

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/29/2018 10:09 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 11/29/2018 Time: 10:09 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5.  Cost Report Status 6. Date Received:  
 (1) As Submitted 7. Contractor No. 10. NPR Date:  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4  
 (3) Settled with Audit 9.  Final Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.  
 (4) Reopened  
 (5) Amended

**PART II - CERTIFICATION**

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT HOSPITAL & HCC ( 15-0084 ) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	6,274,563	-19,480	0	0	1.00
2.00 Subprovider - IPF	0	28,964	68		0	2.00
3.00 Subprovider - IRF	0	30,271	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	6,333,798	-19,412	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 10:08 am
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1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2001 WEST 86TH STREET			PO Box:						1.00		
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46260-		County: MARI ON		2.00		
		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		
								V	XVIII	XIX		
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)						07/01/2017	06/30/2018		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.			7,706	5,109	138	301	46,835	182	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.			45	58	0	0	331		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 10:08 am			
		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.		0				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.						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)(i) or (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)(i) or (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	N		40.00	
		V	XVIII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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		46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N		48.00	
<b>Teaching Hospitals</b>							
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	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02	1	60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.03	1	60.04	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			18.00	18.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						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)						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)						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).						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)						61.05
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)						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. Enter in column 4, the direct GME FTE unweighted count.	GENERAL SURGERY	3650	10.28	10.28		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the 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)						
62.00	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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					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.						
64.00	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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
					1.00		2.00
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 MEDICINE/FAMILY	2755	0.96	7.02	0.120301	65.03
65.04		PEDIATRICS	2000	0.67	10.67	0.059083	65.04

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			5.66	142.59	0.038179	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
					1.00		2.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	2.94	17.24	0.145689	67.00
67.01		INTERNAL MEDICINE - GENERAL	1400	4.06	37.94	0.096667	67.01
67.02		INTERNAL MEDICINE/FAMILY	1505	1.30	7.77	0.143330	67.02
67.03		PEDIATRICS - GENERAL	2000	0.33	13.67	0.023571	67.03

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		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00
					1.00	
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N		87.00
					V	XIX
					1.00	2.00
<b>Title V and XIX Services</b>						
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		Y		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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.06
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a 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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 10:08 am		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					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		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	6,583,769		0		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 healthcare related taxes as defined in §1903(w)(3) of the Act? 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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 10:08 am			
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: 250 WEST 96TH SREET, STE 215	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46260			143.00	
144.00 Are provider based physicians' costs included in Worksheet A?						1.00 Y	144.00
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.						1.00 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.						2.00 N	146.00
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						1.00 N	147.00
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						2.00 N	148.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						3.00 N	149.00
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
Multi campus						1.00	
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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning 1.00		Ending 2.00			
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						10/01/2016	09/30/2017
						1.00	2.00
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 10:08 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					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	10/08/2018	Y	10/08/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 10:08 am	
		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	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
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@ASCENSION.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 10:08 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	SENIOR DIRECTOR NET REVENUE MGMT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part I Date/Time Prepared: 11/29/2018 10:08 am
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Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	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	563	205,830	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)		563	205,830	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	55	19,710	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	32.01	24	8,760	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	33.01	16	5,962	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 NEONATAL INTENSIVE CARE UNIT	34.01	87	31,755	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		745	272,017	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	57	20,805		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		822				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)		14	5,110			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part I Date/Time Prepared: 11/29/2018 10:08 am
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	45,813	5,045	122,708			1.00
2.00 HMO and other (see instructions)	20,795	48,401				2.00
3.00 HMO IPF Subprovider	565	4,054				3.00
4.00 HMO IRF Subprovider	608	389				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)	45,813	5,045	122,708			7.00
8.00 INTENSIVE CARE UNIT	6,328	379	17,465			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	2,797	0	7,545			9.01
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	7	74	3,115			10.01
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	5,433	29,083			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		757	4,052			13.00
14.00 Total (see instructions)	54,945	11,688	183,968	159.33	4,480.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,771	782	14,898	0.00	65.85	16.00
17.00 SUBPROVIDER - IRF	1,844	45	4,251	0.00	24.64	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				159.33	4,570.89	27.00
28.00 Observation Bed Days		0	15,231			28.00
29.00 Ambulance Trips	15					29.00
30.00 Employee discount days (see instruction)			2,461			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	182	2,640			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			3			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2018 10:08 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	9,312	1,046	30,849	1.00
2.00 HMO and other (see instructions)			3,302	5,492		2.00
3.00 HMO IPF Subprovider				733		3.00
4.00 HMO IRF Subprovider				30		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
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT						10.01
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	9,312	1,046	30,849	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	316	133	2,505	16.00
17.00 SUBPROVIDER - IRF	0.00	0	149	4	337	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet S-3 Part II Date/Time Prepared: 11/29/2018 10:08 am	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	359,633,428	0	359,633,428	9,507,444.00	37.83	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		788,484	0	788,484	7,594.00	103.83	4.00
4.01	Physicians - Part A - Teaching		2,873,163	0	2,873,163	25,542.00	112.49	4.01
5.00	Physician and Non-Physician-Part B		38,420,427	0	38,420,427	268,112.00	143.30	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	9,991,229	9,991,229	359,400.00	27.80	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		20,837,110	0	20,837,110	526,327.00	39.59	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		40,078,112	-1,281,229	38,796,883	916,480.00	42.33	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		8,766,960	0	8,766,960	108,832.00	80.55	11.00
12.00	Contract labor: Top level management and other management and administrative services		341,277	0	341,277	6,188.00	55.15	12.00
13.00	Contract Labor: Physician-Part A - Administrative		16,539,913	0	16,539,913	152,036.00	108.79	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		57,951,257	0	57,951,257	1,322,945.00	43.80	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		68,728,077	0	68,728,077			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		8,875,166	0	8,875,166			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		129,825	0	129,825			22.00
22.01	Physician Part A - Teaching		463,320	0	463,320			22.01
23.00	Physician Part B		5,859,115	0	5,859,115			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		2,850,901	0	2,850,901			25.00
25.50	Home office wage-related (core)		16,325,173	0	16,325,173			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	2,123,147	0	2,123,147	73,317.00	28.96	26.00
27.00	Administrative & General	5.00	30,106,152	69,228	30,175,380	726,413.00	41.54	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2018 10:08 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		34,755,343	0	34,755,343	540,624.00	64.29	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,711,389	0	1,711,389	86,863.00	19.70	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	144	0	144	12.00	12.00	32.00
33.00	Housekeeping under contract (see instructions)		8,572,038	0	8,572,038	372,286.00	23.03	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,221,957	0	3,221,957	123,955.00	25.99	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	12,155,106	0	12,155,106	371,918.00	32.68	38.00
39.00	Central Services and Supply	14.00	598,841	0	598,841	24,851.00	24.10	39.00
40.00	Pharmacy	15.00	12,638,023	-326,527	12,311,496	286,540.00	42.97	40.00
41.00	Medical Records & Medical Records Library	16.00	153,065	0	153,065	6,623.00	23.11	41.00
42.00	Social Service	17.00	5,631,249	0	5,631,249	157,183.00	35.83	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/29/2018 10:08 am

	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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	344,052,066	-9,991,229	334,060,837	9,364,928.00	35.67	1.00
2.00	Excluded area salaries (see instructions)	40,078,112	-1,281,229	38,796,883	916,480.00	42.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)	303,973,954	-8,710,000	295,263,954	8,448,448.00	34.95	3.00
4.00	Subtotal other wages & related costs (see inst.)	83,599,407	0	83,599,407	1,590,001.00	52.58	4.00
5.00	Subtotal wage-related costs (see inst.)	85,183,075	0	85,183,075	0.00	28.85	5.00
6.00	Total (sum of lines 3 thru 5)	472,756,436	-8,710,000	464,046,436	10,038,449.00	46.23	6.00
7.00	Total overhead cost (see instructions)	111,666,454	-257,299	111,409,155	2,770,585.00	40.21	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2018 10:08 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	14,908,563	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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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	2,566,454	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	27,528,907	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	8,503,395	9.00
10.00	Dental, Hearing and Vision Plan	356,110	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	395,622	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	6,161	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,894,298	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	542,128	14.00
15.00	'Workers' Compensation Insurance	1,426,243	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	22,922,033	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	105,908	20.00
<b>OTHER</b>			
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	341,679	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	86,906,404	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/29/2018 10:08 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		8,766,960	86,906,404 1.00
2.00	Hospital		8,766,960	68,728,077 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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			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	18,178,327 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/29/2018 10:08 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.217889	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		117,388,096		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		818,232,475		6.00	
7.00	Medicaid cost (line 1 times line 6)		178,283,856		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)		60,895,760		8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP		0		9.00	
10.00	Stand-alone CHIP charges		0		10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		60,895,760		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	95,504,000	28,239,084	123,743,084	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	20,809,271	28,239,084	49,048,355	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	20,809,271	28,239,084	49,048,355	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			19,277,131	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,064,655	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,637,931	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			17,639,200	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,416,664	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			53,465,019	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			114,360,779	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A

