

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/29/2016 2:07 pm
--	----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2016 Time: 2:07 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT HOSPITAL & HCC (150084) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
ECR: Date: 11/29/2016 Time: 2:07 pm
fTx0RzqkD4WqlgcSrg0GVjjDjc940
Spi sV0a47dcmegSBcWDF2ySHKInQdl
OVRI 2aMHPDO: FYWY
PI: Date: 11/29/2016 Time: 2:07 pm
Xe8Z.DXl0wr2e9qjYoheAFd1anwe: 0
aY.gm0e510.2UJC1: ISCEEEN.3QEKF
58zP0i8XnY0p1J5Q

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,146,180	16,317	-32,618	0	1.00
2.00 Subprovider - IPF	0	60,694	2,161		0	2.00
3.00 Subprovider - IRF	0	15,915	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
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	2,222,789	18,478	-32,618	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 2:03 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 2001 WEST 86TH STREET		PO Box:									
2.00 City: INDIANAPOLIS		State: IN		Zip Code: 46260-		County: MARION					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ST. VINCENT HOSPITAL & HCC		150084	26900	1	07/01/1966	N	P	0	3.00
4.00 Subprovider - IPF		ST. VINCENT STRESS CENTER		15S084	26900	4	07/07/1992	N	P	0	4.00
5.00 Subprovider - IRF		ST. VINCENT HOSPITAL REHAB. UNIT		15T084	26900	5	07/01/2012	N	P	0	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							07/01/2015	06/30/2016		20.00	
21.00 Type of Control (see instructions)							2			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								2		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		14,420	10,827	623	36	28,916	702		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		43	286	0	0	70			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 2:03 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		Y		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			18.00	18.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		68.90	73.37		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		75.15	76.32		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		105.83	107.22		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		112.69	114.43		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		6.86	7.21		61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 2:03 pm	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	11.14	10.79				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.	GENERAL SURGERY	3650	10.53	10.53		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.	PEDIATRICS	5250	3.00	3.00		61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y		63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	5.58	46.85	0.106428			64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.12	16.14	0.161994	65.00
65.01		GERIATRIC MEDICINE	1351	0.31	0.68	0.313131	65.01
65.02		INTERNAL MEDICINE	1400	8.40	39.89	0.173949	65.02
65.03		INTERNAL	2755	0.96	7.02	0.120301	65.03
65.04		MEDICINE/FAMILY PEDIATRICS	2000	0.67	10.67	0.059083	65.04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 2:03 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	7.10	52.29	0.119549		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	4.40	16.90	0.206573
67.01		INTERNAL MEDICINE - GENERAL	1400	3.87	35.99	0.097090
67.02		INTERNAL MEDICINE/FAMILY MEDICINE -	1505	1.12	6.28	0.151351
67.03		PEDIATRICS - GENERAL	2000	0.50	13.74	0.035112
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					N
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.					N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 2:03 pm	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	3,352,636	0		118.01
					1.00 2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00		122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	08/17/2010			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/28/1995			127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 2:03 pm	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			08/17/2010			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		15H046	140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ST. VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101			141.00
142.00	Street: 10330 N. MERIDIAN ST	PO Box:		Zip Code: 46290			142.00
143.00	City: INDIANAPOLIS	State: IN					143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N			146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 2:03 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			169.00
			0.25	
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		10/01/2014	09/30/2015	
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00
			N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 2:03 pm		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00	
			Y/N	Legal Oper.		
			1.00	2.00		
Approved Educational Activities						
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00	
				Y/N		
				1.00		
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/04/2016	Y	10/04/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 2:03 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GREGORY		KRUPINSKI	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3282		GREGORY.KRUPINSKI@STVINCENT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 2:03 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	524	191,784	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		524	191,784	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	55	20,130	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	32.01	23	8,418	0.00	0	9.01
9.02 RENAL TRANSPLANT	32.02	7	2,562	0.00	0	9.02
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	33.01	15	5,490	0.00	0	10.01
10.02 BURN INTENSIVE CARE UNIT	33.02	0	0	0.00	0	10.02
10.03 BURN INTENSIVE CARE UNIT	33.03	0	0	0.00	0	10.03
10.04 BURN INTENSIVE CARE UNIT	33.04	0	0	0.00	0	10.04
10.05 BURN INTENSIVE CARE UNIT	33.05	0	0	0.00	0	10.05
10.06 BURN INTENSIVE CARE UNIT	33.06	0	0	0.00	0	10.06
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 NEONATAL INTENSIVE CARE UNIT	34.01	87	31,842	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		711	260,226	0.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	57	20,862		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,320		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		788				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	48,804	9,599	131,552			1.00
2.00 HMO and other (see instructions)	18,043	37,361				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	353	356				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	48,804	9,599	131,552			7.00
8.00 INTENSIVE CARE UNIT	6,267	281	16,892			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	2,686	0	7,240			9.01
9.02 RENAL TRANSPLANT	911	0	2,455			9.02
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	0	93	2,915			10.01
10.02 BURN INTENSIVE CARE UNIT	0	0	0			10.02
10.03 BURN INTENSIVE CARE UNIT	0	0	0			10.03
10.04 BURN INTENSIVE CARE UNIT	0	0	0			10.04
10.05 BURN INTENSIVE CARE UNIT	0	0	0			10.05
10.06 BURN INTENSIVE CARE UNIT	0	0	0			10.06
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	3,276	25,221			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		4,212	5,045			13.00
14.00 Total (see instructions)	58,668	17,461	191,320	140.32	4,688.13	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,113	3,703	12,987	0.00	140.12	16.00
17.00 SUBPROVIDER - IRF	2,010	43	4,503	0.00	23.18	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				140.32	4,851.43	27.00
28.00 Observation Bed Days		0	8,790			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	702	1,408			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	9,891	5,763	32,139	1.00
2.00 HMO and other (see instructions)				2,752	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL							9.01
9.02 RENAL TRANSPLANT							9.02
10.00 BURN INTENSIVE CARE UNIT							10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT							10.01
10.02 BURN INTENSIVE CARE UNIT							10.02
10.03 BURN INTENSIVE CARE UNIT							10.03
10.04 BURN INTENSIVE CARE UNIT							10.04
10.05 BURN INTENSIVE CARE UNIT							10.05
10.06 BURN INTENSIVE CARE UNIT							10.06
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 NEONATAL INTENSIVE CARE UNIT							11.01
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	9,891	5,763		32,139	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	278	761		2,395	16.00
17.00 SUBPROVIDER - IRF	0.00	0	147	0		334	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	356,925,784	0	356,925,784	9,824,157.00	36.33
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		2,473,516	0	2,473,516	21,513.00	114.98
4.01	Physicians - Part A - Teaching		10,054,970	0	10,054,970	70,762.00	142.10
5.00	Physician-Part B		24,241,994	0	24,241,994	190,361.00	127.35
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	9,365,582	9,365,582	362,441.00	25.84
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		44,736,206	0	44,736,206	1,255,129.00	35.64
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		37,808,691	-922,584	36,886,107	769,361.00	47.94
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,159,695	0	4,159,695	65,626.00	63.38
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		94,959,289	0	94,959,289	1,891,761.00	50.20
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		90,023,794	0	90,023,794		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		11,533,423	0	11,533,423		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		364,722	0	364,722		
22.01	Physician Part A - Teaching		1,853,102	0	1,853,102		
23.00	Physician Part B		3,574,506	0	3,574,506		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,160,851	0	3,160,851		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	5,960,472	29,197	5,989,669	154,428.00	38.79
27.00	Administrative & General	5.00	62,626,196	-835,002	61,791,194	1,609,534.00	38.39
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,524,915	44,780	1,569,695	191,119.00	8.21
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		8,214,024	0	8,214,024	368,345.00	22.30
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		3,049,678	0	3,049,678	127,129.00	23.99
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	6,563,816	32,995	6,596,811	192,727.00	34.23
39.00	Central Services and Supply	14.00	364,405	440	364,845	14,095.00	25.88
40.00	Pharmacy	15.00	12,771,377	-191,094	12,580,283	293,661.00	42.84

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	2,412,822	2,923	2,415,745	151,348.00	15.96	41.00
42.00	Social Service	17.00	5,236,459	185	5,236,644	150,638.00	34.76	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2016 2:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	289,156,316	-9,365,582	279,790,734	8,440,938.00	33.15	1.00
2.00	Excluded area salaries (see instructions)	37,808,691	-922,584	36,886,107	769,361.00	47.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	251,347,625	-8,442,998	242,904,627	7,671,577.00	31.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	99,118,984	0	99,118,984	1,957,387.00	50.64	4.00
5.00	Subtotal wage-related costs (see inst.)	90,388,516	0	90,388,516	0.00	37.21	5.00
6.00	Total (sum of lines 3 thru 5)	440,855,125	-8,442,998	432,412,127	9,628,964.00	44.91	6.00
7.00	Total overhead cost (see instructions)	108,724,164	-915,576	107,808,588	3,253,024.00	33.14	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2016 2:03 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		16,296,278	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		5,408,903	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		7,169,870	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		31,430,613	8.00
9.00	Prescription Drug Plan		9,042,014	9.00
10.00	Dental, Hearing and Vision Plan		723,200	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		365,946	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		5,782	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		2,104,706	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		319,370	14.00
15.00	'Workers' Compensation Insurance		2,465,661	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		25,539,415	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		123,001	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		400,312	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		101,395,071	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part V
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,159,695	0	1.00
2.00	Hospital	4,159,695	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	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			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 Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/29/2016 2:03 pm
---	----------------------	---	---

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.220200	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		42,709,647	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 or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		564,065,143	6.00
7.00	Medicaid cost (line 1 times line 6)		124,207,144	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		81,497,497	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		81,497,497	19.00
			Uninsured patients	Insured patients
			1.00	2.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		73,332,059	14,384,682
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		16,147,719	3,167,507
22.00	Partial payment by patients approved for charity care		2,017,983	872,817
23.00	Cost of charity care (line 21 minus line 22)		14,129,736	2,294,690
				Total (col. 1 + col. 2)
				3.00
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		32,181,393	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,902,153	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		30,279,240	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		6,667,489	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		23,091,915	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		104,589,412	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/29/2016 2:03 pm			
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
				1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT			12,191,773	12,191,773	5,814,686	18,006,459	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS			323,264	323,264	211,026	534,290	1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H			189,237	189,237	-182,390	6,847	1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS			1,774,865	1,774,865	65,385	1,840,250	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP			16,726,055	16,726,055	-2,890	16,723,165	2.00
3.00	00300	OTHER CAP REL COSTS			0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,960,472		61,975,589	67,936,061	-373,227	67,562,834	4.00
5.00	00500	ADMINI STRATIVE & GENERAL	62,626,196	174,224,584	236,850,780	236,850,780	-4,463,483	232,387,297	5.00
7.00	00700	OPERATION OF PLANT	1,524,915	37,110,593	38,635,508	38,635,508	44,780	38,680,288	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,467,920	2,467,920	2,467,920	0	2,467,920	8.00
9.00	00900	HOUSEKEEPING	0	9,847,743	9,847,743	9,847,743	0	9,847,743	9.00
10.00	01000	DIETARY	0	14,582,536	14,582,536	14,582,536	-7,956,508	6,626,028	10.00
11.00	01100	CAFETERIA	0	0	0	0	7,920,577	7,920,577	11.00
13.00	01300	NURSING ADMINISTRATION	6,563,816	870,143	7,433,959	7,433,959	32,995	7,466,954	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	364,405	9,504,868	9,869,273	9,869,273	-1,708,170	8,161,103	14.00
15.00	01500	PHARMACY	12,771,377	62,236,502	75,007,879	75,007,879	-56,674,085	18,333,794	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,412,822	4,928,609	7,341,431	7,341,431	2,881	7,344,312	16.00
17.00	01700	SOCIAL SERVICE	5,236,459	2,008,664	7,245,123	7,245,123	185	7,245,308	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	9,365,582	9,365,582	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	15,608,974	4,002,399	19,611,373	19,611,373	-9,127,923	10,483,450	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	281,406	57,785	339,191	339,191	31,744	370,935	23.00
23.01	02301	PARAMED ED PRGM - CPE	334,698	33,649	368,347	368,347	48,533	416,880	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	178,734	4,199	182,933	182,933	230,081	413,014	23.02
23.03	02303	PARAMED ED PRGM - EMS	1,179,051	515,109	1,694,160	1,694,160	-63,278	1,630,882	23.03
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	66,650,837	15,563,392	82,214,229	82,214,229	-2,846,648	79,367,581	30.00
31.00	03100	INTENSIVE CARE UNIT	12,191,084	5,506,199	17,697,283	17,697,283	-31,130	17,666,153	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	5,801,789	1,862,552	7,664,341	7,664,341	1,387,402	9,051,743	32.01
32.02	03202	RENAL TRANSPLANT	662,682	68,984	731,666	731,666	717,436	1,449,102	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	3,799,707	1,132,829	4,932,536	4,932,536	-10,816	4,921,720	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	18,733,185	5,609,296	24,342,481	24,342,481	17,425	24,359,906	34.01
40.00	04000	SUBPROVIDER - I PF	3,872,454	526,623	4,399,077	4,399,077	-1,698	4,397,379	40.00
41.00	04100	SUBPROVIDER - IRF	1,360,289	907,391	2,267,680	2,267,680	-1,638	2,266,042	41.00
43.00	04300	NURSERY	924,072	215,308	1,139,380	1,139,380	1,806,626	2,946,006	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,261,818	71,372,090	92,633,908	92,633,908	-44,692,925	47,940,983	50.00
50.01	03951	AMBULATORY SURGERY	2,951,038	12,066,383	15,017,421	15,017,421	-315	15,017,106	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,317,509	988,799	5,306,308	5,306,308	-11,027	5,295,281	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,278,798	4,415,754	9,694,552	9,694,552	-1,256,237	8,438,315	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	2,167,925	531,901	2,699,826	2,699,826	1,487	2,701,313	54.01
54.02	05403	ULTRASOUND	1,071,126	228,965	1,300,091	1,300,091	-45,707	1,254,384	54.02
54.03	05404	ECHOCARDIOLOGY	651,322	627,089	1,278,411	1,278,411	0	1,278,411	54.03
54.04	05401	ONCOLOGY	3,923,248	6,252,185	10,175,433	10,175,433	-287,503	9,887,930	54.04
57.00	05700	CT SCAN	1,282,295	726,901	2,009,196	2,009,196	-69,468	1,939,728	57.00
58.00	05800	MRI	922,260	628,748	1,551,008	1,551,008	-56,755	1,494,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	455,817	1,043,006	1,498,823	1,498,823	-262,912	1,235,911	59.00
59.01	05901	CARDIAC REHAB	524,724	191,128	715,852	715,852	-272	715,580	59.01
60.00	06000	LABORATORY	8,084	23,173,787	23,181,871	23,181,871	-143,903	23,037,968	60.00
65.00	06500	RESPIRATORY THERAPY	5,903,866	4,206,784	10,110,650	10,110,650	-9,587,435	523,215	65.00
65.01	06501	SLEEP LAB	651,211	406,919	1,058,130	1,058,130	5,660	1,063,790	65.01
66.00	06600	PHYSICAL THERAPY	7,697,988	2,971,336	10,669,324	10,669,324	-3,989	10,665,335	66.00
66.01	06601	SPORTS PERFORMANCE	3,233,502	2,525,338	5,758,840	5,758,840	0	5,758,840	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,793,978	19,423,150	25,217,128	25,217,128	-15,782,117	9,435,011	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,703,774	617,164	2,320,938	2,320,938	10,846	2,331,784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	30,178,636	30,178,636	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	45,679,798	45,679,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	57,520,590	57,520,590	73.00
74.00	07400	RENAL DIALYSIS	0	4,419,710	4,419,710	4,419,710	-53,378	4,366,332	74.00
75.00	03330	ASC (NON-DI STINCT PART)	2,091,686	2,957,333	5,049,019	5,049,019	-1,020,861	4,028,158	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,970,587	3,651,447	6,622,034	141,211	6,763,245	90.00
90.01	09001	PARTIAL HOSPITALIZATION	1,643,924	437,702	2,081,626	5,520	2,087,146	90.01
91.00	09100	EMERGENCY	11,212,119	16,130,347	27,342,466	-21,454	27,321,012	91.00
91.01	09101	WOUND CARE 002	559,396	1,560,672	2,120,068	-1,798	2,118,270	91.01
91.02	09102	WOUND CARE 001	388,230	87,105	475,335	-26,857	448,478	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	-980	-980	0	-980	91.03
91.04	09104	ZIONSVILLE CLINIC	420,870	331,972	752,842	3,160	756,002	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	368,716	4,985,000	5,353,716	2,352	5,356,068	91.07
91.08	04040	FAMILY PRACTICE	6,563,933	2,566,250	9,130,183	-141,382	8,988,801	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	1,264,557	217,976	1,482,533	-4,342	1,478,191	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	39,352	39,352	-32,538	6,814	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	366	366	0	366	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	99,566	99,566	99,566	199,132	98.01
98.02	09852	DIABETES EDUCATION	347,450	33,870	381,320	0	381,320	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,158,595	4,868,582	6,027,177	-635,705	5,391,472	105.00
106.00	10600	HEART ACQUISITION	1,278,576	2,613,346	3,891,922	-1,862,957	2,028,965	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	14,908	14,908	112.00
113.00	11300	INTEREST EXPENSE	0	5,214,842	5,214,842	-5,214,842	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	329,108,346	649,580,545	978,688,891	-3,299,485	975,389,406	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	265,044	582,430	847,474	0	847,474	190.00
191.00	19100	RESEARCH	1,482,728	771,307	2,254,035	-12,371	2,241,664	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	23,494,304	16,699,462	40,193,766	88,204	40,281,970	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	1,874,132	1,874,132	0	1,874,132	193.01
193.02	19305	MISSION SERVICES	253,573	182,084	435,657	0	435,657	193.02
193.03	19306	FOUNDATION	973,388	1,647,000	2,620,388	0	2,620,388	193.03
193.04	19307	WELLNESS	405,555	479,212	884,767	26	884,793	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	18,536,081	18,536,081	0	18,536,081	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	6	6	0	6	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	3,227,728	3,227,728	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	935,927	355,320	1,291,247	6,413	1,297,660	193.17
193.18	19318	HOME HEALTH	6,919	107,763	114,682	-10,515	104,167	193.18
200.00		TOTAL (SUM OF LINES 118-199)	356,925,784	690,815,342	1,047,741,126	0	1,047,741,126	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 2:03 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	13,365,758	31,372,217	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	-45,015	489,275	1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H	0	6,847	1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS	-7,868	1,832,382	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,981	16,731,146	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-18,724,506	48,838,328	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-109,184,563	123,202,734	5.00
7.00	00700	OPERATION OF PLANT	-431,041	38,249,247	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,467,920	8.00
9.00	00900	HOUSEKEEPING	-6	9,847,737	9.00
10.00	01000	DIETARY	-102,863	6,523,165	10.00
11.00	01100	CAFETERIA	-5,608,593	2,311,984	11.00
13.00	01300	NURSING ADMINISTRATION	-3,719	7,463,235	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-279,662	7,881,441	14.00
15.00	01500	PHARMACY	-3,146,174	15,187,620	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,404,424	2,939,888	16.00
17.00	01700	SOCIAL SERVICE	13,793	7,259,101	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	9,365,582	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-5,630,425	4,853,025	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	370,935	23.00
23.01	02301	PARAMED ED PRGM - CPE	-14,638	402,242	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	-35,795	377,219	23.02
23.03	02303	PARAMED ED PRGM - EMS	-1,169,029	461,853	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-14,413,679	64,953,902	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,410,983	16,255,170	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	-2,400	9,049,343	32.01
32.02	03202	RENAL TRANSPLANT	0	1,449,102	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	-1,857,023	3,064,697	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	-8,057,579	16,302,327	34.01
40.00	04000	SUBPROVIDER - I PF	-510	4,396,869	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,266,042	41.00
43.00	04300	NURSERY	0	2,946,006	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,762,660	41,178,323	50.00
50.01	03951	AMBULATORY SURGERY	-1,404,972	13,612,134	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	-44,005	5,251,276	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	176,713	8,615,028	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	2,701,313	54.01
54.02	05403	ULTRASOUND	25,046	1,279,430	54.02
54.03	05404	ECHOCARDIOLOGY	462	1,278,873	54.03
54.04	05401	ONCOLOGY	-302,376	9,585,554	54.04
57.00	05700	CT SCAN	109,982	2,049,710	57.00
58.00	05800	MRI	17,000	1,511,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	-175	1,235,736	59.00
59.01	05901	CARDIAC REHAB	-30,000	685,580	59.01
60.00	06000	LABORATORY	-42	23,037,926	60.00
65.00	06500	RESPIRATORY THERAPY	11,088	534,303	65.00
65.01	06501	SLEEP LAB	-246,924	816,866	65.01
66.00	06600	PHYSICAL THERAPY	71,131	10,736,466	66.00
66.01	06601	SPORTS PERFORMANCE	-1,124,408	4,634,432	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-272,007	9,163,004	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-89,656	2,242,128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	30,178,636	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,679,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	57,520,590	73.00
74.00	07400	RENAL DIALYSIS	0	4,366,332	74.00
75.00	03330	ASC (NON-DISTINCT PART)	-485,579	3,542,579	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-558,489	6,204,756	90.00

11/29/2016 2:03 pm

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.01	09001	PARTIAL HOSPITALIZATION	-34,824	2,052,322	90.01
91.00	09100	EMERGENCY	-12,624,195	14,696,817	91.00
91.01	09101	WOUND CARE 002	-34,566	2,083,704	91.01
91.02	09102	WOUND CARE 001	10,959	459,437	91.02
91.03	09103	LAFAYETTE RD CLINIC	980	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	756,002	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	-156,064	5,200,004	91.07
91.08	04040	FAMILY PRACTICE	-5,804,324	3,184,477	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	-175	1,478,016	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	6,814	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	366	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	-99,566	99,566	98.01
98.02	09852	DIABETES EDUCATION	0	381,320	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-809,005	4,582,467	105.00
106.00	10600	HEART ACQUISITION	0	2,028,965	106.00
112.00	08600	PANCREAS ACQUISITION	-9,936	4,972	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-191,613,550	783,775,856	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	-241	847,233	190.00
191.00	19100	RESEARCH	0	2,241,664	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	-1,571,635	38,710,335	192.00
193.00	19300	NONPAID WORKERS	-1,001	-1,001	193.00
193.01	19304	MARKETING	7,639,444	9,513,576	193.01
193.02	19305	MISSION SERVICES	-71,139	364,518	193.02
193.03	19306	FOUNDATION	0	2,620,388	193.03
193.04	19307	WELLNESS	0	884,793	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	193.06
193.07	19310	BILLING	0	18,536,081	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	6	193.08
193.09	19312	LIFELINE	0	0	193.09
193.10	19313	MARTEN HOUSE	0	3,227,728	193.10
193.11	19314	SPN	0	0	193.11
193.12	19315	ST. JOES	0	0	193.12
193.13	19301	NEW HOPE	0	0	193.13
193.14	19302	VACANT SPACE	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	193.15
193.16	19316	SETON BOARD	0	0	193.16
193.17	19317	HOSPICE	-1,297,660	0	193.17
193.18	19318	HOME HEALTH	-104,167	0	193.18
200.00		TOTAL (SUM OF LINES 118-199)	-187,019,949	860,721,177	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	56,491,774	1.00
	TOTALS		0	56,491,774	
B - DRUGS - DIRECTLY ASSIGNED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,028,816	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00	HOSPICE	193.17	0	3,367	33.00
	O		0	1,032,183	
C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,015,864	1.00
2.00	NEW CAP REL	1.01	0	191,050	2.00
3.00	COSTS-BLDG-STRESS				
	NEW CAP REL	1.03	0	7,928	3.00
	COSTS-BLDG-WOMENS				
	O		0	5,214,842	
H - MED ED DIRECTOR					
1.00	I&R SERVICES-OTHER PRGM	22.00	220,183	0	1.00
	COSTS A				
	O		220,183	0	
I - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	402,773	1.00
2.00	NEW CAP REL	1.01	0	13,601	2.00
3.00	COSTS-BLDG-STRESS				
	NEW CAP REL	1.03	0	57,457	3.00
	COSTS-BLDG-WOMENS				
	O		0	473,831	
J - NURSERY					
1.00	NURSERY	43.00	1,525,178	281,494	1.00
	O		1,525,178	281,494	
K - BUILDING RENT					
1.00	NEW CAP REL	1.01	0	6,375	1.00
2.00	COSTS-BLDG-STRESS				
	CAP REL COSTS-BLDG & FIXT	1.00	0	396,049	2.00
	O		0	402,424	
L - RENTAL BEDS					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	1,708,610	1.00
	O		0	1,708,610	
M - MARTEN HOUSE					
1.00	MARTEN HOUSE	193.10	0	3,227,728	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	3,227,728	

RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-6
Date/Time Prepared:
11/29/2016 2:03 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
O - RESIDENT SALARIES						
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	9,365,582	0	1.00	
	O		9,365,582	0		
P - RADIOLOGY PARAMED						
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	216,012	10,828	1.00	
2.00	O	0.00	0	0	2.00	
	O		216,012	10,828		
Q - PHARMACY PARAMED						
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	114,625	8,024	1.00	
	O		114,625	8,024		
R - CPE PARAMED						
1.00	PARAMED ED PRGM - CPE	23.01	35,057	13,476	1.00	
	O		35,057	13,476		
T - DEPARTMENTAL DIRECTORS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	29,197	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	64,584	0	2.00	
3.00	OPERATION OF PLANT	7.00	44,780	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	109,003	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	440	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	2,923	0	6.00	
7.00	SOCIAL SERVICE	17.00	185	0	7.00	
8.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	59,458	0	8.00	
9.00	PARAMED ED PRGM-(SPECIFY)	23.00	7,748	0	9.00	
10.00	PARAMED ED PRGM - RADIOLOGY	23.02	3,241	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	83,670	0	11.00	
12.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	3,377	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	34.01	18,438	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	44,666	0	14.00	
15.00	AMBULATORY CARDIOVASCULAR SVC	54.01	9,907	0	15.00	
16.00	ULTRASOUND	54.02	6,437	0	16.00	
17.00	ONCOLOGY	54.04	23,578	0	17.00	
18.00	CT SCAN	57.00	9,092	0	18.00	
19.00	MRI	58.00	6,607	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	2,260	0	20.00	
21.00	LABORATORY	60.00	7	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	45,990	0	22.00	
23.00	SLEEP LAB	65.01	5,660	0	23.00	
24.00	PHYSICAL THERAPY	66.00	146,053	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	14,618	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	10,816	0	26.00	
27.00	ASC (NON-DIAGNOSTIC PART)	75.00	8,611	0	27.00	
28.00	CLINIC	90.00	141,211	0	28.00	
29.00	PARTIAL HOSPITALIZATION	90.01	5,520	0	29.00	
30.00	EMERGENCY	91.00	59,839	0	30.00	
31.00	WOUND CARE 002	91.01	4,633	0	31.00	
32.00	ZIONSVILLE CLINIC	91.04	3,160	0	32.00	
33.00	ST VINCENT OUTPATIENT TREATMENT	91.07	2,352	0	33.00	
34.00	FAMILY PRACTICE	91.08	80,116	0	34.00	
35.00	HOSPICE	193.17	3,046	0	35.00	
36.00	PHYSICIANS PRIVATE OFFICES	192.00	88,204	0	36.00	
37.00	WELLNESS	193.04	26	0	37.00	
	O		1,149,453	0		
W - ORGAN ACQUISITION						
1.00	KIDNEY ACQUISITION	105.00	28,735	0	1.00	
2.00	RENAL TRANSPLANT	32.02	32,327	0	2.00	
3.00	KIDNEY ACQUISITION	105.00	0	22,316	3.00	
4.00	RENAL TRANSPLANT	32.02	0	13,615	4.00	
5.00	RENAL TRANSPLANT	32.02	362,347	309,289	5.00	
6.00	PANCREAS ACQUISITION	112.00	8,043	6,865	6.00	
7.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	923,532	420,503	7.00	
9.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	65,409	0	9.00	
10.00	HEART ACQUISITION	106.00	24,096	0	10.00	
	O		1,444,489	772,588		
X - DIETARY						
1.00	CAFETERIA	11.00	0	7,920,577	1.00	
	O		0	7,920,577		

RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-6

Date/Time Prepared:
11/29/2016 2:03 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
Z - PHARMACY YEAR 2					
1.00	PHARMACY	15.00	81,846	16,807	1.00
	O		81,846	16,807	
AA - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	28,470,026	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	30	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	O		0	28,470,056	
AB - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	45,679,798	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	O		0	45,679,798	
AC - EMS PRECEPTING					
1.00	PARAMED ED PRGM - EMS	23.03	39,222	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	O		39,222	0	
AD - ELECTROCONVULSIVE THERAPY					
1.00	ELECTROCONVULSIVE THERAPY	98.01	0	99,566	1.00
	TOTALS		0	99,566	
500.00	Grand Total: Increases		14,191,647	151,824,606	500.00

RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-6
Date/Time Prepared:
11/29/2016 2:03 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PHARMACY							
1.00	PHARMACY	15.00	0	56,491,774	0		1.00
	TOTALS		0	56,491,774			
B - DRUGS - DIRECTLY ASSIGNED							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	42	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	52,595	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	13,427	0		3.00
4.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	5,019	0		4.00
5.00	RENAL TRANSPLANT	32.02	0	142	0		5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	1,294	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	804	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	1,508	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	1,638	0		9.00
10.00	NURSERY	43.00	0	46	0		10.00
11.00	OPERATING ROOM	50.00	0	642,361	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,025	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,652	0		13.00
14.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	940	0		14.00
15.00	ONCOLOGY	54.04	0	6,666	0		15.00
16.00	CT SCAN	57.00	0	350	0		16.00
17.00	MRI	58.00	0	1,111	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	87	0		18.00
19.00	CARDIAC REHAB	59.01	0	272	0		19.00
20.00	LABORATORY	60.00	0	2,155	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	1,953	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	4,164	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	173,706	0		23.00
24.00	RENAL DIALYSIS	74.00	0	670	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	6,586	0		25.00
26.00	EMERGENCY	91.00	0	37,291	0		26.00
27.00	WOUND CARE 002	91.01	0	1,035	0		27.00
28.00	FAMILY PRACTICE	91.08	0	31	0		28.00
29.00	OBSERVATION BEDS (DISTINCT PART	92.01	0	1,348	0		29.00
30.00	AMBULANCE SERVICES	95.00	0	32,538	0		30.00
31.00	HOME HEALTH	193.18	0	10,515	0		31.00
32.00	KIDNEY ACQUISITION	105.00	0	212	0		32.00
33.00		0.00	0	0	0		33.00
	O		0	1,032,183			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,214,842	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
	O		0	5,214,842			
H - MED ED DIRECTOR							
1.00	FAMILY PRACTICE	91.08	220,183	0	0		1.00
	O		220,183	0			
I - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	472,991	12		1.00
2.00	AMBULATORY SURGERY	50.01	0	315	12		2.00
3.00	EMERGENCY	91.00	0	525	12		3.00
	O		0	473,831			
J - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,525,178	281,494	0		1.00
	O		1,525,178	281,494			
K - BUILDING RENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,375	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	396,049	10		2.00
	O		0	402,424			
L - RENTAL BEDS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,708,610	0		1.00
	O		0	1,708,610			
M - MARTEN HOUSE							
1.00	NEW CAP REL COSTS-BLDG-MARTEN H	1.02	0	182,390	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,890	9		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	3,042,448	0		3.00
	O		0	3,227,728			

RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-6
Date/Time Prepared:
11/29/2016 2:03 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
6.00	7.00	8.00	9.00	10.00		
O - RESIDENT SALARIES						
1.00 I&R SERVICES-OTHER PRGM	22.00	9,365,582	0	0		1.00
COSTS A						
O		9,365,582	0			
P - RADIOLOGY PARAMED						
1.00 I&R SERVICES-OTHER PRGM	22.00	3,195	224	0		1.00
COSTS A						
2.00 RADIOLOGY-DIAGNOSTIC	54.00	212,817	10,604	0		2.00
O		216,012	10,828			
Q - PHARMACY PARAMED						
1.00 PHARMACY	15.00	114,625	8,024	0		1.00
O		114,625	8,024			
R - CPE PARAMED						
1.00 ADMINISTRATIVE & GENERAL	5.00	35,057	13,476	0		1.00
O		35,057	13,476			
T - DEPARTMENTAL DIRECTORS						
1.00 ADMINISTRATIVE & GENERAL	5.00	864,529	0	0		1.00
2.00 NURSING ADMINISTRATION	13.00	76,008	0	0		2.00
3.00 PHARMACY	15.00	7,748	0	0		3.00
4.00 I&R SERVICES-OTHER PRGM	22.00	38,563	0	0		4.00
COSTS A						
5.00 PARAMED ED PRGM - EMS	23.03	102,500	0	0		5.00
6.00 OPERATING ROOM	50.00	47,734	0	0		6.00
7.00 RESEARCH	191.00	12,371	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
12.00	0.00	0	0	0		12.00
13.00	0.00	0	0	0		13.00
14.00	0.00	0	0	0		14.00
15.00	0.00	0	0	0		15.00
16.00	0.00	0	0	0		16.00
17.00	0.00	0	0	0		17.00
18.00	0.00	0	0	0		18.00
19.00	0.00	0	0	0		19.00
20.00	0.00	0	0	0		20.00
21.00	0.00	0	0	0		21.00
22.00	0.00	0	0	0		22.00
23.00	0.00	0	0	0		23.00
24.00	0.00	0	0	0		24.00
25.00	0.00	0	0	0		25.00
26.00	0.00	0	0	0		26.00
27.00	0.00	0	0	0		27.00
28.00	0.00	0	0	0		28.00
29.00	0.00	0	0	0		29.00
30.00	0.00	0	0	0		30.00
31.00	0.00	0	0	0		31.00
32.00	0.00	0	0	0		32.00
33.00	0.00	0	0	0		33.00
34.00	0.00	0	0	0		34.00
35.00	0.00	0	0	0		35.00
36.00	0.00	0	0	0		36.00
37.00	0.00	0	0	0		37.00
O		1,149,453	0			
W - ORGAN ACQUISITION						
1.00 PHARMACY	15.00	28,735	0	0		1.00
2.00 PHARMACY	15.00	32,327	0	0		2.00
3.00 DIETARY	10.00	0	22,316	0		3.00
4.00 DIETARY	10.00	0	13,615	0		4.00
5.00 KIDNEY ACQUISITION	105.00	362,347	309,289	0		5.00
6.00 KIDNEY ACQUISITION	105.00	8,043	6,865	0		6.00
7.00 HEART ACQUISITION	106.00	923,532	420,503	0		7.00
9.00 PHARMACY	15.00	65,409	0	0		9.00
10.00 PHARMACY	15.00	24,096	0	0		10.00
O		1,444,489	772,588			
X - DIETARY						
1.00 DIETARY	10.00	0	7,920,577	0		1.00
O		0	7,920,577			
Z - PHARMACY YEAR 2						
1.00 PARAMED ED PRGM-(SPECIFY)	23.00	81,846	16,807	0		1.00
O		81,846	16,807			

RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-6

Date/Time Prepared:
11/29/2016 2:03 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
AA - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	381,925	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	13,488	0	2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	16,076	0	3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	12,899	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	157	0	5.00
6.00	SUBPROVIDER - IPF	40.00	0	190	0	6.00
7.00	OPERATING ROOM	50.00	0	10,257,325	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	215,884	0	9.00
10.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	7,480	0	10.00
11.00	ULTRASOUND	54.02	0	52,144	0	11.00
12.00	ONCOLOGY	54.04	0	18,669	0	12.00
13.00	CT SCAN	57.00	0	77,860	0	13.00
14.00	MRI	58.00	0	55,046	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	88,747	0	15.00
16.00	LABORATORY	60.00	0	141,755	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	9,630,065	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	144,059	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	5,894,772	0	19.00
20.00		0.00	0	0	0	20.00
21.00	RENAL DIALYSIS	74.00	0	52,708	0	21.00
22.00	ASC (NON-DISTINCT PART)	75.00	0	818,723	0	22.00
23.00	EMERGENCY	91.00	0	15,929	0	23.00
24.00	WOUND CARE 001	91.02	0	26,857	0	24.00
25.00	FAMILY PRACTICE	91.08	0	1,284	0	25.00
26.00	OBSERVATION BEDS (DISTINCT PART	92.01	0	2,994	0	26.00
27.00	HEART ACQUISITION	106.00	0	543,018	0	27.00
	O		0	28,470,056		
AB - IMPLANTS						
1.00	ADULTS & PEDIATRICS	30.00	0	689,126	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	2,172	0	2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	947	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	52	0	4.00
5.00	OPERATING ROOM	50.00	0	33,735,758	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	840,946	0	6.00
7.00	ONCOLOGY	54.04	0	285,746	0	7.00
8.00	CT SCAN	57.00	0	350	0	8.00
9.00	MRI	58.00	0	7,205	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	176,098	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	1,407	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	1,819	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	9,728,257	0	13.00
14.00	ASC (NON-DISTINCT PART)	75.00	0	204,163	0	14.00
15.00	EMERGENCY	91.00	0	356	0	15.00
16.00	WOUND CARE 002	91.01	0	5,396	0	16.00
	O		0	45,679,798		
AC - EMS PRECEPTING						
1.00	EMERGENCY	91.00	27,192	0	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	2,043	0	0	2.00
3.00	OPERATING ROOM	50.00	9,747	0	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	240	0	0	4.00
	O		39,222	0		
AD - ELECTROCONVULSIVE THERAPY						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	99,566	0	1.00
	TOTALS		0	99,566		
500.00	Grand Total: Decreases		14,191,647	151,824,606		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,827,236	0	0	0	1.00
2.00	Land Improvements	10,758,656	131,604	0	131,604	2.00
3.00	Buildings and Fixtures	476,912,422	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	284,224,929	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	781,723,243	131,604	0	131,604	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	781,723,243	131,604	0	131,604	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,827,236	0			1.00
2.00	Land Improvements	10,890,260	0			2.00
3.00	Buildings and Fixtures	463,978,342	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	274,814,005	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	759,509,843	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	759,509,843	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-7
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	12,191,773	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	323,264	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	189,237	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	1,774,865	0	0	0	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	16,726,055	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	31,205,194	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	12,191,773				1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	323,264				1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	189,237				1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	1,774,865				1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	16,726,055				2.00
3.00	Total (sum of lines 1-2)	0	31,205,194				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	484,695,838	0	484,695,838	0.638169	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	0.000000	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	274,814,005	0	274,814,005	0.361831	0	2.00
3.00	Total (sum of lines 1-2)	759,509,843	0	759,509,843	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	28,548,015	396,049	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	323,264	6,375	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	0	6,847	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	1,774,865	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	16,731,146	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	47,384,137	402,424	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,025,380	402,773	0	0	31,372,217	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	146,035	13,601	0	0	489,275	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	0	0	6,847	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	60	57,457	0	0	1,832,382	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,731,146	2.00
3.00	Total (sum of lines 1-2)	2,171,475	473,831	0	0	50,431,867	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,632,386	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG-STRESS (chapter 2)	B	-31,119	NEW CAP REL COSTS-BLDG-STRESS		1.01	11 1.01
1.02 Investment income - NEW CAP REL COSTS-BLDG-MARTEN H (chapter 2)		0	NEW CAP REL COSTS-BLDG-MARTEN H		1.02	0 1.02
1.03 Investment income - NEW CAP REL COSTS-BLDG-WOMENS (chapter 2)	B	-7,302	NEW CAP REL COSTS-BLDG-WOMENS		1.03	11 1.03
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-30,559	ADMINISTRATIVE & GENERAL		5.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-7,963	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)	A	-129,293	OPERATION OF PLANT		7.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-63,756,551				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-29,792,223				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	A	-5,608,593	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG-STRESS		0	NEW CAP REL COSTS-BLDG-STRESS		1.01	0 26.01
26.02 Depreciation - NEW CAP REL COSTS-BLDG-MARTEN H		0	NEW CAP REL COSTS-BLDG-MARTEN H		1.02	0 26.02
26.03 Depreciation - NEW CAP REL COSTS-BLDG-WOMENS		0	NEW CAP REL COSTS-BLDG-WOMENS		1.03	0 26.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-8

Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 CARRY FORWARD ADJUSTMENT	A	9,640	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
33.01 VISITOR PARKING LOT - BENEFITS	A	-2,935	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02 VISITOR PARKING LOT - CAPITAL	A	-1,659	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.02
33.03 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0	33.03
33.04 NON-REIMBURSEABLE ITEMS	A	-29	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05 NON-REIMBURSEABLE ITEMS	A	-201	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06 NON-REIMBURSEABLE ITEMS	A	-1,254	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	33.06
33.07 NON-REIMBURSEABLE ITEMS	A	-7	ADULTS & PEDIATRICS	30.00	0	33.07
33.08 NON-REIMBURSEABLE ITEMS	A	-12	PHYSICAL THERAPY	66.00	0	33.08
33.09 NON-REIMBURSEABLE ITEMS	A	-2,586	FAMILY PRACTICE	91.08	0	33.09
33.10 NON-REIMBURSEABLE ITEMS	A	-28	KIDNEY ACQUISITION	105.00	0	33.10
33.11 NON-REIMBURSEABLE ITEMS	A	-1,001	NONPAID WORKERS	193.00	0	33.11
33.12 HOSPICE	A	-1,001,066	HOSPICE	193.17	0	33.12
33.13 HOME HEALTH	A	-104,167	HOME HEALTH	193.18	0	33.13
33.14 LOBBYING DUES	A	-16,812	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15		0		0.00	0	33.15
33.16 PROVIDER TAX	A	-42,802,255	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17		0		0.00	0	33.17
33.18 GUEST TRAY OFFSET	A	-149,342	DIETARY	10.00	0	33.18
33.19		0		0.00	0	33.19
33.20 LATE FEES	A	-14,243	CENTRAL SERVICES & SUPPLY	14.00	0	33.20
33.21 REMOVE CREDIT	A	980	LAFAYETTE RD CLINIC	91.03	0	33.21
33.22		0		0.00	0	33.22
33.23 MISC REVENUE	B	-6,512,098	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24 MISC REVENUE	B	-21,984,469	ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25 MISC REVENUE	B	-408,666	OPERATION OF PLANT	7.00	0	33.25
33.26 MISC REVENUE	B	-6	HOUSEKEEPING	9.00	0	33.26
33.27 MISC REVENUE	B	49,261	DIETARY	10.00	0	33.27
33.28 MISC REVENUE	B	-6,800	CENTRAL SERVICES & SUPPLY	14.00	0	33.28
33.29 MISC REVENUE	B	-3,240,591	PHARMACY	15.00	0	33.29
33.30 MISC REVENUE	B	-2,366	MEDICAL RECORDS & LIBRARY	16.00	0	33.30
33.31 MISC REVENUE	B	-413	SOCIAL SERVICE	17.00	0	33.31
33.32 MISC REVENUE	B	-31,594	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	33.32
33.33 MISC REVENUE	B	-16,178	PARAMED ED PRGM - CPE	23.01	0	33.33
33.34 MISC REVENUE	B	-59,565	PARAMED ED PRGM - RADIOLOGY	23.02	0	33.34
33.35 MISC REVENUE	B	-946,067	PARAMED ED PRGM - EMS	23.03	0	33.35
33.36 MISC REVENUE	B	-544,716	ADULTS & PEDIATRICS	30.00	0	33.36
33.37 MISC REVENUE	B	-2,208	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	33.37
33.38 MISC REVENUE	B	-3,387	NEONATAL INTENSIVE CARE UNIT	34.01	0	33.38
33.39 MISC REVENUE	B	-10	SUBPROVIDER - IPF	40.00	0	33.39
33.40 MISC REVENUE	B	-9	OPERATING ROOM	50.00	0	33.40
33.41 MISC REVENUE	B	-1,404,972	AMBULATORY SURGERY	50.01	0	33.41
33.42 MISC REVENUE	B	-32,912	DELIVERY ROOM & LABOR ROOM	52.00	0	33.42
33.43 MISC REVENUE	B	-12,575	RADIOLOGY-DIAGNOSTIC	54.00	0	33.43
33.44 MISC REVENUE	B	-650	ECHOCARDIOLOGY	54.03	0	33.44
33.45 MISC REVENUE	B	2,318	ONCOLOGY	54.04	0	33.45
33.46 MISC REVENUE	B	-3,000	MRI	58.00	0	33.46
33.47 MISC REVENUE	B	-12,828	PHYSICAL THERAPY	66.00	0	33.47
33.48 MISC REVENUE	B	-1,185,739	SPORTS PERFORMANCE	66.01	0	33.48
33.49 MISC REVENUE	B	-2	ELECTROCARDIOLOGY	69.00	0	33.49
33.50 MISC REVENUE	B	-113,289	CLINIC	90.00	0	33.50

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.51 MISC REVENUE	B	-320	PARTIAL HOSPITALIZATION	90.01	0 33.51
33.52 MISC REVENUE	B	-159,370	EMERGENCY	91.00	0 33.52
33.53 MISC REVENUE	B	-34,566	WOUND CARE 002	91.01	0 33.53
33.54 MISC REVENUE	B	-566,353	FAMILY PRACTICE	91.08	0 33.54
33.55 MISC REVENUE	B	313	KIDNEY ACQUISITION	105.00	0 33.55
33.56 MISC REVENUE	B	-272,194	HOSPICE	193.17	0 33.56
33.57		0		0.00	0 33.57
33.58 EMS TRAINING	A	48,838	PARAMED ED PRGM - EMS	23.03	0 33.58
33.59		0		0.00	0 33.59
33.60 PHYSICIAN RECRUITMENT FEES	A	-25,000	NEONATAL INTENSIVE CARE UNIT	34.01	0 33.60
33.61 PHYSICIAN RECRUITMENT FEES	A	-1,886	PHYSICIANS PRIVATE OFFICES	192.00	0 33.61
33.62		0		0.00	0 33.62
33.63 RENAL TRANSPLANT STARTUP COST	A	30,008	KIDNEY ACQUISITION	105.00	0 33.63
33.64 INCENTIVE ADJUSTMENT	A	194,809	ADMINISTRATIVE & GENERAL	5.00	0 33.64
33.65 INCENTIVE ADJUSTMENT - FICA	A	14,611	ADMINISTRATIVE & GENERAL	5.00	0 33.65
33.66 INCENTIVE ADJUSTMENT	A	-3,487,549	ADMINISTRATIVE & GENERAL	5.00	0 33.66
33.67 INCENTIVE ADJUSTMENT - FICA	A	-204,793	ADMINISTRATIVE & GENERAL	5.00	0 33.67
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-187,019,949			50.00

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 150084

Period: From 07/01/2015 To 06/30/2016

Worksheet A-8-1

Date/Time Prepared: 11/29/2016 2:03 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	SVH	16,356,242	0
2.00	5.00	ADMINISTRATIVE & GENERAL	SVH	129,081,447	0
3.00	193.01	MARKETING	SVH	9,511,444	0
4.00	0.00			0	0
4.11	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION - INTEREST	4,565,148	4,923,246
4.12	1.01	NEW CAP REL COSTS-BLDG-STRES	ASCENSION - INTEREST	177,154	191,050
4.13	1.03	NEW CAP REL COSTS-BLDG-WOMEN	ASCENSION - INTEREST	7,221	7,787
4.14	5.00	ADMINISTRATIVE & GENERAL	ASCENSION - INTEREST	86,013	92,759
4.15	5.00	ADMINISTRATIVE & GENERAL	ASCENSION - TRI MEDX	29,075,992	30,735,187
4.16	4.00	EMPLOYEE BENEFITS DEPARTMENT	ASCENSION - PENSION	13,492,245	6,448,950
4.17	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - SELF-INSURANCE	34,564,504	37,572,435
4.18	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH CHARGEBACKS	0	16,034,015
4.19	5.00	ADMINISTRATIVE & GENERAL	SVH CHARGEBACKS	0	160,417,719
4.20	7.00	OPERATION OF PLANT	SVH CHARGEBACKS	0	-114,881
4.21	10.00	DIETARY	SVH CHARGEBACKS	0	2,782
4.22	13.00	NURSING ADMINISTRATION	SVH CHARGEBACKS	0	3,719
4.23	14.00	CENTRAL SERVICES & SUPPLY	SVH CHARGEBACKS	0	258,619
4.24	15.00	PHARMACY	SVH CHARGEBACKS	0	-105,337
4.25	16.00	MEDICAL RECORDS & LIBRARY	SVH CHARGEBACKS	0	4,402,058
4.26	17.00	SOCIAL SERVICE	SVH CHARGEBACKS	0	-14,731
4.27	22.00	I&R SERVICES-OTHER PRGM COST	SVH CHARGEBACKS	0	124,508
4.28	23.01	PARAMED PRGM - CPE	SVH CHARGEBACKS	0	-1,540
4.29	23.02	PARAMED PRGM - RADIOLOGY	SVH CHARGEBACKS	0	-23,770
4.30	30.00	ADULTS & PEDIATRICS	SVH CHARGEBACKS	0	-168,056
4.31	31.00	INTENSIVE CARE UNIT	SVH CHARGEBACKS	0	1,410,983
4.32	32.01	CARDIOTHORACIC VASCULAR TRAN	SVH CHARGEBACKS	0	2,400
4.33	33.01	PEDIATRIC INTENSIVE CARE UNI	SVH CHARGEBACKS	0	81,475
4.34	34.01	NEONATAL INTENSIVE CARE UNIT	SVH CHARGEBACKS	0	-131,129
4.35	40.00	SUBPROVIDER - IPF	SVH CHARGEBACKS	0	500
4.36	50.00	OPERATING ROOM	SVH CHARGEBACKS	0	-44,266
4.37	52.00	DELIVERY ROOM & LABOR ROOM	SVH CHARGEBACKS	0	464
4.38	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACKS	0	-189,288
4.39	54.02	ULTRASOUND	SVH CHARGEBACKS	0	-25,046
4.40	54.03	ECHOCARDIOLOGY	SVH CHARGEBACKS	0	-1,112
4.41	54.04	ONCOLOGY	SVH CHARGEBACKS	0	100,623
4.42	57.00	CT SCAN	SVH CHARGEBACKS	0	-109,982
4.43	59.00	CARDIAC CATHETERIZATION	SVH CHARGEBACKS	0	175
4.44	59.01	CARDIAC REHAB	SVH CHARGEBACKS	0	30,000
4.45	60.00	LABORATORY	SVH CHARGEBACKS	0	42
4.46	65.00	RESPIRATORY THERAPY	SVH CHARGEBACKS	0	-11,088
4.47	65.01	SLEEP LAB	SVH CHARGEBACKS	0	246,924
4.48	66.00	PHYSICAL THERAPY	SVH CHARGEBACKS	0	-83,971
4.49	66.01	SPORTS PERFORMANCE	SVH CHARGEBACKS	0	-64,963
4.50	69.00	ELECTROCARDIOLOGY	SVH CHARGEBACKS	0	272,005
4.51	70.00	ELECTROENCEPHALOGRAPHY	SVH CHARGEBACKS	0	89,656
4.52	75.00	ASC (NON-DISTINCT PART)	SVH CHARGEBACKS	0	90,700
4.53	90.00	CLINIC	SVH CHARGEBACKS	0	421,247
4.54	90.01	PARTIAL HOSPITALIZATION	SVH CHARGEBACKS	0	34,504
4.55	91.00	EMERGENCY	SVH CHARGEBACKS	0	4,502
4.56	91.02	WOUND CARE 001	SVH CHARGEBACKS	0	-10,959
4.57	91.07	ST VINCENT OUTPATIENT TREATM	SVH CHARGEBACKS	0	7
4.58	91.08	FAMILY PRACTICE	SVH CHARGEBACKS	0	171,441
4.59	92.01	OBSERVATION BEDS (DISTINCT P	SVH CHARGEBACKS	0	175
4.60	98.01	ELECTROCONVULSIVE THERAPY	SVH CHARGEBACKS	0	99,566
4.63	193.17	HOSPICE	SVH CHARGEBACKS	0	24,400
4.65	190.00	GIFT FLOWER COFFEE SHOP &	SVH CHARGEBACKS	0	241
4.77	192.00	PHYSICIANS PRIVATE OFFICES	SVH CHARGEBACKS	0	1,569,749
4.78	193.01	MARKETING	SVH CHARGEBACKS	0	1,872,000
4.79	193.02	MISSION SERVICES	SVH CHARGEBACKS	0	71,139
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			236,917,410	266,709,633

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

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

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-8-1

Date/Time Prepared:
11/29/2016 2:03 pm

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

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

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

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

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

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

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

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

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-8-1

Date/Time Prepared:
11/29/2016 2:03 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	16,356,242	9		1.00
2.00	129,081,447	0		2.00
3.00	9,511,444	0		3.00
4.00	0	0		4.00
4.11	-358,098	11		4.11
4.12	-13,896	11		4.12
4.13	-566	11		4.13
4.14	-6,746	0		4.14
4.15	-1,659,195	0		4.15
4.16	7,043,295	0		4.16
4.17	-3,007,931	0		4.17
4.18	-16,034,015	0		4.18
4.19	-160,417,719	0		4.19
4.20	114,881	0		4.20
4.21	-2,782	0		4.21
4.22	-3,719	0		4.22
4.23	-258,619	0		4.23
4.24	105,337	0		4.24
4.25	-4,402,058	0		4.25
4.26	14,731	0		4.26
4.27	-124,508	0		4.27
4.28	1,540	0		4.28
4.29	23,770	0		4.29
4.30	168,056	0		4.30
4.31	-1,410,983	0		4.31
4.32	-2,400	0		4.32
4.33	-81,475	0		4.33
4.34	131,129	0		4.34
4.35	-500	0		4.35
4.36	44,266	0		4.36
4.37	-464	0		4.37
4.38	189,288	0		4.38
4.39	25,046	0		4.39
4.40	1,112	0		4.40
4.41	-100,623	0		4.41
4.42	109,982	0		4.42
4.43	-175	0		4.43
4.44	-30,000	0		4.44
4.45	-42	0		4.45
4.46	11,088	0		4.46
4.47	-246,924	0		4.47
4.48	83,971	0		4.48
4.49	64,963	0		4.49
4.50	-272,005	0		4.50
4.51	-89,656	0		4.51
4.52	-90,700	0		4.52
4.53	-421,247	0		4.53
4.54	-34,504	0		4.54
4.55	-4,502	0		4.55
4.56	10,959	0		4.56
4.57	-7	0		4.57
4.58	-171,441	0		4.58
4.59	-175	0		4.59
4.60	-99,566	0		4.60
4.63	-24,400	0		4.63
4.65	-241	0		4.65
4.77	-1,569,749	0		4.77
4.78	-1,872,000	0		4.78
4.79	-71,139	0		4.79
5.00	-29,792,223			5.00

