instructions)9.0010.00INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH10.0030.0031.00Other Adjustment (specify)30.00						_			
2.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.003.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.004.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-124.005.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.006.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.007.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.008.00Calculation of the HIT incentive payment (see instructions)8.009.00Sequestration adjustment amount (see instructions)9.0010.00Initial/interim HIT payment adjustment (see instructions)9.0030.00Initial/interim HIT payment adjustment (see instructions)30.0031.00Other Adjustment (specify)30.00						_			
3.00       Medicare HM0 days from Wkst. S-3, Pt. I, col. 6. line 2       3.00         4.00       Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12       4.00         5.00       Total hospital charges from Wkst C, Pt. I, col. 8 line 200       5.00         6.00       Total hospital charity care charges from Wkst. S-10, col. 3 line 20       5.00         6.00       Total hospital charity care charges from Wkst. S-10, col. 3 line 20       6.00         7.00       CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I       7.00         1 line 168       8.00       Calculation of the HIT incentive payment (see instructions)       8.00         9.00       Sequestration adjustment amount (see instructions)       9.00       9.00         10.00       Calculation of the HIT incentive payment after sequestration (see instructions)       10.00         1NPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH       30.00       31.00         30.00       Initial/interim HIT payment adjustment (see instructions)       30.00         31.00       Other Adjustment (specify)       31.00									
4.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-124.005.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.006.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.007.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.001 ine 1688.00Cal culation of the HIT incentive payment (see instructions)8.009.00Sequestration adjustment amount (see instructions)9.0010.00INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH30.0031.00Other Adjustment (specify)31.00		5							
5.00       Total hospital charges from Wkst C, Pt. I, col. 8 line 200       5.00         6.00       Total hospital charity care charges from Wkst. S-10, col. 3 line 20       6.00         7.00       CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I       7.00         8.00       Cal culation of the HIT incentive payment (see instructions)       8.00         9.00       Sequestration adjustment amount (see instructions)       9.00         10.00       Cal culation of the HIT incentive payment after sequestration (see instructions)       9.00         10.00       INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH       30.00         31.00       Other Adjustment (specify)       31.00		5							
6.00       Total hospital charity care charges from Wkst. S-10, col. 3 line 20       6.00         7.00       CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168       7.00         8.00       Calculation of the HIT incentive payment (see instructions)       8.00         9.00       Sequestration adjustment amount (see instructions)       9.00         10.00       Calculation of the HIT incentive payment after sequestration (see instructions)       9.00         10.00       INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH       30.00         30.00       Initial/interim HIT payment adjustment (see instructions)       30.00         31.00       Other Adjustment (specify)       31.00									
7.00       CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I       7.00         1 ine 168       8.00       Calculation of the HIT incentive payment (see instructions)       8.00         9.00       Sequestration adjustment amount (see instructions)       9.00         10.00       Calculation of the HIT incentive payment after sequestration (see instructions)       9.00         10.00       INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH       10.00         30.00       Initial/interim HIT payment adjustment (see instructions)       30.00         31.00       Other Adjustment (specify)       31.00									
1 ine 1688.009.009.00Sequestration adjustment amount (see instructions)10.00Cal culation of the HIT incentive payment after sequestration (see instructions)10.001NPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH30.0031.00Other Adjustment (specify)	6.00					6.00			
8.00       Cal culation of the HIT incentive payment (see instructions)       8.00         9.00       Sequestration adjustment amount (see instructions)       9.00         10.00       Cal culation of the HIT incentive payment after sequestration (see instructions)       10.00         10.00       INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH       30.00         30.00       Initial / interim HIT payment adjustment (see instructions)       30.00         31.00       Other Adjustment (specify)       31.00	7.00		certified HIT technology	Wkst. S-2, Pt. I		7.00			
9.00       Sequestration adjustment amount (see instructions)       9.00         10.00       Calculation of the HIT incentive payment after sequestration (see instructions)       10.00         INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH       30.00         30.00       Initial/interim HIT payment adjustment (see instructions)       30.00         31.00       Other Adjustment (specify)       31.00	8.00					8,00			
10.00       Calculation of the HIT incentive payment after sequestration (see instructions)       10.00         INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH       30.00         30.00       Initial/interim HIT payment adjustment (see instructions)       30.00         31.00       Other Adjustment (specify)       31.00	9.00	1 3 1				9,00			
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH         30.00       Initial/interim HIT payment adjustment (see instructions)       30.00         31.00       Other Adjustment (specify)       31.00	10,00		(see instructions)			10.00			
31.00 Other Adjustment (specify) 31.00									
31.00 Other Adjustment (specify) 31.00	30.00	Initial/interim HIT payment adjustment (see instructions)				30.00			
						31.00			

	Financial Systems ST. VINCE ATION OF REIMBURSEMENT SETTLEMENT	NT EVANSVILLE Provider CCN: 15-0100	Peri od:	u of Form CMS-2 Worksheet E-3	2004
ALCUL	ATTON OF REIMBURSEMENT SETTLEMENT		From 07/01/2017	Part II	
		Component CCN: 15-S100	To 06/30/2018	Date/Time Prep 11/27/2018 1:0	oar 09
		Title XVIII	Subprovider -	PPS	
				1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS			1.00	
00	Net Federal IPF PPS Payments (excluding outlier, ECT, an	d medical education payments)		685, 401	1
00	Net IPF PPS Outlier Payments			44, 699	4
00	Net IPF PPS ECT Payments		- Course Navionalista	23, 789	
00	Unweighted intern and resident FTE count in the most rec 15, 2004. (see instructions)	ent cost report filed on or b	etore November	0.00	4
01	Cap increases for the unweighted intern and resident FTE	count for residents that wer	e displaced by	0.00	4
	program or hospital closure, that would not be counted w CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		ment under 42		
00	New Teaching program adjustment. (see instructions)			0.00	ļ
00	Current year's unweighted FTE count of I&R excluding FTE	s in the new program growth p	eriod of a "new	0.00	e
	teaching program" (see instuctions)				
. 00	Current year's unweighted I&R FTE count for residents wi	thin the new program growth p	eriod of a "new	0.00	
00	teaching program" (see instuctions) Intern and resident count for IPF PPS medical education	adjustment (see instructions)		0.00	
	Average Daily Census (see instructions)			11. 178082	
0. 00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raise	d to the power of .5150 -1}.		0.00000	1
	Teaching Adjustment (line 1 multiplied by line 10).			0	1
	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and	-		753, 889	1
	Nursing and Allied Health Managed Care payment (see inst	ruction)		0	1
	Organ acquisition (DO NOT USE THIS LINE)	instructions)		0	1
	Cost of physicians' services in a teaching hospital (see Subtotal (see instructions)	Thistructrons)		0 753, 889	1
	Primary payer payments			, 55, 667	1
	Subtotal (line 16 less line 17).			753, 889	1
. 00	Deducti bl es			79, 608	1
	Subtotal (line 18 minus line 19)			674, 281	2
	Coinsurance			25, 346	2
	Subtotal (line 20 minus line 21)			648, 935	
	Allowable bad debts (exclude bad debts for professional Adjusted reimbursable bad debts (see instructions)	services) (see instructions)		13, 180 8, 567	2