Date/Time Prepared:  
11/29/2018 10:08 am

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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		18,328,925	18,328,925	395,639	18,724,564	1.00
1.01	00101		455,757	455,757	0	455,757	1.01
1.02	00102		88,113	88,113	-84,925	3,188	1.02
2.00	00200		17,399,783	17,399,783	0	17,399,783	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	2,123,147	79,881,033	82,004,180	-395,639	81,608,541	4.00
5.00	00500	30,106,152	228,699,833	258,805,985	-7,988,282	250,817,703	5.00
7.00	00700	1,711,389	25,942,038	27,653,427	0	27,653,427	7.00
8.00	00800	0	3,082,249	3,082,249	0	3,082,249	8.00
9.00	00900	144	9,821,538	9,821,682	0	9,821,682	9.00
10.00	01000	0	14,910,693	14,910,693	-10,195,342	4,715,351	10.00
11.00	01100	0	0	0	10,152,127	10,152,127	11.00
13.00	01300	12,155,106	3,530,089	15,685,195	0	15,685,195	13.00
14.00	01400	598,841	10,760,648	11,359,489	-3,484,161	7,875,328	14.00
15.00	01500	12,638,023	79,655,375	92,293,398	-67,033,725	25,259,673	15.00
16.00	01600	153,065	349,159	502,224	0	502,224	16.00
17.00	01700	5,631,249	1,413,529	7,044,778	0	7,044,778	17.00
21.00	02100	0	0	0	9,991,229	9,991,229	21.00
22.00	02200	13,838,313	3,486,024	17,324,337	-9,782,877	7,541,460	22.00
23.00	02300	392,927	64,049	456,976	173,633	630,609	23.00
23.01	02301	407,188	33,272	440,460	-79,567	360,893	23.01
23.02	02302	191,978	-23,996	167,982	220,031	388,013	23.02
23.03	02303	2,250,558	568,667	2,819,225	80,529	2,899,754	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	81,343,185	28,192,039	109,535,224	-1,670,746	107,864,478	30.00
31.00	03100	13,942,824	4,845,333	18,788,157	-1,865,009	16,923,148	31.00
32.00	03200	0	0	0	0	0	32.00
32.01	03201	6,553,419	1,384,863	7,938,282	2,972,411	10,910,693	32.01
33.00	03300	0	0	0	0	0	33.00
33.01	02080	4,528,024	1,305,510	5,833,534	-305,695	5,527,839	33.01
34.00	03400	0	0	0	0	0	34.00
34.01	02060	21,007,513	5,242,543	26,250,056	-1,089,954	25,160,102	34.01
40.00	04000	3,885,730	467,026	4,352,756	-748	4,352,008	40.00
41.00	04100	1,546,692	923,316	2,470,008	-1,021	2,468,987	41.00
43.00	04300	1,442,293	200,729	1,643,022	2,015,585	3,658,607	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	24,099,089	37,921,742	62,020,831	-22,348,469	39,672,362	50.00
50.01	03951	3,292,793	9,034,668	12,327,461	0	12,327,461	50.01
52.00	05200	4,376,790	1,002,234	5,379,024	-401,997	4,977,027	52.00
54.00	05400	5,216,317	4,700,311	9,916,628	-672,371	9,244,257	54.00
54.01	05402	3,194,891	1,475,263	4,670,154	-185,054	4,485,100	54.01
54.02	05403	1,134,954	266,387	1,401,341	-138,356	1,262,985	54.02
54.03	05404	844,434	557,983	1,402,417	109,693	1,512,110	54.03
54.04	05401	4,906,457	5,938,439	10,844,896	-1,167,677	9,677,219	54.04
57.00	05700	1,536,719	819,940	2,356,659	-620,632	1,736,027	57.00
58.00	05800	974,929	368,432	1,343,361	-62,591	1,280,770	58.00
59.00	05900	457,395	750,555	1,207,950	1,913,518	3,121,468	59.00
59.01	05901	596,679	205,705	802,384	72,001	874,385	59.01
60.00	06000	19,659	26,672,433	26,692,092	-112,500	26,579,592	60.00
65.00	06500	7,156,180	5,298,557	12,454,737	-1,623,185	10,831,552	65.00
65.01	06501	808,206	441,632	1,249,838	-71,446	1,178,392	65.01
66.00	06600	7,422,928	2,486,738	9,909,666	-23,792	9,885,874	66.00
66.01	06601	6,876,292	2,940,159	9,816,451	-2,037	9,814,414	66.01
67.00	06700	998,535	92,108	1,090,643	-16,981	1,073,662	67.00
68.00	06800	873,472	217,825	1,091,297	-68,800	1,022,497	68.00
69.00	06900	4,981,349	9,844,111	14,825,460	-10,695,839	4,129,621	69.00
70.00	07000	1,490,506	5,542,439	7,032,945	-100,392	6,932,553	70.00
71.00	07100	0	0	0	52,581,873	52,581,873	71.00
72.00	07200	0	52,920,212	52,920,212	0	52,920,212	72.00
73.00	07300	0	0	0	67,324,997	67,324,997	73.00
74.00	07400	0	4,597,861	4,597,861	-1,143	4,596,718	74.00
75.00	03330	1,920,984	2,467,803	4,388,787	-1,791,893	2,596,894	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	3,063,284	3,558,382	6,621,666	0	6,621,666	90.00
90.01	09001	2,085,640	490,302	2,575,942	0	2,575,942	90.01
91.00	09100	13,207,940	11,677,713	24,885,653	-1,557,428	23,328,225	91.00
91.01	09101	624,780	1,534,796	2,159,576	-11,605	2,147,971	91.01
91.02	09102	438,265	124,784	563,049	-77,310	485,739	91.02
91.03	09103	0	0	0	0	0	91.03
91.04	09104	347,361	281,983	629,344	0	629,344	91.04
91.05	09105	0	0	0	0	0	91.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES      Provider CCN: 15-0084      Period: From 07/01/2017 To 06/30/2018      Worksheet A  
 Date/Time Prepared: 11/29/2018 10:08 am

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	
91.06	09106	OP ANTI COAGULATION CLINIC	860,863	308,513	1,169,376	-57,904	1,111,472	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	397,786	744,678	1,142,464	-56,508	1,085,956	91.07
91.08	04040	FAMILY PRACTICE	7,577,152	2,623,666	10,200,818	-208,791	9,992,027	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	34,990	34,990	-28,066	6,924	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	1,282	1,282	-64	1,218	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	23,867	23,867	0	23,867	98.01
98.02	09852	DIABETES EDUCATION	239,539	20,699	260,238	0	260,238	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,442,980	4,165,678	6,608,658	-834,302	5,774,356	105.00
106.00	10600	HEART ACQUISITION	1,919,381	3,528,408	5,447,789	-1,251,777	4,196,012	106.00
112.00	08600	PANCREAS ACQUISITION	0	2,400	2,400	0	2,400	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	332,832,289	746,693,815	1,079,526,104	-163,335	1,079,362,769	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,086,318	1,086,318	0	1,086,318	190.00
191.00	19100	RESEARCH	1,523,161	593,988	2,117,149	0	2,117,149	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	23,306,090	17,067,328	40,373,418	0	40,373,418	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	11,332	11,332	0	11,332	193.01
193.02	19305	MISSION SERVICES	484,763	444,009	928,772	0	928,772	193.02
193.03	19306	FOUNDATION	1,027,960	1,904,362	2,932,322	0	2,932,322	193.03
193.04	19307	WELLNESS	459,165	559,813	1,018,978	0	1,018,978	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	19,283,600	19,283,600	0	19,283,600	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	41,148	41,148	0	41,148	193.09
193.10	19313	MARTEN HOUSE	0	0	0	163,335	163,335	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		TOTAL (SUM OF LINES 118 through 199)	359,633,428	787,685,713	1,147,319,141	0	1,147,319,141	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-6,421,093	12,303,471	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	-207,673	248,084	1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H	0	3,188	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	17,399,783	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-182,095	81,426,446	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-101,788,516	149,029,187	5.00
7.00	00700	OPERATION OF PLANT	-529,486	27,123,941	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,082,249	8.00
9.00	00900	HOUSEKEEPING	0	9,821,682	9.00
10.00	01000	DIETARY	-62,208	4,653,143	10.00
11.00	01100	CAFETERIA	-4,500,065	5,652,062	11.00
13.00	01300	NURSING ADMINISTRATION	-7,393	15,677,802	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,875,328	14.00
15.00	01500	PHARMACY	-2,309	25,257,364	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,257	492,967	16.00
17.00	01700	SOCIAL SERVICE	-420,827	6,623,951	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	9,991,229	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-3,635,592	3,905,868	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	630,609	23.00
23.01	02301	PARAMED ED PRGM - CPE	-11,774	349,119	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	-56,150	331,863	23.02
23.03	02303	PARAMED ED PRGM - EMS	-2,191,038	708,716	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-26,059,145	81,805,333	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,923,148	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	-387,842	10,522,851	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-1,850,116	3,677,723	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-8,889,376	16,270,726	34.01
40.00	04000	SUBPROVIDER - I PF	0	4,352,008	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,468,987	41.00
43.00	04300	NURSERY	-484,366	3,174,241	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-6,971,590	32,700,772	50.00
50.01	03951	AMBULATORY SURGERY	-428	12,327,033	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	-52,542	4,924,485	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-60,531	9,183,726	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	4,485,100	54.01
54.02	05403	ULTRASOUND	0	1,262,985	54.02
54.03	05404	ECHOCARDIOLOGY	-16,001	1,496,109	54.03
54.04	05401	ONCOLOGY	-628,437	9,048,782	54.04
57.00	05700	CT SCAN	0	1,736,027	57.00
58.00	05800	MRI	0	1,280,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,121,468	59.00
59.01	05901	CARDIAC REHAB	0	874,385	59.01
60.00	06000	LABORATORY	0	26,579,592	60.00
65.00	06500	RESPIRATORY THERAPY	0	10,831,552	65.00
65.01	06501	SLEEP LAB	-35,603	1,142,789	65.01
66.00	06600	PHYSICAL THERAPY	-179,675	9,706,199	66.00
66.01	06601	SPORTS PERFORMANCE	-1,499,578	8,314,836	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,073,662	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,022,497	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,129,621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,877,963	2,054,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	52,581,873	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	52,920,212	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,117,207	60,207,790	73.00
74.00	07400	RENAL DIALYSIS	0	4,596,718	74.00
75.00	03330	ENDOSCOPY	-272,688	2,324,206	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-231,131	6,390,535	90.00
90.01	09001	PARTIAL HOSPITALIZATION	-108	2,575,834	90.01
91.00	09100	EMERGENCY	-7,976,811	15,351,414	91.00
91.01	09101	WOUND CARE 002	-30,925	2,117,046	91.01
91.02	09102	WOUND CARE 001	0	485,739	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	629,344	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	-22,965	1,088,507	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	-503,871	582,085	91.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.08	04040	FAMILY PRACTICE			91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	-6,431,839	3,560,188	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	6,924	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	1,218	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	23,867	98.01
98.02	09852	DIABETES EDUCATION	0	260,238	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-360,560	5,413,796	105.00
106.00	10600	HEART ACQUISITION	0	4,196,012	106.00
112.00	08600	PANCREAS ACQUISITION	0	2,400	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-194,966,774	884,395,995	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,086,318	190.00
191.00	19100	RESEARCH	0	2,117,149	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	40,373,418	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	5,141,601	5,152,933	193.01
193.02	19305	MISSION SERVICES	0	928,772	193.02
193.03	19306	FOUNDATION	0	2,932,322	193.03
193.04	19307	WELLNESS	0	1,018,978	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	19,283,600	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	193.08
193.09	19312	LIFELINE	0	41,148	193.09
193.10	19313	MARTEN HOUSE	0	163,335	193.10
193.11	19314	SPN	0	0	193.11
193.12	19315	ST. JOES	0	0	193.12
193.13	19301	NEW HOPE	0	0	193.13
193.14	19302	VACANT SPACE	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	193.15
193.16	19316	SETON BOARD	0	0	193.16
193.17	19317	HOSPICE	0	0	193.17
193.18	19318	HOME HEALTH	0	0	193.18
200.00		TOTAL (SUM OF LINES 118 through 199)	-189,825,173	957,493,968	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - Pharmacy</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	66,585,538	1.00
	TOTALS		0	66,585,538	
<b>B - Drugs Directly Assigned</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00		739,459	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00
24.00					24.00
25.00					25.00
26.00					26.00
27.00					27.00
28.00					28.00
29.00					29.00
30.00			0	739,459	30.00
<b>C - Med Ed Director</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	208,352	0	1.00
	TOTALS		208,352	0	
<b>D - Nursery</b>					
1.00	NURSERY	43.00	1,715,540	300,058	1.00
			1,715,540	300,058	
<b>E - Building Rent</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	395,639	1.00
	TOTALS		0	395,639	
<b>F - Rental Beds</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	3,028,740	1.00
			0	3,028,740	
<b>G - Marten House</b>					
1.00	MARTEN HOUSE	193.10	0	163,335	1.00
2.00			0	163,335	2.00
<b>H - Resident Salaries</b>					
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	9,991,229	0	1.00
			9,991,229	0	
<b>I - Radiology Paramed</b>					
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	203,884	0	1.00
2.00	PARAMED ED PRGM - RADIOLOGY	23.02	15,091	1,056	2.00
			218,975	1,056	
<b>J - Pharmacy Paramed</b>					
1.00	PARAMED ED PRGM- PHARMACY	23.00	288,167	0	1.00
			288,167	0	
<b>K - Pharmacy Year 2</b>					
1.00	PHARMACY	15.00	98,481	16,053	1.00
			98,481	16,053	
<b>L - CPE Paramed</b>					
1.00	PARAMED ED PRGM - CPE	23.01	4,821	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	74,401	9,987	2.00
			79,222	9,987	