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

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

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

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-8-1

Date/Time Prepared:
11/29/2016 2:03 pm

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150084

Period: From 07/01/2015 To 06/30/2016

Worksheet A-8-2

Date/Time Prepared: 11/29/2016 2:03 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	210,793	210,793	0	0	1.00	
2.00	5.00	ADMINISTRATIVE & GENERAL	7,865,132	7,865,132	0	0	2.00	
3.00	15.00	PHARMACY	10,920	10,920	0	0	3.00	
4.00	17.00	SOCIAL SERVICE	525	525	0	0	4.00	
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	5,473,069	5,473,069	0	0	5.00	
6.00	23.03	PARAMED ED PRGM - EMS	271,800	271,800	0	0	6.00	
7.00	30.00	ADULTS & PEDIATRICS	14,037,012	14,037,012	0	0	7.00	
8.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	1,773,340	1,773,340	0	0	8.00	
9.00	34.01	NEONATAL INTENSIVE CARE UNIT	8,160,321	8,160,321	0	0	9.00	
10.00	50.00	OPERATING ROOM	6,806,917	6,806,917	0	0	10.00	
11.00	52.00	DELIVERY ROOM & LABOR ROOM	10,629	10,629	0	0	11.00	
12.00	54.04	ONCOLOGY	204,071	204,071	0	0	12.00	
13.00	58.00	MRI	-20,000	-20,000	0	0	13.00	
14.00	66.01	SPORTS PERFORMANCE	3,632	3,632	0	0	14.00	
15.00	75.00	ASC (NON-DISTINCT PART)	394,879	394,879	0	0	15.00	
16.00	90.00	CLINIC	23,953	23,953	0	0	16.00	
17.00	91.00	EMERGENCY	12,460,323	12,460,323	0	0	17.00	
18.00	91.07	ST VINCENT OUTPATIENT TREATMENT	156,057	156,057	0	0	18.00	
19.00	91.08	FAMILY PRACTICE	5,063,944	5,063,944	0	0	19.00	
21.00	105.00	KIDNEY ACQUISITION	1,385,357	579,313	806,044	208,000	4,157	21.00
22.00	112.00	PANCREAS ACQUISITION	14,136	5,911	8,225	208,000	42	22.00
200.00			64,306,810	63,492,541	814,269		4,199	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance		
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	1.00	
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	2.00	
3.00	15.00	PHARMACY	0	0	0	0	3.00	
4.00	17.00	SOCIAL SERVICE	0	0	0	0	4.00	
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	5.00	
6.00	23.03	PARAMED ED PRGM - EMS	0	0	0	0	6.00	
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	7.00	
8.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	8.00	
9.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	9.00	
10.00	50.00	OPERATING ROOM	0	0	0	0	10.00	
11.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	11.00	
12.00	54.04	ONCOLOGY	0	0	0	0	12.00	
13.00	58.00	MRI	0	0	0	0	13.00	
14.00	66.01	SPORTS PERFORMANCE	0	0	0	0	14.00	
15.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	0	15.00	
16.00	90.00	CLINIC	0	0	0	0	16.00	
17.00	91.00	EMERGENCY	0	0	0	0	17.00	
18.00	91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	18.00	
19.00	91.08	FAMILY PRACTICE	0	0	0	0	19.00	
21.00	105.00	KIDNEY ACQUISITION	415,700	20,785	0	0	224,049	21.00
22.00	112.00	PANCREAS ACQUISITION	4,200	210	0	0	0	22.00
200.00			419,900	20,995	0	0	224,049	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	210,793	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	7,865,132	2.00
3.00	15.00	PHARMACY	0	0	10,920	3.00
4.00	17.00	SOCIAL SERVICE	0	0	525	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	0	5,473,069	5.00
6.00	23.03	PARAMED ED PRGM - EMS	0	0	271,800	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	14,037,012	7.00
8.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	1,773,340	8.00
9.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	8,160,321	9.00
10.00	50.00	OPERATING ROOM	0	0	6,806,917	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	10,629	11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-8-2

Date/Time Prepared:
11/29/2016 2:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
12.00	54.04	ONCOLOGY	0	0	0	204,071		12.00
13.00	58.00	MRI	0	0	0	-20,000		13.00
14.00	66.01	SPORTS PERFORMANCE	0	0	0	3,632		14.00
15.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	394,879		15.00
16.00	90.00	CLINIC	0	0	0	23,953		16.00
17.00	91.00	EMERGENCY	0	0	0	12,460,323		17.00
18.00	91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	156,057		18.00
19.00	91.08	FAMILY PRACTICE	0	0	0	5,063,944		19.00
21.00	105.00	KIDNEY ACQUISITION	130,359	546,059	259,985	839,298		21.00
22.00	112.00	PANCREAS ACQUISITION	0	4,200	4,025	9,936		22.00
200.00			130,359	550,259	264,010	63,756,551		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	NEW BLDG-WOMENS		
		0	1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	31,372,217	31,372,217				1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	489,275	0	489,275			1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H	6,847	0	0	6,847		1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS	1,832,382	0	0	0	1,832,382	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,731,146					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	48,838,328	250,135	4,043	0	25,094	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	123,202,734	1,385,888	33,220	0	83,602	5.00
7.00	00700	OPERATION OF PLANT	38,249,247	5,897,139	25,544	0	156,398	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,467,920	0	0	0	4,234	8.00
9.00	00900	HOUSEKEEPING	9,847,737	346,472	4,635	0	17,158	9.00
10.00	01000	DIETARY	6,523,165	698,749	8,867	0	73,536	10.00
11.00	01100	CAFETERIA	2,311,984	5,442	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,463,235	94,383	3,877	0	1,122	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,881,441	1,000,038	0	0	43,455	14.00
15.00	01500	PHARMACY	15,187,620	433,013	0	0	31,874	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,939,888	286,052	5,677	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,259,101	59,917	908	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	9,365,582	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	4,853,025	339,216	0	0	4,246	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	370,935	33,098	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	402,242	29,973	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	377,219	39,740	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	461,853	2,819	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,953,902	6,894,080	0	0	367,094	30.00
31.00	03100	INTENSIVE CARE UNIT	16,255,170	1,222,405	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	9,049,343	541,741	0	0	0	32.01
32.02	03202	RENAL TRANSPLANT	1,449,102	390,817	0	0	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	3,064,697	520,392	0	0	0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	16,302,327	0	0	0	328,068	34.01
40.00	04000	SUBPROVIDER - I PF	4,396,869	0	243,252	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,266,042	355,960	0	0	0	41.00
43.00	04300	NURSERY	2,946,006	0	0	0	170,339	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,178,323	3,734,390	0	0	160,297	50.00
50.01	03951	AMBULATORY SURGERY	13,612,134	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,251,276	0	0	0	237,524	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,615,028	609,612	0	0	38,943	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	2,701,313	330,872	0	0	0	54.01
54.02	05403	ULTRASOUND	1,279,430	54,755	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	1,278,873	0	0	0	0	54.03
54.04	05401	ONCOLOGY	9,585,554	275,280	0	0	0	54.04
57.00	05700	CT SCAN	2,049,710	60,894	0	0	0	57.00
58.00	05800	MRI	1,511,253	206,069	0	0	12,935	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,235,736	261,159	0	0	0	59.00
59.01	05901	CARDIAC REHAB	685,580	0	0	0	0	59.01
60.00	06000	LABORATORY	23,037,926	393,775	0	0	36,988	60.00
65.00	06500	RESPIRATORY THERAPY	534,303	84,113	0	0	2,811	65.00
65.01	06501	SLEEP LAB	816,866	3,321	78,615	0	0	65.01
66.00	06600	PHYSICAL THERAPY	10,736,466	330,090	403	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	4,634,432	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,163,004	588,737	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,242,128	19,256	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	30,178,636	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,679,798	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,520,590	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	NEW BLDG-WOMENS	
			0	1.00	1.01	1.02	1.03	
74.00	07400	RENAL DIALYSIS	4,366,332	97,565	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	3,542,579	328,360	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,204,756	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,052,322	143,054	66,818	0	0	90.01
91.00	09100	EMERGENCY	14,696,817	1,068,607	0	0	0	91.00
91.01	09101	WOUND CARE 002	2,083,704	186,059	0	0	33,795	91.01
91.02	09102	WOUND CARE 001	459,437	15,433	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	756,002	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	5,200,004	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	3,184,477	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,478,016	318,341	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,814	171,520	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	366	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	99,566	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	381,320	0	0	0	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,582,467	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,028,965	0	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	4,972	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	783,775,856	30,108,731	475,859	0	1,829,513	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	847,233	74,820	0	0	2,869	190.00
191.00	19100	RESEARCH	2,241,664	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	38,710,335	231,605	0	0	0	192.00
193.00	19300	NONPAID WORKERS	-1,001	0	0	0	0	193.00
193.01	19304	MARKETING	9,513,576	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	364,518	73,397	0	0	0	193.02
193.03	19306	FOUNDATION	2,620,388	0	0	0	0	193.03
193.04	19307	WELLNESS	884,793	0	0	0	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	18,536,081	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	6	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	3,227,728	0	0	6,847	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	862,036	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	21,628	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	13,416	0	0	193.18
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	860,721,177	31,372,217	489,275	6,847	1,832,382	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
	MVBLE EQUIP						
	2.00	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102	NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03 00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200	CAP REL COSTS-MVBLE EQUIP	16,731,146					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,047	49,135,647				4.00
5.00 00500	ADMINISTRATIVE & GENERAL	292,113	8,651,570	133,649,127	133,649,127		5.00
7.00 00700	OPERATION OF PLANT	732,106	219,778	45,280,212	8,323,318	53,603,530	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	2,472,154	454,426	18,849	8.00
9.00 00900	HOUSEKEEPING	2,771	0	10,218,773	1,878,394	743,944	9.00
10.00 01000	DIETARY	34,311	0	7,338,628	1,348,972	1,670,111	10.00
11.00 01100	CAFETERIA	0	0	2,317,426	425,985	10,066	11.00
13.00 01300	NURSING ADMINISTRATION	470,330	923,639	8,956,586	1,646,382	203,898	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	742,747	51,083	9,718,764	1,786,484	2,033,274	14.00
15.00 01500	PHARMACY	184,522	1,761,403	17,598,432	3,234,909	938,391	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	833	338,236	3,570,686	656,356	563,363	16.00
17.00 01700	SOCIAL SERVICE	0	733,198	8,053,124	1,480,309	116,124	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	1,311,303	10,676,885	1,962,604	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	118,197	907,463	6,222,147	1,143,743	643,125	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	45,075	449,108	82,554	60,912	23.00
23.01 02301	PARAMED PRGM - CPE	0	51,771	483,986	88,965	55,109	23.01
23.02 02302	PARAMED PRGM - RADIOLOGY	0	55,723	472,682	86,887	73,136	23.02
23.03 02303	PARAMED PRGM - EMS	43,393	156,223	664,288	122,108	5,187	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	206,736	9,130,182	81,551,994	14,990,740	14,317,099	30.00
31.00 03100	INTENSIVE CARE UNIT	73,800	1,706,624	19,257,999	3,539,967	2,249,652	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	66,479	950,790	10,608,353	1,950,006	996,992	32.01
32.02 03202	RENAL TRANSPLANT	0	148,044	1,987,963	365,423	719,240	32.02
33.00 02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02400	PEDIATRIC INTENSIVE CARE UNIT	47,952	532,481	4,165,522	765,698	957,702	33.01
33.02 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04 03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06 03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00 02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02401	NEONATAL INTENSIVE CARE UNIT	295,619	2,625,471	19,551,485	3,593,915	1,456,352	34.01
40.00 04000	SUBPROVIDER - I PF	34,085	542,194	5,216,400	958,868	1,582,183	40.00
41.00 04100	SUBPROVIDER - I RF	796	190,458	2,813,256	517,127	655,091	41.00
43.00 04300	NURSERY	42,102	342,927	3,501,374	643,616	756,167	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	4,904,401	2,968,883	52,946,294	9,732,482	7,584,166	50.00
50.01 03951	AMBULATORY SURGERY	351,775	413,184	14,377,093	2,642,768	0	50.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	47,889	604,507	6,141,196	1,128,862	1,054,412	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	589,363	715,557	10,568,503	1,942,681	1,294,775	54.00
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	148,672	304,925	3,485,782	640,749	608,919	54.01
54.02 05403	ULTRASOUND	117,368	150,873	1,602,426	294,555	100,767	54.02
54.03 05404	ECHOCARDIOLOGY	326,580	91,194	1,696,647	311,874	0	54.03
54.04 05401	ONCOLOGY	1,501,662	552,607	11,915,103	2,190,210	506,560	54.04
57.00 05700	CT SCAN	35,239	180,811	2,326,654	427,681	112,067	57.00
58.00 05800	MRI	514,310	130,053	2,374,620	436,498	436,659	58.00
59.00 05900	CARDIAC CATHETERIZATION	56,083	64,103	1,617,081	297,249	480,623	59.00
59.01 05901	CARDIAC REHAB	3,776	73,468	762,824	140,221	0	59.01
60.00 06000	LABORATORY	1,101	1,133	23,470,923	4,314,378	888,880	60.00
65.00 06500	RESPIRATORY THERAPY	125,313	833,057	1,579,597	290,358	167,278	65.00
65.01 06501	SLEEP LAB	3,239	91,970	994,011	182,717	517,448	65.01
66.00 06600	PHYSICAL THERAPY	70,003	1,098,268	12,235,230	2,249,056	610,100	66.00
66.01 06601	SPORTS PERFORMANCE	53,643	452,732	5,140,807	944,973	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,466,959	813,279	12,031,979	2,211,694	1,083,482	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	15,547	240,065	2,516,996	462,669	35,438	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	30,178,636	5,547,377	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	45,679,798	8,396,769	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	57,520,590	10,573,320	0	73.00
74.00 07400	RENAL DIALYSIS	437	0	4,464,334	820,625	179,553	74.00
75.00 03330	ASC (NON-DISTINCT PART)	565,241	294,069	4,730,249	869,505	604,297	75.00

11/29/2016 2:03 pm

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT		
	MVBLE EQUIP							
	2.00	4.00						4A
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	542,402	435,692	7,182,850	1,320,337	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	8,129	230,944	2,501,267	459,778	697,874	90.01
91.00	09100	EMERGENCY	1,091,316	1,574,413	18,431,153	3,387,978	1,966,610	91.00
91.01	09101	WOUND CARE 002	8,825	78,971	2,391,354	439,574	492,487	91.01
91.02	09102	WOUND CARE 001	29,235	54,357	558,462	102,655	28,402	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONVILLE CLINIC	89,833	59,370	905,205	166,393	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	51,954	5,251,958	965,404	0	91.07
91.08	04040	FAMILY PRACTICE	97,370	899,425	4,181,272	768,593	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	87,580	177,054	2,060,991	378,847	585,859	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	178,334	32,781	315,656	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	366	67	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	99,566	18,302	0	98.01
98.02	09852	DIABETES EDUCATION	20,348	48,648	450,316	82,776	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,325	114,382	4,706,174	865,079	0	105.00
106.00	10600	HEART ACQUISITION	14,947	53,085	2,096,997	385,466	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	1,126	6,098	1,121	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,304,850	45,229,795	778,157,090	118,472,178	51,178,279	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	427	37,110	962,459	176,917	150,432	190.00
191.00	19100	RESEARCH	2,564	205,869	2,450,097	450,372	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	319,011	3,301,858	42,562,809	7,823,810	426,233	192.00
193.00	19300	NONPAID WORKERS	0	0	-1,001	0	0	193.00
193.01	19304	MARKETING	0	0	9,513,576	1,748,767	0	193.01
193.02	19305	MISSION SERVICES	0	35,504	473,419	87,023	135,076	193.02
193.03	19306	FOUNDATION	3,461	136,287	2,760,136	507,363	0	193.03
193.04	19307	WELLNESS	8,027	56,787	949,607	174,555	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	18,536,081	3,407,265	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	6	1	0	193.08
193.09	19312	LIFELINE	8,725	0	8,725	1,604	0	193.09
193.10	19313	MARTEN HOUSE	0	0	3,234,575	594,573	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	862,036	158,458	1,586,446	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	84,081	131,468	237,177	43,597	39,804	193.17
193.18	19318	HOME HEALTH	0	969	14,385	2,644	87,260	193.18
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,731,146	49,135,647	860,721,177	133,649,127	53,603,530	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,945,429				8.00
9.00	00900	HOUSEKEEPING	0	12,841,111			9.00
10.00	01000	DIETARY	0	405,863	10,763,574		10.00
11.00	01100	CAFETERIA	0	2,446	0	2,755,923	11.00
13.00	01300	NURSING ADMINISTRATION	0	49,550	0	69,932	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,973	494,117	0	5,115	14.00
15.00	01500	PHARMACY	2,189	228,043	0	107,086	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,311	136,906	0	54,917	16.00
17.00	01700	SOCIAL SERVICE	0	28,220	0	54,659	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	131,512	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	362	156,289	0	25,931	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	14,803	0	4,552	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	13,392	0	6,599	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	17,773	0	4,438	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	1,261	0	18,277	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,127,980	3,479,276	7,575,274	686,706	3,507,965
31.00	03100	INTENSIVE CARE UNIT	204,131	546,700	143,799	124,973	638,414
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	54,772	242,284	0	73,262	374,251
32.02	03202	RENAL TRANSPLANT	26,780	174,786	336,734	11,102	56,714
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	27,368	232,736	48,462	27,441	140,180
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02401	NEONATAL INTENSIVE CARE UNIT	238,633	353,916	0	149,747	764,968
40.00	04000	SUBPROVIDER - I PF	223,336	384,495	1,144,309	52,149	266,398
41.00	04100	SUBPROVIDER - I RF	22,706	159,197	327,306	17,492	89,354
43.00	04300	NURSERY	22,544	183,760	0	26,357	134,643
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	324,745	1,843,069	42,323	229,316	1,171,437
50.01	03951	AMBULATORY SURGERY	0	0	0	36,691	187,432
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,140	256,238	0	48,741	248,989
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,283	314,650	1,028	66,862	341,556
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	47,228	147,977	0	25,258	129,030
54.02	05403	ULTRASOUND	0	24,488	0	9,968	0
54.03	05404	ECHOCARDIOLOGY	0	0	0	8,007	0
54.04	05401	ONCOLOGY	14,301	123,102	0	47,109	240,650
57.00	05700	CT SCAN	35,952	27,234	0	14,079	0
58.00	05800	MRI	16,362	106,115	0	10,232	0
59.00	05900	CARDIAC CATHETERIZATION	0	116,799	0	5,582	28,514
59.01	05901	CARDIAC REHAB	0	0	0	6,707	34,262
60.00	06000	LABORATORY	0	216,012	0	80	0
65.00	06500	RESPIRATORY THERAPY	0	40,651	0	71,221	0
65.01	06501	SLEEP LAB	0	125,748	0	8,766	0
66.00	06600	PHYSICAL THERAPY	17,877	148,264	0	91,389	0
66.01	06601	SPORTS PERFORMANCE	0	0	0	40,961	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	35,683	263,303	0	68,491	0
70.00	07000	ELECTROENCEPHALOGRAPHY	5,264	8,612	0	16,770	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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	0
74.00	07400	RENAL DIALYSIS	7,562	43,634	0	0	0
75.00	03330	ASC (NON-DISTINCT PART)	30,008	146,853	0	21,281	108,709
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	50,758	259,293
90.01	09001	PARTIAL HOSPITALIZATION	0	169,594	0	22,107	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
91.00	09100	EMERGENCY	263,903	477,916	54,659	120,050	613,261	91.00
91.01	09101	WOUND CARE 002	7,260	119,682	0	7,449	38,051	91.01
91.02	09102	WOUND CARE 001	0	6,902	0	3,862	19,730	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	18,988	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	152,419	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	37,776	142,373	0	15,901	81,226	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	76,709	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	3,602	18,401	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	8,076	41,257	105.00
106.00	10600	HEART ACQUISITION	0	0	0	3,502	17,891	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	82	421	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,945,429	12,251,738	9,673,894	2,715,147	10,003,625	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	36,557	0	6,460	0	190.00
191.00	19100	RESEARCH	0	0	0	14,199	72,537	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	103,581	0	0	778,648	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	32,825	0	3,066	0	193.02
193.03	19306	FOUNDATION	0	0	0	8,367	0	193.03
193.04	19307	WELLNESS	0	0	0	8,684	44,360	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	385,531	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	1,089,680	0	0	193.16
193.17	19317	HOSPICE	0	9,673	0	0	26,414	193.17
193.18	19318	HOME HEALTH	0	21,206	0	0	764	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,945,429	12,841,111	10,763,574	2,755,923	10,926,348	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	14,041,727					14.00
15.00 01500 PHARMACY	323,046	22,432,096				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	58,288	3,100	5,049,927			16.00
17.00 01700 SOCIAL SERVICE	647	0	0	10,012,304		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	0	12,771,001	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	1,533	119,327	0	0	0	22.00
23.00 02300 PARAMED ED PRGM - (SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM - CPE	0	0	0	0	0	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03 02303 PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,029,275	364,634	484,636	2,480,158	6,424,201	30.00
31.00 03100 INTENSIVE CARE UNIT	385,387	236,423	16,392	761,000	984,086	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	128,288	87,449	59	1,382	1,514,829	32.01
32.02 03202 RENAL TRANSPLANT	1,853	491	2,353	0	0	32.02
33.00 02080 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02400 PEDIATRIC INTENSIVE CARE UNIT	57,590	40,931	2,412	402,151	132,686	33.01
33.02 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03303 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00 02060 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02401 NEONATAL INTENSIVE CARE UNIT	239,862	66,558	13,367	1,612,287	55,286	34.01
40.00 04000 SUBPROVIDER - I PF	4,079	3,979	47,356	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	15,850	6,167	0	1,382	0	41.00
43.00 04300 NURSERY	62,632	4,401	49,670	455,126	88,457	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,608,563	2,287,900	343,556	74,626	342,771	50.00
50.01 03951 AMBULATORY SURGERY	667,343	921,724	5,339	5,067	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	102,185	47,082	63,096	333,974	77,400	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	387,015	1,130,183	1,342,626	0	22,114	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	48,510	31,184	0	0	0	54.01
54.02 05403 ULTRASOUND	26,318	53	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	56,021	0	0	0	0	54.03
54.04 05401 ONCOLOGY	330,332	20,386	150,433	0	0	54.04
57.00 05700 CT SCAN	137,266	31,287	0	0	0	57.00
58.00 05800 MRI	62,163	9,233	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	88,290	30,508	464,666	0	0	59.00
59.01 05901 CARDIAC REHAB	2,675	718	158	0	0	59.01
60.00 06000 LABORATORY	5,171	5,763	208,190	0	298,543	60.00
65.00 06500 RESPIRATORY THERAPY	260,549	5,446,729	99	0	0	65.00
65.01 06501 SLEEP LAB	8,277	306	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	70,673	21,640	59	0	254,314	66.00
66.01 06601 SPORTS PERFORMANCE	8,176	11,175	119	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2,792,657	1,129,684	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	34,544	0	69,680	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	11,057	73.00
74.00 07400 RENAL DIALYSIS	86,026	69,656	0	0	44,229	74.00
75.00 03330 ASC (NON-DISTINCT PART)	444,440	72,036	104,224	64,491	110,571	75.00

11/29/2016 2:03 pm

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	14.00	15.00	16.00	17.00	21.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	20,423	603,646	15,542	415,049	442,286	90.00
90.01 09001 PARTIAL HOSPITALIZATION	5,914	0	0	0	0	90.01
91.00 09100 EMERGENCY	345,470	136,668	1,074,465	3,205,688	740,829	91.00
91.01 09101 WOUND CARE 002	268	2,731	0	0	464,400	91.01
91.02 09102 WOUND CARE 001	11,778	6,185	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	5,201	0	117,649	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	16	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	4,830	401	0	19,347	486,514	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	19,928	6,386	454,562	74,626	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	1,538	85,857	19,219	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 09853 GERIATRIC CLINIC	0	0	0	0	132,686	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	288	441	0	0	0	105.00
106.00 10600 HEART ACQUISITION	392	248	0	0	0	106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	13,951,570	13,043,270	5,049,927	9,906,354	12,627,259	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	110,571	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	80,530	9,323,281	0	105,950	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	1,071	8,003	0	0	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	481	0	0	0	0	193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	0	0	0	0	0	193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 19312 LIFELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 19314 SPN	0	0	0	0	0	193.11
193.12 19315 ST. JOES	0	0	0	0	0	193.12
193.13 19301 NEW HOPE	0	0	0	0	0	193.13
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.17 19317 HOSPICE	3,379	29,796	0	0	33,171	193.17
193.18 19318 HOME HEALTH	4,696	27,746	0	0	0	193.18
200.00						200.00
201.00						201.00
202.00						202.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	14,041,727	22,432,096	5,049,927	10,012,304	12,771,001	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - EMS	
	SERVICES-OTHER PRGM COSTS A					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	8,312,457					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		611,929				23.00
23.01 02301 PARAMED PRGM - CPE			648,051			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY				654,916		23.02
23.03 02303 PARAMED PRGM - EMS					811,121	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,181,419	0	469,695	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	640,527	0	44,387	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	985,980	0	4,035	0	0	32.01
32.02 03202 RENAL TRANSPLANT	0	0	0	0	0	32.02
33.00 02080 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02400 PEDIATRIC INTENSIVE CARE UNIT	86,363	0	6,456	0	0	33.01
33.02 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03303 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00 02060 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02401 NEONATAL INTENSIVE CARE UNIT	35,985	0	34,703	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	0	0	38,738	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	57,575	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	223,105	0	12,106	0	0	50.00
50.01 03951 AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	50,379	0	807	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,394	0	0	287,083	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 05403 ULTRASOUND	0	0	0	113,454	0	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04 05401 ONCOLOGY	0	0	0	0	0	54.04
57.00 05700 CT SCAN	0	0	0	179,911	0	57.00
58.00 05800 MRI	0	0	0	74,468	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0	0	0	0	0	59.01
60.00 06000 LABORATORY	194,317	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	165,529	0	0	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,197	611,929	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	28,788	0	0	0	0	74.00
75.00 03330 ASC (NON-DISTINCT PART)	71,969	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - EMS		
	SERVICES-OTHER PRGM COSTS A						
	22.00						
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	287,877	0	0	0	0	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01	
91.00 09100 EMERGENCY	482,194	0	37,124	0	811,121	91.00	
91.01 09101 WOUND CARE 002	302,271	0	0	0	0	91.01	
91.02 09102 WOUND CARE 001	0	0	0	0	0	91.02	
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03	
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04	
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05	
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07	
91.08 04040 FAMILY PRACTICE	316,665	0	0	0	0	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01	
98.00 09853 GERIATRIC CLINIC	86,363	0	0	0	0	98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01	
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	118.00	8,218,897	611,929	648,051	654,916	811,121	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	71,969	0	0	0	0	191.00	
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19304 MARKETING	0	0	0	0	0	193.01	
193.02 19305 MISSION SERVICES	0	0	0	0	0	193.02	
193.03 19306 FOUNDATION	0	0	0	0	0	193.03	
193.04 19307 WELLNESS	0	0	0	0	0	193.04	
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05	
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06	
193.07 19310 BILLING	0	0	0	0	0	193.07	
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08	
193.09 19312 LI FELINE	0	0	0	0	0	193.09	
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10	
193.11 19314 SPN	0	0	0	0	0	193.11	
193.12 19315 ST. JOES	0	0	0	0	0	193.12	
193.13 19301 NEW HOPE	0	0	0	0	0	193.13	
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14	
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15	
193.16 19316 SETON BOARD	0	0	0	0	0	193.16	
193.17 19317 HOSPICE	21,591	0	0	0	0	193.17	
193.18 19318 HOME HEALTH	0	0	0	0	0	193.18	
200.00	200.00	0	0	0	0	200.00	
201.00	201.00	0	0	0	0	201.00	
202.00	202.00	8,312,457	611,929	648,051	654,916	811,121	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	142,671,052	-10,605,620	132,065,432	30.00
31.00	03100	29,773,837	-1,624,613	28,149,224	31.00
32.00	03200	0	0	0	32.00
32.01	03201	17,021,942	-2,500,809	14,521,133	32.01
32.02	03202	3,683,439	0	3,683,439	32.02
33.00	02080	0	0	0	33.00
33.01	02400	7,093,698	-219,049	6,874,649	33.01
33.02	03300	0	0	0	33.02
33.03	03301	0	0	0	33.03
33.04	03302	0	0	0	33.04
33.05	03303	0	0	0	33.05
33.06	03304	0	0	0	33.06
34.00	02060	0	0	0	34.00
34.01	02401	28,167,064	-91,271	28,075,793	34.01
40.00	04000	9,922,290	0	9,922,290	40.00
41.00	04100	4,624,928	0	4,624,928	41.00
43.00	04300	5,986,322	-146,032	5,840,290	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	82,766,459	-565,876	82,200,583	50.00
50.01	03951	18,843,457	0	18,843,457	50.01
52.00	05200	9,651,501	-127,779	9,523,722	52.00
53.00	05300	0	0	0	53.00
54.00	05400	17,755,753	-36,508	17,719,245	54.00
54.01	05402	5,164,637	0	5,164,637	54.01
54.02	05403	2,172,029	0	2,172,029	54.02
54.03	05404	2,072,549	0	2,072,549	54.03
54.04	05401	15,538,186	0	15,538,186	54.04
57.00	05700	3,292,131	0	3,292,131	57.00
58.00	05800	3,526,350	0	3,526,350	58.00
59.00	05900	3,129,312	0	3,129,312	59.00
59.01	05901	947,565	0	947,565	59.01
60.00	06000	29,602,257	-492,860	29,109,397	60.00
65.00	06500	7,856,482	0	7,856,482	65.00
65.01	06501	1,837,273	0	1,837,273	65.01
66.00	06600	15,864,131	-419,843	15,444,288	66.00
66.01	06601	6,146,211	0	6,146,211	66.01
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	19,616,973	0	19,616,973	69.00
70.00	07000	3,149,973	0	3,149,973	70.00
71.00	07100	35,726,013	0	35,726,013	71.00
72.00	07200	54,076,567	0	54,076,567	72.00
73.00	07300	68,724,093	-18,254	68,705,839	73.00
74.00	07400	5,744,407	-73,017	5,671,390	74.00
75.00	03330	7,378,633	-182,540	7,196,093	75.00