	Allowable bad debts for dual eligible beneficiaries (see	instructions)		8, 155	2
	Subtotal (sum of lines 22 and 24)			657, 502	2
	Direct graduate medical education payments (from Wkst. E	-4, line 49)		0	2
	Other pass through costs (see instructions)	. ,		374	2
	Outlier payments reconciliation			0	2
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	3
	Pioneer ACO demonstration payment adjustment (see instru			0	3
	Demonstration payment adjustment amount before sequestra	tion		0	3
	Total amount payable to the provider (see instructions) Sequestration adjustment (see instructions)			657, 876 13, 158	
. 01	Demonstration payment adjustment amount after sequestrat	ion		13, 136	3
	Interim payments			635, 939	
	Tentative settlement (for contractor use only)			0	3
4.00	Balance due provider/program (line 31 minus lines 31.01,			8, 779	34
5.00	Protested amounts (nonallowable cost report items) in ac §115.2	cordance with CMS Pub. 15-2,	chapter 1,	0	35
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount from Worksheet E-3, Part II, lin			44, 699	5
	Outlier reconciliation adjustment amount (see instructio	ns)		0	5
2.00	The rate used to calculate the Time Value of Money			0.00	52

		IT EVANSVI LLE		u of Form CMS-2	
CALCUI	LATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018		pared:
		Title XVIII	Subprovider -	11/27/2018 1:0 PPS	09 pm
			I RF		
				1.00	
1 00	PART III - MEDICARE PART A SERVICES - IRF PPS			2 555 707	1 0
1.00 2.00	Net Federal PPS Payment (see instructions) Medicare SSI ratio (IRF PPS only) (see instructions)			3, 555, 707 0. 0650	1.0 2.0
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			230, 054	3.0
4.00	Outlier Payments			52, 679	4.00
5.00	Unweighted intern and resident FTE count in the most rece	ent cost reporting period en	ding on or prior	0.00	5.00
	to November 15, 2004 (see instructions)				
5.01	Cap increases for the unweighted intern and resident FTE			0.00	5.0
	program or hospital closure, that would not be counted wi	thout a temporary cap adjust	ment under 42		
( 00	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	( 0)
6.00	New Teaching program adjustment. (see instructions)			0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs teaching program" (see instructions)	s in the new program growth p	eriod of a new	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents wit	bin the new program growth n	eriod of a "new	0.00	8.0
0.00	teaching program" (see instructions)			0.00	0.0
9.00	Intern and resident count for IRF PPS medical education a	adjustment (see instructions)		0.00	9.0
10.00	Average Daily Census (see instructions)	· · · · · · · · · · · · · · · · · · ·		12.926027	10.0
11.00	Teaching Adjustment Factor (see instructions)			0.00000	11.0
12.00	Teaching Adjustment (see instructions)			0	12.0
13.00	Total PPS Payment (see instructions)			3, 838, 440	13.0
14.00	Nursing and Allied Health Managed Care payments (see inst	ruction)		0	14.0
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.0
16.00	Cost of physicians' services in a teaching hospital (see	instructions)		0	
17.00	Subtotal (see instructions)			3, 838, 440	
18.00	51515			0	18.0
19.00	Subtotal (line 17 less line 18).			3, 838, 440	
20.00 21.00	Deductibles Subtotal (line 19 minus line 20)			54, 412 3, 784, 028	
22.00				10, 923	
23.00	Subtotal (line 21 minus line 22)			3, 773, 105	
24.00	Allowable bad debts (exclude bad debts for professional s	services) (see instructions)		5, 537	24.0
25.00				3, 599	
26.00	Allowable bad debts for dual eligible beneficiaries (see	instructions)		4, 249	26.00
27.00	Subtotal (sum of lines 23 and 25)	· · · · · · · · · · · · · · · · · · ·		3, 776, 704	27.0
28.00	Direct graduate medical education payments (from Wkst. E-	4, line 49)		0	28.0
29.00	Other pass through costs (see instructions)			766	29.0
30.00	Outlier payments reconciliation			0	30. 0
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31.0
31.50	Pioneer ACO demonstration payment adjustment (see instruc			0	31.5
31.99	Demonstration payment adjustment amount before sequestrat	i on		0	31.99
32.00				3, 777, 470	
32.01	Sequestration adjustment (see instructions)			75, 549	
32.02		on			32.0
33.00 34.00				3, 690, 222 0	
34.00	Balance due provider/program (line 32 minus lines 32.01,	32 02 33 and 34)		11, 699	34. 0 35. 0
36.00	Protested amounts (nonallowable cost report items) in acc		chanter 1	49, 780	
55.00	§115. 2		shaptor i,	÷,,,00	55.00
	TO BE COMPLETED BY CONTRACTOR				
50.00	5			52, 679	
50.00 51.00 52.00	Outlier reconciliation adjustment amount (see instruction The rate used to calculate the Time Value of Money	IS)		0	51.00 52.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100	Peri od:	Worksheet E-3	2552
			From 07/01/2017 To 06/30/2018	Part VII Date/Time Prep 11/27/2018 1:0	
		Title XIX	Hospi tal	Cost	
			Inpatient	Outpati ent	
				2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV COMPUTATION OF NET COST OF COVERED SERVICES	TCES FOR TITLES V OR 7	IX SERVICES		-
00	Inpatient hospital/SNF/NF services		15, 395, 479		1 1.
00	Medical and other services		10,070,177	0	
00	Organ acquisition (certified transplant centers only)		0		3.
00	Subtotal (sum of lines 1, 2 and 3)		15, 395, 479	0	4
00	Inpatient primary payer payments		0		5
00	Outpatient primary payer payments			0	6
00	Subtotal (line 4 less sum of lines 5 and 6)		15, 395, 479	0	7
	COMPUTATION OF LESSER OF COST OR CHARGES				-
~~	Reasonabl e Charges		4.040.004		
00	Routi ne servi ce charges		4, 968, 081	1/1 640 /76	8
00 . 00	Ancillary service charges Organ acquisition charges, net of revenue		78, 628, 968 0	141, 563, 475	10
. 00	Incentive from target amount computation		0		11
. 00	Total reasonable charges (sum of lines 8 through 11)		83, 597, 049	141, 563, 475	
. 00	CUSTOMARY CHARGES		03, 377, 047	141, 303, 473	1 12
. 00	Amount actually collected from patients liable for payment for	services on a charge	0	0	1 13
	basis	<u>j</u>			
. 00	Amounts that would have been realized from patients liable for	payment for services of	on 0	0	14
	a charge basis had such payment been made in accordance with 42	2 CFR §413.13(e)			
. 00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	
. 00	Total customary charges (see instructions)		83, 597, 049	141, 563, 475	
. 00	Excess of customary charges over reasonable cost (complete only	68, 201, 570	141, 563, 475	17	
3. 00	line 4) (see instructions)	if line 4 avoada lir		0	10
5. 00	Excess of reasonable cost over customary charges (complete only 16) (see instructions)	/ II IIIne 4 exceeds III	ie 0	0	18
. 00	Interns and Residents (see instructions)		0	0	19
	Cost of physicians' services in a teaching hospital (see instru	uctions)	0	0	
	Cost of covered services (enter the lesser of line 4 or line 16		15, 395, 479	0	
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be c				1
. 00	Other than outlier payments		0	0	22
	Outlier payments		0	0	23
. 00	Program capital payments		0		24
. 00	Capital exception payments (see instructions)		0		25
. 00	Routine and Ancillary service other pass through costs		0	0	
. 00	Subtotal (sum of lines 22 through 26)		0	0	
3.00	Customary charges (title V or XIX PPS covered services only)		0	0	
. 00	Titles V or XIX (sum of lines 21 and 27)		15, 395, 479	0	29
. 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Excess of reasonable cost (from line 18)		0	0	30
. 00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		15, 395, 479	0	
. 00	Deductiblies		15, 395, 479	0	
	Coinsurance		0	0	
	Allowable bad debts (see instructions)		0	Ũ	34
. 00	Utilization review		0	-	35
. 00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	33)	15, 395, 479	0	36
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	
. 00	Subtotal (line 36 ± line 37)		15, 395, 479	0	
. 00	Direct graduate medical education payments (from Wkst. E-4)		0		39
. 00	Total amount payable to the provider (sum of lines 38 and 39)		15, 395, 479	0	40
	Interim payments		15, 395, 479	0	41
. 00					
1.00 2.00 3.00	Balance due provider/program (line 40 minus line 41) Protested amounts (nonallowable cost report items) in accordance		0	0	

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100	Period: From 07/01/2017	Worksheet E-3 Part VII
		Component CCN: 15-S100	To 06/30/2018	Date/Time Prep 11/27/2018 1:0
		Title XIX	Subprovider - IPF	Cost
			Inpatient	Outpati ent
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH	SERVICES FOR TITLES V OR X	1.00	2.00
	COMPUTATION OF NET COST OF COVERED SERVICES			
00	Inpatient hospital/SNF/NF services		1, 700, 489	
00	Medical and other services			0
00	Organ acquisition (certified transplant centers only)		0	
00	Subtotal (sum of lines 1, 2 and 3)		1, 700, 489	0
00	Inpatient primary payer payments		0	
00	Outpatient primary payer payments		1 700 400	0
00	Subtotal (line 4 less sum of lines 5 and 6) COMPUTATION OF LESSER OF COST OR CHARGES		1, 700, 489	0