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/29/2018 10:08 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>M - Organ Acquisition</b>					
1.00	KIDNEY ACQUISITION	105.00	34,967	0	1.00
2.00	KIDNEY ACQUISITION	105.00	0	43,215	2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	69,928	3.00
4.00	KIDNEY ACQUISITION	105.00	58,265	0	4.00
5.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	373,154	268,018	5.00
7.00	HEART ACQUISITION	106.00	101,874	0	7.00
8.00	HEART ACQUISITION	106.00	0	93,714	8.00
9.00	KIDNEY ACQUISITION	105.00	58,265	0	9.00
10.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	1,076,684	754,867	10.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,388,089	13.00
14.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	723,007	14.00
15.00	OPERATING ROOM	50.00	0	2,412,406	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	153,471	16.00
17.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	1,380	17.00
18.00	ECHOCARDIOLOGY	54.03	0	109,693	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,251,093	19.00
20.00	CARDIAC REHAB	59.01	0	72,001	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	197,173	21.00
22.00	HEART ACQUISITION	106.00	0	517,132	22.00
24.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	387,842	0	24.00
TOTALS			2,091,051	9,055,187	
<b>N - Dietary</b>					
1.00	CAFETERIA	11.00	0	10,152,127	1.00
				10,152,127	
<b>O - Medical Supplies</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00		49,553,133	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00
24.00					24.00
25.00					25.00
26.00					26.00
27.00					27.00
28.00					28.00
29.00			0	49,553,133	29.00
<b>P - EMS Precepting</b>					
1.00	PARAMED ED PRGM - EMS	23.03	80,529		1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
			80,529	0	
500.00	Grand Total: Increases		14,771,546	140,000,312	500.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - Pharmacy</b>						
1.00	PHARMACY	15.00	0	66,585,538	0	1.00
	TOTALS		0	66,585,538		
<b>B - Drugs Directly Assigned</b>						
1.00	ADULTS & PEDIATRICS	30.00		32,111		1.00
2.00	INTENSIVE CARE UNIT	31.00		8,676		2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01		5,495		3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	33.01		1,796		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	34.01		3,539		5.00
6.00	SUBPROVIDER - IPF	40.00		748		6.00
7.00	SUBPROVIDER - IRF	41.00		1,021		7.00
8.00	NURSERY	43.00		13		8.00
9.00	OPERATING ROOM	50.00		379,553		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		3,970		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00		38,040		11.00
12.00	AMBULATORY CARDIOVASCULAR SVC	54.01		32,607		12.00
13.00	ONCOLOGY	54.04		4,022		13.00
14.00	CT SCAN	57.00		201		14.00
15.00	MRI	58.00		584		15.00
16.00	LABORATORY	60.00		112,500		16.00
17.00	RESPIRATORY THERAPY	65.00		638		17.00
18.00	PHYSICAL THERAPY	66.00		241		18.00
19.00	SPORTS PERFORMANCE	66.01		2,037		19.00
20.00	SPEECH PATHOLOGY	68.00		58		20.00
21.00	ELECTROCARDIOLOGY	69.00		3,903		21.00
22.00	RENAL DIALYSIS	74.00		1,143		22.00
23.00	ENDOSCOPY	75.00		2,101		23.00
24.00	EMERGENCY	91.00		17,679		24.00
25.00	WOUND CARE 002	91.01		189		25.00
26.00	WOUND CARE 001	91.02		121		26.00
27.00	OP ANTI COAGULATION CLINIC	91.06		57,904		27.00
28.00	FAMILY PRACTICE	91.08		439		28.00
29.00	AMBULANCE SERVICES	95.00		28,066		29.00
30.00	GERIATRIC CLINIC	98.00		64		30.00
			0	739,459		
<b>C - Med Ed Director</b>						
1.00	FAMILY PRACTICE	91.08	208,352	0	0	1.00
	TOTALS		208,352	0		
<b>D - Nursery</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,715,540	300,058		1.00
			1,715,540	300,058		
<b>E - Building Rent</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	395,639	10	1.00
	TOTALS		0	395,639		
<b>F - Rental Beds</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,028,740		1.00
				3,028,740		
<b>G - Marten House</b>						
1.00	NEW CAP REL	1.02		84,925	9	1.00
	COSTS-BLDG-MARTEN H					
2.00	ADMINISTRATIVE & GENERAL	5.00		78,410		2.00
			0	163,335		
<b>H - Resident Salaries</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	9,991,229			1.00
			9,991,229	0		
<b>I - Radiology Paramed</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	203,884			1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	15,091	1,056		2.00
			218,975	1,056		
<b>J - Pharmacy Paramed</b>						
1.00	PHARMACY	15.00	288,167			1.00
			288,167	0		
<b>K - Pharmacy Year 2</b>						
1.00	PARAMED ED PRGM- PHARMACY	23.00	98,481	16,053		1.00
			98,481	16,053		
<b>L - CPE Paramed</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	4,821			1.00
2.00	PARAMED ED PRGM - CPE	23.01	74,401	9,987		2.00
			79,222	9,987		

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>M - Organ Acquisition</b>						
1.00	PHARMACY	15.00	34,967	0	0	1.00
2.00	DIETARY	10.00	0	43,215	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	69,928	0	3.00
4.00	HEART ACQUISITION	106.00	58,265	0	0	4.00
5.00	KIDNEY ACQUISITION	105.00	373,154	268,018	0	5.00
7.00	PHARMACY	15.00	101,874	0	0	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	93,714	0	8.00
9.00	HEART ACQUISITION	106.00	58,265	0	0	9.00
10.00	HEART ACQUISITION	106.00	1,076,684	754,867	0	10.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	7,825,445	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
24.00	KIDNEY ACQUISITION	105.00	387,842	0	0	24.00
TOTALS			2,091,051	9,055,187		
<b>N - Dietary</b>						
1.00	DIETARY	10.00	0	10,152,127		1.00
TOTALS			0	10,152,127		
<b>O - Medical Supplies</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00		455,421		1.00
2.00	PHARMACY	15.00		137,713		2.00
3.00	ADULTS & PEDIATRICS	30.00		1,010,719		3.00
4.00	INTENSIVE CARE UNIT	31.00		1,854,910		4.00
5.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01		675,594		5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	33.01		303,899		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	34.01		1,086,415		7.00
8.00	OPERATING ROOM	50.00		24,376,361		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00		397,417		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		567,771		10.00
11.00	AMBULATORY CARDIOVASCULAR SVC	54.01		153,827		11.00
12.00	ULTRASOUND	54.02		138,356		12.00
13.00	ONCOLOGY	54.04		1,163,655		13.00
14.00	CT SCAN	57.00		620,431		14.00
15.00	MRI	58.00		62,007		15.00
16.00	CARDIAC CATHETERIZATION	59.00		335,264		16.00
17.00	RESPIRATORY THERAPY	65.00		1,622,547		17.00
18.00	SLEEP LAB	65.01		71,446		18.00
19.00	PHYSICAL THERAPY	66.00		23,551		19.00
20.00	OCCUPATIONAL THERAPY	67.00		16,981		20.00
21.00	SPEECH PATHOLOGY	68.00		68,742		21.00
22.00	ELECTROCARDIOLOGY	69.00		10,889,109		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00		100,392		23.00
24.00	ENDOSCOPY	75.00		1,789,792		24.00
25.00	EMERGENCY	91.00		1,469,284		25.00
26.00	WOUND CARE 002	91.01		11,416		26.00
27.00	WOUND CARE 001	91.02		77,189		27.00
28.00	ST VINCENT OUTPATIENT TREATMENT	91.07		56,508		28.00
29.00	HEART ACQUISITION	106.00		16,416		29.00
TOTALS			0	49,553,133		
<b>P - EMS Precepting</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	352			1.00
2.00	ADULTS & PEDIATRICS	30.00	407			2.00
3.00	INTENSIVE CARE UNIT	31.00	1,423			3.00
4.00	OPERATING ROOM	50.00	4,961			4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	610			5.00
6.00	CARDIAC CATHETERIZATION	59.00	2,311			6.00
7.00	EMERGENCY	91.00	70,465			7.00
TOTALS			80,529	0		
500.00	Grand Total: Decreases		14,771,546	140,000,312		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	9,827,236	0	0	0	690,000	1.00
2.00	Land Improvements	11,093,014	140,114	0	140,114	0	2.00
3.00	Buildings and Fixtures	493,133,021	13,088,205	0	13,088,205	0	3.00
4.00	Building Improvements	0	15,858,948	0	15,858,948	0	4.00
5.00	Fixed Equipment	0	27,652,551	0	27,652,551	0	5.00
6.00	Movable Equipment	283,429,945	0	0	0	6,157,566	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	797,483,216	56,739,818	0	56,739,818	6,847,566	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	797,483,216	56,739,818	0	56,739,818	6,847,566	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	9,137,236	0				1.00
2.00	Land Improvements	11,233,128	0				2.00
3.00	Buildings and Fixtures	506,221,226	0				3.00
4.00	Building Improvements	15,858,948	0				4.00
5.00	Fixed Equipment	27,652,551	0				5.00
6.00	Movable Equipment	277,272,379	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	847,375,468	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	847,375,468	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
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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	12,181,931	0	5,678,925	468,069	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	233,533	0	207,673	14,551	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	88,113	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	17,399,783	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	29,903,360	0	5,886,598	482,620	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	18,328,925				1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	455,757				1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	88,113				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	17,399,783				2.00
3.00	Total (sum of lines 1-2)	0	36,272,578				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	557,139,912	0	557,139,912	0.657489	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	12,963,177	0	12,963,177	0.015298	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	277,272,379	0	277,272,379	0.327213	0	2.00
3.00	Total (sum of lines 1-2)	847,375,468	0	847,375,468	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	11,439,763	395,639	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	233,533	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	0	3,188	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,399,783	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	29,076,267	395,639	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 cols. 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	0	468,069	0	0	12,303,471	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	14,551	0	0	248,084	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	0	0	3,188	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	17,399,783	2.00
3.00	Total (sum of lines 1-2)	0	482,620	0	0	29,954,526	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8

Date/Time Prepared:  
11/29/2018 10:08 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,678,925	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG-STRESS (chapter 2)	B	-207,672	NEW CAP REL COSTS-BLDG-STRESS		1.01	11	1.01
1.02	Investment income - NEW CAP REL COSTS-BLDG-MARTEN H (chapter 2)			NEW CAP REL COSTS-BLDG-MARTEN H		1.02	0	1.02
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00	Investment income - other (chapter 2)		0			0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-37,529	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-8,439	OPERATION OF PLANT		7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-113,136	OPERATION OF PLANT		7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-72,612,949				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	-38,373,174				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-4,500,065	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 and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG-STRESS			NEW CAP REL COSTS-BLDG-STRESS		1.01	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-BLDG-MARTEN H			NEW CAP REL COSTS-BLDG-MARTEN H		1.02	0	26.02
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant					0.00	0	29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8