11/29/2016 2:03 pm

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,598,061	-730,163	9,867,898	90.00
90.01	09001	PARTIAL HOSPITALIZATION	3,856,534	0	3,856,534	90.01
91.00	09100	EMERGENCY	32,149,089	-1,223,023	30,926,066	91.00
91.01	09101	WOUND CARE 002	4,265,527	-766,671	3,498,856	91.01
91.02	09102	WOUND CARE 001	737,976	0	737,976	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	1,194,448	0	1,194,448	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	6,236,366	0	6,236,366	91.07
91.08	04040	FAMILY PRACTICE	5,930,041	-803,179	5,126,862	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	3,858,475	0	3,858,475	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	710,094	0	710,094	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	219,482	-219,049	433	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	117,868	0	117,868	98.01
98.02	09852	DIABETES EDUCATION	555,095	0	555,095	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,621,315	0	5,621,315	105.00
106.00	10600	HEART ACQUISITION	2,504,496	0	2,504,496	106.00
112.00	08600	PANCREAS ACQUISITION	7,722	0	7,722	112.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	748,090,103	-20,846,156	727,243,947	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,332,825	0	1,332,825	190.00
191.00	19100	RESEARCH	3,169,745	-182,540	2,987,205	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	61,204,842	0	61,204,842	192.00
193.00	19300	NONPAID WORKERS	-1,001	0	-1,001	193.00
193.01	19304	MARKETING	11,262,343	0	11,262,343	193.01
193.02	19305	MISSION SERVICES	740,483	0	740,483	193.02
193.03	19306	FOUNDATION	3,275,866	0	3,275,866	193.03
193.04	19307	WELLNESS	1,177,687	0	1,177,687	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	193.06
193.07	19310	BILLING	21,943,346	0	21,943,346	193.07
193.08	19311	OCCUPATIONAL HEALTH	7	0	7	193.08
193.09	19312	LIFELINE	10,329	0	10,329	193.09
193.10	19313	MARTEN HOUSE	3,829,148	0	3,829,148	193.10
193.11	19314	SPN	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	193.13
193.14	19302	VACANT SPACE	2,992,471	0	2,992,471	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	193.15
193.16	19316	SETON BOARD	1,089,680	0	1,089,680	193.16
193.17	19317	HOSPICE	444,602	-54,762	389,840	193.17
193.18	19318	HOME HEALTH	158,701	0	158,701	193.18
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	860,721,177	-21,083,458	839,637,719	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	NEW BLDG-WOMENS	
			0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	250,135	4,043	0	25,094 4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,385,888	33,220	0	83,602 5.00
7.00	00700	OPERATION OF PLANT	0	5,897,139	25,544	0	156,398 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	4,234 8.00
9.00	00900	HOUSEKEEPING	0	346,472	4,635	0	17,158 9.00
10.00	01000	DIETARY	0	698,749	8,867	0	73,536 10.00
11.00	01100	CAFETERIA	0	5,442	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	94,383	3,877	0	1,122 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,000,038	0	0	43,455 14.00
15.00	01500	PHARMACY	0	433,013	0	0	31,874 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	286,052	5,677	0	0 16.00
17.00	01700	SOCIAL SERVICE	0	59,917	908	0	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	339,216	0	0	4,246 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	33,098	0	0	0 23.00
23.01	02301	PARAMED ED PRGM - CPE	0	29,973	0	0	0 23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	39,740	0	0	0 23.02
23.03	02303	PARAMED ED PRGM - EMS	0	2,819	0	0	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	6,894,080	0	0	367,094 30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,222,405	0	0	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	541,741	0	0	0 32.01
32.02	03202	RENAL TRANSPLANT	0	390,817	0	0	0 32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	0	520,392	0	0	0 33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	328,068 34.01
40.00	04000	SUBPROVIDER - IPF	0	0	243,252	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	355,960	0	0	0 41.00
43.00	04300	NURSERY	0	0	0	0	170,339 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,734,390	0	0	160,297 50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	0 50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	237,524 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	609,612	0	0	38,943 54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	330,872	0	0	0 54.01
54.02	05403	ULTRASOUND	0	54,755	0	0	0 54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0 54.03
54.04	05401	ONCOLOGY	0	275,280	0	0	0 54.04
57.00	05700	CT SCAN	0	60,894	0	0	0 57.00
58.00	05800	MRI	0	206,069	0	0	12,935 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	261,159	0	0	0 59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0 59.01
60.00	06000	LABORATORY	0	393,775	0	0	36,988 60.00
65.00	06500	RESPIRATORY THERAPY	0	84,113	0	0	2,811 65.00
65.01	06501	SLEEP LAB	0	3,321	78,615	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0	330,090	403	0	0 66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	588,737	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,256	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	97,565	0	0	0 74.00

11/29/2016 2:03 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS						
		BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	NEW BLDG-WOMENS			
		1.00	1.01	1.02	1.03			
75.00 03330 ASC (NON-DISTINCT PART)	0	328,360	0	0	0	75.00		
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	90.00		
90.01 09001 PARTIAL HOSPITALIZATION	0	143,054	66,818	0	0	90.01		
91.00 09100 EMERGENCY	0	1,068,607	0	0	0	91.00		
91.01 09101 WOUND CARE 002	0	186,059	0	0	33,795	91.01		
91.02 09102 WOUND CARE 001	0	15,433	0	0	0	91.02		
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03		
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04		
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05		
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06		
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07		
91.08 04040 FAMILY PRACTICE	0	0	0	0	0	91.08		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00		
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	318,341	0	0	0	92.01		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	171,520	0	0	0	95.00		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00		
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01		
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00		
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01		
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02		
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00		
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00		
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00		
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00		
116.00 11600 HOSPICE	0	0	0	0	0	116.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	30,108,731	475,859	0	1,829,513	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	74,820	0	0	2,869	190.00		
191.00 19100 RESEARCH	0	0	0	0	0	191.00		
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	231,605	0	0	0	192.00		
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00		
193.01 19304 MARKETING	0	0	0	0	0	193.01		
193.02 19305 MISSION SERVICES	0	73,397	0	0	0	193.02		
193.03 19306 FOUNDATION	0	0	0	0	0	193.03		
193.04 19307 WELLNESS	0	0	0	0	0	193.04		
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05		
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06		
193.07 19310 BILLING	0	0	0	0	0	193.07		
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08		
193.09 19312 LIFELINE	0	0	0	0	0	193.09		
193.10 19313 MARTEN HOUSE	0	0	0	6,847	0	193.10		
193.11 19314 SPN	0	0	0	0	0	193.11		
193.12 19315 ST. JOES	0	0	0	0	0	193.12		
193.13 19301 NEW HOPE	0	0	0	0	0	193.13		
193.14 19302 VACANT SPACE	0	862,036	0	0	0	193.14		
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15		
193.16 19316 SETON BOARD	0	0	0	0	0	193.16		
193.17 19317 HOSPICE	0	21,628	0	0	0	193.17		
193.18 19318 HOME HEALTH	0	0	13,416	0	0	193.18		
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	0	31,372,217	489,275	6,847	1,832,382	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
	2.00	MVBLE EQUIP					
	2A	4.00					
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	18,047	297,319	297,319		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	292,113	1,794,823	52,337	1,847,160	5.00
7.00	00700	OPERATION OF PLANT	732,106	6,811,187	1,330	115,057	6,927,574
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,234	0	6,282	2,436
9.00	00900	HOUSEKEEPING	2,771	371,036	0	25,966	96,145
10.00	01000	DIETARY	34,311	815,463	0	18,647	215,841
11.00	01100	CAFETERIA	0	5,442	0	5,889	1,301
13.00	01300	NURSING ADMINISTRATION	470,330	569,712	5,587	22,759	26,351
14.00	01400	CENTRAL SERVICES & SUPPLY	742,747	1,786,240	309	24,695	262,775
15.00	01500	PHARMACY	184,522	649,409	10,655	44,718	121,275
16.00	01600	MEDICAL RECORDS & LIBRARY	833	292,562	2,046	9,073	72,808
17.00	01700	SOCIAL SERVICE	0	60,825	4,435	20,463	15,008
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	7,933	27,130	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	118,197	461,659	5,490	15,810	83,116
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	33,098	273	1,141	7,872
23.01	02301	PARAMED ED PRGM - CPE	0	29,973	313	1,230	7,122
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	39,740	337	1,201	9,452
23.03	02303	PARAMED ED PRGM - EMS	43,393	46,212	945	1,688	670
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	206,736	7,467,910	55,307	206,889	1,850,301
31.00	03100	INTENSIVE CARE UNIT	73,800	1,296,205	10,324	48,935	290,739
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	66,479	608,220	5,752	26,956	128,849
32.02	03202	RENAL TRANSPLANT	0	390,817	896	5,051	92,953
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	47,952	568,344	3,221	10,585	123,771
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02401	NEONATAL INTENSIVE CARE UNIT	295,619	623,687	15,883	49,680	188,215
40.00	04000	SUBPROVIDER - I PF	34,085	277,337	3,280	13,255	204,477
41.00	04100	SUBPROVIDER - I RF	796	356,756	1,152	7,148	84,662
43.00	04300	NURSERY	42,102	212,441	2,075	8,897	97,725
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,904,401	8,799,088	17,960	134,537	980,157
50.01	03951	AMBULATORY SURGERY	351,775	351,775	2,500	36,532	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,889	285,413	3,657	15,605	136,269
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	589,363	1,237,918	4,329	26,855	167,333
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	148,672	479,544	1,845	8,857	78,695
54.02	05403	ULTRASOUND	117,368	172,123	913	4,072	13,023
54.03	05404	ECHOCARDIOLOGY	326,580	326,580	552	4,311	0
54.04	05401	ONCOLOGY	1,501,662	1,776,942	3,343	30,276	65,466
57.00	05700	CT SCAN	35,239	96,133	1,094	5,912	14,483
58.00	05800	MRI	514,310	733,314	787	6,034	56,433
59.00	05900	CARDIAC CATHETERIZATION	56,083	317,242	388	4,109	62,114
59.01	05901	CARDIAC REHAB	3,776	3,776	444	1,938	0
60.00	06000	LABORATORY	1,101	431,864	7	59,640	114,876
65.00	06500	RESPIRATORY THERAPY	125,313	212,237	5,040	4,014	21,619
65.01	06501	SLEEP LAB	3,239	85,175	556	2,526	66,874
66.00	06600	PHYSICAL THERAPY	70,003	400,496	6,644	31,090	78,848
66.01	06601	SPORTS PERFORMANCE	53,643	53,643	2,739	13,063	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,466,959	2,055,696	4,920	30,573	140,026
70.00	07000	ELECTROENCEPHALOGRAPHY	15,547	34,803	1,452	6,396	4,580
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	76,684	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	116,072	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	146,160	0
74.00	07400	RENAL DIALYSIS	437	98,002	0	11,344	23,205
75.00	03330	ASC (NON-DISTINCT PART)	565,241	893,601	1,779	12,020	78,098

11/29/2016 2:03 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT		
	MVBLE EQUIP							
	2.00	2A						
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	542,402	542,402	2,636	18,252	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	8,129	218,001	1,397	6,356	90,191	90.01
91.00	09100	EMERGENCY	1,091,316	2,159,923	9,524	46,834	254,159	91.00
91.01	09101	WOUND CARE 002	8,825	228,679	478	6,076	63,648	91.01
91.02	09102	WOUND CARE 001	29,235	44,668	329	1,419	3,671	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	89,833	89,833	359	2,300	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	314	13,345	0	91.07
91.08	04040	FAMILY PRACTICE	97,370	97,370	5,441	10,625	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	87,580	405,921	1,071	5,237	75,715	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	171,520	0	453	40,795	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	1	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	253	0	98.01
98.02	09852	DIABETES EDUCATION	20,348	20,348	294	1,144	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,325	9,325	692	11,958	0	105.00
106.00	10600	HEART ACQUISITION	14,947	14,947	321	5,328	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	7	15	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,304,850	48,718,953	273,692	1,637,361	6,614,142	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	427	78,116	224	2,446	19,441	190.00
191.00	19100	RESEARCH	2,564	2,564	1,245	6,226	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	319,011	550,616	19,974	108,152	55,085	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	24,174	0	193.01
193.02	19305	MISSION SERVICES	0	73,397	215	1,203	17,457	193.02
193.03	19306	FOUNDATION	3,461	3,461	824	7,014	0	193.03
193.04	19307	WELLNESS	8,027	8,027	344	2,413	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	47,100	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	8,725	8,725	0	22	0	193.09
193.10	19313	MARTEN HOUSE	0	6,847	0	8,219	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	862,036	0	2,190	205,028	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	84,081	105,709	795	603	5,144	193.17
193.18	19318	HOME HEALTH	0	13,416	6	37	11,277	193.18
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,731,146	50,431,867	297,319	1,847,160	6,927,574	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 2:03 pm				
Cost Center Description		LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00	NURSING ADMINISTRATION 13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01	
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02	
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	12,952				8.00	
9.00	00900	HOUSEKEEPING	0	493,147			9.00	
10.00	01000	DIETARY	0	15,587	1,065,538		10.00	
11.00	01100	CAFETERIA	0	94	0	12,726	11.00	
13.00	01300	NURSING ADMINISTRATION	0	1,903	0	323	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	17	18,976	0	24	14.00	
15.00	01500	PHARMACY	10	8,758	0	495	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	28	5,258	0	254	16.00	
17.00	01700	SOCIAL SERVICE	0	1,084	0	252	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	607	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	2	6,002	0	120	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	568	0	21	23.00	
23.01	02301	PARAMED ED PRGM - CPE	0	514	0	30	23.01	
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	683	0	20	23.02	
23.03	02303	PARAMED ED PRGM - EMS	0	48	0	84	23.03	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,959	133,614	749,912	3,172	201,183	30.00
31.00	03100	INTENSIVE CARE UNIT	898	20,995	14,235	577	36,614	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	241	9,305	0	338	21,464	32.01
32.02	03202	RENAL TRANSPLANT	118	6,712	33,335	51	3,253	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	120	8,938	4,797	127	8,039	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	1,049	13,592	0	692	43,872	34.01
40.00	04000	SUBPROVIDER - I PF	982	14,766	113,281	241	15,278	40.00
41.00	04100	SUBPROVIDER - I RF	100	6,114	32,402	81	5,125	41.00
43.00	04300	NURSERY	99	7,057	0	122	7,722	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,428	70,781	4,190	1,059	67,183	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	169	10,749	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	432	9,841	0	225	14,280	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	186	12,084	102	309	19,589	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	208	5,683	0	117	7,400	54.01
54.02	05403	ULTRASOUND	0	940	0	46	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	37	0	54.03
54.04	05401	ONCOLOGY	63	4,728	0	218	13,801	54.04
57.00	05700	CT SCAN	158	1,046	0	65	0	57.00
58.00	05800	MRI	72	4,075	0	47	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,486	0	26	1,635	59.00
59.01	05901	CARDIAC REHAB	0	0	0	31	1,965	59.01
60.00	06000	LABORATORY	0	8,296	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,561	0	329	0	65.00
65.01	06501	SLEEP LAB	0	4,829	0	40	0	65.01
66.00	06600	PHYSICAL THERAPY	79	5,694	0	422	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	189	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	157	10,112	0	316	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23	331	0	77	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	33	1,676	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	132	5,640	0	98	6,235	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	234	14,871	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	6,513	0	102	0	90.01

11/29/2016 2:03 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
91.00	09100	EMERGENCY	1,160	18,354	5,411	555	35,171	91.00
91.01	09101	WOUND CARE 002	32	4,596	0	34	2,182	91.01
91.02	09102	WOUND CARE 001	0	265	0	18	1,132	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	1,089	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	8,741	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	166	5,468	0	73	4,658	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,946	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	17	1,055	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	37	2,366	105.00
106.00	10600	HEART ACQUISITION	0	0	0	16	1,026	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	24	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,952	470,513	957,665	12,537	573,716	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,404	0	30	0	190.00
191.00	19100	RESEARCH	0	0	0	66	4,160	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	3,978	0	0	44,656	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	1,261	0	14	0	193.02
193.03	19306	FOUNDATION	0	0	0	39	0	193.03
193.04	19307	WELLNESS	0	0	0	40	2,544	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	14,806	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	107,873	0	0	193.16
193.17	19317	HOSPICE	0	371	0	0	1,515	193.17
193.18	19318	HOME HEALTH	0	814	0	0	44	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	12,952	493,147	1,065,538	12,726	626,635	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,093,036					14.00
15.00 01500 PHARMACY	48,153	883,473				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	8,688	122	390,839			16.00
17.00 01700 SOCIAL SERVICE	96	0	0	118,177		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	0	35,670	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	228	4,700	0	0		22.00
23.00 02300 PARAMED ED PRGM - (SPECIFY)	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM - CPE	0	0	0	0		23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	0	0	0		23.02
23.03 02303 PARAMED ED PRGM - EMS	0	0	0	0		23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	153,422	14,361	37,508	29,274		30.00
31.00 03100 INTENSIVE CARE UNIT	57,445	9,311	1,269	8,982		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0		32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	19,122	3,444	5	16		32.01
32.02 03202 RENAL TRANSPLANT	276	19	182	0		32.02
33.00 02080 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01 02400 PEDIATRIC INTENSIVE CARE UNIT	8,584	1,612	187	4,747		33.01
33.02 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.02
33.03 03301 BURN INTENSIVE CARE UNIT	0	0	0	0		33.03
33.04 03302 BURN INTENSIVE CARE UNIT	0	0	0	0		33.04
33.05 03303 BURN INTENSIVE CARE UNIT	0	0	0	0		33.05
33.06 03304 BURN INTENSIVE CARE UNIT	0	0	0	0		33.06
34.00 02060 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.01 02401 NEONATAL INTENSIVE CARE UNIT	35,753	2,621	1,035	19,030		34.01
40.00 04000 SUBPROVIDER - IPF	608	157	3,665	0		40.00
41.00 04100 SUBPROVIDER - IRF	2,363	243	0	16		41.00
43.00 04300 NURSERY	9,336	173	3,844	5,372		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	836,005	90,108	26,590	881		50.00
50.01 03951 AMBULATORY SURGERY	99,473	36,302	413	60		50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,231	1,854	4,883	3,942		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	57,688	44,512	103,912	0		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	7,231	1,228	0	0		54.01
54.02 05403 ULTRASOUND	3,923	2	0	0		54.02
54.03 05404 ECHOCARDIOLOGY	8,350	0	0	0		54.03
54.04 05401 ONCOLOGY	49,239	803	11,643	0		54.04
57.00 05700 CT SCAN	20,461	1,232	0	0		57.00
58.00 05800 MRI	9,266	364	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	13,160	1,202	35,963	0		59.00
59.01 05901 CARDIAC REHAB	399	28	12	0		59.01
60.00 06000 LABORATORY	771	227	16,113	0		60.00
65.00 06500 RESPIRATORY THERAPY	38,837	214,516	8	0		65.00
65.01 06501 SLEEP LAB	1,234	12	0	0		65.01
66.00 06600 PHYSICAL THERAPY	10,534	852	5	0		66.00
66.01 06601 SPORTS PERFORMANCE	1,219	440	9	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	416,268	44,492	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,149	0	5,393	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	12,823	2,743	0	0		74.00
75.00 03330 ASC (NON-DISTINCT PART)	66,247	2,837	8,066	761		75.00

11/29/2016 2:03 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	14.00	15.00	16.00	17.00	21.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	3,044	23,774	1,203	4,899		90.00
90.01 09001 PARTIAL HOSPITALIZATION	882	0	0	0		90.01
91.00 09100 EMERGENCY	51,495	5,383	83,158	37,837		91.00
91.01 09101 WOUND CARE 002	40	108	0	0		91.01
91.02 09102 WOUND CARE 001	1,756	244	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	775	0	9,105	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	2	0	0	0		91.07
91.08 04040 FAMILY PRACTICE	720	16	0	228		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	2,970	251	35,181	881		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	229	3,381	1,487	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0		97.01
98.00 09853 GERIATRIC CLINIC	0	0	0	0		98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0		98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0		98.02
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	43	17	0	0		105.00
106.00 10600 HEART ACQUISITION	58	10	0	0		106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0		112.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00	2,079,596	513,701	390,839	116,926	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0		191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	12,004	367,191	0	1,251		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
193.01 19304 MARKETING	0	0	0	0		193.01
193.02 19305 MISSION SERVICES	160	315	0	0		193.02
193.03 19306 FOUNDATION	0	0	0	0		193.03
193.04 19307 WELLNESS	72	0	0	0		193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0		193.05
193.06 19309 JOINT VENTURE	0	0	0	0		193.06
193.07 19310 BILLING	0	0	0	0		193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0		193.08
193.09 19312 LI FELINE	0	0	0	0		193.09
193.10 19313 MARTEN HOUSE	0	0	0	0		193.10
193.11 19314 SPN	0	0	0	0		193.11
193.12 19315 ST. JOES	0	0	0	0		193.12
193.13 19301 NEW HOPE	0	0	0	0		193.13
193.14 19302 VACANT SPACE	0	0	0	0		193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0		193.15
193.16 19316 SETON BOARD	0	0	0	0		193.16
193.17 19317 HOSPICE	504	1,173	0	0		193.17
193.18 19318 HOME HEALTH	700	1,093	0	0		193.18
200.00					35,670	200.00
201.00	0	0	0	0	0	201.00
202.00	2,093,036	883,473	390,839	118,177	35,670	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - EMS	
	SERVICES-OTHER PRGM COSTS A					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	577,127					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		42,973				23.00
23.01 02301 PARAMED PRGM - CPE			39,182			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY				51,433		23.02
23.03 02303 PARAMED PRGM - EMS					49,647	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
32.00 03200 CORONARY CARE UNIT						32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL						32.01
32.02 03202 RENAL TRANSPLANT						32.02
33.00 02080 BURN INTENSIVE CARE UNIT						33.00
33.01 02400 PEDIATRIC INTENSIVE CARE UNIT						33.01
33.02 03300 BURN INTENSIVE CARE UNIT						33.02
33.03 03301 BURN INTENSIVE CARE UNIT						33.03
33.04 03302 BURN INTENSIVE CARE UNIT						33.04
33.05 03303 BURN INTENSIVE CARE UNIT						33.05
33.06 03304 BURN INTENSIVE CARE UNIT						33.06
34.00 02060 SURGICAL INTENSIVE CARE UNIT						34.00
34.01 02401 NEONATAL INTENSIVE CARE UNIT						34.01
40.00 04000 SUBPROVIDER - I PF						40.00
41.00 04100 SUBPROVIDER - IRF						41.00
43.00 04300 NURSERY						43.00
44.00 04400 SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM						50.00
50.01 03951 AMBULATORY SURGERY						50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM						52.00
53.00 05300 ANESTHESIOLOGY						53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC						54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC						54.01
54.02 05403 ULTRASOUND						54.02
54.03 05404 ECHOCARDIOLOGY						54.03
54.04 05401 ONCOLOGY						54.04
57.00 05700 CT SCAN						57.00
58.00 05800 MRI						58.00
59.00 05900 CARDIAC CATHETERIZATION						59.00
59.01 05901 CARDIAC REHAB						59.01
60.00 06000 LABORATORY						60.00
65.00 06500 RESPIRATORY THERAPY						65.00
65.01 06501 SLEEP LAB						65.01
66.00 06600 PHYSICAL THERAPY						66.00
66.01 06601 SPORTS PERFORMANCE						66.01
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT						71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
74.00 07400 RENAL DIALYSIS						74.00
75.00 03330 ASC (NON-DISTINCT PART)						75.00

11/29/2016 2:03 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - EMS	
	SERVICES-OTHER PRGM COSTS A					
	22.00					
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00
90.01 09001 PARTIAL HOSPITALIZATION						90.01
91.00 09100 EMERGENCY						91.00
91.01 09101 WOUND CARE 002						91.01
91.02 09102 WOUND CARE 001						91.02
91.03 09103 LAFAYETTE RD CLINIC						91.03
91.04 09104 ZIONSVILLE CLINIC						91.04
91.05 09105 BROWNSBURG CLINIC						91.05
91.06 09106 OP ANTI COAGULATION CLINIC						91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT						91.07
91.08 04040 FAMILY PRACTICE						91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART						92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD						97.00
97.01 09701 FAMILY PRACTICE						97.01
98.00 09853 GERIATRIC CLINIC						98.00
98.01 09851 ELECTROCONVULSIVE THERAPY						98.01
98.02 09852 DIABETES EDUCATION						98.02
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION						105.00
106.00 10600 HEART ACQUISITION						106.00
112.00 08600 PANCREAS ACQUISITION						112.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE						116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN						190.00
191.00 19100 RESEARCH						191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES						192.00
193.00 19300 NONPAID WORKERS						193.00
193.01 19304 MARKETING						193.01
193.02 19305 MISSION SERVICES						193.02
193.03 19306 FOUNDATION						193.03
193.04 19307 WELLNESS						193.04
193.05 19308 NETWORK DEVELOPMENT						193.05
193.06 19309 JOINT VENTURE						193.06
193.07 19310 BILLING						193.07
193.08 19311 OCCUPATIONAL HEALTH						193.08
193.09 19312 LI FELINE						193.09
193.10 19313 MARTEN HOUSE						193.10
193.11 19314 SPN						193.11
193.12 19315 ST. JOES						193.12
193.13 19301 NEW HOPE						193.13
193.14 19302 VACANT SPACE						193.14
193.15 19303 EXTENDED CARE RESIDENTIAL						193.15
193.16 19316 SETON BOARD						193.16
193.17 19317 HOSPICE						193.17
193.18 19318 HOME HEALTH						193.18
200.00	Cross Foot Adjustments	577,127	42,973	39,182	51,433	49,647 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	577,127	42,973	39,182	51,433	49,647 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	10,907,812	0	10,907,812	30.00
31.00	03100	1,796,529	0	1,796,529	31.00
32.00	03200	0	0	0	32.00
32.01	03201	823,712	0	823,712	32.01
32.02	03202	533,663	0	533,663	32.02
33.00	02080	0	0	0	33.00
33.01	02400	743,072	0	743,072	33.01
33.02	03300	0	0	0	33.02
33.03	03301	0	0	0	33.03
33.04	03302	0	0	0	33.04
33.05	03303	0	0	0	33.05
33.06	03304	0	0	0	33.06
34.00	02060	0	0	0	34.00
34.01	02401	995,109	0	995,109	34.01
40.00	04000	647,327	0	647,327	40.00
41.00	04100	496,162	0	496,162	41.00
43.00	04300	354,863	0	354,863	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	11,029,967	0	11,029,967	50.00
50.01	03951	537,973	0	537,973	50.01
52.00	05200	491,632	0	491,632	52.00
53.00	05300	0	0	0	53.00
54.00	05400	1,674,817	0	1,674,817	54.00
54.01	05402	590,808	0	590,808	54.01
54.02	05403	195,042	0	195,042	54.02
54.03	05404	339,830	0	339,830	54.03
54.04	05401	1,956,522	0	1,956,522	54.04
57.00	05700	140,584	0	140,584	57.00
58.00	05800	810,392	0	810,392	58.00
59.00	05900	440,325	0	440,325	59.00
59.01	05901	8,593	0	8,593	59.01
60.00	06000	631,794	0	631,794	60.00
65.00	06500	498,161	0	498,161	65.00
65.01	06501	161,246	0	161,246	65.01
66.00	06600	534,664	0	534,664	66.00
66.01	06601	71,302	0	71,302	66.01
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	2,702,560	0	2,702,560	69.00
70.00	07000	58,204	0	58,204	70.00
71.00	07100	76,684	0	76,684	71.00
72.00	07200	116,072	0	116,072	72.00
73.00	07300	146,160	0	146,160	73.00
74.00	07400	149,826	0	149,826	74.00
75.00	03330	1,075,514	0	1,075,514	75.00