	Reasonable Charges			
00	Routi ne servi ce charges		344, 130	
00	Ancillary service charges		1, 584, 306	o
. 00	Organ acquisition charges, net of revenue		0	Ű
. 00	Incentive from target amount computation		0	
. 00	Total reasonable charges (sum of lines 8 through 11)		1, 928, 436	0
	CUSTOMARY CHARGES			
. 00	Amount actually collected from patients liable for payment	for services on a charge	0	0
	basi s			
. 00	Amounts that would have been realized from patients liable		n O	0
00	a charge basis had such payment been made in accordance wi	0,000000	0. 000000	
. 00 . 00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0. 000000 1, 928, 436	0.000000
. 00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete	only if line 16 exceeds	227, 947	0
. 00	line 4) (see instructions)	only if the to exceeds	227, 747	0
. 00	Excess of reasonable cost over customary charges (complete	only if line 4 exceeds lin	e 0	0
	16) (see instructions)			-
. 00	Interns and Residents (see instructions)		0	0
. 00	Cost of physicians' services in a teaching hospital (see i	nstructions)	0	0
. 00	Cost of covered services (enter the lesser of line 4 or li		1, 700, 489	0
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only	be completed for PPS provi		
. 00	Other than outlier payments		0	0
. 00	Outlier payments		0	0
. 00 . 00	Program capital payments Capital exception payments (see instructions)		0	
. 00	Routine and Ancillary service other pass through costs		0	0
. 00	Subtotal (sum of lines 22 through 26)		0	o
. 00	Customary charges (title V or XIX PPS covered services onl	V)	0	0
. 00	Titles V or XIX (sum of lines 21 and 27)	<i></i>	1, 700, 489	0
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
. 00	Excess of reasonable cost (from line 18)		0	0
. 00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 an	d 6)	1, 700, 489	0
	Deducti bl es		0	0
. 00	Coinsurance		0	0
. 00	Allowable bad debts (see instructions)	0	0	
. 00	Utilization review			
. 00 . 00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)			0
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Subtotal (line 36 ± line 37)		1, 700, 489	o
. 00	Direct graduate medical education payments (from Wkst. E-4	)	1, 700, 489	0
. 00	Total amount payable to the provider (sum of lines 38 and		1, 700, 489	o
. 00	Interim payments	- /	1, 700, 489	o
2.00	Balance due provider/program (line 40 minus line 41)		0	0
	Balance due provider/program (line 40 minus line 41)       0         Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2,       0			

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100	Period: From 07/01/2017	Worksheet E-3 Part VII	
		Component CCN: 15-T100	To 06/30/2018	Date/Time Pre 11/27/2018 1:	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH	SERVICES FOR TITLES V OR X		2.00	-
	COMPUTATION OF NET COST OF COVERED SERVICES				1
00	Inpatient hospital/SNF/NF services		367, 385		1 -
00	Medical and other services			0	
00	Organ acquisition (certified transplant centers only)		0	_	
00	Subtotal (sum of lines 1, 2 and 3)		367, 385	0	
00	Inpatient primary payer payments		0	0	
00 00	Outpatient primary payer payments Subtotal (line 4 less sum of lines 5 and 6)		367, 385	0	
00	COMPUTATION OF LESSER OF COST OR CHARGES		307, 305	0	1
	Reasonable Charges				1
00	Routi ne servi ce charges		123, 940		18
00	Ancillary service charges		1, 423, 176	0	
. 00	Organ acquisition charges, net of revenue		0		11
. 00	Incentive from target amount computation		0		1
2. 00	Total reasonable charges (sum of lines 8 through 11)		1, 547, 116	0	1:
	CUSTOMARY CHARGES				
3.00	Amount actually collected from patients liable for payment	for services on a charge	0	0	1:
	basi s		n O	0	14
. 00		Amounts that would have been realized from patients liable for payment for services on			
~~	a charge basis had such payment been made in accordance wit	0,000000	0,000000	1	
. 00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0. 000000 1, 547, 116	0. 000000 0	
. 00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete	only if line 16 exceeds	1, 179, 731	0	
. 00	line 4) (see instructions)	1, 177, 731	0	'	
3. 00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line			0	1
	16) (see instructions)				
0. 00	Interns and Residents (see instructions)		0	0	10
. 00	Cost of physicians' services in a teaching hospital (see in	structions)	0	0	
. 00	Cost of covered services (enter the lesser of line 4 or lin		367, 385	0	2
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only	be completed for PPS provi			
2.00	Other than outlier payments		0	0	
. 00	Outlier payments		0	0	
. 00	Program capital payments		0		2
. 00 . 00	Capital exception payments (see instructions) Routine and Ancillary service other pass through costs		0	0	2
. 00	Subtotal (sum of lines 22 through 26)		0	0	
. 00	Customary charges (title V or XIX PPS covered services only	٠)	0	0	
. 00	Titles V or XIX (sum of lines 21 and 27)	,	367, 385	0	
. 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		007,000		12
0. 00	Excess of reasonable cost (from line 18)		0	0	1 30
. 00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and	6)	367, 385	0	3
. 00	Deductibles		0	0	3
. 00	Coinsurance		0	0	
. 00	Allowable bad debts (see instructions)	0	0		
. 00	Utilization review				3
. 00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)			0	
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
. 00	Subtotal (line 36 ± line 37)		367, 385	0	
. 00	Direct graduate medical education payments (from Wkst. E-4) Total amount payable to the provider (sum of lines 38 and 3		247 205	0	3
0. 00 . 00		7)	367, 385 367, 385	0	
2.00	Interim payments Balance due provider/program (line 40 minus line 41)		307, 385	0	
2.00 3.00	Protested amounts (nonallowable cost report items) in accor	dance with CMS Pub 15-2	0	0	
. 00	chapter 1, §115.2		U U	0	1 1

	Financial Systems ST. VINCENT EV GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT		CN: 15-0100	Peri od:	u of Form CMS-2 Worksheet E-4	
	L EDUCATION COSTS			From 07/01/2017 To 06/30/2018	Date/Time Prep 11/27/2018 1:0	pared:
		Title	XVIII	Hospi tal	PPS	- p
					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				1.00	
. 00	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.	programs for	cost reporti	ng periods	18.00	1.0
. 00	Unweighted FTE resident cap add-on for new programs per 42 CF		1) (see inst	ructions)	0.00	2.0
. 00 . 01	Amount of reduction to Direct GME cap under section 422 of MM Direct GME cap reduction amount under ACA §5503 in accordance		8 §413.79 (m).	(see	0.00 7.29	
. 00	instructions for cost reporting periods straddling 7/1/2011) Adjustment (plus or minus) to the FTE cap for allopathic and GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)		programs due	to a Medicare	0.00	4. C
. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see inst straddling 7/1/2011)		cost reporti	ng periods	0.00	4.0
. 02	ACA Section 5506 number of additional direct GME FTE cap slot periods straddling 7/1/2011)	ts (see inst	ructions for	cost reporting	0.00	4. C
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl 4.02 plus applicable subscripts	us or minus	line 4 plus	ines 4.01 and	10. 71	5. C
5.00	Unweighted resident FTE count for allopathic and osteopathic records (see instructions)	programs for	the current	year from your	0.00	6.0
7.00	Enter the lesser of line 5 or line 6			211	0.00	7. C
			Primary Car 1.00	e Other 2.00	<u>Total</u> 3.00	
3. 00	Weighted FTE count for physicians in an allopathic and osteop	oathi c	0.1		0.00	8.0
. 00	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherwork multiply line 8 times the result of line 5 divided by the amount for the state of line 5 divided by the amount for the state of line 5 divided by the amount for the state of line 5 divided by the state of line 5 div		0.	0.00	0.00	9. (
0. 00	6. Weighted dental and podiatric resident FTE count for the curr	cont year		6.00		10.
0.01	Unweighted dental and podiatric resident FTE count for the cu	5		0.00		10.
1. 00	Total weighted FTE count		0.			11.
2.00	Total weighted resident FTE count for the prior cost reportininstructions)	ng year (see	0.	6.00		12.
3.00	Total weighted resident FTE count for the penultimate cost re year (see instructions)	eporti ng	0.	6.00		13.
4.00	Rolling average FTE count (sum of lines 11 through 13 divided	d by 3).	0.			14.
5.00	Adjustment for residents in initial years of new programs		0.			15.
5.01 6.00	Unweighted adjustment for residents in initial years of new p Adjustment for residents displaced by program or hospital clo		0. 0.			15. 16.
6. 01	Unweighted adjustment for residents displaced by program or h closure		0.			16.
7.00	Adjusted rolling average FTE count		0.			17.
8.00 9.00	Per resident amount Approved amount for resident costs		110, 923.	24 105, 034. 53 0 630, 207	630, 207	18. 19.