Date/Time Prepared:  
11/29/2018 10:08 am

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	
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 Misc Revenue	B	-742,168	CAP REL COSTS-BLDG & FIXT		1.00	9 33.00
33.01 Misc Revenue	B	-91,326	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02 Misc Revenue	B	-187,291	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 Misc Revenue	B	-407,911	OPERATION OF PLANT		7.00	0 33.03
33.04 Misc Revenue	B	-62,208	DIETARY		10.00	0 33.04
33.05 Misc Revenue	B	-6,353	NURSING ADMINISTRATION		13.00	0 33.05
33.06 Misc Revenue	B	-2,309	PHARMACY		15.00	0 33.06
33.07 Misc Revenue	B	-9,257	MEDICAL RECORDS & LIBRARY		16.00	0 33.07
33.08 Misc Revenue	B	-280,889	SOCIAL SERVICE		17.00	0 33.08
33.09 Misc Revenue	B	-33,238	I&R SERVICES-OTHER PRGM COSTS A		22.00	0 33.09
33.10 Misc Revenue	B	-11,774	PARAMED ED PRGM - CPE		23.01	0 33.10
33.11 Misc Revenue	B	-56,150	PARAMED ED PRGM - RADIOLOGY		23.02	0 33.11
33.12 Misc Revenue	B	-1,293	ADULTS & PEDIATRICS		30.00	0 33.12
33.13 Misc Revenue	B	-49	PEDIATRIC INTENSIVE CARE UNIT		33.01	0 33.13
33.14 Misc Revenue	B	-36,567	NEONATAL INTENSIVE CARE UNIT		34.01	0 33.14
33.15 Misc Revenue	B	-150	OPERATING ROOM		50.00	0 33.15
33.16 Misc Revenue	B	-428	AMBULATORY SURGERY		50.01	0 33.16
33.17 Misc Revenue	B	-52,542	DELIVERY ROOM & LABOR ROOM		52.00	0 33.17
33.18 Misc Revenue	B	-13,227	RADIOLOGY-DIAGNOSTIC		54.00	0 33.18
33.19 Misc Revenue	B	-16,001	ECHOCARDIOLOGY		54.03	0 33.19
33.20 Misc Revenue	B	-135,853	ONCOLOGY		54.04	0 33.20
33.21 Misc Revenue	B	-178,050	PHYSICAL THERAPY		66.00	0 33.21
33.22 Misc Revenue	B	-5,379	ELECTROENCEPHALOGRAPHY		70.00	0 33.22
33.23 Misc Revenue	B	-7,117,207	DRUGS CHARGED TO PATIENTS		73.00	0 33.23
33.24 Misc Revenue	B	-223,631	CLINIC		90.00	0 33.24
33.25 Misc Revenue	B	-108	PARTIAL HOSPITALIZATION		90.01	0 33.25
33.26 Misc Revenue	B	-17,031	EMERGENCY		91.00	0 33.26
33.27 Misc Revenue	B	-24,925	WOUND CARE 002		91.01	0 33.27
33.28 Misc Revenue	B	-17,685	OP ANTI COAGULATION CLINIC		91.06	0 33.28
33.29 Misc Revenue	B	-92,462	FAMILY PRACTICE		91.08	0 33.29
33.30 Non-reimbursable items	A	-2,120,802	ADMINISTRATIVE & GENERAL		5.00	0 33.30
33.31 Lobbying dues	A	-11,668	ADMINISTRATIVE & GENERAL		5.00	0 33.31
33.32 Provider tax	A	-54,863,136	ADMINISTRATIVE & GENERAL		5.00	0 33.32
33.33 EMS Training	A	97,911	PARAMED ED PRGM - EMS		23.03	0 33.33
33.34 EMS Income	B	-2,040,300	PARAMED ED PRGM - EMS		23.03	0 33.34
33.35 EMS Income	B	-24,529	PARAMED ED PRGM - EMS		23.03	0 33.35
33.36 Incentive Adjustment	A	375,866	ADMINISTRATIVE & GENERAL		5.00	0 33.36
33.37 Incentive Adjustment - FICA	A	116,836	ADMINISTRATIVE & GENERAL		5.00	0 33.37
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-189,825,173				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 15-0084  
 Period: From 07/01/2017 To 06/30/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 11/29/2018 10:08 am

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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	SVH	18,108,955	0
2.00	5.00	ADMINISTRATIVE & GENERAL	SVH	142,984,388	204,608,117
3.00	193.01	MARKETING	SVH	5,141,601	0
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH Chargebacks	9,476,751	9,476,751
3.03	5.00	ADMINISTRATIVE & GENERAL	SVH Chargebacks	3,669,092	3,669,092
3.04	7.00	OPERATION OF PLANT	SVH Chargebacks	-9,538	-9,538
3.05	13.00	NURSING ADMINISTRATIVE	SVH Chargebacks	926,607	926,607
3.06	15.00	PHARMACY	SVH Chargebacks	41,714	41,714
3.07	22.00	I&R SERVICES-OTHER PRGM COST	SVH Chargebacks	625	625
3.08	23.02	PARAMEDICAL PRGM - RADIOLOGY	SVH Chargebacks	-51,385	-51,385
3.09	23.03	PARAMEDICAL PRGM - EMS	SVH Chargebacks	175	175
3.10	30.00	ADULTS & PEDIATRICS	SVH Chargebacks	-167,122	-167,122
3.11	31.00	INTENSIVE CARE UNIT	SVH Chargebacks	1,410,350	1,410,350
3.12	32.01	CARDIOVASCULAR TRANSFER	SVH Chargebacks	1,500	1,500
3.13	33.01	PEDIATRIC INTENSIVE CARE UNIT	SVH Chargebacks	450	450
3.14	34.01	NEONATAL INTENSIVE CARE UNIT	SVH Chargebacks	-979,469	-979,469
3.15	40.00	SUBPROVIDER - IPF	SVH Chargebacks	50	50
3.16	50.00	OPERATING ROOM	SVH Chargebacks	15,500	15,500
3.17	54.00	RADIOLOGY-DIAGNOSTIC	SVH Chargebacks	-111,078	-111,078
3.18	54.01	AMBULATORY CARDIOVASCULAR SV	SVH Chargebacks	-124,230	-124,230
3.19	54.03	ECHOCARDIOLOGY	SVH Chargebacks	-1,558	-1,558
3.20	54.04	ONCOLOGY	SVH Chargebacks	-30,271	-30,271
3.21	59.00	CARDIAC CATHETERIZATION	SVH Chargebacks	450	450
3.22	59.01	CARDIAC REHAB	SVH Chargebacks	30,350	30,350
3.23	65.00	RESPIRATORY THERAPY	SVH Chargebacks	-7,884	-7,884
3.24	65.01	SLEEP LAB	SVH Chargebacks	236,050	236,050
3.25	66.00	PHYSICAL THERAPY	SVH Chargebacks	-162,964	-162,964
3.26	66.01	SPORTS PERFORMANCE	SVH Chargebacks	-77,862	-77,862
3.27	69.00	ELECTROCARDIOLOGY	SVH Chargebacks	95,800	95,800
3.28	70.00	ELECTROENCEPHALOGRAPHY	SVH Chargebacks	112,023	112,023
3.29	75.00	ENDOSCOPY	SVH Chargebacks	90,350	90,350
3.30	90.00	CLINIC	SVH Chargebacks	20	20
3.31	90.01	PARTIAL HOSPITALIZATION	SVH Chargebacks	50	50
3.32	91.00	EMERGENCY	SVH Chargebacks	-6,225	-6,225
3.33	91.02	WOUND CARE 001	SVH Chargebacks	-6,767	-6,767
3.34	91.06	OP ANTI COAGULATION CLINIC	SVH Chargebacks	275	275
3.35	105.00	KIDNEY ACQUISITION	SVH Chargebacks	550	550
3.36	106.00	HEART ACQUISITION	SVH Chargebacks	246,072	246,072
3.37	192.00	PHYSICIANS PRIVATE OFFICES	SVH Chargebacks	182,400	182,400
3.38	193.02	MISSION SERVICES	SVH Chargebacks	110,830	110,830
3.40	1.00	CAP REL COSTS-BLDG & FIXT	Ascensio Interest	5,698,927	5,698,927
3.41	1.01	NEW CAP REL COSTS-BLDG-STRES	Ascensio Interest	207,672	207,673
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			187,053,224	225,426,398

\* 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.

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

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

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

6.00	B	0.00	St. Vincent Health	100.00	6.00
7.00	B	0.00	Ascension	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00

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

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/29/2018 10:08 am

	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	
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	Home Office				100.00

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

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

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

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/29/2018 10:08 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	18,108,955	0	1.00
2.00	-61,623,729	0	2.00
3.00	5,141,601	0	3.00
3.02	0	0	3.02
3.03	0	0	3.03
3.04	0	0	3.04
3.05	0	0	3.05
3.06	0	0	3.06
3.07	0	0	3.07
3.08	0	0	3.08
3.09	0	0	3.09
3.10	0	0	3.10
3.11	0	0	3.11
3.12	0	0	3.12
3.13	0	0	3.13
3.14	0	0	3.14
3.15	0	0	3.15
3.16	0	0	3.16
3.17	0	0	3.17
3.18	0	0	3.18
3.19	0	0	3.19
3.20	0	0	3.20
3.21	0	0	3.21
3.22	0	0	3.22
3.23	0	0	3.23
3.24	0	0	3.24
3.25	0	0	3.25
3.26	0	0	3.26
3.27	0	0	3.27
3.28	0	0	3.28
3.29	0	0	3.29
3.30	0	0	3.30
3.31	0	0	3.31
3.32	0	0	3.32
3.33	0	0	3.33
3.34	0	0	3.34
3.35	0	0	3.35
3.36	0	0	3.36
3.37	0	0	3.37
3.38	0	0	3.38
3.40	0	11	3.40
3.41	-1	11	3.41
4.00	0	0	4.00
5.00	-38,373,174		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	

**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

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

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/29/2018 10:08 am

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period: From 07/01/2017 To 06/30/2018