11/29/2016 2:03 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	611,315	0	611,315	90.00
90.01	09001	PARTIAL HOSPITALIZATION	323,442	0	323,442	90.01
91.00	09100	EMERGENCY	2,708,964	0	2,708,964	91.00
91.01	09101	WOUND CARE 002	305,873	0	305,873	91.01
91.02	09102	WOUND CARE 001	53,502	0	53,502	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	102,372	0	102,372	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	14,750	0	14,750	91.07
91.08	04040	FAMILY PRACTICE	123,141	0	123,141	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	537,592	0	537,592	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	220,811	0	220,811	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	1	0	1	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	253	0	253	98.01
98.02	09852	DIABETES EDUCATION	22,858	0	22,858	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	24,438	0	24,438	105.00
106.00	10600	HEART ACQUISITION	21,706	0	21,706	106.00
112.00	08600	PANCREAS ACQUISITION	46	0	46	112.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,807,985	0	46,807,985	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	101,661	0	101,661	190.00
191.00	19100	RESEARCH	14,261	0	14,261	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,162,907	0	1,162,907	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19304	MARKETING	24,174	0	24,174	193.01
193.02	19305	MISSION SERVICES	94,022	0	94,022	193.02
193.03	19306	FOUNDATION	11,338	0	11,338	193.03
193.04	19307	WELLNESS	13,440	0	13,440	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	193.06
193.07	19310	BILLING	47,100	0	47,100	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	193.08
193.09	19312	LIFELINE	8,747	0	8,747	193.09
193.10	19313	MARTEN HOUSE	15,066	0	15,066	193.10
193.11	19314	SPN	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	193.13
193.14	19302	VACANT SPACE	1,084,060	0	1,084,060	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	193.15
193.16	19316	SETON BOARD	107,873	0	107,873	193.16
193.17	19317	HOSPICE	115,814	0	115,814	193.17
193.18	19318	HOME HEALTH	27,387	0	27,387	193.18
200.00		Cross Foot Adjustments	796,032	0	796,032	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	50,431,867	0	50,431,867	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN H (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,124,149					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	0	61,963				1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	149,190			1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	158,379		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					12,660,368	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,963	512	0	2,169	13,656	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	49,660	4,207	0	7,226	221,040	5.00
7.00	00700	OPERATION OF PLANT	211,310	3,235	0	13,518	553,981	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	366	0	8.00
9.00	00900	HOUSEKEEPING	12,415	587	0	1,483	2,097	9.00
10.00	01000	DIETARY	25,038	1,123	0	6,356	25,963	10.00
11.00	01100	CAFETERIA	195	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,382	491	0	97	355,896	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,834	0	0	3,756	562,033	14.00
15.00	01500	PHARMACY	15,516	0	0	2,755	139,627	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,250	719	0	0	630	16.00
17.00	01700	SOCIAL SERVICE	2,147	115	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,155	0	0	367	89,439	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,186	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	1,074	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,424	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	101	0	0	0	32,835	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	247,033	0	0	31,729	156,436	30.00
31.00	03100	INTENSIVE CARE UNIT	43,802	0	0	0	55,844	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	19,412	0	0	0	50,304	32.01
32.02	03202	RENAL TRANSPLANT	14,004	0	0	0	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	18,647	0	0	0	36,285	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	0	0	0	28,356	223,693	34.01
40.00	04000	SUBPROVIDER - I PF	0	30,806	0	0	25,792	40.00
41.00	04100	SUBPROVIDER - I RF	12,755	0	0	0	602	41.00
43.00	04300	NURSERY	0	0	0	14,723	31,858	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	133,813	0	0	13,855	3,711,136	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	266,186	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	20,530	36,237	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,844	0	0	3,366	445,968	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	0	0	112,499	54.01
54.02	05403	ULTRASOUND	1,962	0	0	0	88,812	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	247,121	54.03
54.04	05401	ONCOLOGY	9,864	0	0	0	1,136,300	54.04
57.00	05700	CT SCAN	2,182	0	0	0	26,665	57.00
58.00	05800	MRI	7,384	0	0	1,118	389,176	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,358	0	0	0	42,438	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	2,857	59.01
60.00	06000	LABORATORY	14,110	0	0	3,197	833	60.00
65.00	06500	RESPIRATORY THERAPY	3,014	0	0	243	94,824	65.00
65.01	06501	SLEEP LAB	119	9,956	0	0	2,451	65.01
66.00	06600	PHYSICAL THERAPY	11,828	51	0	0	52,971	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	40,591	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,096	0	0	0	1,110,040	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	690	0	0	0	11,764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,496	0	0	0	331	74.00
75.00	03330	ASC (NON-DISTINCT PART)	11,766	0	0	0	427,715	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN H (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	410,433	90.00
90.01	09001	PARTIAL HOSPITALIZATION	5,126	8,462	0	0	6,151	90.01
91.00	09100	EMERGENCY	38,291	0	0	0	825,793	91.00
91.01	09101	WOUND CARE 002	6,667	0	0	2,921	6,678	91.01
91.02	09102	WOUND CARE 001	553	0	0	0	22,122	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	67,976	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	73,679	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	11,407	0	0	0	66,271	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,146	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	15,397	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	7,056	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	11,310	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,078,875	60,264	0	158,131	12,337,792	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	2,681	0	0	248	323	190.00
191.00	19100	RESEARCH	0	0	0	0	1,940	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,299	0	0	0	241,394	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	2,630	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	2,619	193.03
193.04	19307	WELLNESS	0	0	0	0	6,074	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	6,602	193.09
193.10	19313	MARTEN HOUSE	0	0	149,190	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	30,889	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	775	0	0	0	63,624	193.17
193.18	19318	HOME HEALTH	0	1,699	0	0	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	31,372,217	489,275	6,847	1,832,382	16,731,146	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.907526	7.896245	0.045894	11.569602	1.321537	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			4.00	5A	5.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	350,936,115					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,791,194	-133,649,127	727,073,051			5.00
7.00	00700	OPERATION OF PLANT	1,569,695	0	45,280,212	1,043,691		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,472,154	367	1,170,491	8.00
9.00	00900	HOUSEKEEPING	0	0	10,218,773	14,485	0	9.00
10.00	01000	DIETARY	0	0	7,338,628	32,518	0	10.00
11.00	01100	CAFETERIA	0	0	2,317,426	196	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,596,811	0	8,956,586	3,970	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	364,845	0	9,718,764	39,589	1,579	14.00
15.00	01500	PHARMACY	12,580,283	0	17,598,432	18,271	870	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,415,745	0	3,570,686	10,969	2,508	16.00
17.00	01700	SOCIAL SERVICE	5,236,644	0	8,053,124	2,261	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	9,365,582	0	10,676,885	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	6,481,275	0	6,222,147	12,522	144	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	321,933	0	449,108	1,186	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	369,755	0	483,986	1,073	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	397,987	0	472,682	1,424	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	1,115,773	0	664,288	101	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,209,329	0	81,551,994	278,762	448,251	30.00
31.00	03100	INTENSIVE CARE UNIT	12,189,041	0	19,257,999	43,802	81,120	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	6,790,730	0	10,608,353	19,412	21,766	32.01
32.02	03202	RENAL TRANSPLANT	1,057,356	0	1,987,963	14,004	10,642	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	3,803,084	0	4,165,522	18,647	10,876	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	18,751,623	0	19,551,485	28,356	94,831	34.01
40.00	04000	SUBPROVIDER - I PF	3,872,454	0	5,216,400	30,806	88,752	40.00
41.00	04100	SUBPROVIDER - I RF	1,360,289	0	2,813,256	12,755	9,023	41.00
43.00	04300	NURSERY	2,449,250	0	3,501,374	14,723	8,959	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,204,337	0	52,946,294	147,668	129,051	50.00
50.01	03951	AMBULATORY SURGERY	2,951,038	0	14,377,093	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,317,509	0	6,141,196	20,530	39,000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,110,647	0	10,568,503	25,210	16,803	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	2,177,832	0	3,485,782	11,856	18,768	54.01
54.02	05403	ULTRASOUND	1,077,563	0	1,602,426	1,962	0	54.02
54.03	05404	ECHOCARDIOLOGY	651,322	0	1,696,647	0	0	54.03
54.04	05401	ONCOLOGY	3,946,826	0	11,915,103	9,863	5,683	54.04
57.00	05700	CT SCAN	1,291,387	0	2,326,654	2,182	14,287	57.00
58.00	05800	MRI	928,867	0	2,374,620	8,502	6,502	58.00
59.00	05900	CARDIAC CATHETERIZATION	457,837	0	1,617,081	9,358	0	59.00
59.01	05901	CARDIAC REHAB	524,724	0	762,824	0	0	59.01
60.00	06000	LABORATORY	8,091	0	23,470,923	17,307	0	60.00
65.00	06500	RESPIRATORY THERAPY	5,949,856	0	1,579,597	3,257	0	65.00
65.01	06501	SLEEP LAB	656,871	0	994,011	10,075	0	65.01
66.00	06600	PHYSICAL THERAPY	7,844,041	0	12,235,230	11,879	7,104	66.00
66.01	06601	SPORTS PERFORMANCE	3,233,502	0	5,140,807	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,808,596	0	12,031,979	21,096	14,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,714,590	0	2,516,996	690	2,092	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	30,178,636	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	45,679,798	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	57,520,590	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,464,334	3,496	3,005	74.00
75.00	03330	ASC (NON-DISTINCT PART)	2,100,297	0	4,730,249	11,766	11,925	75.00

11/29/2016 2:03 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			4.00	5A	5.00	7.00	8.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,111,798	0	7,182,850	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	1,649,444	0	2,501,267	13,588	0	90.01
91.00	09100	EMERGENCY	11,244,766	0	18,431,153	38,291	104,873	91.00
91.01	09101	WOUND CARE 002	564,029	0	2,391,354	9,589	2,885	91.01
91.02	09102	WOUND CARE 001	388,230	0	558,462	553	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	424,030	0	905,205	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	371,068	0	5,251,958	0	0	91.07
91.08	04040	FAMILY PRACTICE	6,423,866	0	4,181,272	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	1,264,557	0	2,060,991	11,407	15,012	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	178,334	6,146	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	366	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	99,566	0	0	98.01
98.02	09852	DIABETES EDUCATION	347,450	0	450,316	0	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	816,940	0	4,706,174	0	0	105.00
106.00	10600	HEART ACQUISITION	379,140	0	2,096,997	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	8,043	0	6,098	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	323,039,772	-133,649,127	644,507,963	996,470	1,170,491	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	265,044	0	962,459	2,929	0	190.00
191.00	19100	RESEARCH	1,470,357	0	2,450,097	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	23,582,508	0	42,562,809	8,299	0	192.00
193.00	19300	NONPAID WORKERS	0	1,001	0	0	0	193.00
193.01	19304	MARKETING	0	0	9,513,576	0	0	193.01
193.02	19305	MISSION SERVICES	253,573	0	473,419	2,630	0	193.02
193.03	19306	FOUNDATION	973,388	0	2,760,136	0	0	193.03
193.04	19307	WELLNESS	405,581	0	949,607	0	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	18,536,081	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	6	0	0	193.08
193.09	19312	LIFELINE	0	0	8,725	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	3,234,575	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	862,036	30,889	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	938,973	0	237,177	775	0	193.17
193.18	19318	HOME HEALTH	6,919	0	14,385	1,699	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	49,135,647		133,649,127	53,603,530	2,945,429	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.140013		0.183818	51.359579	2.516405	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	297,319		1,847,160	6,927,574	12,952	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000847		0.002541	6.637572	0.011065	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,028,839					9.00
10.00	01000	DIETARY	32,518	366,474				10.00
11.00	01100	CAFETERIA	196	0	7,595,175			11.00
13.00	01300	NURSING ADMINISTRATION	3,970	0	192,728	5,894,689		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39,589	0	14,096	0	54,748,466	14.00
15.00	01500	PHARMACY	18,271	0	295,123	0	1,259,552	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,969	0	151,348	0	227,263	16.00
17.00	01700	SOCIAL SERVICE	2,261	0	150,638	150,638	2,524	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	362,441	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,522	0	71,464	0	5,976	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,186	0	12,546	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	1,073	0	18,186	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,424	0	12,230	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	101	0	50,371	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	278,762	257,920	1,892,523	1,892,523	4,013,126	30.00
31.00	03100	INTENSIVE CARE UNIT	43,802	4,896	344,420	344,420	1,502,619	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	19,412	0	201,906	201,906	500,194	32.01
32.02	03202	RENAL TRANSPLANT	14,004	11,465	30,597	30,597	7,225	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	18,647	1,650	75,626	75,626	224,542	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	28,356	0	412,695	412,695	935,219	34.01
40.00	04000	SUBPROVIDER - I PF	30,806	38,961	143,720	143,720	15,903	40.00
41.00	04100	SUBPROVIDER - I RF	12,755	11,144	48,206	48,206	61,798	41.00
43.00	04300	NURSERY	14,723	0	72,639	72,639	244,203	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	147,668	1,441	631,982	631,982	21,867,688	50.00
50.01	03951	AMBULATORY SURGERY	0	0	101,118	101,118	2,601,960	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,530	0	134,328	134,328	398,417	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,210	35	184,267	184,267	1,508,966	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	69,611	69,611	189,140	54.01
54.02	05403	ULTRASOUND	1,962	0	27,471	0	102,612	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	22,066	0	218,425	54.03
54.04	05401	ONCOLOGY	9,863	0	129,829	129,829	1,287,958	54.04
57.00	05700	CT SCAN	2,182	0	38,802	0	535,199	57.00
58.00	05800	MRI	8,502	0	28,198	0	242,372	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,358	0	15,383	15,383	344,242	59.00
59.01	05901	CARDIAC REHAB	0	0	18,484	18,484	10,430	59.01
60.00	06000	LABORATORY	17,307	0	220	0	20,162	60.00
65.00	06500	RESPIRATORY THERAPY	3,257	0	196,282	0	1,015,875	65.00
65.01	06501	SLEEP LAB	10,075	0	24,158	0	32,271	65.01
66.00	06600	PHYSICAL THERAPY	11,879	0	251,864	0	275,554	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	112,886	0	31,877	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,096	0	188,758	0	10,888,527	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	690	0	46,217	0	134,688	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,496	0	0	0	335,413	74.00
75.00	03330	ASC (NON-DISTINCT PART)	11,766	0	58,648	58,648	1,732,864	75.00

11/29/2016 2:03 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
		9.00	10.00	11.00	13.00	14.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	139,887	139,887	79,629	90.00
90.01	09001	PARTIAL HOSPITALIZATION	13,588	0	60,927	0	23,060	90.01
91.00	09100	EMERGENCY	38,291	1,861	330,850	330,850	1,346,981	91.00
91.01	09101	WOUND CARE 002	9,589	0	20,528	20,528	1,046	91.01
91.02	09102	WOUND CARE 001	553	0	10,644	10,644	45,921	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	20,280	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	10,244	64	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	82,229	18,833	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	11,407	0	43,821	43,821	77,699	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,146	0	0	0	5,995	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	9,927	9,927	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	22,258	22,258	1,122	105.00
106.00	10600	HEART ACQUISITION	0	0	9,652	9,652	1,530	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	227	227	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	981,618	329,373	7,482,796	5,396,887	54,396,944	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	2,929	0	17,803	0	0	190.00
191.00	19100	RESEARCH	0	0	39,133	39,133	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,299	0	0	420,075	313,985	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	2,630	0	8,451	0	4,177	193.02
193.03	19306	FOUNDATION	0	0	23,060	0	0	193.03
193.04	19307	WELLNESS	0	0	23,932	23,932	1,877	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	30,889	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	37,101	0	0	0	193.16
193.17	19317	HOSPICE	775	0	0	14,250	13,173	193.17
193.18	19318	HOME HEALTH	1,699	0	0	412	18,310	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,841,111	10,763,574	2,755,923	10,926,348	14,041,727	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.481167	29.370635	0.362852	1.853592	0.256477	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	493,147	1,065,538	12,726	626,635	2,093,036	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.479324	2.907541	0.001676	0.106305	0.038230	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN H						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	8,501,243					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,175	255,395				16.00
17.00 01700 SOCIAL SERVICE	0	0	21,735			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	1,155		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	45,222	0	0	0	1,155	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM - CPE	0	0	0	0		23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	0	0	0		23.02
23.03 02303 PARAMED ED PRGM - EMS	0	0	0	0		23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	138,188	24,510	5,384	581	581	30.00
31.00 03100 INTENSIVE CARE UNIT	89,599	829	1,652	89	89	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	33,141	3	3	137	137	32.01
32.02 03202 RENAL TRANSPLANT	186	119	0	0	0	32.02
33.00 02080 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02400 PEDIATRIC INTENSIVE CARE UNIT	15,512	122	873	12	12	33.01
33.02 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03303 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00 02060 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02401 NEONATAL INTENSIVE CARE UNIT	25,224	676	3,500	5	5	34.01
40.00 04000 SUBPROVIDER - IPF	1,508	2,395	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	2,337	0	3	0	0	41.00
43.00 04300 NURSERY	1,668	2,512	988	8	8	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	867,061	17,375	162	31	31	50.00
50.01 03951 AMBULATORY SURGERY	349,312	270	11	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	17,843	3,191	725	7	7	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	428,313	67,902	0	2	2	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	11,818	0	0	0	0	54.01
54.02 05403 ULTRASOUND	20	0	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04 05401 ONCOLOGY	7,726	7,608	0	0	0	54.04
57.00 05700 CT SCAN	11,857	0	0	0	0	57.00
58.00 05800 MRI	3,499	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	11,562	23,500	0	0	0	59.00
59.01 05901 CARDIAC REHAB	272	8	0	0	0	59.01
60.00 06000 LABORATORY	2,184	10,529	0	27	27	60.00
65.00 06500 RESPIRATORY THERAPY	2,064,184	5	0	0	0	65.00
65.01 06501 SLEEP LAB	116	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	8,201	3	0	23	23	66.00
66.01 06601 SPORTS PERFORMANCE	4,235	6	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	428,124	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,524	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1	1	73.00
74.00 07400 RENAL DIALYSIS	26,398	0	0	4	4	74.00

11/29/2016 2:03 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1
Date/Time Prepared:
11/29/2016 2:03 pm

75.00	03330	ASC (NON-DISTINCT PART) OUTPATIENT SERVICE COST CENTERS	PHARMACY	MEDICAL	SOCIAL SERVICE	INTERNS & RESIDENTS		75.00
			(COSTED REQUIS.)	RECORDS & LIBRARY (TIME SPENT)	(TIME SPENT)	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
			15.00	16.00	17.00	21.00	22.00	
			27,300	5,271	140		10	
90.00	09000	CLINIC	228,768	786	901		40	40
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0		0	0
91.00	09100	EMERGENCY	51,794	54,340	6,959		67	67
91.01	09101	WOUND CARE 002	1,035	0	0		42	42
91.02	09102	WOUND CARE 001	2,344	0	0		0	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0		0	0
91.04	09104	ZIONSVILLE CLINIC	0	5,950	0		0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0		0	0
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0		0	0
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0		0	0
91.08	04040	FAMILY PRACTICE	152	0	42		44	44
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						
92.01	09201	OBSERVATION BEDS (DISTINCT PART	2,420	22,989	162		0	0
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	32,538	972	0		0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		0	0
97.01	09701	FAMILY PRACTICE	0	0	0		0	0
98.00	09853	GERIATRIC CLINIC	0	0	0		12	12
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0		0	0
98.02	09852	DIABETES EDUCATION	0	0	0		0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0		0	0
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	167	0	0		0	0
106.00	10600	HEART ACQUISITION	94	0	0		0	0
112.00	08600	PANCREAS ACQUISITION	0	0	0		0	0
113.00	11300	INTEREST EXPENSE						
116.00	11600	HOSPICE	0	0	0		0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,943,097	255,395	21,505		1,142	1,142
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0		0	0
191.00	19100	RESEARCH	0	0	0		10	10
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,533,306	0	230		0	0
193.00	19300	NONPAID WORKERS	0	0	0		0	0
193.01	19304	MARKETING	0	0	0		0	0
193.02	19305	MISSION SERVICES	3,033	0	0		0	0
193.03	19306	FOUNDATION	0	0	0		0	0
193.04	19307	WELLNESS	0	0	0		0	0
193.05	19308	NETWORK DEVELOPMENT	0	0	0		0	0
193.06	19309	JOINT VENTURE	0	0	0		0	0
193.07	19310	BILLING	0	0	0		0	0
193.08	19311	OCCUPATIONAL HEALTH	0	0	0		0	0
193.09	19312	LIFELINE	0	0	0		0	0
193.10	19313	MARTEN HOUSE	0	0	0		0	0
193.11	19314	SPN	0	0	0		0	0
193.12	19315	ST. JOES	0	0	0		0	0
193.13	19301	NEW HOPE	0	0	0		0	0
193.14	19302	VACANT SPACE	0	0	0		0	0
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0		0	0
193.16	19316	SETON BOARD	0	0	0		0	0
193.17	19317	HOSPICE	11,292	0	0		3	3
193.18	19318	HOME HEALTH	10,515	0	0		0	0
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	22,432,096	5,049,927	10,012,304		12,771,001	8,312,457
203.00		Unit cost multiplier (Wkst. B, Part I)	2.638684	19.773007	460.653508		11,057.143723	7,196.932468
204.00		Cost to be allocated (per Wkst. B, Part II)	883,473	390,839	118,177		35,670	577,127
205.00		Unit cost multiplier (Wkst. B, Part II)	0.103923	1.530331	5.437175		30.883117	499.677056

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - CPE (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (CHARGES)	PARAMED PRGM - EMS (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
1.02	00102					1.02
1.03	00103					1.03
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300		100			23.00
23.01	02301			803		23.01
23.02	02302			136,928,240		23.02
23.03	02303				100	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000		582			30.00
31.00	03100		55			31.00
32.00	03200		0			32.00
32.01	03201		5			32.01
32.02	03202		0			32.02
33.00	02080		0			33.00
33.01	02400		8			33.01
33.02	03300		0			33.02
33.03	03301		0			33.03
33.04	03302		0			33.04
33.05	03303		0			33.05
33.06	03304		0			33.06
34.00	02060		0			34.00
34.01	02401		43			34.01
40.00	04000		48			40.00
41.00	04100		0			41.00
43.00	04300		0			43.00
44.00	04400		0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000		15			50.00
50.01	03951		0			50.01
52.00	05200		1			52.00
53.00	05300		0			53.00
54.00	05400		0	60,024,180		54.00
54.01	05402		0	0		54.01
54.02	05403		0	23,720,253		54.02
54.03	05404		0	0		54.03
54.04	05401		0	0		54.04
57.00	05700		0	37,614,598		57.00
58.00	05800		0	15,569,209		58.00
59.00	05900		0	0		59.00
59.01	05901		0	0		59.01
60.00	06000		0	0		60.00
65.00	06500		0	0		65.00
65.01	06501		0	0		65.01
66.00	06600		0	0		66.00
66.01	06601		0	0		66.01
67.00	06700		0	0		67.00
68.00	06800		0	0		68.00
69.00	06900		0	0		69.00
70.00	07000		0	0		70.00
71.00	07100		0	0		71.00
72.00	07200		0	0		72.00
73.00	07300		100	0		73.00
74.00	07400		0	0		74.00
75.00	03330		0	0		75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - CPE (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (CHARGES)	PARAMED PRGM - EMS (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	46	0	100	91.00
91.01	09101 WOUND CARE 002	0	0	0	0	91.01
91.02	09102 WOUND CARE 001	0	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT					92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	0	98.02
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00
112.00	08600 PANCREAS ACQUISITION	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	803	136,928,240	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
193.01	19304 MARKETING	0	0	0	0	193.01
193.02	19305 MISSION SERVICES	0	0	0	0	193.02
193.03	19306 FOUNDATION	0	0	0	0	193.03
193.04	19307 WELLNESS	0	0	0	0	193.04
193.05	19308 NETWORK DEVELOPMENT	0	0	0	0	193.05
193.06	19309 JOINT VENTURE	0	0	0	0	193.06
193.07	19310 BILLING	0	0	0	0	193.07
193.08	19311 OCCUPATIONAL HEALTH	0	0	0	0	193.08
193.09	19312 LI FELINE	0	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	193.10
193.11	19314 SPN	0	0	0	0	193.11
193.12	19315 ST. JOES	0	0	0	0	193.12
193.13	19301 NEW HOPE	0	0	0	0	193.13
193.14	19302 VACANT SPACE	0	0	0	0	193.14
193.15	19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	193.15
193.16	19316 SETON BOARD	0	0	0	0	193.16
193.17	19317 HOSPICE	0	0	0	0	193.17
193.18	19318 HOME HEALTH	0	0	0	0	193.18
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	611,929	648,051	654,916	811,121	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6,119.290000	807.037360	0.004783	8,111.210000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	42,973	39,182	51,433	49,647	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	429.730000	48.794521	0.000376	496.470000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	132,065,432		132,065,432	0	132,065,432	30.00
31.00	03100 INTENSIVE CARE UNIT	28,149,224		28,149,224	0	28,149,224	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL	14,521,133		14,521,133	0	14,521,133	32.01
32.02	03202 RENAL TRANSPLANT	3,683,439		3,683,439	0	3,683,439	32.02
33.00	02080 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	02400 PEDIATRIC INTENSIVE CARE UNIT	6,874,649		6,874,649	0	6,874,649	33.01
33.02	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.02
33.03	03301 BURN INTENSIVE CARE UNIT	0		0	0	0	33.03
33.04	03302 BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03303 BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
33.06	03304 BURN INTENSIVE CARE UNIT	0		0	0	0	33.06
34.00	02060 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02401 NEONATAL INTENSIVE CARE UNIT	28,075,793		28,075,793	0	28,075,793	34.01
40.00	04000 SUBPROVIDER - I PF	9,922,290		9,922,290	0	9,922,290	40.00
41.00	04100 SUBPROVIDER - I RF	4,624,928		4,624,928	0	4,624,928	41.00
43.00	04300 NURSERY	5,840,290		5,840,290	0	5,840,290	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	82,200,583		82,200,583	0	82,200,583	50.00
50.01	03951 AMBULATORY SURGERY	18,843,457		18,843,457	0	18,843,457	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,523,722		9,523,722	0	9,523,722	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,719,245		17,719,245	0	17,719,245	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	5,164,637		5,164,637	0	5,164,637	54.01
54.02	05403 ULTRASOUND	2,172,029		2,172,029	0	2,172,029	54.02
54.03	05404 ECHOCARDIOLOGY	2,072,549		2,072,549	0	2,072,549	54.03
54.04	05401 ONCOLOGY	15,538,186		15,538,186	0	15,538,186	54.04
57.00	05700 CT SCAN	3,292,131		3,292,131	0	3,292,131	57.00
58.00	05800 MRI	3,526,350		3,526,350	0	3,526,350	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,129,312		3,129,312	0	3,129,312	59.00
59.01	05901 CARDIAC REHAB	947,565		947,565	0	947,565	59.01
60.00	06000 LABORATORY	29,109,397		29,109,397	0	29,109,397	60.00
65.00	06500 RESPIRATORY THERAPY	7,856,482	0	7,856,482	0	7,856,482	65.00
65.01	06501 SLEEP LAB	1,837,273	0	1,837,273	0	1,837,273	65.01
66.00	06600 PHYSICAL THERAPY	15,444,288	0	15,444,288	0	15,444,288	66.00
66.01	06601 SPORTS PERFORMANCE	6,146,211	0	6,146,211	0	6,146,211	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	19,616,973		19,616,973	0	19,616,973	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,149,973		3,149,973	0	3,149,973	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	35,726,013		35,726,013	0	35,726,013	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	54,076,567		54,076,567	0	54,076,567	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	68,705,839		68,705,839	0	68,705,839	73.00
74.00	07400 RENAL DIALYSIS	5,671,390		5,671,390	0	5,671,390	74.00
75.00	03330 ASC (NON-DISTINCT PART)	7,196,093		7,196,093	0	7,196,093	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	9,867,898		9,867,898	0	9,867,898	90.00
90.01	09001 PARTIAL HOSPITALIZATION	3,856,534		3,856,534	0	3,856,534	90.01
91.00	09100 EMERGENCY	30,926,066		30,926,066	0	30,926,066	91.00
91.01	09101 WOUND CARE 002	3,498,856		3,498,856	0	3,498,856	91.01
91.02	09102 WOUND CARE 001	737,976		737,976	0	737,976	91.02
91.03	09103 LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	1,194,448		1,194,448	0	1,194,448	91.04
91.05	09105 BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0		0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	6,236,366		6,236,366	0	6,236,366	91.07
91.08	04040 FAMILY PRACTICE	5,126,862		5,126,862	0	5,126,862	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	8,271,654		8,271,654	0	8,271,654	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	3,858,475		3,858,475	0	3,858,475	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	710,094		710,094	0	710,094	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0		0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	433		433	0	433	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	117,868		117,868	0	117,868	98.01
98.02	09852 DIABETES EDUCATION	555,095		555,095	0	555,095	98.02
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		Total Costs
				1.00	2.00		3.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	5,621,315		5,621,315		5,621,315	105.00
106.00	10600 HEART ACQUISITION	2,504,496		2,504,496		2,504,496	106.00
112.00	08600 PANCREAS ACQUISITION	7,722		7,722		7,722	112.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	735,515,601	0	735,515,601	0	735,515,601	200.00
201.00	Less Observation Beds	8,271,654		8,271,654		8,271,654	201.00
202.00	Total (see instructions)	727,243,947	0	727,243,947	0	727,243,947	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	307,302,421		307,302,421		30.00
31.00	03100	INTENSIVE CARE UNIT	84,699,242		84,699,242		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	38,384,605		38,384,605		32.01
32.02	03202	RENAL TRANSPLANT	3,165,345		3,165,345		32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	21,437,714		21,437,714		33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0		0		33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0		0		33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0		0		33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0		0		33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	147,406,854		147,406,854		34.01
40.00	04000	SUBPROVIDER - I/PF	26,617,523		26,617,523		40.00
41.00	04100	SUBPROVIDER - I/RF	7,087,903		7,087,903		41.00
43.00	04300	NURSERY	26,117,914		26,117,914		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	333,639,590	233,463,344	567,102,934	0.144948	50.00
50.01	03951	AMBULATORY SURGERY	0	110,204,659	110,204,659	0.170986	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,378,226	1,693,145	56,071,371	0.169850	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,359,560	41,664,619	60,024,179	0.295202	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,969,107	3,732,202	5,701,309	0.905869	54.01
54.02	05403	ULTRASOUND	11,951,975	11,768,278	23,720,253	0.091569	54.02
54.03	05404	ECHOCARDIOLOGY	105,059	30,972,000	31,077,059	0.066691	54.03
54.04	05401	ONCOLOGY	4,572,133	98,639,413	103,211,546	0.150547	54.04
57.00	05700	CT SCAN	18,067,774	19,546,824	37,614,598	0.087523	57.00
58.00	05800	MRI	4,688,299	10,880,910	15,569,209	0.226495	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,593	16,719,664	16,740,257	0.186933	59.00
59.01	05901	CARDIAC REHAB	572,506	1,837,117	2,409,623	0.393242	59.01
60.00	06000	LABORATORY	207,022,633	82,774,345	289,796,978	0.100448	60.00
65.00	06500	RESPIRATORY THERAPY	53,026,879	2,532,910	55,559,789	0.141406	65.00
65.01	06501	SLEEP LAB	53,541	10,908,921	10,962,462	0.167597	65.01
66.00	06600	PHYSICAL THERAPY	28,514,200	21,800,957	50,315,157	0.306951	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	94,289,245	119,626,737	213,915,982	0.091704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,279,179	3,889,169	14,168,348	0.222325	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	84,104,343	41,472,651	125,576,994	0.284495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,976,624	47,864,179	158,840,803	0.340445	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	265,741,710	63,521,018	329,262,728	0.208666	73.00
74.00	07400	RENAL DIALYSIS	11,260,592	2,433,279	13,693,871	0.414155	74.00
75.00	03330	ASC (NON-DISTINCT PART)	11,697,875	29,151,653	40,849,528	0.176161	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,631	13,921,132	13,922,763	0.708760	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,165	9,406,177	9,408,342	0.409906	90.01
91.00	09100	EMERGENCY	57,670,514	133,909,032	191,579,546	0.161427	91.00
91.01	09101	WOUND CARE 002	687,190	16,347,413	17,034,603	0.205397	91.01
91.02	09102	WOUND CARE 001	1,118,715	165,355	1,284,070	0.574716	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	15,998	3,934,968	3,950,966	0.302318	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	45,718	16,642,846	16,688,564	0.373691	91.07
91.08	04040	FAMILY PRACTICE	381,572	4,153,713	4,535,285	1.130439	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	7,040,533	20,134,482	27,175,015	0.304385	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	3,282,829	9,393,511	12,676,340	0.304384	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0.000000	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	312,482	1,511	313,993	0.375384	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	5,617,523	459,423	6,076,946		105.00