7.00				0 030, 207	030, 207	17.
0. 00	Additional unweighted allopathic and osteopathic direct GME F	TE resident	cap slots red	ceived under 42	1.00 0.00	20.
1 00	Sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instru	uctions)			0.00	21
1.00 2.00	Allowable additional direct GME FTE Resident Count (see instr				0.00	
3.00	Enter the locality adjustment national average per resident a		nstructions)		0.00	
4.00	Multiply line 22 time line 23				0	24.
5.00	Total direct GME amount (sum of lines 19 and 24)			t Managara and	630, 207	25.
			Inpatient Pa A	rt Managed care		
			1.00	2.00	3.00	
6. 00	COMPUTATION OF PROGRAM PATIENT LOAD Inpatient Days (see instructions)		36, 6	87 8, 318		26.
7.00	Total Inpatient Days (see instructions)		71, 7			20.
8.00	Ratio of inpatient days to total inpatient days		0. 5113			28.
9.00	Program direct GME amount		322, 2	63 73, 066		29.
30.00	Reduction for direct GME payments for Medicare Advantage			10, 324		30.
$\cap$ $\cap$	Net Program direct GME amount		1	1	385, 005	1 21

Heal th	Financial Systems ST. V	INCENT EVA	NSVI LLE	In Lie	u of Form CMS-2	2552-10	
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT D	I RECT	Provider CCN: 15-0100	Peri od:	Worksheet E-4		
MEDI CA	L EDUCATION COSTS			From 07/01/2017 To 06/30/2018	Date/Time Pre	narod	
				10 06/30/2018	11/27/2018 1:0		
	Title XVIII Hospital						
					1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RA	TE - TITLE	E XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL		
	EDUCATION COSTS)						
32.00	Renal dialysis direct medical education costs (from and 94)	Wkst. B, F	Pt. I, sum of col. 20 an	d 23, lines 74	0	32.00	
33.00	Renal dialysis and home dialysis total charges (Wkst	. C. Pt. I	, col. 8, sum of lines	74 and 94)	4, 396, 099	33.00	
34.00	Ratio of direct medical education costs to total cha				0.000000		
35.00	5						
36.00	Medicare outpatient ESRD direct medical education co		0	36.00			
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TI	TLE XVIII	ONLY				
	Part A Reasonable Cost						
	Reasonable cost (see instructions)				84, 107, 048		
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1,				0	38.00	
	Cost of physicians' services in a teaching hospital	(see instr	ructions)		0	39.00	
40.00	Primary payer payments (see instructions)				14, 949		
41.00	Total Part A reasonable cost (sum of lines 37 throug	h 39 minus	s line 40)		84, 092, 099	41.00	
42.00	Part B Reasonable Cost				44.050.042	40.00	
42.00 43.00	Reasonable cost (see instructions) Primary payer payments (see instructions)				44, 959, 842 1, 546		
43.00	Total Part B reasonable cost (line 42 minus line 43)				44, 958, 296		
44.00	Total reasonable cost (sum of lines 41 and 44)				129, 050, 395		
46.00	Ratio of Part A reasonable cost to total reasonable	cost (line	• 41 ÷ line 45)		0. 651622		
47.00	Ratio of Part B reasonable cost to total reasonable				0. 348378		
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART				21 2 12070		
48.00							
49.00	Part A Medicare GME payment (line 46 x 48) (title XV	III only)	(see instructions)		250, 878	49.00	
50.00	Part B Medicare GME payment (line 47 x 48) (title XV	III only)	(see instructions)		134, 127	50.00	

LANC	Financial Systems ST. VINCENT E SHEET (If you are nonproprietary and do not maintain uppe accounting accords, complete the Capacal Fund column	Provider C		Period: From 07/01/2017	u of Form CMS-2 Worksheet G	
ina-t nl y)	ype accounting records, complete the General Fund column			o 06/30/2018	Date/Time Pre 11/27/2018 1:	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
00	Cash on hand in banks	4, 731, 770	(	) 0	0	1.
00	Temporary investments	0	(		0	
00	Notes receivable	0	0	-	0	3.
00	Accounts receivable	220, 149, 677	0	-	0	
00 00	Other receivable Allowances for uncollectible notes and accounts receivable	14, 952, 615 -139, 202, 078		-	0	
00	Inventory	8, 451, 717		, i	0	
00	Prepaid expenses	885, 533			0	
00	Other current assets	0	(	0	0	
. 00	Due from other funds	478, 576	0	0 0	0	10
. 00	Total current assets (sum of lines 1-10)	110, 447, 810	(	0 0	0	11
~ ~	FI XED ASSETS	7 70 / 700				
. 00	Land	7, 736, 792			0	
. 00	Land improvements Accumulated depreciation	8, 513, 003 -6, 841, 673			0	13
	Buildings	188, 245, 078			0	
	Accumulated depreciation	-147, 409, 084			0	16
	Leasehold improvements	12, 362, 225			0	17
. 00	Accumulated depreciation	-8, 295, 551	0	0 0	0	18
	Fixed equipment	0	(	0 0	0	19
	Accumulated depreciation	0		-	0	20
	Automobiles and trucks	2, 405, 654	(	-	0	
	Accumul ated depreciation	-1, 708, 151	(		0	
	Major movable equipment	146, 978, 146		-	0	23
	Accumulated depreciation Minor equipment depreciable	-122, 729, 777		-	0	24
	Accumulated depreciation			, ,	0	26
	HIT designated Assets	0	(	, i	0	27
	Accumulated depreciation	0	C	0	0	28
. 00	Mi nor equi pment-nondepreci abl e	0	(	0 0	0	29
. 00	Total fixed assets (sum of lines 12-29)	79, 256, 662	(	0 0	0	30
	OTHER ASSETS					
	Investments	527, 516			0	
	Deposits on Leases	0	(		0	32
8.00	Due from owners/officers				0	33
. 00	Other assets Total other assets (sum of lines 31-34)	24, 622, 281 25, 149, 797		-	0	34
b. 00	Total assets (sum of lines 11, 30, and 35)	214, 854, 269			0	
. 00	CURRENT LI ABI LI TI ES	214,034,207			0	1 50
. 00	Accounts payable	17, 502, 162	(	) 0	0	37
. 00	Sal ari es, wages, and fees payable	7, 328, 529	(	0 0	0	38
. 00	Payroll taxes payable	0	(	0 0	0	
	Notes and Loans payable (short term)	1, 806, 336	0	0 0	0	40
	Deferred income	0	(	0 0	0	
2.00	Accel erated payments					42
8.00	Due to other funds Other current liabilities	50, 086, 624		-	0	
	Total current liabilities (sum of lines 37 thru 44)	143, 071, 677 219, 795, 328			0	
. 00	LONG TERM LIABILITIES	219, 795, 520			0	40
. 00	Mortgage payable	121, 955	(	) 0	0	46
. 00	Notes payable	0			0	47
. 00	Unsecured Loans	0	0	0 0	0	48
. 00	Other long term liabilities	0	(	0 0	0	49
	Total long term liabilities (sum of lines 46 thru 49)	121, 955			0	50
. 00	Total liabilities (sum of lines 45 and 50)	219, 917, 283	(	0 0	0	51
~~	CAPITAL ACCOUNTS	F 0/2 014				1
	General fund balance	-5, 063, 014				52
. 00 . 00	Specific purpose fund Donor created - endowment fund balance - restricted		(	0		53
. 00	Donor created - endowment fund balance - restricted			0		54
. 00	Governing body created - endowment fund balance			0		56
. 00 . 00	Plant fund balance - invested in plant				0	
. 00 3. 00	Plant fund balance - reserve for plant improvement,				0	
	replacement, and expansion				Ū	
	Total fund balances (sum of lines 52 thru 58)	-5, 063, 014	(	0 0	0	59
. 00		0/000/011				60

Heal th	Financial Systems	ST. VINCENT E	VANSVI LLE		In Lie	u of Form CMS-2	2552-10
STATEM	ENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet G-1 Date/Time Prep 11/27/2018 1:0	
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 18. \ 00\\ 19. \ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) RESTRICTED CONTRIBUTIONS OF PROPERTY OTHER Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) TRANSFER TO / FROM AFFILIATES OTHER Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	128, 898 0 0 0 0 0 13, 947, 918 0 0 0 0 0 0	-48, 978, 532 57, 734, 538 8, 756, 006 128, 898 8, 884, 904 13, 947, 918 -5, 063, 014			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 19.\ 00\\ 19.\ 00\\ \end{array}$
		Endowment Fund	PI ant				
1 00	Fund halances at beginning of pariod	6.00	7.00	8.00	0		1.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) RESTRICTED CONTRIBUTIONS OF PROPERTY OTHER	0	0 0 0 0 0 0		0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) TRANSFER TO / FROM AFFILIATES OTHER Total deductions (sum of lines 12-17)	00	0 0 0 0 0 0		0		10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00
18.00 19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0			0		18.00 19.00

	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	ANSVILLE Provider CO		Period: From 07/01/2017 To 06/30/2018	u of Form CMS- Worksheet G-2 Parts I & II Date/Time Pre 11/27/2018 1:	2 epared:
	Cost Center Description		Inpatient	Outpatient	Total	
	PART I - PATIENT REVENUES		1.00	2.00	3.00	
	General Inpatient Routine Services					1
. 00	Hospi tal		77, 976, 48	33	77, 976, 483	1.0
. 00	SUBPROVIDER - IPF		7, 069, 28		7, 069, 280	
. 00	SUBPROVIDER - IRF		4, 956, 39	2	4, 956, 392	
. 00	SUBPROVIDER			0	0	4.0
. 00 . 00	Swing bed - SNF Swing bed - NF			0	0	
. 00	SKILLED NURSING FACILITY			0	0	
. 00	NURSI NG FACILITY			0	0	
. 00	OTHER LONG TERM CARE					9.0
0. 00	Total general inpatient care services (sum of lines 1-9)		90, 002, 15	55	90, 002, 155	10.0
	Intensive Care Type Inpatient Hospital Services					
1.00	INTENSIVE CARE UNIT		27, 495, 85		27, 495, 853	
1.02	NICU		9, 339, 78		9, 339, 781	
2.00 3.00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT		3, 437, 86	99	3, 437, 869	12.0
3.00 4.00	SURGICAL INTENSIVE CARE UNIT					14.0
5.00	OTHER SPECIAL CARE (SPECIFY)					15.0
6. 00	Total intensive care type inpatient hospital services (sum of 11-15)	Flines	40, 273, 50	03	40, 273, 503	
7.00	Total inpatient routine care services (sum of lines 10 and 10	5)	130, 275, 65	58	130, 275, 658	17.0
B. 00	Ancillary services	- /	599, 883, 46		1, 406, 569, 991	
9.00	Outpatient services		47, 238, 98	122, 978, 658	170, 217, 646	19.0
0.00	RURAL HEALTH CLINIC			0 0	0	20.0