Worksheet A-8-2

Date/Time Prepared: 11/29/2018 10:08 am

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	90,769	90,769	0	0	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	1,546,018	1,546,018	0	0	0	2.00
3.00	13.00 NURSING ADMINISTRATION	1,040	1,040	0	0	0	3.00
4.00	17.00 SOCIAL SERVICE	139,938	139,938	0	0	0	4.00
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS A	3,602,354	3,602,354	0	0	0	5.00
6.00	23.03 PARAMED ED PRGM - EMS	224,120	224,120	0	0	0	6.00
7.00	30.00 ADULTS & PEDIATRICS	26,057,852	26,057,852	0	0	0	7.00
8.00	33.01 PEDIATRIC INTENSIVE CARE UNIT	1,850,067	1,850,067	0	0	0	8.00
9.00	34.01 NEONATAL INTENSIVE CARE UNIT	8,852,809	8,852,809	0	0	0	9.00
10.00	43.00 NURSERY	484,366	484,366	0	0	0	10.00
11.00	50.00 OPERATING ROOM	6,971,440	6,971,440	0	0	0	11.00
12.00	54.00 RADIOLOGY-DIAGNOSTIC	47,304	47,304	0	0	0	12.00
13.00	54.04 ONCOLOGY	492,584	492,584	0	0	0	13.00
14.00	65.01 SLEEP LAB	35,603	35,603	0	0	0	14.00
15.00	66.00 PHYSICAL THERAPY	1,625	1,625	0	0	0	15.00
16.00	66.01 SPORTS PERFORMANCE	1,499,578	1,499,578	0	0	0	16.00
17.00	70.00 ELECTROENCEPHALOGRAPHY	4,872,584	4,872,584	0	0	0	17.00
18.00	75.00 ENDOSCOPY	272,688	272,688	0	0	0	18.00
19.00	90.00 CLINIC	7,500	7,500	0	0	0	19.00
20.00	91.00 EMERGENCY	7,959,780	7,959,780	0	0	0	20.00
21.00	91.01 WOUND CARE 002	6,000	6,000	0	0	0	21.00
22.00	91.06 OP ANTI COAGULATION CLINIC	5,280	5,280	0	0	0	22.00
23.00	91.07 ST VINCENT OUTPATIENT TREATMENT	503,871	503,871	0	0	0	23.00
24.00	91.08 FAMILY PRACTICE	6,339,377	6,339,377	0	0	0	24.00
25.00	105.00 KIDNEY ACQUISITION	455,124	0	455,124	246,400	1,828	25.00
26.00	105.00 KIDNEY ACQUISITION	254,442	0	254,442	197,500	1,395	26.00
27.00	32.01 CARDIOTHORACIC VASCULAR TRANSPL	387,842	387,842	0	0	0	27.00
200.00		72,961,955	72,252,389	709,566		3,223	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	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	13.00 NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	17.00 SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	5.00
6.00	23.03 PARAMED ED PRGM - EMS	0	0	0	0	0	6.00
7.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	33.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	34.01 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	9.00
10.00	43.00 NURSERY	0	0	0	0	0	10.00
11.00	50.00 OPERATING ROOM	0	0	0	0	0	11.00
12.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	54.04 ONCOLOGY	0	0	0	0	0	13.00
14.00	65.01 SLEEP LAB	0	0	0	0	0	14.00
15.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	15.00
16.00	66.01 SPORTS PERFORMANCE	0	0	0	0	0	16.00
17.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	17.00
18.00	75.00 ENDOSCOPY	0	0	0	0	0	18.00
19.00	90.00 CLINIC	0	0	0	0	0	19.00
20.00	91.00 EMERGENCY	0	0	0	0	0	20.00
21.00	91.01 WOUND CARE 002	0	0	0	0	0	21.00
22.00	91.06 OP ANTI COAGULATION CLINIC	0	0	0	0	0	22.00
23.00	91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	23.00
24.00	91.08 FAMILY PRACTICE	0	0	0	0	0	24.00
25.00	105.00 KIDNEY ACQUISITION	216,548	10,827	0	0	0	25.00
26.00	105.00 KIDNEY ACQUISITION	132,458	6,623	0	0	0	26.00
27.00	32.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	0	0	27.00
200.00		349,006	17,450	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:  
11/29/2018 10:08 am

	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	0	90,769		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,546,018		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	1,040		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	139,938		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	3,602,354		5.00
6.00	23.03	PARAMED ED PRGM - EMS	0	0	0	224,120		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	26,057,852		7.00
8.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,850,067		8.00
9.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,852,809		9.00
10.00	43.00	NURSERY	0	0	0	484,366		10.00
11.00	50.00	OPERATING ROOM	0	0	0	6,971,440		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	47,304		12.00
13.00	54.04	ONCOLOGY	0	0	0	492,584		13.00
14.00	65.01	SLEEP LAB	0	0	0	35,603		14.00
15.00	66.00	PHYSICAL THERAPY	0	0	0	1,625		15.00
16.00	66.01	SPORTS PERFORMANCE	0	0	0	1,499,578		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	4,872,584		17.00
18.00	75.00	ENDOSCOPY	0	0	0	272,688		18.00
19.00	90.00	CLINIC	0	0	0	7,500		19.00
20.00	91.00	EMERGENCY	0	0	0	7,959,780		20.00
21.00	91.01	WOUND CARE 002	0	0	0	6,000		21.00
22.00	91.06	OP ANTI COAGULATION CLINIC	0	0	0	5,280		22.00
23.00	91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	503,871		23.00
24.00	91.08	FAMILY PRACTICE	0	0	0	6,339,377		24.00
25.00	105.00	KIDNEY ACQUISITION	0	216,548	238,576	238,576		25.00
26.00	105.00	KIDNEY ACQUISITION	0	132,458	121,984	121,984		26.00
27.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	387,842		27.00
200.00			0	349,006	360,560	72,612,949		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2018 10:08 am

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	MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,303,471	12,303,471				1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	248,084	0	248,084			1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H	3,188	0	0	3,188		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	17,399,783				17,399,783	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	81,426,446	104,455	2,193	0	13,783	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	149,029,187	474,487	18,021	0	474,202	5.00
7.00	00700	OPERATION OF PLANT	27,123,941	2,109,637	13,857	0	311,725	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,082,249	3,434	0	0	0	8.00
9.00	00900	HOUSEKEEPING	9,821,682	130,400	2,514	0	2,097	9.00
10.00	01000	DIETARY	4,653,143	296,410	4,810	0	19,680	10.00
11.00	01100	CAFETERIA	5,652,062	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,677,802	32,645	2,103	0	636,681	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,875,328	374,189	7,278	0	1,007,032	14.00
15.00	01500	PHARMACY	25,257,364	155,548	0	0	173,334	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	492,967	96,179	3,080	0	630	16.00
17.00	01700	SOCIAL SERVICE	6,623,951	20,146	493	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	9,991,229	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	3,905,868	117,498	0	0	32,736	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	630,609	11,129	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	349,119	32,382	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	331,863	13,362	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	708,716	948	0	0	30,762	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	81,805,333	3,022,328	0	0	496,956	30.00
31.00	03100	INTENSIVE CARE UNIT	16,923,148	411,009	0	0	227,198	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	10,522,851	313,554	0	0	226,692	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,677,723	174,971	0	0	80,784	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	16,270,726	266,074	0	0	299,695	34.01
40.00	04000	SUBPROVIDER - IPF	4,352,008	37,965	114,623	0	31,502	40.00
41.00	04100	SUBPROVIDER - IRF	2,468,987	119,684	0	0	602	41.00
43.00	04300	NURSERY	3,174,241	137,832	0	0	45,835	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	32,700,772	1,373,730	0	0	6,092,981	50.00
50.01	03951	AMBULATORY SURGERY	12,327,033	0	0	0	359,036	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,924,485	192,640	0	0	62,107	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,183,726	236,554	0	0	801,358	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	4,485,100	111,249	0	0	60,543	54.01
54.02	05403	ULTRASOUND	1,262,985	18,410	0	0	58,202	54.02
54.03	05404	ECHOCARDIOLOGY	1,496,109	0	0	0	106,132	54.03
54.04	05401	ONCOLOGY	9,048,782	94,077	0	0	555,134	54.04
57.00	05700	CT SCAN	1,736,027	20,474	0	0	411,601	57.00
58.00	05800	MRI	1,280,770	79,777	0	0	652,474	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,121,468	87,809	0	0	116,791	59.00
59.01	05901	CARDIAC REHAB	874,385	0	0	0	10,755	59.01
60.00	06000	LABORATORY	26,579,592	162,397	0	0	23,997	60.00
65.00	06500	RESPIRATORY THERAPY	10,831,552	30,562	0	0	457,774	65.00
65.01	06501	SLEEP LAB	1,142,789	1,117	42,647	0	2,688	65.01
66.00	06600	PHYSICAL THERAPY	9,706,199	99,407	218	0	51,727	66.00
66.01	06601	SPORTS PERFORMANCE	8,314,836	0	0	0	100,455	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,073,662	3,491	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,022,497	11,804	0	0	15,072	68.00
69.00	06900	ELECTROCARDIOLOGY	4,129,621	178,011	0	0	1,738,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,054,590	6,475	0	0	146,503	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	52,581,873	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,920,212	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,207,790	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,596,718	32,804	0	0	15,019	74.00
75.00	03330	ENDOSCOPY	2,324,206	110,404	0	0	342,921	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	6,390,535	0	0	0	70,446	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,575,834	48,099	36,247	0	13,916	90.01
91.00	09100	EMERGENCY	15,351,414	359,297	0	0	714,093	91.00
91.01	09101	WOUND CARE 002	2,117,046	89,977	0	0	5,714	91.01
91.02	09102	WOUND CARE 001	485,739	5,189	0	0	22,122	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2018 10:08 am