11/29/2016 2:03 pm

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
106.00	10600	HEART ACQUISITION	3,378,443	17,655	3,396,098			106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0			112.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	2,067,066,477	1,235,585,212	3,302,651,689			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,067,066,477	1,235,585,212	3,302,651,689			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 2:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL			32.01
32.02	03202 RENAL TRANSPLANT			32.02
33.00	02080 BURN INTENSIVE CARE UNIT			33.00
33.01	02400 PEDIATRIC INTENSIVE CARE UNIT			33.01
33.02	03300 BURN INTENSIVE CARE UNIT			33.02
33.03	03301 BURN INTENSIVE CARE UNIT			33.03
33.04	03302 BURN INTENSIVE CARE UNIT			33.04
33.05	03303 BURN INTENSIVE CARE UNIT			33.05
33.06	03304 BURN INTENSIVE CARE UNIT			33.06
34.00	02060 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02401 NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.144948		50.00
50.01	03951 AMBULATORY SURGERY	0.170986		50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.169850		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.295202		54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.905869		54.01
54.02	05403 ULTRASOUND	0.091569		54.02
54.03	05404 ECHOCARDIOLOGY	0.066691		54.03
54.04	05401 ONCOLOGY	0.150547		54.04
57.00	05700 CT SCAN	0.087523		57.00
58.00	05800 MRI	0.226495		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.186933		59.00
59.01	05901 CARDIAC REHAB	0.393242		59.01
60.00	06000 LABORATORY	0.100448		60.00
65.00	06500 RESPIRATORY THERAPY	0.141406		65.00
65.01	06501 SLEEP LAB	0.167597		65.01
66.00	06600 PHYSICAL THERAPY	0.306951		66.00
66.01	06601 SPORTS PERFORMANCE	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.091704		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.222325		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.284495		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.340445		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208666		73.00
74.00	07400 RENAL DIALYSIS	0.414155		74.00
75.00	03330 ASC (NON-DISTINCT PART)	0.176161		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.708760		90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.409906		90.01
91.00	09100 EMERGENCY	0.161427		91.00
91.01	09101 WOUND CARE 002	0.205397		91.01
91.02	09102 WOUND CARE 001	0.574716		91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000		91.03
91.04	09104 ZIONSVILLE CLINIC	0.302318		91.04
91.05	09105 BROWNSBURG CLINIC	0.000000		91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.000000		91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.373691		91.07
91.08	04040 FAMILY PRACTICE	1.130439		91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.304385		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0.304384		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
97.01	09701 FAMILY PRACTICE	0.000000		97.01
98.00	09853 GERIATRIC CLINIC	0.000000		98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.375384		98.01
98.02	09852 DIABETES EDUCATION	0.000000		98.02
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
112.00	08600 PANCREAS ACQUISITION			112.00

11/29/2016 2:03 pm

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period: From 07/01/2015 To 06/30/2016

Worksheet C Part I Date/Time Prepared: 11/29/2016 2:03 pm

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,065,432		132,065,432	0	132,065,432	30.00
31.00	03100	INTENSIVE CARE UNIT	28,149,224		28,149,224	0	28,149,224	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	14,521,133		14,521,133	0	14,521,133	32.01
32.02	03202	RENAL TRANSPLANT	3,683,439		3,683,439	0	3,683,439	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	6,874,649		6,874,649	0	6,874,649	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	28,075,793		28,075,793	0	28,075,793	34.01
40.00	04000	SUBPROVIDER - I PF	9,922,290		9,922,290	0	9,922,290	40.00
41.00	04100	SUBPROVIDER - I RF	4,624,928		4,624,928	0	4,624,928	41.00
43.00	04300	NURSERY	5,840,290		5,840,290	0	5,840,290	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	82,200,583		82,200,583	0	82,200,583	50.00
50.01	03951	AMBULATORY SURGERY	18,843,457		18,843,457	0	18,843,457	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,523,722		9,523,722	0	9,523,722	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,719,245		17,719,245	0	17,719,245	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	5,164,637		5,164,637	0	5,164,637	54.01
54.02	05403	ULTRASOUND	2,172,029		2,172,029	0	2,172,029	54.02
54.03	05404	ECHOCARDIOLOGY	2,072,549		2,072,549	0	2,072,549	54.03
54.04	05401	ONCOLOGY	15,538,186		15,538,186	0	15,538,186	54.04
57.00	05700	CT SCAN	3,292,131		3,292,131	0	3,292,131	57.00
58.00	05800	MRI	3,526,350		3,526,350	0	3,526,350	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,129,312		3,129,312	0	3,129,312	59.00
59.01	05901	CARDIAC REHAB	947,565		947,565	0	947,565	59.01
60.00	06000	LABORATORY	29,109,397		29,109,397	0	29,109,397	60.00
65.00	06500	RESPIRATORY THERAPY	7,856,482	0	7,856,482	0	7,856,482	65.00
65.01	06501	SLEEP LAB	1,837,273	0	1,837,273	0	1,837,273	65.01
66.00	06600	PHYSICAL THERAPY	15,444,288	0	15,444,288	0	15,444,288	66.00
66.01	06601	SPORTS PERFORMANCE	6,146,211	0	6,146,211	0	6,146,211	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,616,973		19,616,973	0	19,616,973	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,149,973		3,149,973	0	3,149,973	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	35,726,013		35,726,013	0	35,726,013	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,076,567		54,076,567	0	54,076,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,705,839		68,705,839	0	68,705,839	73.00
74.00	07400	RENAL DIALYSIS	5,671,390		5,671,390	0	5,671,390	74.00
75.00	03330	ASC (NON-DISTINCT PART)	7,196,093		7,196,093	0	7,196,093	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,867,898		9,867,898	0	9,867,898	90.00
90.01	09001	PARTIAL HOSPITALIZATION	3,856,534		3,856,534	0	3,856,534	90.01
91.00	09100	EMERGENCY	30,926,066		30,926,066	0	30,926,066	91.00
91.01	09101	WOUND CARE 002	3,498,856		3,498,856	0	3,498,856	91.01
91.02	09102	WOUND CARE 001	737,976		737,976	0	737,976	91.02
91.03	09103	LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	1,194,448		1,194,448	0	1,194,448	91.04
91.05	09105	BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0		0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	6,236,366		6,236,366	0	6,236,366	91.07
91.08	04040	FAMILY PRACTICE	5,126,862		5,126,862	0	5,126,862	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	8,271,654		8,271,654	0	8,271,654	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	3,858,475		3,858,475	0	3,858,475	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	710,094		710,094	0	710,094	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0		0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	433		433	0	433	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	117,868		117,868	0	117,868	98.01
98.02	09852	DIABETES EDUCATION	555,095		555,095	0	555,095	98.02
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		Total Costs
				1.00	2.00		3.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	5,621,315		5,621,315		5,621,315	105.00
106.00	10600 HEART ACQUISITION	2,504,496		2,504,496		2,504,496	106.00
112.00	08600 PANCREAS ACQUISITION	7,722		7,722		7,722	112.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	735,515,601	0	735,515,601	0	735,515,601	200.00
201.00	Less Observation Beds	8,271,654		8,271,654		8,271,654	201.00
202.00	Total (see instructions)	727,243,947	0	727,243,947	0	727,243,947	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	307,302,421		307,302,421		30.00
31.00	03100	INTENSIVE CARE UNIT	84,699,242		84,699,242		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	38,384,605		38,384,605		32.01
32.02	03202	RENAL TRANSPLANT	3,165,345		3,165,345		32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	21,437,714		21,437,714		33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0		0		33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0		0		33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0		0		33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0		0		33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	147,406,854		147,406,854		34.01
40.00	04000	SUBPROVIDER - I/PF	26,617,523		26,617,523		40.00
41.00	04100	SUBPROVIDER - I/RF	7,087,903		7,087,903		41.00
43.00	04300	NURSERY	26,117,914		26,117,914		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	333,639,590	233,463,344	567,102,934	0.144948	50.00
50.01	03951	AMBULATORY SURGERY	0	110,204,659	110,204,659	0.170986	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,378,226	1,693,145	56,071,371	0.169850	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,359,560	41,664,619	60,024,179	0.295202	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,969,107	3,732,202	5,701,309	0.905869	54.01
54.02	05403	ULTRASOUND	11,951,975	11,768,278	23,720,253	0.091569	54.02
54.03	05404	ECHOCARDIOLOGY	105,059	30,972,000	31,077,059	0.066691	54.03
54.04	05401	ONCOLOGY	4,572,133	98,639,413	103,211,546	0.150547	54.04
57.00	05700	CT SCAN	18,067,774	19,546,824	37,614,598	0.087523	57.00
58.00	05800	MRI	4,688,299	10,880,910	15,569,209	0.226495	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,593	16,719,664	16,740,257	0.186933	59.00
59.01	05901	CARDIAC REHAB	572,506	1,837,117	2,409,623	0.393242	59.01
60.00	06000	LABORATORY	207,022,633	82,774,345	289,796,978	0.100448	60.00
65.00	06500	RESPIRATORY THERAPY	53,026,879	2,532,910	55,559,789	0.141406	65.00
65.01	06501	SLEEP LAB	53,541	10,908,921	10,962,462	0.167597	65.01
66.00	06600	PHYSICAL THERAPY	28,514,200	21,800,957	50,315,157	0.306951	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	94,289,245	119,626,737	213,915,982	0.091704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,279,179	3,889,169	14,168,348	0.222325	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	84,104,343	41,472,651	125,576,994	0.284495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,976,624	47,864,179	158,840,803	0.340445	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	265,741,710	63,521,018	329,262,728	0.208666	73.00
74.00	07400	RENAL DIALYSIS	11,260,592	2,433,279	13,693,871	0.414155	74.00
75.00	03330	ASC (NON-DISTINCT PART)	11,697,875	29,151,653	40,849,528	0.176161	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,631	13,921,132	13,922,763	0.708760	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,165	9,406,177	9,408,342	0.409906	90.01
91.00	09100	EMERGENCY	57,670,514	133,909,032	191,579,546	0.161427	91.00
91.01	09101	WOUND CARE 002	687,190	16,347,413	17,034,603	0.205397	91.01
91.02	09102	WOUND CARE 001	1,118,715	165,355	1,284,070	0.574716	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	15,998	3,934,968	3,950,966	0.302318	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	45,718	16,642,846	16,688,564	0.373691	91.07
91.08	04040	FAMILY PRACTICE	381,572	4,153,713	4,535,285	1.130439	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	7,040,533	20,134,482	27,175,015	0.304385	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	3,282,829	9,393,511	12,676,340	0.304384	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0.000000	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	312,482	1,511	313,993	0.375384	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	5,617,523	459,423	6,076,946		105.00

11/29/2016 2:03 pm

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

			Title XIX			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
106.00	10600	HEART ACQUISITION	3,378,443	17,655	3,396,098		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	2,067,066,477	1,235,585,212	3,302,651,689		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,067,066,477	1,235,585,212	3,302,651,689		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 2:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL			32.01
32.02	03202 RENAL TRANSPLANT			32.02
33.00	02080 BURN INTENSIVE CARE UNIT			33.00
33.01	02400 PEDIATRIC INTENSIVE CARE UNIT			33.01
33.02	03300 BURN INTENSIVE CARE UNIT			33.02
33.03	03301 BURN INTENSIVE CARE UNIT			33.03
33.04	03302 BURN INTENSIVE CARE UNIT			33.04
33.05	03303 BURN INTENSIVE CARE UNIT			33.05
33.06	03304 BURN INTENSIVE CARE UNIT			33.06
34.00	02060 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02401 NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03951 AMBULATORY SURGERY	0.000000		50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000		54.01
54.02	05403 ULTRASOUND	0.000000		54.02
54.03	05404 ECHOCARDIOLOGY	0.000000		54.03
54.04	05401 ONCOLOGY	0.000000		54.04
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
59.01	05901 CARDIAC REHAB	0.000000		59.01
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 SLEEP LAB	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 SPORTS PERFORMANCE	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	03330 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 WOUND CARE 002	0.000000		91.01
91.02	09102 WOUND CARE 001	0.000000		91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000		91.03
91.04	09104 ZIONSVILLE CLINIC	0.000000		91.04
91.05	09105 BROWNSBURG CLINIC	0.000000		91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.000000		91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000		91.07
91.08	04040 FAMILY PRACTICE	0.000000		91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
97.01	09701 FAMILY PRACTICE	0.000000		97.01
98.00	09853 GERIATRIC CLINIC	0.000000		98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000		98.01
98.02	09852 DIABETES EDUCATION	0.000000		98.02
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
112.00	08600 PANCREAS ACQUISITION			112.00

11/29/2016 2:03 pm

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 2:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/29/2016 2:03 pm
--	----------------------	---	--

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,907,812	0	10,907,812	140,342	77.72	30.00
31.00	INTENSIVE CARE UNIT	1,796,529		1,796,529	16,892	106.35	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	823,712		823,712	7,240	113.77	32.01
32.02	RENAL TRANSPLANT	533,663		533,663	2,455	217.38	32.02
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	743,072		743,072	2,915	254.91	33.01
33.02	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.02
33.03	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
33.06	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.06
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	995,109		995,109	25,221	39.46	34.01
40.00	SUBPROVIDER - IPF	647,327	0	647,327	12,987	49.84	40.00
41.00	SUBPROVIDER - IRF	496,162	0	496,162	4,503	110.18	41.00
43.00	NURSERY	354,863		354,863	5,045	70.34	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	17,298,249		17,298,249	217,600		200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	48,804	3,793,047	30.00
31.00	INTENSIVE CARE UNIT	6,267	666,495	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	2,686	305,586	32.01
32.02	RENAL TRANSPLANT	911	198,033	32.02
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	33.01
33.02	BURN INTENSIVE CARE UNIT	0	0	33.02
33.03	BURN INTENSIVE CARE UNIT	0	0	33.03
33.04	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	BURN INTENSIVE CARE UNIT	0	0	33.05
33.06	BURN INTENSIVE CARE UNIT	0	0	33.06
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	0	0	34.01
40.00	SUBPROVIDER - IPF	2,113	105,312	40.00
41.00	SUBPROVIDER - IRF	2,010	221,462	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (Lines 30-199)	62,791	5,289,935	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/29/2016 2:03 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,029,967	567,102,934	0.019450	107,839,789	2,097,484	50.00
50.01	03951 AMBULATORY SURGERY	537,973	110,204,659	0.004882	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	491,632	56,071,371	0.008768	370,612	3,250	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,674,817	60,024,179	0.027902	6,396,827	178,484	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	590,808	5,701,309	0.103627	780,060	80,835	54.01
54.02	05403 ULTRASOUND	195,042	23,720,253	0.008223	4,420,045	36,346	54.02
54.03	05404 ECHOCARDIOLOGY	339,830	31,077,059	0.010935	54,320	594	54.03
54.04	05401 ONCOLOGY	1,956,522	103,211,546	0.018956	1,796,884	34,062	54.04
57.00	05700 CT SCAN	140,584	37,614,598	0.003737	6,944,974	25,953	57.00
58.00	05800 MRI	810,392	15,569,209	0.052051	1,607,068	83,649	58.00
59.00	05900 CARDIAC CATHETERIZATION	440,325	16,740,257	0.026303	20,287	534	59.00
59.01	05901 CARDIAC REHAB	8,593	2,409,623	0.003566	260,591	929	59.01
60.00	06000 LABORATORY	631,794	289,796,978	0.002180	71,624,233	156,141	60.00
65.00	06500 RESPIRATORY THERAPY	498,161	55,559,789	0.008966	15,979,354	143,271	65.00
65.01	06501 SLEEP LAB	161,246	10,962,462	0.014709	0	0	65.01
66.00	06600 PHYSICAL THERAPY	534,664	50,315,157	0.010626	9,823,896	104,389	66.00
66.01	06601 SPORTS PERFORMANCE	71,302	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,702,560	213,915,982	0.012634	35,821,685	452,571	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	58,204	14,168,348	0.004108	3,045,532	12,511	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	76,684	125,576,994	0.000611	31,918,136	19,502	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	116,072	158,840,803	0.000731	39,941,710	29,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	146,160	329,262,728	0.000444	64,762,263	28,754	73.00
74.00	07400 RENAL DIALYSIS	149,826	13,693,871	0.010941	5,309,054	58,086	74.00
75.00	03330 ASC (NON-DISTINCT PART)	1,075,514	40,849,528	0.026329	5,015,455	132,052	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	611,315	13,922,763	0.043908	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	323,442	9,408,342	0.034378	2,090	72	90.01
91.00	09100 EMERGENCY	2,708,964	191,579,546	0.014140	20,844,054	294,735	91.00
91.01	09101 WOUND CARE 002	305,873	17,034,603	0.017956	215,595	3,871	91.01
91.02	09102 WOUND CARE 001	53,502	1,284,070	0.041666	539,740	22,489	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	102,372	3,950,966	0.025911	8,860	230	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	14,750	16,688,564	0.000884	31,111	28	91.07
91.08	04040 FAMILY PRACTICE	123,141	4,535,285	0.027152	4,135	112	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	683,189	27,175,015	0.025140	3,811,675	95,826	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	537,592	12,676,340	0.042409	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	09853 GERIATRIC CLINIC	1	0	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	253	313,993	0.000806	0	0	98.01
98.02	09852 DIABETES EDUCATION	22,858	0	0.000000	0	0	98.02
200.00	Total (lines 50-199)	29,925,924	2,630,959,124		439,190,035	4,095,957	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/29/2016 2:03 pm
---	--	----------------------	---	--

Cost Center Description	Title XVIII				Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	469,695	0	0	469,695	30.00
31.00	03100	INTENSIVE CARE UNIT	0	44,387	0	0	44,387	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	4,035	0	0	4,035	32.01
32.02	03202	RENAL TRANSPLANT	0	0	0	0	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	0	6,456	0	0	6,456	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	0	34,703	0	0	34,703	34.01
40.00	04000	SUBPROVIDER - IPF	0	38,738	0	0	38,738	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	598,014	0	0	598,014	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	140,342	3.35	48,804	163,493	30.00
31.00	03100	INTENSIVE CARE UNIT	16,892	2.63	6,267	16,482	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	7,240	0.56	2,686	1,504	32.01
32.02	03202	RENAL TRANSPLANT	2,455	0.00	911	0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT	2,915	2.21	0	0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT	25,221	1.38	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	12,987	2.98	2,113	6,297	40.00
41.00	04100	SUBPROVIDER - IRF	4,503	0.00	2,010	0	41.00
43.00	04300	NURSERY	5,045	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	217,600		62,791	187,776	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part IV Date/Time Prepared: 11/29/2016 2:03 pm		
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	12,106	0	12,106	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	807	0	807	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	287,083	0	287,083	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	113,454	0	113,454	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	0	54.04
57.00	05700	CT SCAN	0	0	179,911	0	179,911	57.00
58.00	05800	MRI	0	0	74,468	0	74,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	611,929	0	611,929	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	848,245	0	848,245	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	29,422	0	29,422	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50-199)	0	0	2,157,425	0	2,157,425	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 2:03 pm
--	----------------------	---------------------------------------	--

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,106	567,102,934	0.000021	0.000021	107,839,789	50.00
50.01	03951 AMBULATORY SURGERY	0	110,204,659	0.000000	0.000000	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	807	56,071,371	0.000014	0.000014	370,612	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	287,083	60,024,179	0.004783	0.004783	6,396,827	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	5,701,309	0.000000	0.000000	780,060	54.01
54.02	05403 ULTRASOUND	113,454	23,720,253	0.004783	0.004783	4,420,045	54.02
54.03	05404 ECHOCARDIOLOGY	0	31,077,059	0.000000	0.000000	54,320	54.03
54.04	05401 ONCOLOGY	0	103,211,546	0.000000	0.000000	1,796,884	54.04
57.00	05700 CT SCAN	179,911	37,614,598	0.004783	0.004783	6,944,974	57.00
58.00	05800 MRI	74,468	15,569,209	0.004783	0.004783	1,607,068	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,740,257	0.000000	0.000000	20,287	59.00
59.01	05901 CARDIAC REHAB	0	2,409,623	0.000000	0.000000	260,591	59.01
60.00	06000 LABORATORY	0	289,796,978	0.000000	0.000000	71,624,233	60.00
65.00	06500 RESPIRATORY THERAPY	0	55,559,789	0.000000	0.000000	15,979,354	65.00
65.01	06501 SLEEP LAB	0	10,962,462	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	50,315,157	0.000000	0.000000	9,823,896	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	213,915,982	0.000000	0.000000	35,821,685	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,168,348	0.000000	0.000000	3,045,532	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	125,576,994	0.000000	0.000000	31,918,136	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	158,840,803	0.000000	0.000000	39,941,710	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	611,929	329,262,728	0.001858	0.001858	64,762,263	73.00
74.00	07400 RENAL DIALYSIS	0	13,693,871	0.000000	0.000000	5,309,054	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	40,849,528	0.000000	0.000000	5,015,455	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	13,922,763	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	9,408,342	0.000000	0.000000	2,090	90.01
91.00	09100 EMERGENCY	848,245	191,579,546	0.004428	0.004428	20,844,054	91.00
91.01	09101 WOUND CARE 002	0	17,034,603	0.000000	0.000000	215,595	91.01
91.02	09102 WOUND CARE 001	0	1,284,070	0.000000	0.000000	539,740	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	3,950,966	0.000000	0.000000	8,860	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0.000000	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	16,688,564	0.000000	0.000000	31,111	91.07
91.08	04040 FAMILY PRACTICE	0	4,535,285	0.000000	0.000000	4,135	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	29,422	27,175,015	0.001083	0.001083	3,811,675	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	12,676,340	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	313,993	0.000000	0.000000	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	2,157,425	2,630,959,124			439,190,035	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 2:03 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	2,265	43,719,071	918	50.00
50.01	03951 AMBULATORY SURGERY	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	5	9,705	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	30,596	6,057,538	28,973	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	1,939,631	0	54.01
54.02	05403 ULTRASOUND	21,141	2,267,786	10,847	54.02
54.03	05404 ECHOCARDIOLOGY	0	10,421,769	0	54.03
54.04	05401 ONCOLOGY	0	34,573,041	0	54.04
57.00	05700 CT SCAN	33,218	5,127,383	24,524	57.00
58.00	05800 MRI	7,687	2,010,999	9,619	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,792,779	0	59.00
59.01	05901 CARDIAC REHAB	0	876,003	0	59.01
60.00	06000 LABORATORY	0	16,427,045	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	653,304	0	65.00
65.01	06501 SLEEP LAB	0	1,536,563	0	65.01
66.00	06600 PHYSICAL THERAPY	0	397,019	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	51,861,953	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	369,378	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	12,666,392	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,695,046	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	120,328	23,348,832	43,382	73.00
74.00	07400 RENAL DIALYSIS	0	113,110	0	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	10,136,234	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	1,290,547	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	184,754	0	90.01
91.00	09100 EMERGENCY	92,297	20,106,001	89,029	91.00
91.01	09101 WOUND CARE 002	0	7,528,972	0	91.01
91.02	09102 WOUND CARE 001	0	28,034	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	872,821	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	2,048,634	0	91.07
91.08	04040 FAMILY PRACTICE	0	55,022	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	4,128	5,330,069	5,772	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	98.02
200.00	Total (lines 50-199)	311,665	288,445,435	213,064	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 2:03 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.144948	43,719,071	8,658	287	6,336,992	50.00
50.01	03951	AMBULATORY SURGERY	0.170986	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169850	9,705	0	0	1,648	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295202	6,057,538	1	0	1,788,197	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.905869	1,939,631	1	0	1,757,052	54.01
54.02	05403	ULTRASOUND	0.091569	2,267,786	0	0	207,659	54.02
54.03	05404	ECHOCARDIOLOGY	0.066691	10,421,769	0	0	695,038	54.03
54.04	05401	ONCOLOGY	0.150547	34,573,041	15	0	5,204,868	54.04
57.00	05700	CT SCAN	0.087523	5,127,383	1	106	448,764	57.00
58.00	05800	MRI	0.226495	2,010,999	0	0	455,481	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186933	7,792,779	0	0	1,456,728	59.00
59.01	05901	CARDIAC REHAB	0.393242	876,003	0	0	344,481	59.01
60.00	06000	LABORATORY	0.100448	16,427,045	8,744	0	1,650,064	60.00
65.00	06500	RESPIRATORY THERAPY	0.141406	653,304	0	0	92,381	65.00
65.01	06501	SLEEP LAB	0.167597	1,536,563	0	0	257,523	65.01
66.00	06600	PHYSICAL THERAPY	0.306951	397,019	0	0	121,865	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091704	51,861,953	265	0	4,755,949	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222325	369,378	0	0	82,122	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.284495	12,666,392	0	0	3,603,525	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340445	18,695,046	0	0	6,364,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208666	23,348,832	0	109,932	4,872,107	73.00
74.00	07400	RENAL DIALYSIS	0.414155	113,110	0	0	46,845	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176161	10,136,234	0	10,738	1,785,609	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.708760	1,290,547	0	0	914,688	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.409906	184,754	0	0	75,732	90.01
91.00	09100	EMERGENCY	0.161427	20,106,001	105	31	3,245,651	91.00
91.01	09101	WOUND CARE 002	0.205397	7,528,972	6	0	1,546,428	91.01
91.02	09102	WOUND CARE 001	0.574716	28,034	0	0	16,112	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.302318	872,821	0	0	263,869	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.373691	2,048,634	6	2	765,556	91.07
91.08	04040	FAMILY PRACTICE	1.130439	55,022	0	0	62,199	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.304385	5,330,069	67	9	1,622,393	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.304384	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.375384	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00		Subtotal (see instructions)		288,445,435	17,869	121,105	50,842,161	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		288,445,435	17,869	121,105	50,842,161	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 2:03 pm
	Title XVII I	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,255	42		50.00
50.01 03951 AMBULATORY SURGERY	0	0		50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	1	0		54.01
54.02 05403 ULTRASOUND	0	0		54.02
54.03 05404 ECHOCARDIOLOGY	0	0		54.03
54.04 05401 ONCOLOGY	2	0		54.04
57.00 05700 CT SCAN	0	9		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
59.01 05901 CARDIAC REHAB	0	0		59.01
60.00 06000 LABORATORY	878	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 SPORTS PERFORMANCE	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	24	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	22,939		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 03330 ASC (NON-DISTINCT PART)	0	1,892		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 09100 EMERGENCY	17	5		91.00
91.01 09101 WOUND CARE 002	1	0		91.01
91.02 09102 WOUND CARE 001	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	0	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	2	1		91.07
91.08 04040 FAMILY PRACTICE	0	0		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	20	3		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
97.01 09701 FAMILY PRACTICE	0	0		97.01
98.00 09853 GERIATRIC CLINIC	0	0		98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02 09852 DIABETES EDUCATION	0	0		98.02
200.00 Subtotal (see instructions)	2,200	24,891		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,200	24,891		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150084 Component CCN: 15S084		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/29/2016 2:03 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,029,967	567,102,934	0.019450	2,293	45
50.01	03951	AMBULATORY SURGERY	537,973	110,204,659	0.004882	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	491,632	56,071,371	0.008768	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,674,817	60,024,179	0.027902	36,032	1,005
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	590,808	5,701,309	0.103627	0	0
54.02	05403	ULTRASOUND	195,042	23,720,253	0.008223	0	0
54.03	05404	ECHOCARDIOLOGY	339,830	31,077,059	0.010935	0	0
54.04	05401	ONCOLOGY	1,956,522	103,211,546	0.018956	0	0
57.00	05700	CT SCAN	140,584	37,614,598	0.003737	4,250	16
58.00	05800	MRI	810,392	15,569,209	0.052051	1,900	99
59.00	05900	CARDIAC CATHETERIZATION	440,325	16,740,257	0.026303	0	0
59.01	05901	CARDIAC REHAB	8,593	2,409,623	0.003566	0	0
60.00	06000	LABORATORY	631,794	289,796,978	0.002180	280,700	612
65.00	06500	RESPIRATORY THERAPY	498,161	55,559,789	0.008966	4,960	44
65.01	06501	SLEEP LAB	161,246	10,962,462	0.014709	0	0
66.00	06600	PHYSICAL THERAPY	534,664	50,315,157	0.010626	50,739	539
66.01	06601	SPORTS PERFORMANCE	71,302	0	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	2,702,560	213,915,982	0.012634	15,984	202
70.00	07000	ELECTROENCEPHALOGRAPHY	58,204	14,168,348	0.004108	4,074	17
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	76,684	125,576,994	0.000611	2,905	2
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,072	158,840,803	0.000731	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	146,160	329,262,728	0.000444	366,394	163
74.00	07400	RENAL DIALYSIS	149,826	13,693,871	0.010941	0	0
75.00	03330	ASC (NON-DISTINCT PART)	1,075,514	40,849,528	0.026329	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	611,315	13,922,763	0.043908	1,631	72
90.01	09001	PARTIAL HOSPITALIZATION	323,442	9,408,342	0.034378	0	0
91.00	09100	EMERGENCY	2,708,964	191,579,546	0.014140	247,083	3,494
91.01	09101	WOUND CARE 002	305,873	17,034,603	0.017956	0	0
91.02	09102	WOUND CARE 001	53,502	1,284,070	0.041666	0	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0
91.04	09104	ZIONSVILLE CLINIC	102,372	3,950,966	0.025911	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0.000000	0	0
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	14,750	16,688,564	0.000884	0	0
91.08	04040	FAMILY PRACTICE	123,141	4,535,285	0.027152	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	27,175,015	0.000000	15,194	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	537,592	12,676,340	0.042409	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0
97.01	09701	FAMILY PRACTICE	0	0	0.000000	0	0
98.00	09853	GERIATRIC CLINIC	1	0	0.000000	0	0
98.01	09851	ELECTROCONVULSIVE THERAPY	253	313,993	0.000806	138,633	112
98.02	09852	DIABETES EDUCATION	22,858	0	0.000000	0	0
200.00		Total (lines 50-199)	29,242,735	2,630,959,124		1,172,772	6,422