1.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0	
2.00	HOME HEALTH AGENCY			0	0	
3.00	AMBULANCE SERVICES CMHC		38, 52	9, 095, 448		
4.00 5.00	AMBULATORY SURGICAL CENTER (D. P. )			0	0	24. ( 25. (
6.00	HOSPICE					26.0
7.00	OTHER OPERATING REVENUE		2, 511, 41	1 8, 519	2, 519, 930	
7.01	PHYSICIAN'S PRIVATE OFFICES		203, 56			
7.02	DME			0 8, 399, 531	8, 399, 531	27.0
7.03	CONV CARE			0 15, 850, 536	15, 850, 536	27. (
7.04	OTHER (SPECIFY)			0 0	0	
8.00	Total patient revenues (sum of lines 17-27)(transfer column : G-3, line 1)	3 to Wkst.	780, 151, 61	6 968, 437, 819	1, 748, 589, 435	28.0
	PART II - OPERATING EXPENSES					
9.00	Operating expenses (per Wkst. A, column 3, line 200)			470, 735, 100		29.
D. 00	ADD (SPECI FY)			0		30.
1.00 2.00				0		31. (
2.00				0		32. 33.
1. 00				0		34.
5.00				0		35.
5.00	Total additions (sum of lines 30-35)			0		36.
7.00	DEDUCT (SPECI FY)			0		37.
3. 00				0		38.
9.00				0		39.
0. 00				0		40.
I. 00				0		41.
2.00	Total deductions (sum of lines 37-41)			0		42.0
3.00	Total operating expenses (sum of lines 29 and 36 minus line -	12)(transfer		470, 735, 100		43.0

Health Financial Systems		ST. VINCENT EVANSVI	In Lie	u of Form CMS-2552-10		
STATEM	ENT OF REVENUES AND EXPENSES	Pro	vider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet G-3 Date/Time Pre	pared:
			-		11/27/2018 1:0	09 pm
					1.00	
1.00	Total patient revenues (from Wkst. G-2, Part	L column 3 line 28)			1, 748, 589, 435	1.00
2.00	Less contractual allowances and discounts on				1, 238, 419, 417	2.00
3.00	Net patient revenues (line 1 minus line 2)				510, 170, 018	
4.00	Less total operating expenses (from Wkst. G-2	2. Part II. line 43)			470, 735, 100	
5.00	Net income from service to patients (line 3 m				39, 434, 918	5.00
	OTHER INCOME					
6.00	Contributions, donations, bequests, etc				0	6.00
7.00	Income from investments				0	7.00
8.00	Revenues from telephone and other miscellanec	ous communication serv	ri 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	
13.00	Revenue from Laundry and Linen service				187, 128	13.00
14.00	Revenue from meals sold to employees and gues	sts			0	
15.00	Revenue from rental of living quarters				0	15.00
16.00	Revenue from sale of medical and surgical sup		atients		0	16.00
17.00	Revenue from sale of drugs to other than pati				34, 066	
18.00	Revenue from sale of medical records and abst					
19.00	Tuition (fees, sale of textbooks, uniforms, e				0	
20.00	Revenue from gifts, flowers, coffee shops, an	nd canteen			0	20.00
21.00	Rental of vending machines				0	21.00
22.00	Rental of hospital space				524, 162	
23.00	Governmental appropriations				0	
24.00	OTHER OPERATING INCOME				17, 855, 661	24.00
24.01	OTHER (SPECIFY)				0	
25.00	Total other income (sum of lines 6-24)				18, 602, 807	
26.00	Total (line 5 plus line 25)				58, 037, 725	
27.00	NONOPERATING GAINS/LOSSES				303, 187	
28.00	Total other expenses (sum of line 27 and subs	1 2			303, 187	
29.00	Net income (or loss) for the period (line 26	minus line 28)			57, 734, 538	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B       Provider CCN: 15-0100       Period: From 07/01/2017       Worksheet I - 5         Depart 1 - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B       1.00       2.00         PART 1 - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B       1.00       2.00         Dotat payment due (from Wkst. 1-4, col. 6. 0.1, line 11) (see instructions)       0       0         2.01       Total payment due (from Wkst. 1-4, col. 6. 0.0, line 11) (see instructions)       0       0         2.02       Total payment due (from Wkst. 1-4, col. 6. 0.0, line 11) (see instructions)       0       0       2.01         2.03       Total payment due (see instructions)       0       0       2.02       2.01         2.04       Dutlier payments       0       0       2.03       3.00         2.04       Dutlier payments       0       0       0       2.03         2.04       Dutlier billed to Modicare (Part B) patients (see instructions)       0       0       3.02         3.04       Duductibles billed to Modicare (Part B) patients (see instructions)       0       0       3.02         3.02       Data deductibles and coinsurance, net of bad debt recoveries       0       0       4.02         4.01       Coinsurance billed to Modicare (Part B) pa	Heal th	Financial Systems ST. VINCENT EVA	NSVI LLE		In Lie	u of Form CMS-2	2552-10
To         06/30/2018         Date/Time Prepared: 11/27/2018 1:09 pm           PART 1 - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B         1.00         2.00           1.00         Total expenses related to care of program beneficiaries (see instructions)         0         1.00           2:00         Total payment due (from Wkst, 1-4, col. 6.01, line 11) (see instructions)         0         0         2.00           2:01         Total payment due (from Wkst, 1-4, col. 6.01, line 11) (see instructions)         0         0         2.02           2:03         Total payment due (see instructions)         0         0         2.02           2:04         Outlier payments         0         0         0         2.03           3:00         Deductible so liled to Medicare (Part B) patients (see instructions)         0         0         3.03           3:02         Deductibles billed to Medicare (Part B) patients (see instructions)         0         0         3.03           4:00         Coinsurance billed to Medicare (Part B) patients (see instructions)         0         4.03           4:01         Coinsurance billed to Medicare (Part B) patients (see instructions)         4.03         4.03           4:03         Total deautibles and coinsurance, net of bad debt recoveries         0         4.03           5:01	CALCUL	ATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 1			Worksheet I-5	
PART I - CALQULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B       1.00       2.00         1.00       Total expenses related to care of program beneficiaries (see instructions)       0       0         2.00       Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)       0       0       2.01         2.01       Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)       0       0       2.03         2.03       Total payment due (see instructions)       0       0       2.03         2.04       Outlier payments       0       0       2.03         3.01       Deductible soliled to Medicare (Part B) patients (see instructions)       0       0       3.01         3.02       Deductible soliled to Medicare (Part B) patients (see instructions)       0       0       3.03         3.01       Consurance billed to Medicare (Part B) patients (see instructions)       0       0       3.03         3.02       Deductible soliled to Medicare (Part B) patients (see instructions)       0       0       4.01         4.02       Consurance billed to Medicare (Part B) patients (see instructions)       0       0       4.03         3.03       Total deuctible soliled to Medicare (Part B) patients (see instructions)       0       0       4.02         4.03 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
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 instructions)         0         1.00           2.01         Total payment due (from West. 1-4, col. 6, line 11) (see instructions)         0         2.00           2.01         Total payment due (from West. 1-4, col. 6, 0.1, line 11) (see instructions)         0         2.00           2.03         Total payment due (from West. 1-4, col. 6, 0.2, line 11) (see instructions)         0         2.02           2.03         Total payment due (from West. 1-4, col. 6, 0.2, line 11) (see instructions)         0         2.01           2.04         Outlier payments         0         0         2.03           3.00         Deductibles billed to Medicare (Part B) patients (see instructions)         0         0         3.00           3.01         Batients (see instructions)         0         0         3.03           3.02         Deductibles billed to Medicare (Part B) patients (see instructions)         0         4.01           4.02         Coinsurance billed to Medicare (Part B) patients (see instructions)         0         4.03           4.03         Total expense and coinsurance billed to Medicare (Part B) patients (see instructions)         0         4.03           5.00					10 06/30/2018		
PART I - CALCULATION OF RELIMBURSABLE RAD DEBTS - TITLE XVIII - PART B           100         Total expenses related to care of program beneficiaries (see instructions)         0         0         2.00           200         Total payment due (from Wkst. 1-4, col. 6.0, line 11) (see instructions)         0         2.00           2.01         Total payment due (from Wkst. 1-4, col. 6.0, line 11) (see instructions)         0         2.00           2.02         Total payment due (from Wkst. 1-4, col. 6.0, line 11) (see instructions)         0         2.02           2.03         Total payment due (from Wkst. 1-4, col. 6.0, line 11) (see instructions)         0         2.02           2.04         Outlier payments         0         0         2.03           0.01         Deductibles billed to Medicare (Part B) patients (see instructions)         0         0         3.00           3.02         Deductibles billed to Medicare (Part B) patients (see instructions)         0         0         4.01           4.02         Coinsurance billed to Medicare (Part B) patients (see instructions)         0         0         4.03           5.00         Total coinsurance billed to Medicare (Part B) patients (see instructions)         0         4.03           6.01         Insurance, net of Pad debt recoveries         0         5.00         5.00           5.00						11/2//2010 1.0	