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	MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
91.04	09104	ZIONSVILLE CLINIC	629,344	0	0	0	12,164	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	1,088,507	15,905	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	582,085	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	3,560,188	0	0	0	15,211	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	6,924	57,670	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	1,218	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	23,867	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	260,238	0	0	0	4,941	98.02
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	5,413,796	0	0	0	22,425	105.00
106.00	10600	HEART ACQUISITION	4,196,012	0	0	0	1,649	106.00
112.00	08600	PANCREAS ACQUISITION	2,400	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	884,395,995	11,883,595	248,084	0	17,176,700	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,086,318	27,484	0	0	323	190.00
191.00	19100	RESEARCH	2,117,149	0	0	0	1,940	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	40,373,418	77,872	0	0	202,450	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	5,152,933	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	928,772	24,678	0	0	12,203	193.02
193.03	19306	FOUNDATION	2,932,322	0	0	0	2,619	193.03
193.04	19307	WELLNESS	1,018,978	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	19,283,600	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	41,148	0	0	0	3,548	193.09
193.10	19313	MARTEN HOUSE	163,335	0	0	3,188	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	289,842	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	957,493,968	12,303,471	248,084	3,188	17,399,783	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	4A	5.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	81,546,877					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,882,914	156,878,811	156,878,811			5.00
7.00	00700	OPERATION OF PLANT	390,363	29,949,523	5,868,549	35,818,072		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,085,683	604,633	12,199	3,702,515	8.00
9.00	00900	HOUSEKEEPING	33	9,956,726	1,951,001	482,756	0	9.00
10.00	01000	DIETARY	0	4,974,043	974,654	1,090,302	0	10.00
11.00	01100	CAFETERIA	0	5,652,062	1,107,510	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,772,543	19,121,774	3,746,873	132,321	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	136,594	9,400,421	1,841,994	1,385,775	2,260	14.00
15.00	01500	PHARMACY	2,808,215	28,394,461	5,563,838	552,517	2,432	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,914	627,770	123,010	365,600	0	16.00
17.00	01700	SOCIAL SERVICE	1,284,471	7,929,061	1,553,684	75,360	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	2,278,969	12,270,198	2,404,321	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	925,033	4,981,135	976,043	417,362	60	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	132,892	774,630	151,787	39,530	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	77,007	458,508	89,844	115,023	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	93,737	438,962	86,014	47,462	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	531,714	1,272,140	249,273	3,366	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	18,162,587	103,487,204	20,277,981	10,735,531	1,548,069	30.00
31.00	03100	INTENSIVE CARE UNIT	3,179,992	20,741,347	4,064,225	1,459,935	244,530	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	1,913,985	12,977,082	2,542,833	1,113,766	111,207	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,032,829	4,966,307	973,138	621,511	56,251	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	4,791,751	21,628,246	4,238,012	945,115	135,734	34.01
40.00	04000	SUBPROVIDER - I PF	886,323	5,422,421	1,062,513	1,026,774	127,033	40.00
41.00	04100	SUBPROVIDER - I RF	352,796	2,942,069	576,493	425,128	23,525	41.00
43.00	04300	NURSERY	720,292	4,078,200	799,115	489,589	12,823	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,495,798	45,663,281	8,947,629	4,879,594	666,538	50.00
50.01	03951	AMBULATORY SURGERY	751,076	13,437,145	2,632,982	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	998,194	6,177,426	1,210,454	684,272	55,822	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,139,879	11,361,517	2,226,267	840,258	38,926	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	728,745	5,385,637	1,055,305	395,164	47,666	54.01
54.02	05403	ULTRASOUND	258,880	1,598,477	313,218	65,394	0	54.02
54.03	05404	ECHOCARDIOLOGY	192,613	1,794,854	351,698	0	0	54.03
54.04	05401	ONCOLOGY	1,119,148	10,817,141	2,119,597	334,170	30,466	54.04
57.00	05700	CT SCAN	350,521	2,518,623	493,519	72,727	55,399	57.00
58.00	05800	MRI	222,378	2,235,399	438,022	283,374	22,948	58.00
59.00	05900	CARDIAC CATHETERIZATION	103,803	3,429,871	672,076	311,905	0	59.00
59.01	05901	CARDIAC REHAB	136,101	1,021,241	200,110	0	0	59.01
60.00	06000	LABORATORY	4,484	26,770,470	5,245,620	576,848	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,632,303	12,952,191	2,537,956	108,557	0	65.00
65.01	06501	SLEEP LAB	184,349	1,373,590	269,152	335,803	0	65.01
66.00	06600	PHYSICAL THERAPY	1,693,148	11,550,699	2,263,336	354,801	33,366	66.00
66.01	06601	SPORTS PERFORMANCE	1,568,462	9,983,753	1,956,296	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	227,763	1,304,916	255,696	12,399	0	67.00
68.00	06800	SPEECH PATHOLOGY	199,236	1,248,609	244,662	41,930	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,136,231	7,182,686	1,407,433	632,310	65,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	339,980	2,547,548	499,187	22,998	8,834	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	52,581,873	10,303,313	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	52,920,212	10,369,610	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	60,207,790	11,797,596	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,644,541	910,089	116,523	15,931	74.00
75.00	03330	ENDOSCOPY	438,171	3,215,702	630,110	392,165	27,859	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	698,726	7,159,707	1,402,930	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	475,728	3,149,824	617,202	452,893	0	90.01
91.00	09100	EMERGENCY	2,996,619	19,421,423	3,805,589	1,276,252	353,433	91.00
91.01	09101	WOUND CARE 002	142,510	2,355,247	461,506	319,605	16,243	91.01
91.02	09102	WOUND CARE 001	99,967	613,017	120,119	18,432	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	79,232	720,740	141,228	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	196,360	1,300,772	254,884	56,495	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	90,734	672,819	131,838	0	0	91.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	4A	5.00	7.00	8.00	
91.08	04040	FAMILY PRACTICE	1,680,801	5,256,200	1,029,942	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	64,594	12,657	204,848	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	1,218	239	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	23,867	4,677	0	0	98.01
98.02	09852	DIABETES EDUCATION	54,638	319,817	62,668	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	418,212	5,854,433	1,147,164	0	0	105.00
106.00	10600	HEART ACQUISITION	188,874	4,386,535	859,533	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	2,400	470	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	75,433,618	877,636,589	141,230,917	34,326,639	3,702,515	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,114,125	218,311	97,625	0	190.00
191.00	19100	RESEARCH	347,428	2,466,517	483,309	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	5,316,049	45,969,789	9,007,688	276,608	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	5,152,933	1,009,707	0	0	193.01
193.02	19305	MISSION SERVICES	110,573	1,076,226	210,884	87,659	0	193.02
193.03	19306	FOUNDATION	234,475	3,169,416	621,041	0	0	193.03
193.04	19307	WELLNESS	104,734	1,123,712	220,189	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	19,283,600	3,778,583	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	44,696	8,758	0	0	193.09
193.10	19313	MARTEN HOUSE	0	166,523	32,630	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	289,842	56,794	1,029,541	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers		0				201.00
202.00		TOTAL (sum lines 118 through 201)	81,546,877	957,493,968	156,878,811	35,818,072	3,702,515	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
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	12,390,483					9.00
10.00	01000	DIETARY	382,451	7,421,450				10.00
11.00	01100	CAFETERIA	0	0	6,759,572			11.00
13.00	01300	NURSING ADMINISTRATION	46,415	0	312,084	23,359,467		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	486,096	0	20,853	0	13,137,399	14.00
15.00	01500	PHARMACY	193,809	0	240,442	0	151,578	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	128,244	0	5,557	0	140	16.00
17.00	01700	SOCIAL SERVICE	26,434	0	131,896	587,693	1,121	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	301,580	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	146,400	0	44,584	0	480	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	13,866	0	15,152	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	40,347	0	12,389	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	16,649	0	9,200	0	6	23.02
23.03	02303	PARAMED ED PRGM - EMS	1,181	0	77,224	0	104	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,765,760	5,398,113	1,738,415	7,745,932	392,775	30.00
31.00	03100	INTENSIVE CARE UNIT	512,109	98,358	318,633	1,419,746	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	390,682	230,325	200,851	894,942	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	218,011	33,134	74,085	330,105	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	331,523	0	357,801	1,594,271	0	34.01
40.00	04000	SUBPROVIDER - I PF	360,167	849,142	114,929	512,092	1,284	40.00
41.00	04100	SUBPROVIDER - I RF	149,125	0	43,013	191,657	5,131	41.00
43.00	04300	NURSERY	171,736	0	70,728	315,145	17,020	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,711,642	28,954	580,597	2,586,993	89,376	50.00
50.01	03951	AMBULATORY SURGERY	0	0	85,446	380,726	343,105	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	240,026	0	104,187	464,231	140	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	294,742	703	134,144	597,713	189,431	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	138,614	0	80,653	359,369	35,391	54.01
54.02	05403	ULTRASOUND	22,939	0	20,513	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	19,687	0	27,176	54.03
54.04	05401	ONCOLOGY	117,219	0	114,583	510,552	6,201	54.04
57.00	05700	CT SCAN	25,511	0	33,900	0	1,786	57.00
58.00	05800	MRI	99,401	0	22,823	0	14,309	58.00
59.00	05900	CARDIAC CATHETERIZATION	109,409	0	11,239	50,079	0	59.00
59.01	05901	CARDIAC REHAB	0	0	17,718	78,947	424	59.01
60.00	06000	LABORATORY	202,344	0	355	0	1,674	60.00
65.00	06500	RESPIRATORY THERAPY	38,079	0	180,069	0	0	65.00
65.01	06501	SLEEP LAB	117,791	0	23,490	0	0	65.01
66.00	06600	PHYSICAL THERAPY	124,456	0	193,872	0	11,465	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	161,004	0	15,379	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,349	0	23,579	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,708	0	20,284	0	5,544	68.00
69.00	06900	ELECTROCARDIOLOGY	221,799	0	120,292	0	33,564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,067	0	33,879	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	5,637,164	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,020,158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	40,873	0	0	0	69,550	74.00
75.00	03330	ENDOSCOPY	137,562	0	49,706	221,478	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	115,678	515,431	11,855	90.00
90.01	09001	PARTIAL HOSPITALIZATION	158,864	0	57,090	0	2,480	90.01
91.00	09100	EMERGENCY	447,678	37,409	308,966	1,376,674	9,029	91.00
91.01	09101	WOUND CARE 002	112,109	0	17,971	80,072	0	91.01
91.02	09102	WOUND CARE 001	6,465	0	9,752	43,454	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	3,234	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	19,817	0	0	78,207	190	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	48,198	0	91.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
91.08	04040	FAMILY PRACTICE	0	0	0	298,361	1,632	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500	AMBULANCE SERVICES	71,856	0	0	0	788	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	5,255	23,417	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	33,207	147,960	303	105.00
106.00	10600	HEART ACQUISITION	0	0	5,721	25,492	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,867,325	6,676,138	6,675,076	21,478,937	13,100,987	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	34,244	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	30,558	136,160	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	97,027	0	0	1,648,403	34,766	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	30,749	0	14,304	0	309	193.02
193.03	19306	FOUNDATION	0	0	18,096	0	0	193.03
193.04	19307	WELLNESS	0	0	21,538	95,967	1,337	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	361,138	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	745,312	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,390,483	7,421,450	6,759,572	23,359,467	13,137,399	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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
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	35,099,077					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,250,321				16.00
17.00 01700 SOCIAL SERVICE	41,739	0	10,346,988			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	14,976,099		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	47,373	0	0	0	6,613,437	22.00
23.00 02300 PARAMED ED PRGM - PHARMACY	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	115,454	160,694	2,641,612	5,402,979	2,385,952	30.00
31.00 03100 INTENSIVE CARE UNIT	76,671	6,929	786,438	901,876	398,268	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSP	24,826	8,469	1,428	99,289	43,846	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	2,447	1,282	415,593	82,741	36,538	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	9,941	3,493	1,666,182	115,837	51,154	34.01
40.00 04000 SUBPROVIDER - I PF	0	11,414	0	223,400	98,653	40.00
41.00 04100 SUBPROVIDER - I RF	605	0	0	0	0	41.00
43.00 04300 NURSERY	0	11,648	470,339	140,659	62,115	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	247,724	118,006	77,120	2,424,308	1,070,573	50.00
50.01 03951 AMBULATORY SURGERY	294,195	34,957	5,237	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,383	4,909	345,138	496,445	219,230	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	44,873	314,751	0	438,527	193,653	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	171,019	0	0	74,467	32,884	54.01
54.02 05403 ULTRASOUND	29	46,877	0	8,274	3,654	54.02
54.03 05404 ECHOCARDIOLOGY	42	5,752	0	115,837	51,154	54.03
54.04 05401 ONCOLOGY	19,181	62,060	0	455,075	200,961	54.04
57.00 05700 CT SCAN	9,369	0	0	16,548	7,308	57.00
58.00 05800 MRI	3,264	5	0	16,548	7,308	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,678	30,010	0	124,111	54,807	59.00
59.01 05901 CARDIAC REHAB	0	1,001	0	16,548	7,308	59.01
60.00 06000 LABORATORY	1,204	46,052	0	231,674	102,307	60.00
65.00 06500 RESPIRATORY THERAPY	2,148,040	3,236	0	182,030	80,384	65.00
65.01 06501 SLEEP LAB	1,140	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	2,042	21,093	0	99,289	43,846	66.00
66.01 06601 SPORTS PERFORMANCE	26,685	13,502	0	132,385	58,461	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	227,238	8,130	0	256,497	113,269	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	14,812	0	165,482	73,077	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	27,624,954	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	23,491	0	0	165,482	73,077	74.00
75.00 03330 ENDOSCOPY	12,913	6,005	66,647	198,578	87,692	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	153,285	0	428,923	438,527	193,653	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	4,718	0	0	0	90.01
91.00 09100 EMERGENCY	15,107	268,191	3,312,845	719,846	317,883	91.00
91.01 09101 WOUND CARE 002	0	4,089	0	165,482	73,077	91.01
91.02 09102 WOUND CARE 001	3,454	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	80	30,706	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
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Worksheet B  
Part I  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS			
						SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			15.00	16.00	17.00	21.00	22.00		
91.06	09106	OP ANTI COAGULATION CLINIC	0	5,657	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	25	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	189	0	19,994	695,023	306,922		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)							92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	1,096	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	0	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	777	0	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	57,919	25,577		105.00
106.00	10600	HEART ACQUISITION	16	0	0	57,919	25,577		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE							113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,357,676	1,250,321	10,237,496	14,719,602	6,500,168		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	256,497	113,269		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,740,446	0	109,492	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	0	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	0	193.03
193.04	19307	WELLNESS	955	0	0	0	0	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,099,077	1,250,321	10,346,988	14,976,099	6,613,437		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
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Cost Center Description			PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A						22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	994,965					23.00
23.01	02301	PARAMED ED PRGM - CPE		716,111				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY			598,293			23.02
23.03	02303	PARAMED ED PRGM - EMS				1,603,288		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	295,267	0	0	166,091,738	30.00
31.00	03100	INTENSIVE CARE UNIT	0	187,662	0	0	31,216,727	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	11,380	0	0	18,650,926	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,597	0	0	7,812,740	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	108,605	0	0	31,185,914	34.01
40.00	04000	SUBPROVIDER - I PF	0	65,482	0	0	9,875,304	40.00
41.00	04100	SUBPROVIDER - I RF	0	19,565	0	0	4,376,311	41.00
43.00	04300	NURSERY	0	799	0	0	6,639,916	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	1,198	0	0	69,093,533	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	0	17,213,793	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,594	0	0	10,012,257	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	276,974	0	16,952,479	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	7,776,169	54.01
54.02	05403	ULTRASOUND	0	0	101,544	0	2,180,919	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	2,366,200	54.03
54.04	05401	ONCOLOGY	0	0	0	0	14,787,206	54.04
57.00	05700	CT SCAN	0	0	166,074	0	3,400,764	57.00
58.00	05800	MRI	0	0	53,701	0	3,197,102	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,796,185	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	1,343,297	59.01
60.00	06000	LABORATORY	0	0	0	0	33,178,548	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	18,230,542	65.00
65.01	06501	SLEEP LAB	0	0	0	0	2,120,966	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	14,698,265	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	12,347,465	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,600,939	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,575,737	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	10,268,378	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	3,373,884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	68,522,350	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	69,309,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	994,965	0	0	0	100,625,305	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	6,059,557	74.00
75.00	03330	ENDOSCOPY	0	0	0	0	5,046,417	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	10,419,989	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	4,443,071	90.01
91.00	09100	EMERGENCY	0	20,962	0	1,603,288	33,294,575	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	3,605,401	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	814,693	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	895,988	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	1,716,022	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	852,880	91.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
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Cost Center Description			PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
91.08	04040	FAMILY PRACTICE	0	0	0	0	7,608,263	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	355,839	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	1,457	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	28,544	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	411,934	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	7,266,563	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	5,360,793	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	2,870	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	994,965	716,111	598,293	1,603,288	853,006,695	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	1,464,305	190.00
191.00	19100	RESEARCH	0	0	0	0	3,486,310	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	60,884,219	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	6,162,640	193.01
193.02	19305	MISSION SERVICES	0	0	0	0	1,420,131	193.02
193.03	19306	FOUNDATION	0	0	0	0	3,808,553	193.03
193.04	19307	WELLNESS	0	0	0	0	1,463,698	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	23,062,183	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	53,454	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	199,153	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	1,737,315	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	745,312	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	994,965	716,111	598,293	1,603,288	957,493,968	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY		23.00
23.01	02301	PARAMED ED PRGM - CPE		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - EMS		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-7,788,931	158,302,807
31.00	03100	INTENSIVE CARE UNIT	-1,300,144	29,916,583
32.00	03200	CORONARY CARE UNIT	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	-143,135	18,507,791
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-119,279	7,693,461
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-166,991	31,018,923
40.00	04000	SUBPROVIDER - I PF	-322,053	9,553,251
41.00	04100	SUBPROVIDER - I RF	0	4,376,311
43.00	04300	NURSERY	-202,774	6,437,142
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	-3,494,881	65,598,652
50.01	03951	AMBULATORY SURGERY	0	17,213,793
52.00	05200	DELIVERY ROOM & LABOR ROOM	-715,675	9,296,582
54.00	05400	RADIOLOGY-DIAGNOSTIC	-632,180	16,320,299
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	-107,351	7,668,818
54.02	05403	ULTRASOUND	-11,928	2,168,991
54.03	05404	ECHOCARDIOLOGY	-166,991	2,199,209
54.04	05401	ONCOLOGY	-656,036	14,131,170
57.00	05700	CT SCAN	-23,856	3,376,908
58.00	05800	MRI	-23,856	3,173,246
59.00	05900	CARDIAC CATHETERIZATION	-178,918	4,617,267
59.01	05901	CARDIAC REHAB	-23,856	1,319,441
60.00	06000	LABORATORY	-333,981	32,844,567
65.00	06500	RESPIRATORY THERAPY	-262,414	17,968,128
65.01	06501	SLEEP LAB	0	2,120,966
66.00	06600	PHYSICAL THERAPY	-143,135	14,555,130
66.01	06601	SPORTS PERFORMANCE	-190,846	12,156,619
67.00	06700	OCCUPATIONAL THERAPY	0	1,600,939
68.00	06800	SPEECH PATHOLOGY	0	1,575,737
69.00	06900	ELECTROCARDIOLOGY	-369,766	9,898,612
70.00	07000	ELECTROENCEPHALOGRAPHY	-238,559	3,135,325
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	68,522,350
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	69,309,980
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100,625,305
74.00	07400	RENAL DIALYSIS	-238,559	5,820,998
75.00	03330	ENDOSCOPY	-286,270	4,760,147
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	-632,180	9,787,809
90.01	09001	PARTIAL HOSPITALIZATION	0	4,443,071
91.00	09100	EMERGENCY	-1,037,729	32,256,846
91.01	09101	WOUND CARE 002	-238,559	3,366,842
91.02	09102	WOUND CARE 001	0	814,693
91.03	09103	LAFAYETTE RD CLINIC	0	0
91.04	09104	ZIONSVILLE CLINIC	0	895,988
91.05	09105	BROWNSBURG CLINIC	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
91.06	09106	OP ANTI COAGULATION CLINIC	0	1,716,022	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	852,880	91.07
91.08	04040	FAMILY PRACTICE	-1,001,945	6,606,318	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	355,839	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	1,457	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	28,544	98.01
98.02	09852	DIABETES EDUCATION	0	411,934	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-83,496	7,183,067	105.00
106.00	10600	HEART ACQUISITION	-83,496	5,277,297	106.00
112.00	08600	PANCREAS ACQUISITION	0	2,870	112.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-21,219,770	831,786,925	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,464,305	190.00
191.00	19100	RESEARCH	-369,766	3,116,544	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	60,884,219	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	0	6,162,640	193.01
193.02	19305	MISSION SERVICES	0	1,420,131	193.02
193.03	19306	FOUNDATION	0	3,808,553	193.03
193.04	19307	WELLNESS	0	1,463,698	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	23,062,183	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	193.08
193.09	19312	LIFELINE	0	53,454	193.09
193.10	19313	MARTEN HOUSE	0	199,153	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	1,737,315	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	193.15
193.16	19316	SETON BOARD	0	745,312	193.16
193.17	19317	HOSPICE	0	0	193.17
193.18	19318	HOME HEALTH	0	0	193.18
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-21,589,536	935,904,432	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
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
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	407,899	104,455	2,193	0	13,783
5.00	00500	ADMINISTRATIVE & GENERAL	20,115,199	474,487	18,021	0	474,202
7.00	00700	OPERATION OF PLANT	53,518	2,109,637	13,857	0	311,725
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,434	0	0	0
9.00	00900	HOUSEKEEPING	0	130,400	2,514	0	2,097
10.00	01000	DIETARY	0	296,410	4,810	0	19,680
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,670	32,645	2,103	0	636,681
14.00	01400	CENTRAL SERVICES & SUPPLY	3,028,740	374,189	7,278	0	1,007,032
15.00	01500	PHARMACY	1,400,159	155,548	0	0	173,334
16.00	01600	MEDICAL RECORDS & LIBRARY	0	96,179	3,080	0	630
17.00	01700	SOCIAL SERVICE	0	20,146	493	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	30,366	117,498	0	0	32,736
23.00	02300	PARAMED ED PRGM - PHARMACY	0	11,129	0	0	0
23.01	02301	PARAMED ED PRGM - CPE	0	32,382	0	0	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	13,362	0	0	0
23.03	02303	PARAMED ED PRGM - EMS	122,807	948	0	0	30,762
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,506	3,022,328	0	0	496,956
31.00	03100	INTENSIVE CARE UNIT	0	411,009	0	0	227,198
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	313,554	0	0	226,692
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	174,971	0	0	80,784
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	32,873	266,074	0	0	299,695
40.00	04000	SUBPROVIDER - I/PF	0	37,965	114,623	0	31,502
41.00	04100	SUBPROVIDER - I/RF	0	119,684	0	0	602
43.00	04300	NURSERY	0	137,832	0	0	45,835
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	420,704	1,373,730	0	0	6,092,981
50.01	03951	AMBULATORY SURGERY	781,897	0	0	0	359,036
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,417	192,640	0	0	62,107
54.00	05400	RADIOLOGY-DIAGNOSTIC	646,231	236,554	0	0	801,358
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	515,515	111,249	0	0	60,543
54.02	05403	ULTRASOUND	37,767	18,410	0	0	58,202
54.03	05404	ECHOCARDIOLOGY	86,095	0	0	0	106,132
54.04	05401	ONCOLOGY	2,212,492	94,077	0	0	555,134
57.00	05700	CT SCAN	0	20,474	0	0	411,601
58.00	05800	MRI	63,837	79,777	0	0	652,474
59.00	05900	CARDIAC CATHETERIZATION	225,277	87,809	0	0	116,791
59.01	05901	CARDIAC REHAB	110,150	0	0	0	10,755
60.00	06000	LABORATORY	0	162,397	0	0	23,997
65.00	06500	RESPIRATORY THERAPY	314,337	30,562	0	0	457,774
65.01	06501	SLEEP LAB	7,588	1,117	42,647	0	2,688
66.00	06600	PHYSICAL THERAPY	1,486,783	99,407	218	0	51,727
66.01	06601	SPORTS PERFORMANCE	971,636	0	0	0	100,455
67.00	06700	OCCUPATIONAL THERAPY	0	3,491	0	0	0
68.00	06800	SPEECH PATHOLOGY	31,842	11,804	0	0	15,072
69.00	06900	ELECTROCARDIOLOGY	120,984	178,011	0	0	1,738,823
70.00	07000	ELECTROENCEPHALOGRAPHY	170,597	6,475	0	0	146,503
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	0	32,804	0	0	15,019
75.00	03330	ENDOSCOPY	6,930	110,404	0	0	342,921
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,808,154	0	0	0	70,446
90.01	09001	PARTIAL HOSPITALIZATION	0	48,099	36,247	0	13,916
91.00	09100	EMERGENCY	74,767	359,297	0	0	714,093
91.01	09101	WOUND CARE 002	67,999	89,977	0	0	5,714
91.02	09102	WOUND CARE 001	0	5,189	0	0	22,122
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	214,612	0	0	0	12,164