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 2:03 pm				
		Title XVIII		Subprovider - IPF	PPS			
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	12,106	0	12,106	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	807	0	807	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	287,083	0	287,083	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	113,454	0	113,454	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	0	54.04
57.00	05700	CT SCAN	0	0	179,911	0	179,911	57.00
58.00	05800	MRI	0	0	74,468	0	74,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	611,929	0	611,929	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	848,245	0	848,245	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50-199)	0	0	2,128,003	0	2,128,003	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084 Component CCN: 15S084		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part IV Date/Time Prepared: 11/29/2016 2:03 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,106	567,102,934	0.000021	0.000021	2,293	50.00
50.01	03951 AMBULATORY SURGERY	0	110,204,659	0.000000	0.000000	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	807	56,071,371	0.000014	0.000014	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	287,083	60,024,179	0.004783	0.004783	36,032	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	5,701,309	0.000000	0.000000	0	54.01
54.02	05403 ULTRASOUND	113,454	23,720,253	0.004783	0.004783	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	31,077,059	0.000000	0.000000	0	54.03
54.04	05401 ONCOLOGY	0	103,211,546	0.000000	0.000000	0	54.04
57.00	05700 CT SCAN	179,911	37,614,598	0.004783	0.004783	4,250	57.00
58.00	05800 MRI	74,468	15,569,209	0.004783	0.004783	1,900	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,740,257	0.000000	0.000000	0	59.00
59.01	05901 CARDIAC REHAB	0	2,409,623	0.000000	0.000000	0	59.01
60.00	06000 LABORATORY	0	289,796,978	0.000000	0.000000	280,700	60.00
65.00	06500 RESPIRATORY THERAPY	0	55,559,789	0.000000	0.000000	4,960	65.00
65.01	06501 SLEEP LAB	0	10,962,462	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	50,315,157	0.000000	0.000000	50,739	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	213,915,982	0.000000	0.000000	15,984	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,168,348	0.000000	0.000000	4,074	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	125,576,994	0.000000	0.000000	2,905	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	158,840,803	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	611,929	329,262,728	0.001858	0.001858	366,394	73.00
74.00	07400 RENAL DIALYSIS	0	13,693,871	0.000000	0.000000	0	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	40,849,528	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	13,922,763	0.000000	0.000000	1,631	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	9,408,342	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	848,245	191,579,546	0.004428	0.004428	247,083	91.00
91.01	09101 WOUND CARE 002	0	17,034,603	0.000000	0.000000	0	91.01
91.02	09102 WOUND CARE 001	0	1,284,070	0.000000	0.000000	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	3,950,966	0.000000	0.000000	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0.000000	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	16,688,564	0.000000	0.000000	0	91.07
91.08	04040 FAMILY PRACTICE	0	4,535,285	0.000000	0.000000	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	27,175,015	0.000000	0.000000	15,194	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0	12,676,340	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	313,993	0.000000	0.000000	138,633	98.01
98.02	09852 DIABETES EDUCATION	0	0	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	2,128,003	2,630,959,124			1,172,772	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 2:03 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	172	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	0	0	54.03
54.04	05401 ONCOLOGY	0	0	0	54.04
57.00	05700 CT SCAN	20	0	0	57.00
58.00	05800 MRI	9	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	681	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	90.01
91.00	09100 EMERGENCY	1,094	0	0	91.00
91.01	09101 WOUND CARE 002	0	0	0	91.01
91.02	09102 WOUND CARE 001	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	98.02
200.00	Total (lines 50-199)	1,976	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150084 Component CCN: 15T084		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/29/2016 2:03 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,029,967	567,102,934	0.019450	140,100	2,725	50.00
50.01	03951 AMBULATORY SURGERY	537,973	110,204,659	0.004882	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	491,632	56,071,371	0.008768	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,674,817	60,024,179	0.027902	106,644	2,976	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	590,808	5,701,309	0.103627	0	0	54.01
54.02	05403 ULTRASOUND	195,042	23,720,253	0.008223	4,313	35	54.02
54.03	05404 ECHOCARDIOLOGY	339,830	31,077,059	0.010935	0	0	54.03
54.04	05401 ONCOLOGY	1,956,522	103,211,546	0.018956	0	0	54.04
57.00	05700 CT SCAN	140,584	37,614,598	0.003737	28,900	108	57.00
58.00	05800 MRI	810,392	15,569,209	0.052051	2,850	148	58.00
59.00	05900 CARDIAC CATHETERIZATION	440,325	16,740,257	0.026303	0	0	59.00
59.01	05901 CARDIAC REHAB	8,593	2,409,623	0.003566	0	0	59.01
60.00	06000 LABORATORY	631,794	289,796,978	0.002180	666,293	1,453	60.00
65.00	06500 RESPIRATORY THERAPY	498,161	55,559,789	0.008966	64,780	581	65.00
65.01	06501 SLEEP LAB	161,246	10,962,462	0.014709	0	0	65.01
66.00	06600 PHYSICAL THERAPY	534,664	50,315,157	0.010626	2,490,182	26,461	66.00
66.01	06601 SPORTS PERFORMANCE	71,302	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,702,560	213,915,982	0.012634	16,494	208	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	58,204	14,168,348	0.004108	3,088	13	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	76,684	125,576,994	0.000611	131,383	80	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	116,072	158,840,803	0.000731	4,106	3	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	146,160	329,262,728	0.000444	538,694	239	73.00
74.00	07400 RENAL DIALYSIS	149,826	13,693,871	0.010941	108,048	1,182	74.00
75.00	03330 ASC (NON-DISTINCT PART)	1,075,514	40,849,528	0.026329	25,223	664	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	611,315	13,922,763	0.043908	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	323,442	9,408,342	0.034378	0	0	90.01
91.00	09100 EMERGENCY	2,708,964	191,579,546	0.014140	0	0	91.00
91.01	09101 WOUND CARE 002	305,873	17,034,603	0.017956	3,488	63	91.01
91.02	09102 WOUND CARE 001	53,502	1,284,070	0.041666	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	102,372	3,950,966	0.025911	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	14,750	16,688,564	0.000884	0	0	91.07
91.08	04040 FAMILY PRACTICE	123,141	4,535,285	0.027152	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	27,175,015	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	537,592	12,676,340	0.042409	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	09853 GERIATRIC CLINIC	1	0	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	253	313,993	0.000806	0	0	98.01
98.02	09852 DIABETES EDUCATION	22,858	0	0.000000	0	0	98.02
200.00	Total (lines 50-199)	29,242,735	2,630,959,124		4,334,586	36,939	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 2:03 pm				
		Title XVIII		Subprovider - IRF	PPS			
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	12,106	0	12,106	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	807	0	807	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	287,083	0	287,083	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	113,454	0	113,454	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	0	54.04
57.00	05700	CT SCAN	0	0	179,911	0	179,911	57.00
58.00	05800	MRI	0	0	74,468	0	74,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	611,929	0	611,929	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	848,245	0	848,245	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50-199)	0	0	2,128,003	0	2,128,003	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084 Component CCN: 15T084		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part IV Date/Time Prepared: 11/29/2016 2:03 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,106	567,102,934	0.000021	0.000021	140,100	50.00
50.01	03951 AMBULATORY SURGERY	0	110,204,659	0.000000	0.000000	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	807	56,071,371	0.000014	0.000014	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	287,083	60,024,179	0.004783	0.004783	106,644	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	5,701,309	0.000000	0.000000	0	54.01
54.02	05403 ULTRASOUND	113,454	23,720,253	0.004783	0.004783	4,313	54.02
54.03	05404 ECHOCARDIOLOGY	0	31,077,059	0.000000	0.000000	0	54.03
54.04	05401 ONCOLOGY	0	103,211,546	0.000000	0.000000	0	54.04
57.00	05700 CT SCAN	179,911	37,614,598	0.004783	0.004783	28,900	57.00
58.00	05800 MRI	74,468	15,569,209	0.004783	0.004783	2,850	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,740,257	0.000000	0.000000	0	59.00
59.01	05901 CARDIAC REHAB	0	2,409,623	0.000000	0.000000	0	59.01
60.00	06000 LABORATORY	0	289,796,978	0.000000	0.000000	666,293	60.00
65.00	06500 RESPIRATORY THERAPY	0	55,559,789	0.000000	0.000000	64,780	65.00
65.01	06501 SLEEP LAB	0	10,962,462	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	50,315,157	0.000000	0.000000	2,490,182	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	213,915,982	0.000000	0.000000	16,494	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,168,348	0.000000	0.000000	3,088	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	125,576,994	0.000000	0.000000	131,383	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	158,840,803	0.000000	0.000000	4,106	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	611,929	329,262,728	0.001858	0.001858	538,694	73.00
74.00	07400 RENAL DIALYSIS	0	13,693,871	0.000000	0.000000	108,048	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	40,849,528	0.000000	0.000000	25,223	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	13,922,763	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	9,408,342	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	848,245	191,579,546	0.004428	0.004428	0	91.00
91.01	09101 WOUND CARE 002	0	17,034,603	0.000000	0.000000	3,488	91.01
91.02	09102 WOUND CARE 001	0	1,284,070	0.000000	0.000000	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	3,950,966	0.000000	0.000000	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0.000000	0.000000	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	16,688,564	0.000000	0.000000	0	91.07
91.08	04040 FAMILY PRACTICE	0	4,535,285	0.000000	0.000000	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	27,175,015	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0	12,676,340	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	313,993	0.000000	0.000000	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	2,128,003	2,630,959,124			4,334,586	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 2:03 pm
Title XVIIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	3	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	510	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	54.01
54.02	05403 ULTRASOUND	21	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	0	0	54.03
54.04	05401 ONCOLOGY	0	0	0	54.04
57.00	05700 CT SCAN	138	0	0	57.00
58.00	05800 MRI	14	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,001	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	03330 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 WOUND CARE 002	0	0	0	91.01
91.02	09102 WOUND CARE 001	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	97.01
98.00	09853 GERIATRIC CLINIC	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	98.02
200.00	Total (lines 50-199)	1,687	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 2:03 pm
--	--	----------------------	---	--

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
							1.00	2.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.144948	0	0	0	0	50.00
50.01	03951	AMBULATORY SURGERY	0.170986	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169850	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295202	0	0	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.905869	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0.091569	0	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.066691	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0.150547	0	0	0	0	54.04
57.00	05700	CT SCAN	0.087523	0	0	0	0	57.00
58.00	05800	MRI	0.226495	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186933	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0.393242	0	0	0	0	59.01
60.00	06000	LABORATORY	0.100448	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.141406	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0.167597	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.306951	0	0	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091704	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222325	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.284495	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340445	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208666	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.414155	0	0	0	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176161	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.708760	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.409906	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.161427	0	0	0	0	91.00
91.01	09101	WOUND CARE 002	0.205397	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0.574716	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.302318	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.373691	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	1.130439	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.304385	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.304384	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.375384	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 2:03 pm
		Title XIX	Hospital	Cost

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 2:03 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		140,342	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		140,342	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		131,552	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		48,804	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		132,065,432	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		132,065,432	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		132,065,432	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		941.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		45,926,028	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		45,926,028	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Date/Time Prepared: 11/29/2016 2:03 pm							
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	28,149,224	16,892	1,666.42	6,267	10,443,454		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	14,521,133	7,240	2,005.68	2,686	5,387,256		44.01
44.02 RENAL TRANSPLANT	3,683,439	2,455	1,500.38	911	1,366,846		44.02
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	6,874,649	2,915	2,358.37	0	0		45.01
45.02 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.02
45.03 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.03
45.04 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.04
45.05 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.05
45.06 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.06
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.01 NEONATAL INTENSIVE CARE UNIT	28,075,793	25,221	1,113.19	0	0		46.01
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					80,651,525		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					143,775,109		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,144,640		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,407,622		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					9,552,262		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					134,222,847		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 2:03 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)			8,790		87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			941.03		88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			8,271,654		89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,907,812	132,065,432	0.082594	8,271,654	683,189	90.00
91.00	Nursing School cost	0	132,065,432	0.000000	8,271,654	0	91.00
92.00	Allied health cost	469,695	132,065,432	0.003557	8,271,654	29,422	92.00
93.00	All other Medical Education	0	132,065,432	0.000000	8,271,654	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 15S084		Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,987	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,987	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,987	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,113	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,922,290	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		9,922,290	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,922,290	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		764.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,614,374	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,614,374	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 15S084				Date/Time Prepared: 11/29/2016 2:03 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0		44.01
44.02 RENAL TRANSPLANT	0	0	0.00	0	0		44.02
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0		45.01
45.02 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.02
45.03 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.03
45.04 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.04
45.05 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.05
45.06 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.06
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.01
47.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0		47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					233,602		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,847,976		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					111,609		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,398		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					120,007		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,727,969		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00

11/29/2016 2:03 pm

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	647,327	9,922,290	0.065240	0	0	90.00
91.00	Nursing School cost	0	9,922,290	0.000000	0	0	91.00
92.00	Allied health cost	38,738	9,922,290	0.003904	0	0	92.00
93.00	All other Medical Education	0	9,922,290	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,503 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,503 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,503 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,010 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,624,928 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,624,928 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,624,928 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,027.08 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,064,431 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,064,431 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1		
		Component CCN: 15T084		Date/Time Prepared: 11/29/2016 2:03 pm				
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	44.01	
44.02	RENAL TRANSPLANT	0	0	0.00	0	0	44.02	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
45.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01	
45.02	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.02	
45.03	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.03	
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04	
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05	
45.06	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.06	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
46.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01	
47.00	OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,099,102						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,163,533						49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	221,462						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	38,626						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	260,088						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,903,445						53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges	0						54.00
55.00	Target amount per discharge	0.00						55.00
56.00	Target amount (line 54 x line 55)	0						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0						57.00
58.00	Bonus payment (see instructions)	0						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0						61.00
62.00	Relief payment (see instructions)	0						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	70.00						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	71.00						71.00
72.00	Program routine service cost (line 9 x line 71)	72.00						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	73.00						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	74.00						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	75.00						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	76.00						76.00
77.00	Program capital-related costs (line 9 x line 76)	77.00						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	78.00						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	79.00						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	80.00						80.00
81.00	Inpatient routine service cost per diem limitation	81.00						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	82.00						82.00
83.00	Reasonable inpatient routine service costs (see instructions)	83.00						83.00
84.00	Program inpatient ancillary services (see instructions)	84.00						84.00
85.00	Utilization review - physician compensation (see instructions)	85.00						85.00

11/29/2016 2:03 pm

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 2:03 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00				
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST											
87.00	Total observation bed days (see instructions)					0	87.00				
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00				
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00				
Cost Center Description						1.00	2.00	3.00	4.00	5.00	
						1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST											
90.00	Capital-related cost	496,162	4,624,928	0.107280	0	0	90.00				
91.00	Nursing School cost	0	4,624,928	0.000000	0	0	91.00				
92.00	Allied health cost	0	4,624,928	0.000000	0	0	92.00				
93.00	All other Medical Education	0	4,624,928	0.000000	0	0	93.00				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/29/2016 2:03 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		112,026,779	30.00
31.00	03100	INTENSIVE CARE UNIT		31,138,796	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		16,636,668	32.01
32.02	03202	RENAL TRANSPLANT		1,498,762	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		20,266	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144948	107,839,789	15,631,162 50.00
50.01	03951	AMBULATORY SURGERY	0.170986	0	0 50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169850	370,612	62,948 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295202	6,396,827	1,888,356 54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.905869	780,060	706,632 54.01
54.02	05403	ULTRASOUND	0.091569	4,420,045	404,739 54.02
54.03	05404	ECHOCARDIOLOGY	0.066691	54,320	3,623 54.03
54.04	05401	ONCOLOGY	0.150547	1,796,884	270,515 54.04
57.00	05700	CT SCAN	0.087523	6,944,974	607,845 57.00
58.00	05800	MRI	0.226495	1,607,068	363,993 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186933	20,287	3,792 59.00
59.01	05901	CARDIAC REHAB	0.393242	260,591	102,475 59.01
60.00	06000	LABORATORY	0.100448	71,624,233	7,194,511 60.00
65.00	06500	RESPIRATORY THERAPY	0.141406	15,979,354	2,259,577 65.00
65.01	06501	SLEEP LAB	0.167597	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.306951	9,823,896	3,015,455 66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.091704	35,821,685	3,284,992 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222325	3,045,532	677,098 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.284495	31,918,136	9,080,550 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340445	39,941,710	13,597,955 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208666	64,762,263	13,513,682 73.00
74.00	07400	RENAL DIALYSIS	0.414155	5,309,054	2,198,771 74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176161	5,015,455	883,528 75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.708760	0	0 90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.409906	2,090	857 90.01
91.00	09100	EMERGENCY	0.161427	20,844,054	3,364,793 91.00
91.01	09101	WOUND CARE 002	0.205397	215,595	44,283 91.01
91.02	09102	WOUND CARE 001	0.574716	539,740	310,197 91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0 91.03
91.04	09104	ZIONSVILLE CLINIC	0.302318	8,860	2,679 91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0 91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	0 91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.373691	31,111	11,626 91.07
91.08	04040	FAMILY PRACTICE	1.130439	4,135	4,674 91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.304385	3,811,675	1,160,217 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.304384	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	0 97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	0 98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.375384	0	0 98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0 98.02
200.00		Total (sum of lines 50-94 and 96-98)		439,190,035	80,651,525 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		439,190,035	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 15S084		Date/Time Prepared: 11/29/2016 2:03 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		4,581,562	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144948	2,293	50.00
50.01	03951	AMBULATORY SURGERY	0.170986	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169850	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295202	36,032	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.905869	0	54.01
54.02	05403	ULTRASOUND	0.091569	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.066691	0	54.03
54.04	05401	ONCOLOGY	0.150547	0	54.04
57.00	05700	CT SCAN	0.087523	4,250	57.00
58.00	05800	MRI	0.226495	1,900	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186933	0	59.00
59.01	05901	CARDIAC REHAB	0.393242	0	59.01
60.00	06000	LABORATORY	0.100448	280,700	60.00
65.00	06500	RESPIRATORY THERAPY	0.141406	4,960	65.00
65.01	06501	SLEEP LAB	0.167597	0	65.01
66.00	06600	PHYSICAL THERAPY	0.306951	50,739	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091704	15,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222325	4,074	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.284495	2,905	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340445	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208666	366,394	73.00
74.00	07400	RENAL DIALYSIS	0.414155	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176161	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.708760	1,631	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.409906	0	90.01
91.00	09100	EMERGENCY	0.161427	247,083	91.00
91.01	09101	WOUND CARE 002	0.205397	0	91.01
91.02	09102	WOUND CARE 001	0.574716	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.302318	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.373691	0	91.07
91.08	04040	FAMILY PRACTICE	1.130439	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.304385	15,194	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.304384	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.375384	138,633	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50-94 and 96-98)		1,172,772	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,172,772	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 15T084		Date/Time Prepared: 11/29/2016 2:03 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,131,336	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144948	140,100	50.00
50.01	03951	AMBULATORY SURGERY	0.170986	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169850	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295202	106,644	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.905869	0	54.01
54.02	05403	ULTRASOUND	0.091569	4,313	54.02
54.03	05404	ECHOCARDIOLOGY	0.066691	0	54.03
54.04	05401	ONCOLOGY	0.150547	0	54.04
57.00	05700	CT SCAN	0.087523	28,900	57.00
58.00	05800	MRI	0.226495	2,850	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186933	0	59.00
59.01	05901	CARDIAC REHAB	0.393242	0	59.01
60.00	06000	LABORATORY	0.100448	666,293	60.00
65.00	06500	RESPIRATORY THERAPY	0.141406	64,780	65.00
65.01	06501	SLEEP LAB	0.167597	0	65.01
66.00	06600	PHYSICAL THERAPY	0.306951	2,490,182	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091704	16,494	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222325	3,088	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.284495	131,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340445	4,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208666	538,694	73.00
74.00	07400	RENAL DIALYSIS	0.414155	108,048	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176161	25,223	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.708760	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.409906	0	90.01
91.00	09100	EMERGENCY	0.161427	0	91.00
91.01	09101	WOUND CARE 002	0.205397	3,488	91.01
91.02	09102	WOUND CARE 001	0.574716	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.302318	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.373691	0	91.07
91.08	04040	FAMILY PRACTICE	1.130439	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.304385	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.304384	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.375384	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50-94 and 96-98)		4,334,586	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,334,586	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/29/2016 2:03 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		48,898,582	30.00
31.00	03100	INTENSIVE CARE UNIT		13,660,422	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		3,565,094	32.01
32.02	03202	RENAL TRANSPLANT		277,520	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		10,709,608	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		75,049,578	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		511,649	41.00
43.00	04300	NURSERY		8,297,706	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144948	40,622,089	50.00
50.01	03951	AMBULATORY SURGERY	0.170986	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169850	24,889,983	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295202	3,267,891	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.905869	147,669	54.01
54.02	05403	ULTRASOUND	0.091569	2,071,167	54.02
54.03	05404	ECHOCARDIOLOGY	0.066691	26,463	54.03
54.04	05401	ONCOLOGY	0.150547	527,235	54.04
57.00	05700	CT SCAN	0.087523	2,384,345	57.00
58.00	05800	MRI	0.226495	783,691	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186933	0	59.00
59.01	05901	CARDIAC REHAB	0.393242	40,999	59.01
60.00	06000	LABORATORY	0.100448	36,636,304	60.00
65.00	06500	RESPIRATORY THERAPY	0.141406	12,963,568	65.00
65.01	06501	SLEEP LAB	0.167597	32,180	65.01
66.00	06600	PHYSICAL THERAPY	0.306951	4,133,077	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091704	9,010,138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222325	1,401,837	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.284495	9,855,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340445	10,315,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208666	47,625,159	73.00
74.00	07400	RENAL DIALYSIS	0.414155	1,298,671	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176161	1,312,611	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.708760	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.409906	75	90.01
91.00	09100	EMERGENCY	0.161427	9,117,949	91.00
91.01	09101	WOUND CARE 002	0.205397	118,142	91.01
91.02	09102	WOUND CARE 001	0.574716	164,950	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.302318	3,505	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.373691	14,607	91.07
91.08	04040	FAMILY PRACTICE	1.130439	201,270	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.304385	1,785,318	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.304384	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.375384	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50-94 and 96-98)		220,752,409	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		220,752,409	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 15S084		Date/Time Prepared: 11/29/2016 2:03 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02400	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
33.02	03300	BURN INTENSIVE CARE UNIT		0	33.02
33.03	03301	BURN INTENSIVE CARE UNIT		0	33.03
33.04	03302	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03303	BURN INTENSIVE CARE UNIT		0	33.05
33.06	03304	BURN INTENSIVE CARE UNIT		0	33.06
34.00	02060	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02401	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		7,819,844	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144948	0	50.00
50.01	03951	AMBULATORY SURGERY	0.170986	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169850	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295202	10,410	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.905869	0	54.01
54.02	05403	ULTRASOUND	0.091569	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.066691	0	54.03
54.04	05401	ONCOLOGY	0.150547	0	54.04
57.00	05700	CT SCAN	0.087523	0	57.00
58.00	05800	MRI	0.226495	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186933	0	59.00
59.01	05901	CARDIAC REHAB	0.393242	0	59.01
60.00	06000	LABORATORY	0.100448	221,003	60.00
65.00	06500	RESPIRATORY THERAPY	0.141406	1,572	65.00
65.01	06501	SLEEP LAB	0.167597	0	65.01
66.00	06600	PHYSICAL THERAPY	0.306951	5,905	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091704	1,615	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222325	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.284495	570	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340445	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208666	327,650	73.00
74.00	07400	RENAL DIALYSIS	0.414155	0	74.00
75.00	03330	ASC (NON-DISTINCT PART)	0.176161	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.708760	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.409906	0	90.01
91.00	09100	EMERGENCY	0.161427	0	91.00
91.01	09101	WOUND CARE 002	0.205397	0	91.01
91.02	09102	WOUND CARE 001	0.574716	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.302318	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.373691	0	91.07
91.08	04040	FAMILY PRACTICE	1.130439	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.304385	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0.304384	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.375384	39,698	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50-94 and 96-98)		608,423	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		608,423	202.00