PART I - CALCULATION OF RELIMBURSABLE RAD DEBTS - TITLE XVIII - PART B           100         Total expenses related to care of program beneficiaries (see instructions)         0         0         2.00           200         Total payment due (from Wkst. 1-4, col. 6.0, line 11) (see instructions)         0         2.00           2.01         Total payment due (from Wkst. 1-4, col. 6.0, line 11) (see instructions)         0         2.00           2.02         Total payment due (from Wkst. 1-4, col. 6.0, line 11) (see instructions)         0         2.02           2.03         Total payment due (from Wkst. 1-4, col. 6.0, line 11) (see instructions)         0         2.02           2.04         Outlier payments         0         0         2.03           0.01         Deductibles billed to Medicare (Part B) patients (see instructions)         0         0         3.00           3.02         Deductibles billed to Medicare (Part B) patients (see instructions)         0         0         4.01           4.02         Coinsurance billed to Medicare (Part B) patients (see instructions)         0         0         4.03           5.00         Total coinsurance billed to Medicare (Part B) patients (see instructions)         0         4.03           6.01         Insurance, net of Pad debt recoveries         0         5.00         5.00           5.00					1.00	2.00	
1 00Total expenses related to care of program beneficiaries (see instructions)01.002.00Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)002.002.01Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)002.002.02Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)002.002.03Total payment due (see instructions)002.030.40Outlier payments002.030.70Deductibles billed to Medicare (Part B) patients (see instructions)003.003.01Deductibles billed to Medicare (Part B) patients (see instructions)003.003.02Total consurance billed to Medicare (Part B) patients (see instructions)003.004.00Coinsurance billed to Medicare (Part B) patients (see instructions)004.004.01Coinsurance billed to Medicare (Part B) patients (see instructions)004.035.00Bad debts for deductibles and coinsurance, net of bad debt recoveries005.005.01Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt05.035.03Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt05.035.04Aldebts for dual cibles and coinsurance net of bad debt05.045.05Aldebts for dual cibles and coinsurance net of bad debt05.036.00Aliowab		PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII -	PART B				
2 00Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)002.002.01Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)02.012.02Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)02.032.03Total payment due (see instructions)02.032.04Outlier payments02.033.00Deductible shilled to Medicare (Part B) patients (see instructions)03.003.01Deductible shilled to Medicare (Part B) patients (see instructions)03.033.02Deductible shilled to Medicare (Part B) patients (see instructions)03.033.03Total deductible shilled to Medicare (Part B) patients (see instructions)04.004.00Coinsurance billed to Medicare (Part B) patients (see instructions)04.004.01Coinsurance billed to Medicare (Part B) patients (see instructions)04.014.02Coinsurance billed to Medicare (Part B) patients (see instructions)04.035.01Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt05.017 ransition period 2 (S0-50%) bad debts for deductibles and coinsurance net of bad debt05.027 ransition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt05.038.04Howable bad debts for deductibles and coinsurance net of bad debt05.039.04Now PPS bad debts for deductibles and coinsurance net of bad debt05.05	1.00				0		1.00
2 01Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)2.012.02Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)02.03Total payment due (see instructions)0000.012.04Outlier payments00.0500.010.0600.020.0700.000.01000.01000.02000.03000.03000.04000.05000.06000.07000.08000.09000.01000.01000.01000.01000.01000.02000.03000.04000.05000.06000.07000.08000.09000.01000.01000.02000.03000.04000.05000.06000.07000.01000.02000.0300.0400 <td>2.00</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>2.00</td>	2.00				0	0	2.00
2.03Total payment due (see instructions)02.032.04Outlier payments02.033.00Deductible shiled to Medicare (Part B) patients (see instructions)03.003.01Deductibles billed to Medicare (Part B) patients (see instructions)3.013.02Deductibles billed to Medicare (Part B) patients (see instructions)03.023.03Total deductibles billed to Medicare (Part B) patients (see instructions)03.034.00Coinsurance billed to Medicare (Part B) patients (see instructions)04.004.01Coinsurance billed to Medicare (Part B) patients (see instructions)4.014.014.02Coinsurance billed to Medicare (Part B) patients (see instructions)04.035.00Bad debts for deductibles and coinsurance, net of bad debt recoveries05.005.01Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt05.025.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt05.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt05.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt05.036.00Adjusted reimbursable bad debts (see instructions)05.045.04Inowable bad debts for deductibles and coinsurance net of bad debt05.056.00Adjusted reimbursable bad debts (see instructions)05.046.00Adjusted reimbursable bad debts (see inst	2.01						2.01
2.04Outlier payments02.043.00Deductibles billed to Medicare (Part B) patients (see instructions)003.01Deductibles billed to Medicare (Part B) patients (see instructions)003.02Deductibles billed to Medicare (Part B) patients (see instructions)003.03Total deductibles billed to Medicare (Part B) patients (see instructions)003.03Total deductibles billed to Medicare (Part B) patients (see instructions)004.01Coinsurance billed to Medicare (Part B) patients (see instructions)04.004.02Coinsurance billed to Medicare (Part B) patients (see instructions)04.035.00Bad debts for deductibles and coinsurance net of bad debt005.01Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt005.02Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt05.027 ransition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt05.035.05Allowable bad debts (sum of lines 5 through line 5.04)005.045.04100% PPS bad debts (sum of lines 5 through line 5.04)005.056.00Adjusted reimbursable bad debts (see instructions)07.008.008.00Net deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013005.045.05Allowable bad debts (sum of lines 5 through line 5.04)0	2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see ins	structions)				2. 02
3.00       Deductibles billed to Medicare (Part B) patients (see instructions)       0       3.00         3.01       Deductibles billed to Medicare (Part B) patients (see instructions)       0       3.01         3.02       Deductibles billed to Medicare (Part B) patients (see instructions)       0       0       3.03         3.03       Total deductibles billed to Medicare (Part B) patients (see instructions)       0       0       3.03         4.00       Coinsurance billed to Medicare (Part B) patients (see instructions)       0       0       4.01         4.01       Coinsurance billed to Medicare (Part B) patients (see instructions)       0       0       4.02         4.02       Coinsurance billed to Medicare (Part B) patients (see instructions)       0       0       4.02         5.00       Bad debts for deductibles and coinsurance net of bad debt       0       0       5.00         5.01       Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt       0       5.02         7 croweries for services rendered on or after 11/1/2011 but before 1/1/2013       0       5.03       5.03         7 transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt       0       5.03       5.04         100% PPS bad debts for deductibles and coinsurance net of bad debt       0       5.04       5	2.03	Total payment due (see instructions)	,		0	0	2.03