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	MVBLE EQUIP		
			1. 00	1. 01	1. 02	2. 00		
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	72,910	15,905	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	128,000	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	243,408	0	0	0	15,211	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	57,670	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	4,941	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	430,866	0	0	0	22,425	105.00
106.00	10600	HEART ACQUISITION	223,973	0	0	0	1,649	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,723,505	11,883,595	248,084	0	17,176,700	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	50,011	27,484	0	0	323	190.00
191.00	19100	RESEARCH	102,277	0	0	0	1,940	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,983,952	77,872	0	0	202,450	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	24,678	0	0	12,203	193.02
193.03	19306	FOUNDATION	85,915	0	0	0	2,619	193.03
193.04	19307	WELLNESS	0	0	0	0	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	3,548	193.09
193.10	19313	MARTEN HOUSE	0	0	0	3,188	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	289,842	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	38,945,660	12,303,471	248,084	3,188	17,399,783	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/29/2018 10:08 am	
Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			2A	4.00	5.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	528,330	528,330				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,081,909	44,599	21,126,508			5.00
7.00	00700	OPERATION OF PLANT	2,488,737	2,529	790,308	3,281,574		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,434	0	81,425	1,118	85,977	8.00
9.00	00900	HOUSEKEEPING	135,011	0	262,738	44,229	0	9.00
10.00	01000	DIETARY	320,900	0	131,255	99,891	0	10.00
11.00	01100	CAFETERIA	0	0	149,147	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	678,099	17,965	504,585	12,123	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,417,239	885	248,058	126,962	52	14.00
15.00	01500	PHARMACY	1,729,041	18,196	749,273	50,620	56	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	99,889	226	16,566	33,496	0	16.00
17.00	01700	SOCIAL SERVICE	20,639	8,323	209,232	6,904	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	14,767	323,786	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	180,600	5,994	131,442	38,238	1	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	11,129	861	20,441	3,622	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	32,382	499	12,099	10,538	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	13,362	607	11,583	4,348	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	154,517	3,445	33,569	308	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,530,790	117,624	2,730,695	983,568	35,951	30.00
31.00	03100	INTENSIVE CARE UNIT	638,207	20,605	547,323	133,756	5,678	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	540,246	12,402	342,439	102,041	2,582	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	255,755	6,692	131,051	56,941	1,306	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	598,642	31,049	570,726	86,589	3,152	34.01
40.00	04000	SUBPROVIDER - I PF	184,090	5,743	143,087	94,071	2,950	40.00
41.00	04100	SUBPROVIDER - I RF	120,286	2,286	77,635	38,949	546	41.00
43.00	04300	NURSERY	183,667	4,667	107,616	44,855	298	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,887,415	35,611	1,204,963	447,058	15,478	50.00
50.01	03951	AMBULATORY SURGERY	1,140,933	4,867	354,579	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	293,164	6,468	163,010	62,691	1,296	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,684,143	7,386	299,808	76,983	904	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	687,307	4,722	142,116	36,204	1,107	54.01
54.02	05403	ULTRASOUND	114,379	1,677	42,181	5,991	0	54.02
54.03	05404	ECHOCARDIOLOGY	192,227	1,248	47,363	0	0	54.03
54.04	05401	ONCOLOGY	2,861,703	7,252	285,443	30,616	707	54.04
57.00	05700	CT SCAN	432,075	2,271	66,461	6,663	1,286	57.00
58.00	05800	MRI	796,088	1,441	58,988	25,962	533	58.00
59.00	05900	CARDIAC CATHETERIZATION	429,877	673	90,507	28,576	0	59.00
59.01	05901	CARDIAC REHAB	120,905	882	26,949	0	0	59.01
60.00	06000	LABORATORY	186,394	29	706,419	52,850	0	60.00
65.00	06500	RESPIRATORY THERAPY	802,673	10,577	341,782	9,946	0	65.00
65.01	06501	SLEEP LAB	54,040	1,195	36,246	30,766	0	65.01
66.00	06600	PHYSICAL THERAPY	1,638,135	10,971	304,800	32,506	775	66.00
66.01	06601	SPORTS PERFORMANCE	1,072,091	10,163	263,451	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	3,491	1,476	34,434	1,136	0	67.00
68.00	06800	SPEECH PATHOLOGY	58,718	1,291	32,948	3,841	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,037,818	7,362	189,537	57,931	1,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	323,575	2,203	67,225	2,107	205	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	1,387,530	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,396,459	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,588,763	0	0	73.00
74.00	07400	RENAL DIALYSIS	47,823	0	122,560	10,676	370	74.00
75.00	03330	ENDOSCOPY	460,255	2,839	84,856	35,929	647	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,878,600	4,528	188,930	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	98,262	3,083	83,118	41,493	0	90.01
91.00	09100	EMERGENCY	1,148,157	19,417	512,493	116,927	8,207	91.00
91.01	09101	WOUND CARE 002	163,690	923	62,150	29,281	377	91.01
91.02	09102	WOUND CARE 001	27,311	648	16,176	1,689	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	226,776	513	19,019	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	88,815	1,272	34,325	5,176	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	128,000	588	17,754	0	0	91.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			2A	4.00	5.00	7.00	8.00	
91.08	04040	FAMILY PRACTICE	258,619	10,891	138,701	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0					92.00
95.00	09500	AMBULANCE SERVICES	57,670	0	1,705	18,768	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	32	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	630	0	0	98.01
98.02	09852	DIABETES EDUCATION	4,941	354	8,439	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	453,291	2,710	154,487	0	0	105.00
106.00	10600	HEART ACQUISITION	225,622	1,224	115,752	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	63	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,031,884	488,719	19,019,231	3,144,933	85,977	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	77,818	0	29,400	8,944	0	190.00
191.00	19100	RESEARCH	104,217	2,251	65,086	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,264,274	34,446	1,213,051	25,342	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	135,976	0	0	193.01
193.02	19305	MISSION SERVICES	36,881	716	28,399	8,031	0	193.02
193.03	19306	FOUNDATION	88,534	1,519	83,635	0	0	193.03
193.04	19307	WELLNESS	0	679	29,653	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	508,856	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	3,548	0	1,179	0	0	193.09
193.10	19313	MARTEN HOUSE	3,188	0	4,394	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	289,842	0	7,648	94,324	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	68,900,186	528,330	21,126,508	3,281,574	85,977	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/29/2018 10:08 am				
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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	
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	441,978				9.00	
10.00	01000	DIETARY	13,642	565,688			10.00	
11.00	01100	CAFETERIA	0	0	149,147		11.00	
13.00	01300	NURSING ADMINISTRATION	1,656	0	6,886	1,221,314	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	17,339	0	460	0	4,810,995	14.00
15.00	01500	PHARMACY	6,913	0	5,305	0	55,508	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,575	0	123	0	51	16.00
17.00	01700	SOCIAL SERVICE	943	0	2,910	30,727	410	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	6,654	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	5,222	0	984	0	176	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	495	0	334	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	1,439	0	273	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	594	0	203	0	2	23.02
23.03	02303	PARAMED ED PRGM - EMS	42	0	1,704	0	38	23.03
<b>INPATIENT SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	134,326	411,463	38,354	404,985	143,834	30.00
31.00	03100	INTENSIVE CARE UNIT	18,267	7,497	7,031	74,229	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	13,936	17,556	4,432	46,791	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,777	2,526	1,635	17,259	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	11,826	0	7,895	83,354	0	34.01
40.00	04000	SUBPROVIDER - I PF	12,847	64,724	2,536	26,774	470	40.00
41.00	04100	SUBPROVIDER - I RF	5,319	0	949	10,020	1,879	41.00
43.00	04300	NURSERY	6,126	0	1,561	16,477	6,233	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	61,056	2,207	12,811	135,257	32,729	50.00
50.01	03951	AMBULATORY SURGERY	0	0	1,885	19,906	125,645	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,562	0	2,299	24,272	51	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,514	54	2,960	31,250	69,370	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	4,944	0	1,780	18,789	12,960	54.01
54.02	05403	ULTRASOUND	818	0	453	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	434	0	9,952	54.03
54.04	05401	ONCOLOGY	4,181	0	2,528	26,693	2,271	54.04
57.00	05700	CT SCAN	910	0	748	0	654	57.00
58.00	05800	MRI	3,546	0	504	0	5,240	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,903	0	248	2,618	0	59.00
59.01	05901	CARDIAC REHAB	0	0	391	4,128	155	59.01
60.00	06000	LABORATORY	7,218	0	8	0	613	60.00
65.00	06500	RESPIRATORY THERAPY	1,358	0	3,973	0	0	65.00
65.01	06501	SLEEP LAB	4,202	0	518	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,439	0	4,278	0	4,199	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	3,553	0	5,632	66.01
67.00	06700	OCCUPATIONAL THERAPY	155	0	520	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	525	0	448	0	2,030	68.00
69.00	06900	ELECTROCARDIOLOGY	7,912	0	2,654	0	12,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	288	0	748	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	2,064,334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,204,659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,458	0	0	0	25,469	74.00
75.00	03330	ENDOSCOPY	4,907	0	1,097	11,580	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	2,552	26,949	4,341	90.00
90.01	09001	PARTIAL HOSPITALIZATION	5,667	0	1,260	0	908	90.01
91.00	09100	EMERGENCY	15,969	2,851	6,817	71,977	3,306	91.00
91.01	09101	WOUND CARE 002	3,999	0	397	4,186	0	91.01
91.02	09102	WOUND CARE 001	231	0	215	2,272	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	1,184	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	707	0	0	4,089	70	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	2,520	0	91.07