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

Provider CCN: 150084

Period: From 07/01/2015 To 06/30/2016

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/29/2016 2:03 pm

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	941.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,666.42	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	0	2,005.68	0	0	3.01
3.02	RENAL TRANSPLANT	44.02	0	1,500.38	44	66,017	3.02
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,358.37	0	0	4.01
4.02	BURN INTENSIVE CARE UNIT	45.02	0	0.00	0	0	4.02
4.03	BURN INTENSIVE CARE UNIT	45.03	0	0.00	0	0	4.03
4.04	BURN INTENSIVE CARE UNIT	45.04	0	0.00	0	0	4.04
4.05	BURN INTENSIVE CARE UNIT	45.05	0	0.00	0	0	4.05
4.06	BURN INTENSIVE CARE UNIT	45.06	0	0.00	0	0	4.06
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,113.19	0	0	5.01
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		44	66,017	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.144948	940,259	136,289	8.00	
8.01	AMBULATORY SURGERY	50.01	0.170986	0	0	8.01	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.169850	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.295202	879,998	259,777	12.00	
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.905869	131,642	119,250	12.01	
12.02	ULTRASOUND	54.02	0.091569	11,290	1,034	12.02	
12.03	ECHOCARDIOLOGY	54.03	0.066691	630,953	42,079	12.03	
12.04	ONCOLOGY	54.04	0.150547	0	0	12.04	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.087523	366,697	32,094	15.00	
16.00	MRI	58.00	0.226495	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.186933	71,974	13,454	17.00	
17.01	CARDIAC REHAB	59.01	0.393242	0	0	17.01	
18.00	LABORATORY	60.00	0.100448	2,479,905	249,101	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.141406	56,850	8,039	23.00	
23.01	SLEEP LAB	65.01	0.167597	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.306951	0	0	24.00	
24.01	SPORTS PERFORMANCE	66.01	0.000000	0	0	24.01	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.091704	260,818	23,918	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.222325	5,580	1,241	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.284495	131,598	37,439	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.340445	12,805	4,359	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208666	336,530	70,222	31.00	
32.00	RENAL DIALYSIS	74.00	0.414155	1,493	618	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.176161	136,648	24,072	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.708760	190,008	134,670	37.00	
37.01	PARTIAL HOSPITALIZATION	90.01	0.409906	0	0	37.01	
38.00	EMERGENCY	91.00	0.161427	0	0	38.00	
38.01	WOUND CARE 002	91.01	0.205397	0	0	38.01	
38.02	WOUND CARE 001	91.02	0.574716	0	0	38.02	
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03	
38.04	ZIONSVILLE CLINIC	91.04	0.302318	0	0	38.04	
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05	
38.06	OP ANTI COAGULATION CLINIC	91.06	0.000000	0	0	38.06	
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.373691	0	0	38.07	
38.08	FAMILY PRACTICE	91.08	1.130439	0	0	38.08	

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 11/29/2016 2:03 pm	
		Kidney	Hospital	PPS	
Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
	0	1.00	2.00	3.00	
39.00 OBSERVATION BEDS (NON-DISTINCT	92.00	0.304385	2,508	763	39.00
39.01 OBSERVATION BEDS (DISTINCT PART	92.01	0.304384	0	0	39.01
40.00 OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00 TOTAL (sum of lines 8-40)			6,647,556	1,158,419	41.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00 ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00 INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	0	0	44.01
44.02 RENAL TRANSPLANT	4.02	0.00	44	0	44.02
45.00 BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0	45.01
45.02 BURN INTENSIVE CARE UNIT	5.02	0.00	0	0	45.02
45.03 BURN INTENSIVE CARE UNIT	5.03	0.00	0	0	45.03
45.04 BURN INTENSIVE CARE UNIT	5.04	0.00	0	0	45.04
45.05 BURN INTENSIVE CARE UNIT	5.05	0.00	0	0	45.05
45.06 BURN INTENSIVE CARE UNIT	5.06	0.00	0	0	45.06
46.00 SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00 TOTAL (sum of lines 42 through 47)			44	0	48.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00 RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00 FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00 CLINIC	23.00	190,008	0.000000	0	51.00
51.01 PARTIAL HOSPITALIZATION	23.01	0	0.000000	0	51.01
52.00 EMERGENCY	24.00	0	0.000000	0	52.00
52.01 WOUND CARE 002	24.01	0	0.000000	0	52.01
52.02 WOUND CARE 001	24.02	0	0.000000	0	52.02
52.03 LAFAYETTE RD CLINIC	24.03	0	0.000000	0	52.03
52.04 ZIONSVILLE CLINIC	24.04	0	0.000000	0	52.04
52.05 BROWNSBURG CLINIC	24.05	0	0.000000	0	52.05
52.06 OP ANTI COAGULATION CLINIC	24.06	0	0.000000	0	52.06
52.07 ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0	52.07
52.08 FAMILY PRACTICE	24.08	0	0.000000	0	52.08
53.00 OBSERVATION BEDS (NON-DISTINCT	25.00	2,508	0.000000	0	53.00
53.01 OBSERVATION BEDS (DISTINCT PART	25.01	0	0.000000	0	53.01
54.00 OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00 TOTAL (sum of lines 49 through 52)		192,516		0	55.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 150084

Period: From 07/01/2015

Worksheet D-4

Component CCN:

To 06/30/2016

Date/Time Prepared: 11/29/2016 2:03 pm

		Kidney		Hospital		PPS	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,224,436		6,647,556			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	5,621,315		5,189,059			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	6,845,751		11,836,615			61.00
62.00	Total Usable Organs (see instructions)		93				62.00
63.00	Medicare Usable Organs (see instructions)		73				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.784946				64.00
65.00	Medicare Cost/Charges (see instructions)	5,373,545		9,291,104			65.00
66.00	Revenue for Organs Sold	239,214		239,214			66.00
67.00	Subtotal (line 65 minus line 66)	5,134,331		9,051,890			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,134,331	0	9,051,890	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		12	26			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	55			73.00
74.00	Total (sum of lines 70 thru 73)		12	81			74.00
75.00	Organs Transplanted		12	49	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	26	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Discarded Organs		0	6			83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		12	81			84.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 150084

Period: From 07/01/2015 To 06/30/2016

Worksheet D-4

Date/Time Prepared: 11/29/2016 2:03 pm

Cost Center Description		Heart		Hospital		PPS		
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
		0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)								
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition								
1.00	ADULTS & PEDIATRICS	38.00	0	941.03	0	0	1.00	
2.00	INTENSIVE CARE UNIT	43.00	0	1,666.42	0	0	2.00	
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00	
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	0	2,005.68	0	0	3.01	
3.02	RENAL TRANSPLANT	44.02	0	1,500.38	0	0	3.02	
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00	
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,358.37	0	0	4.01	
4.02	BURN INTENSIVE CARE UNIT	45.02	0	0.00	0	0	4.02	
4.03	BURN INTENSIVE CARE UNIT	45.03	0	0.00	0	0	4.03	
4.04	BURN INTENSIVE CARE UNIT	45.04	0	0.00	0	0	4.04	
4.05	BURN INTENSIVE CARE UNIT	45.05	0	0.00	0	0	4.05	
4.06	BURN INTENSIVE CARE UNIT	45.06	0	0.00	0	0	4.06	
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00	
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,113.19	0	0	5.01	
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00	
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00			
Computation of Ancillary Service Cost Applicable to Organ Acquisition								
8.00	OPERATING ROOM	50.00	0.144948	92,668	13,432	8.00		
8.01	AMBULATORY SURGERY	50.01	0.170986	0	0	8.01		
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.169850	0	0	10.00		
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.295202	1,257	371	12.00		
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.905869	0	0	12.01		
12.02	ULTRASOUND	54.02	0.091569	144	13	12.02		
12.03	ECHOCARDIOLOGY	54.03	0.066691	3,578	239	12.03		
12.04	ONCOLOGY	54.04	0.150547	0	0	12.04		
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00		
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00		
15.00	CT SCAN	57.00	0.087523	1,587	139	15.00		
16.00	MRI	58.00	0.226495	0	0	16.00		
17.00	CARDIAC CATHETERIZATION	59.00	0.186933	2,532	473	17.00		
17.01	CARDIAC REHAB	59.01	0.393242	0	0	17.01		
18.00	LABORATORY	60.00	0.100448	20,875	2,097	18.00		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00		
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00		
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY	65.00	0.141406	4,903	693	23.00		
23.01	SLEEP LAB	65.01	0.167597	0	0	23.01		
24.00	PHYSICAL THERAPY	66.00	0.306951	0	0	24.00		
24.01	SPORTS PERFORMANCE	66.01	0.000000	0	0	24.01		
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00		
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00		
27.00	ELECTROCARDIOLOGY	69.00	0.091704	334	31	27.00		
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.222325	0	0	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.284495	1,773	504	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.340445	461	157	30.00		
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208666	20,323	4,241	31.00		
32.00	RENAL DIALYSIS	74.00	0.414155	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)	75.00	0.176161	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00		
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00		
37.00	CLINIC	90.00	0.708760	2,693	1,909	37.00		
37.01	PARTIAL HOSPITALIZATION	90.01	0.409906	0	0	37.01		
38.00	EMERGENCY	91.00	0.161427	0	0	38.00		
38.01	WOUND CARE 002	91.01	0.205397	0	0	38.01		
38.02	WOUND CARE 001	91.02	0.574716	0	0	38.02		
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03		
38.04	ZIONSVILLE CLINIC	91.04	0.302318	0	0	38.04		
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05		
38.06	OP ANTI COAGULATION CLINIC	91.06	0.000000	0	0	38.06		
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.373691	0	0	38.07		
38.08	FAMILY PRACTICE	91.08	1.130439	0	0	38.08		

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 11/29/2016 2:03 pm	
		Heart	Hospital	PPS	
Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
	0	1.00	2.00	3.00	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.304385	0	0 39.00
39.01	OBSERVATION BEDS (DISTINCT PART	92.01	0.304384	0	0 39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER				40.00
41.00	TOTAL (sum of lines 8-40)		153,128	24,299	41.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0 43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0 44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	0	0 44.01
44.02	RENAL TRANSPLANT	4.02	0.00	0	0 44.02
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0 45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0 45.01
45.02	BURN INTENSIVE CARE UNIT	5.02	0.00	0	0 45.02
45.03	BURN INTENSIVE CARE UNIT	5.03	0.00	0	0 45.03
45.04	BURN INTENSIVE CARE UNIT	5.04	0.00	0	0 45.04
45.05	BURN INTENSIVE CARE UNIT	5.05	0.00	0	0 45.05
45.06	BURN INTENSIVE CARE UNIT	5.06	0.00	0	0 45.06
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0 46.00
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0 46.01
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0 47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0 48.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	2,693	0.000000	0 51.00
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0 51.01
52.00	EMERGENCY	24.00	0	0.000000	0 52.00
52.01	WOUND CARE 002	24.01	0	0.000000	0 52.01
52.02	WOUND CARE 001	24.02	0	0.000000	0 52.02
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0 52.03
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0 52.04
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0 52.05
52.06	OP ANTI COAGULATION CLINIC	24.06	0	0.000000	0 52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0 52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0 52.08
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0 53.00
53.01	OBSERVATION BEDS (DISTINCT PART	25.01	0	0.000000	0 53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
55.00	TOTAL (sum of lines 49 through 52)		2,693		0 55.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 150084

Period: From 07/01/2015 To 06/30/2016

Worksheet D-4

Date/Time Prepared: 11/29/2016 2:03 pm

		Heart		Hospital		PPS	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	24,299		153,128			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	2,504,496		1,754,428			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,528,795		1,907,556			61.00
62.00	Total Usable Organs (see instructions)		33				62.00
63.00	Medicare Usable Organs (see instructions)		9				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.272727				64.00
65.00	Medicare Cost/Charges (see instructions)	689,671		520,242			65.00
66.00	Revenue for Organs Sold	37,178		37,178			66.00
67.00	Subtotal (line 65 minus line 66)	652,493		483,064			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	652,493	0	483,064	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	4			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	29			73.00
74.00	Total (sum of lines 70 thru 73)		0	33			74.00
75.00	Organs Transplanted		0	29	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	4	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Disarded Organs		0	0			83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	33			84.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		25,848,040	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		82,260,338	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		4,665,924	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		31,231,989	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		686.98	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		92.11	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		18.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		110.11	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		131.65	10.00
11.00	FTE count for residents in dental and podiatric programs.		8.67	11.00
12.00	Current year allowable FTE (see instructions)		118.78	12.00
13.00	Total allowable FTE count for the prior year.		114.69	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		118.80	14.00
15.00	Sum of lines 12 through 14 divided by 3.		117.42	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		117.42	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.170922	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.173437	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.170922	21.00
22.00	IME payment adjustment (see instructions)		9,631,267	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,782,427	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.02	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		21.54	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.02	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000029	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000008	27.00
28.00	IME add-on adjustment amount (see instructions)		865	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		250	28.01
29.00	Total IME payment (sum of lines 22 and 28)		9,632,132	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,782,677	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.81	31.00
32.00	Sum of lines 30 and 31		32.83	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.30	33.00
34.00	Disproportionate share adjustment (see instructions)		4,405,417	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 2:03 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		11,935,145	9,900,333	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,008,313	7,411,726	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		10,420,039		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		137,231,890		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			140,014,567	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			9,990,665	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			3,139,356	52.00
53.00	Nursing and Allied Health Managed Care payment			280,112	53.00
54.00	Special add-on payments for new technologies			31,713	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			5,786,824	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			181,479	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			311,665	58.00
59.00	Total (sum of amounts on lines 49 through 58)			159,736,381	59.00
60.00	Primary payer payments			207,278	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			159,529,103	61.00
62.00	Deductibles billed to program beneficiaries			8,476,672	62.00
63.00	Coinurance billed to program beneficiaries			535,892	63.00
64.00	Allowable bad debts (see instructions)			1,272,165	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			826,907	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			564,228	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			151,343,446	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-632,676	70.93
70.94	HRR adjustment amount (see instructions)			-79,230	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 2:03 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			1,179,270	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			149,452,270	71.00
71.01	Sequestration adjustment (see instructions)			2,989,045	71.01
72.00	Interim payments			144,317,045	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			2,146,180	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			669,442	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2016 2:03 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,848,040	0	25,848,040		25,848,040	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	82,260,338	0		82,260,338	82,260,338	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	4,665,924	0	541,535	4,124,389	4,665,924	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.01	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	31,231,989	0	7,765,855	23,466,134	31,231,989	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.170922	0.170922	0.170922	0.170922		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,631,267	0	2,302,776	7,328,491	9,631,267	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,782,427	0	0	2,782,427	2,782,427	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000008	0.000008	0.000008	0.000008		7.00
8.00	IME adjustment (see instructions)	28.00	865	0	207	658	865	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	250	0	62	188	250	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,632,132	0	2,302,983	7,329,149	9,632,132	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,782,677	0	62	2,782,615	2,782,677	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1630	0.1630	0.1630	0.1630		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,405,417	0	1,053,308	3,352,109	4,405,417	11.00
11.01	Uncompensated care payments	36.00	10,420,039	0	3,008,313	7,411,726	10,420,039	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	137,231,890	0	32,754,179	104,477,711	137,231,890	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	140,014,567	0	32,754,241	107,260,326	140,014,567	15.00
16.00	Payment for inpatient program capital	50.00	9,990,665	0	2,380,931	7,609,734	9,990,665	16.00
17.00	Special add-on payments for new technologies	54.00	31,713	0	8,172	23,541	31,713	17.00
17.01	Net organ acquisition cost	55.00	5,786,824	0	1,454,611	4,332,213	5,786,824	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2016 2:03 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	36,597,955	119,225,814	155,823,769	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	8,663,963	0	2,067,509	6,596,454	8,663,963	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	151,868	0	33,067	118,801	151,868	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	0.0668	0.0668	0.0668	0.0668		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	578,753	0	138,110	440,643	578,753	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0688	0.0688	0.0688	0.0688		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	596,081	0	142,245	453,836	596,081	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,990,665	0	2,380,931	7,609,734	9,990,665	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2016 2:03 pm
---	----------------------	---	--

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,848,040	25,848,040		25,848,040	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	82,260,338		82,260,338	82,260,338	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	4,665,924	541,535	4,124,389	4,665,924	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	31,231,989	7,765,855	23,466,134	31,231,989	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.170922	0.170922	0.170922		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,631,267	2,302,776	7,328,491	9,631,267	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,782,427	691,852	2,090,575	2,782,427	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000008	0.000008	0.000008		7.00
8.00	IME adjustment (see instructions)	28.00	865	207	658	865	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	250	62	188	250	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,632,132	2,302,983	7,329,149	9,632,132	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,782,677	691,914	2,090,763	2,782,677	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1630	0.1630	0.1630		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,405,417	1,053,308	3,352,109	4,405,417	11.00
11.01	Uncompensated care payments	36.00	10,420,039	3,008,313	7,411,726	10,420,039	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	137,231,890	32,754,179	104,477,711	137,231,890	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	140,014,567	33,446,093	106,568,474	140,014,567	15.00
16.00	Payment for inpatient program capital	50.00	9,990,665	2,380,931	7,609,734	9,990,665	16.00
17.00	Special add-on payments for new technologies	54.00	31,713	8,172	23,541	31,713	17.00
17.01	Net organ acquisition cost	55.00	5,786,824	1,454,611	4,332,213	5,786,824	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			37,289,807	118,533,962	155,823,769	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	8,663,963	2,067,509	6,596,454	8,663,963	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	151,868	33,067	118,801	151,868	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0668	0.0668	0.0668		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	578,753	138,110	440,643	578,753	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0688	0.0688	0.0688		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	596,081	142,245	453,836	596,081	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,990,665	2,380,931	7,609,734	9,990,665	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-632,676	-99,739	-532,937	-632,676	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-79,230	-5,172	-74,058	-79,230	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	1,179,270	1,179,270	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		27,091	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		50,629,097	2.00
3.00	PPS payments		51,240,423	3.00
4.00	Outlier payment (see instructions)		406,214	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		213,064	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		27,091	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		138,974	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		138,974	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		138,974	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		111,883	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		27,091	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		51,859,701	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,821	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,349,783	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		42,535,188	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,034,016	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		43,569,204	30.00
31.00	Primary payer payments		25,435	31.00
32.00	Subtotal (line 30 minus line 31)		43,543,769	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,557,050	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,012,083	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		878,972	36.00
37.00	Subtotal (see instructions)		44,555,852	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-812	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		44,556,664	40.00
40.01	Sequestration adjustment (see instructions)		891,133	40.01
41.00	Interim payments		43,649,214	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		16,317	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 2:03 pm
		Component CCN: 15S084	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		3,392	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		2,205	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,205	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,205	40.00
40.01	Sequestration adjustment (see instructions)		44	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,161	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 2:03 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		144,317,045		43,521,314	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	01/18/2016	127,900	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		127,900	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		144,317,045		43,649,214	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,146,180		16,317	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		146,463,225		43,665,531	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150084
Component CCN: 15S084

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 2:03 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,604,650		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,604,650		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		60,694		2,161	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,665,344		2,161	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150084
Component CCN: 15T084

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 2:03 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,712,663		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,712,663		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		15,915		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,728,578		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part II
Date/Time Prepared:
11/29/2016 2:03 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			32,139 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			58,668 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			18,043 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			186,275 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			3,302,651,689 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			87,716,741 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			673,808 8.00
9.00	Sequestration adjustment amount (see instructions)			13,476 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			660,332 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			692,950 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-32,618 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,852,022 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			25,702 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			35.483607 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,877,724 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,877,724 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,877,724 18.00
19.00	Deductibles			222,936 19.00
20.00	Subtotal (line 18 minus line 19)			1,654,788 20.00
21.00	Coinsurance			17,339 21.00
22.00	Subtotal (line 20 minus line 21)			1,637,449 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			82,476 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			53,609 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,347 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,691,058 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			8,273 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,699,331 31.00
31.01	Sequestration adjustment (see instructions)			33,987 31.01
32.00	Interim payments			1,604,650 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			60,694 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,625,109 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0518 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			111,830 3.00
4.00	Outlier Payments			72,770 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.303279 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,809,709 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,809,709 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,809,709 19.00
20.00	Deductibles			17,780 20.00
21.00	Subtotal (line 19 minus line 20)			2,791,929 21.00
22.00	Coinsurance			16,702 22.00
23.00	Subtotal (line 21 minus line 22)			2,775,227 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			11,306 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			7,349 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,220 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,782,576 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,687 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,784,263 32.00
32.01	Sequestration adjustment (see instructions)			55,685 32.01
33.00	Interim payments			2,712,663 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			15,915 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			7,875 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			72,770 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 2:03 pm	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			98.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			18.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			133.39	6.00
7.00	Enter the lesser of line 5 or line 6			116.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	94.23	34.74	128.97	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	82.60	30.45	113.05	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		8.79		10.00
11.00	Total weighted FTE count	82.60	39.24		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	84.03	31.46		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	78.94	41.30		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	81.86	37.33		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	81.86	37.33		17.00
18.00	Per resident amount	81,402.68	81,402.68		18.00
19.00	Approved amount for resident costs	6,663,623	3,038,762	9,702,385	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			12.89	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			16.47	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			12.46	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,767.86	23.00
24.00	Multiply line 22 time line 23			1,193,268	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			10,895,653	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	62,791	18,396		26.00
27.00	Total Inpatient Days (see instructions)	205,173	205,173		27.00
28.00	Ratio of inpatient days to total inpatient days	0.306039	0.089661		28.00
29.00	Program direct GME amount	3,334,495	976,915		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		138,038		30.00
31.00	Net Program direct GME amount			4,173,372	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		13,693,871	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		148,786,618	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		5,786,824	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		207,278	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		154,366,164	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		50,869,252	42.00
43.00	Primary payer payments (see instructions)		25,435	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		50,843,817	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		205,209,981	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.752235	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.247765	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,173,372	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,139,356	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,034,016	50.00

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

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet G

Date/Time Prepared:
11/29/2016 2:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	9,243,319	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	514,826,690	0	0	0	4.00
5.00	Other receivable	79,108,179	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-300,762,729	0	0	0	6.00
7.00	Inventory	17,244,336	0	0	0	7.00
8.00	Prepaid expenses	2,198,407	0	0	0	8.00
9.00	Other current assets	4,517,312	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	326,375,514	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,827,236	0	0	0	12.00
13.00	Land improvements	10,890,260	0	0	0	13.00
14.00	Accumulated depreciation	-10,326,479	0	0	0	14.00
15.00	Buildings	449,380,071	0	0	0	15.00
16.00	Accumulated depreciation	-335,207,383	0	0	0	16.00
17.00	Leasehold improvements	14,598,271	0	0	0	17.00
18.00	Accumulated depreciation	-10,976,902	0	0	0	18.00
19.00	Fixed equipment	27,732,331	0	0	0	19.00
20.00	Accumulated depreciation	-22,769,939	0	0	0	20.00
21.00	Automobiles and trucks	1,807,531	0	0	0	21.00
22.00	Accumulated depreciation	-1,583,320	0	0	0	22.00
23.00	Major movable equipment	245,274,143	0	0	0	23.00
24.00	Accumulated depreciation	-191,909,469	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	186,736,351	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	607,219,080	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	66,632,801	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	673,851,881	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,186,963,746	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	24,736,798	0	0	0	37.00
38.00	Salaries, wages, and fees payable	35,368,058	0	0	0	38.00
39.00	Payroll taxes payable	1,673,437	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	193,717,772	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	255,496,065	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	177,632,907	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	177,632,907	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	433,128,972	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	753,834,774				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	753,834,774	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,186,963,746	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet G-1

Date/Time Prepared:
11/29/2016 2:03 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		775,557,365			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		158,585,684				2.00
3.00	Total (sum of line 1 and line 2)		934,143,049			0	3.00
4.00		0		0		0	4.00
5.00	TRANSFER RESTR CONTRIBUTIONS	1,789,406		0		0	5.00
6.00	TEMPORARY RESTRICTED	1,190,265		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,979,671			0	10.00
11.00	Subtotal (line 3 plus line 10)		937,122,720			0	11.00
12.00	TRANSFER TO FROM AFFILIATE	173,897,812		0		0	12.00
13.00	DIST OF CAP NONCTRL INT	9,390,134		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		183,287,946			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		753,834,774			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00			0				4.00
5.00	TRANSFER RESTR CONTRIBUTIONS		0				5.00
6.00	TEMPORARY RESTRICTED		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFER TO FROM AFFILIATE		0				12.00
13.00	DIST OF CAP NONCTRL INT		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2016 2:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	364,076,397		364,076,397	1.00
2.00	SUBPROVIDER - IPF	27,298,320		27,298,320	2.00
3.00	SUBPROVIDER - IRF	7,087,903		7,087,903	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	398,462,620		398,462,620	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	85,030,964		85,030,964	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPL	38,512,130		38,512,130	12.01
12.02	RENAL TRANSPLANT	3,564,367		3,564,367	12.02
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	PEDIATRIC INTENSIVE CARE UNIT	25,419,709		25,419,709	13.01
13.02	BURN INTENSIVE CARE UNIT	0		0	13.02
13.03	BURN INTENSIVE CARE UNIT	0		0	13.03
13.04	BURN INTENSIVE CARE UNIT	0		0	13.04
13.05	BURN INTENSIVE CARE UNIT	0		0	13.05
13.06	BURN INTENSIVE CARE UNIT	0		0	13.06
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	168,095,323		168,095,323	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	320,622,493		320,622,493	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	719,085,113		719,085,113	17.00
18.00	Ancillary services	1,320,501,143	1,011,453,412	2,331,954,555	18.00
19.00	Outpatient services	63,883,834	211,858,258	275,742,092	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	744,850	744,850	26.00
27.00	OTHER	15,351,974	-54,179,132	-38,827,158	27.00
27.01	KIDNEY ACQUISITION	5,617,718	2,371,064	7,988,782	27.01
27.02	HEART ACQUISITION	5,114,468	165,340	5,279,808	27.02
27.03	PHYSICIANS PRIVATE OFFICES	524,758	64,632,792	65,157,550	27.03
27.04	BILLING	0	60,847,117	60,847,117	27.04
27.06	GERIATRIC CLINIC	312,482	1,511	313,993	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,130,391,490	1,297,895,212	3,428,286,702	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,047,741,126		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,047,741,126		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet G-3

Date/Time Prepared:
11/29/2016 2:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,428,286,702	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,268,380,530	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,159,906,172	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,047,741,126	4.00
5.00	Net income from service to patients (line 3 minus line 4)	112,165,046	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-424,218	6.00
7.00	Income from investments	-15,641,967	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,277,302	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	6,007,429	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	736,001	20.00
21.00	Rental of vending machines	20,582	21.00
22.00	Rental of hospital space	805,657	22.00
23.00	Governmental appropriations	1,160,714	23.00
24.00	MISC INCOME	50,479,138	24.00
25.00	Total other income (sum of lines 6-24)	46,420,638	25.00
26.00	Total (line 5 plus line 25)	158,585,684	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	158,585,684	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150084

Period:
From 07/01/2015
To 06/30/2016

Worksheet I-5

Date/Time Prepared:
11/29/2016 2:03 pm

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
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, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	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 recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition 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 1/1/2013	0	0	5.02
5.03	Transition 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 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150084	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/29/2016 2:03 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,663,963	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		151,868	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		512.80	3.00
4.00	Number of interns & residents (see instructions)		117.44	4.00
5.00	Indirect medical education percentage (see instructions)		6.68	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		578,753	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.02	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.81	8.00
9.00	Sum of lines 7 and 8		32.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.88	10.00
11.00	Disproportionate share adjustment (see instructions)		596,081	11.00
12.00	Total prospective capital payments (see instructions)		9,990,665	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00