3.01       Deductibles billed to Medicare (Part B) patients (see instructions)       3.01         3.02       Deductibles billed to Medicare (Part B) patients (see instructions)       0         3.03       Total deductibles billed to Medicare (Part B) patients (see instructions)       0         4.00       Coinsurance billed to Medicare (Part B) patients (see instructions)       0         4.01       Coinsurance billed to Medicare (Part B) patients (see instructions)       0         4.01       Coinsurance billed to Medicare (Part B) patients (see instructions)       0         4.03       Total coinsurance billed to Medicare (Part B) patients (see instructions)       0       4.02         4.03       Total coinsurance, net of bad debt recoveries       0       0       5.00         8.04       Bad debts for deductibles and coinsurance net of bad debt       0       5.01         7.20       Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt       0       5.02         5.02       Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt       0       5.03         7.20       Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt       0       5.03         7.20       Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt       0       5.03	2.04	Outlier payments			0		2.04
3.02       Deductibles billed to Medicare (Part B) patients (see instructions)       3.02         3.03       Total deductibles billed to Medicare (Part B) patients (see instructions)       0       0         4.00       Coinsurance billed to Medicare (Part B) patients (see instructions)       0       4.00         4.01       Coinsurance billed to Medicare (Part B) patients (see instructions)       0       4.01         4.02       Coinsurance billed to Medicare (Part B) patients (see instructions)       0       4.03         5.00       Bad debts for deductibles and coinsurance, net of bad debt recoveries       0       0       5.00         5.01       Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt necoveries for services rendered on or after 1/1/2011 but before 1/1/2012       0       5.01         5.02       Transition period 2 (250-55%) bad debts for deductibles and coinsurance net of bad debt necoveries for services rendered on or after 1/1/2012 but before 1/1/2013       0       5.02         5.03       Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt necoveries for services rendered on or after 1/1/2013 but before 1/1/2014       0       5.03         5.04       Inowable bad debts (see instructions)       0       5.04       5.05         6.00       Allowable bad debts for dual eligible beneficiaries (see instructions)       0       6.00       7.00 <td>3.00</td> <td>Deductibles billed to Medicare (Part B) patients (see instruct</td> <td>tions)</td> <td></td> <td>0</td> <td>0</td> <td>3.00</td>	3.00	Deductibles billed to Medicare (Part B) patients (see instruct	tions)		0	0	3.00
3.03Total deductibles billed to Medicare (Part B) patients (see instructions)03.034.00Coinsurance billed to Medicare (Part B) patients04.004.01Coinsurance billed to Medicare (Part B) patients (see instructions)04.004.02Coinsurance billed to Medicare (Part B) patients (see instructions)04.014.02Coinsurance billed to Medicare (Part B) patients (see instructions)005.00Bad debts for deductibles and coinsurance, net of bad debt recoveries005.01Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt05.005.02Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt05.025.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt05.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt05.035.05Allowable bad debts for deductibles and coinsurance net of bad debt05.045.04100% PPS bad debts for deductibles and coinsurance net of bad debt005.05Allowable bad debts (sum of lines 5 through line 5.04)005.056.00Allowable bad debts for dual eligible beneficiaries (see instructions)005.056.00Net deductibles and coinsurance (Part B) patients (see005.056.00Allowable bad debts (see instructions)07.008.0005.056.00Net deductibles and ceinsurance	3.01	Deductibles billed to Medicare (Part B) patients (see instruct	tions)				3. 01
4.00Coinsurance billed to Medicare (Part B) patients004.004.01Coinsurance billed to Medicare (Part B) patients (see instructions)04.014.02Coinsurance billed to Medicare (Part B) patients (see instructions)04.035.00Bad debts for deductibles and coinsurance, net of bad debt recoveries005.01Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt05.005.02Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt05.025.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt05.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt05.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt05.046.04Alj usted reimbursable bad debts (see instructions)06.006.00Alj usted reimbursable bad debts (see instructions)05.057.00All owable bad debts for dual eligible beneficiaries (see instructions)07.008.00Net deductibles and coinsurance net of bad debt07.008.00Net deductibles and coinsurance net of bad debt06.009.00Program payment (see instructions)07.008.00Net deductible s and coinsurance net of bad debt07.008.00Net deductible s and coinsurance net of bad debt07.009.00Program payment (see instructions)07	3.02	Deductibles billed to Medicare (Part B) patients (see instruct	tions)				3. 02
4.01Coinsurance billed to Medicare (Part B) patients (see instructions)4.014.02Coinsurance billed to Medicare (Part B) patients (see instructions)06.03Total coinsurance billed to Medicare (Part B) patients (see instructions)06.04Bad debts for deductibles and coinsurance, net of bad debt recoveries07.05Data debts for deductibles and coinsurance net of bad debt07.06Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt07.07Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt07.02Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt07.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt07.04100% PPS bad debts for deductibles and coinsurance net of bad debt07.05Allowable bad debts (sum of lines 5 through line 5.04)06.00Adjusted reimbursable bad debts (see instructions)07.00Allowable bad debts (see instructions)08.00Program payment (see instructions)09.00Program payment (see instructions)00.01OFACILLITY SPECIFIC COMPOSITE COST PERCENTAGE10.00Total allowable expenses (see instructions)011.00Total allowable expenses (see instructions)012.00Total allowable expenses (see instructions)010.00Total allowable bad debts (see instructions)010.00Transition period	3.03	Total deductibles billed to Medicare (Part B) patients (see in	nstructions)		0	0	3.03
4.02Coinsurance billed to Medicare (Part B) patients (see instructions)4.024.03Total coinsurance billed to Medicare (Part B) patients (see instructions)005.00Bad debts for deductibles and coinsurance, net of bad debt recoveries005.01Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt005.02Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt005.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt005.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt005.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt005.04100% PPS bad debts for deductibles and coinsurance net of bad debt005.04100% PPS bad debts (sum of lines 5 through line 5.04)006.00Adjusted reimbursable bad debts (see instructions)07.008.00Net deductibles and coinsurance (Part B) patients (see007.00Net deductibles and coinsurance hilled to Medicare (Part B) patients (see008.00Instructions)07.009.00Program payment (see instructions) (transfer to Worksheet E, Part B, Line 33)011.009.00Total allowable expenses (see instructions)012.0011.00Total allowable expenses (see instructions)012.0013.00Total allowable expenses (	4.00	Coinsurance billed to Medicare (Part B) patients			0	0	4.00
4.03Total coinsurance billed to Medicare (Part B) patients (see instructions)004.035.00Bad debts for deductibles and coinsurance, net of bad debt recoveries005.005.01Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt005.01recoveries for services rendered on or after 1/1/2011 but before 1/1/2012005.025.02Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt005.025.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt005.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt005.035.05Allowable bad debts for deductibles and coinsurance net of bad debt005.045.04100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for005.045.05Allowable bad debts (sum of lines 5 through line 5.04)005.056.006.00Adjusted reimbursable bad debts (see instructions)07.007.008.00Net deductibles and coinsurance (Part B) patients (see0008.009.00Program payment (see instructions)00000.0011.00Reimbursable bad debts (see instructions)0000.0011.00Reimbursable bad debts (see instructions)000010.00Intercovered from Medicare (Part B) patient	4.01	Coinsurance billed to Medicare (Part B) patients (see instruct	tions)				4.01
5.00Bad debts for deductibles and coinsurance, net of bad debt recoveries005.005.01Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt005.015.02Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt005.025.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt005.035.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt005.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt005.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt005.045.05Allowable bad debts (see instructions)0005.056.00Adjusted reimbursable bad debts (see instructions)00008.00Net deductibles and coinsurance (Part B) patients (see008.009.00Unrecovered from Medicare (Part B) patients (see instructions)009.0011.00PART 11 - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE012.0013.0012.00Total allowable expenses (see instructions)012.0013.00	4.02	Coinsurance billed to Medicare (Part B) patients (see instruct	tions)				4.02
5.01Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012005.015.02Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013005.025.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014005.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt 					0	0	
recoveries for services rendered on or after 1/1/2011 but before 1/1/20125.02Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/201305.025.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014005.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt services rendered on or after 1/1/2014005.045.05Allowable bad debts (swe of lines 5 through line 5.04) Allowable bad debts (see instructions)0005.056.00Adjusted reimbursable bad debts (see instructions)007.006.007.00Allowable bad coinsurance billed to Medicare (Part B) patients (see instructions)008.009.00Program payment (see instructions)009.0010.00Unrecovered from Medicare (Part B) patients (see instructions)0010.0011.00Reimbursable bad debts (see instructions)0011.00PART 11 - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE012.0013.00	5.00	Bad debts for deductibles and coinsurance, net of bad debt rec	coveri es		0	0	5.00
5.02Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/201305.025.03Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014005.035.04100% PPS bad debts for deductibles and coinsurance net of bad debt services rendered on or after 1/1/20140005.045.05Allowable bad debts (sum of lines 5 through line 5.04)0005.056.00Adjusted reimbursable bad debts (see instructions)06.006.007.00Allowable bad coinsurance billed to Medicare (Part B) patients (see008.009.00Program payment (see instructions)009.00010.00PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE011.0011.0012.00Total composite costs (from Wkst. I-4, col. 2, line 11)013.0013.00	5.01			bad debt	0	0	5.01
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recoveries for services rendered on or after 1/1/2013 but before 1/1/201405.04100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for05.05Allowable bad debts (sum of lines 5 through line 5.04)06.00Adjusted reimbursable bad debts (see instructions)07.00Allowable bad debts for dual eligible beneficiaries (see instructions)08.00Net deductibles and coinsurance billed to Medicare (Part B) patients (see09.00Program payment (see instructions)009.00Unrecovered from Medicare (Part B) patients (see instructions)0011.00Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, Line 33)011.0012.00Total allowable expenses (see instructions)012.0013.00Total composite costs (from Wkst. 1-4, col. 2, Line 11)013.00							
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services rendered on or after 1/1/20145.05Allowable bad debts (sum of lines 5 through line 5.04)06.00Adjusted reimbursable bad debts (see instructions)07.00Allowable bad debts for dual eligible beneficiaries (see instructions)07.00Allowable bad debts for dual eligible beneficiaries (see instructions)08.00Net deductibles and coinsurance billed to Medicare (Part B) patients (see09.00Program payment (see instructions)09.00Program payment (see instructions)010.00Unrecovered from Medicare (Part B) patients (see instructions)011.00Reimbursable bad debts (see instructions)012.00Total allowable expenses (see instructions)013.00Total composite costs (from Wkst. 1-4, col. 2, line 11)0				6			
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6.00Adjusted reimbursable bad debts (see instructions)06.007.00Allowable bad debts for dual eligible beneficiaries (see instructions)07.008.00Net deductibles and coinsurance billed to Medicare (Part B) patients (see009.00Program payment (see instructions)0010.00Unrecovered from Medicare (Part B) patients (see instructions)0011.00Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, Line 33)011.0012.00Total allowable expenses (see instructions)12.0013.00	F OF				0	0	E OF
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8.00       Net deductibles and coinsurance billed to Medicare (Part B) patients (see       0       0       8.00         9.00       Program payment (see instructions)       0       0       9.00         10.00       Unrecovered from Medicare (Part B) patients (see instructions)       0       10.00         11.00       Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, Line 33)       0       11.00         12.00       Total allowable expenses (see instructions)       14.00       12.00       13.00			ructions)		0		
instructions)9.00Program payment (see instructions)009.0010.00Unrecovered from Medicare (Part B) patients (see instructions)10.0010.0011.00Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, Line 33)010.0011.00PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE11.0012.00Total allowable expenses (see instructions)012.0013.00Total composite costs (from Wkst. I-4, col. 2, Line 11)013.00					0	0	
9.00Program payment (see instructions)09.0010.00Unrecovered from Medicare (Part B) patients (see instructions)10.0010.0011.00Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, Line 33)011.00PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE12.0012.0013.00Total allowable expenses (see instructions)013.00	8.00		attents (see		0	0	8.00
10.00Unrecovered from Medicare (Part B) patients (see instructions)10.0011.00Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, Line 33)011.00PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE12.0012.00Total allowable expenses (see instructions)013.00Total composite costs (from Wkst. I-4, col. 2, Line 11)0	0 00				0	0	0 00
11. 00Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)011. 00PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE12. 0013. 0012. 0013. 00Total allowable expenses (see instructions)013. 00					0	0	
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE       12.00         12.00       Total allowable expenses (see instructions)       0       12.00         13.00       Total composite costs (from Wkst. I-4, col. 2, line 11)       0       13.00				ine 33)	0		
12.00         Total allowable expenses (see instructions)         0         12.00           13.00         Total composite costs (from Wkst. I-4, col. 2, line 11)         0         13.00	11.00			1110 33)	0		11.00
13.00         Total composite costs (from Wkst. I-4, col. 2, line 11)         0         13.00	12.00				0		12.00
			by line 12)		0. 000000		14.00

Health Financial Systems	ST. VINCENT EVANSVILLE	In Lieu of Form CMS-2552-10			
CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0100	Peri od:         Worksheet L           From 07/01/2017         Parts I-III           To         06/30/2018           Date/Time Prepared:         11/27/2018 1:09 pm			

				11/2//2018 1:0	09 pm
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART I - FULLY PROSPECTIVE METHOD				
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			4, 197, 408	1.00
1.01	Model 4 BPCI Capital DRG other than outlier			0	1.01
2.00	Capital DRG outlier payments			20, 149	2.00
2.01	Model 4 BPCI Capital DRG outlier payments			0	2.01
3.00	Total inpatient days divided by number of days in the cost rep	porting period (see inst	ructions)	175. 59	3.00
4.00	Number of interns & residents (see instructions)	<u> </u>		6.00	4.00
5.00	Indirect medical education percentage (see instructions)			0.96	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the	sum of lines 1 and 1.01	columns 1 and	40, 295	
	1.01) (see instructions)				
7.00	Percentage of SSI recipient patient days to Medicare Part A pa	atient davs (Worksheet F	part A line	5.32	7.00
	30) (see instructions)		, p		
8.00	Percentage of Medicaid patient days to total days (see instruc	ctions)		24.36	8.00
9.00	Sum of lines 7 and 8	,		29.68	1
10.00	Allowable disproportionate share percentage (see instructions)			6.19	1
	Di sproporti onate share adjustment (see instructions)			259, 820	
	Total prospective capital payments (see instructions)			4, 517, 672	
12.00	Total prospective capital payments (see first detroits)			4, 517, 072	12.00
				1.00	
	PART II - PAYMENT UNDER REASONABLE COST			1.00	
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
				0	
2.00	Program inpatient ancillary capital cost (see instructions)			0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			-	
4.00	Capital cost payment factor (see instructions)			0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0	5.00
				1.00	
				1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS				-
1.00	Program inpatient capital costs (see instructions)			0	1.00
2.00	Program inpatient capital costs for extraordinary circumstance	es (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary		line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)				
9.00	Current year capital payments (from Part I, line 12, as applic	cable)		0	
10.00				0	10.00
11.00					11.00
11.00	Worksheet L, Part III, line 14)	apital payment (110m pin	Ji yeai	0	11.00
12 00		monte (line 10 plue line	o 11)	0	12.00
12.00				-	
				0	
14.00	Carryover of accumulated capital minimum payment level over ca	apital payment for the f	bilowing period	0	14.00
45 00	(if line 12 is negative, enter the amount on this line)				45 00
				0	
	Current year operating and capital costs (see instructions)			0	
17.00	)  Current year exception offset amount (see instructions)				17.00