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/29/2018 10:08 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
91.08	04040	FAMILY PRACTICE	0	0	0	15,599	598	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500	AMBULANCE SERVICES	2,563	0	0	0	288	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	116	1,224	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	733	7,736	111	105.00
106.00	10600	HEART ACQUISITION	0	0	126	1,333	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	423,316	508,878	147,283	1,122,994	4,797,661	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,222	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	674	7,119	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,461	0	0	86,184	12,731	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	1,097	0	316	0	113	193.02
193.03	19306	FOUNDATION	0	0	399	0	0	193.03
193.04	19307	WELLNESS	0	0	475	5,017	490	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	12,882	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	56,810	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	441,978	565,688	149,147	1,221,314	4,810,995	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description	INTERNS & RESIDENTS				
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A
	15.00	16.00	17.00	21.00	22.00
<b>GENERAL SERVICE COST CENTERS</b>					
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
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	2,614,912				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	154,926			16.00
17.00 01700 SOCIAL SERVICE	3,110	0	283,198		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	345,207	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	3,529	0	0	0	22.00
23.00 02300 PARAMED ED PRGM - PHARMACY	0	0	0		23.00
23.01 02301 PARAMED ED PRGM - CPE	0	0	0		23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	0	0		23.02
23.03 02303 PARAMED ED PRGM - EMS	0	0	0		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	8,601	19,911	72,301		30.00
31.00 03100 INTENSIVE CARE UNIT	5,712	859	21,525		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0		32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	1,850	1,049	39		32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0		33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	182	159	11,375		33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	741	433	45,604		34.01
40.00 04000 SUBPROVIDER - I PF	0	1,414	0		40.00
41.00 04100 SUBPROVIDER - I RF	45	0	0		41.00
43.00 04300 NURSERY	0	1,443	12,873		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	18,456	14,622	2,111		50.00
50.01 03951 AMBULATORY SURGERY	21,918	4,332	143		50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	476	608	9,446		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,343	39,000	0		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	12,741	0	0		54.01
54.02 05403 ULTRASOUND	2	5,808	0		54.02
54.03 05404 ECHOCARDIOLOGY	3	713	0		54.03
54.04 05401 ONCOLOGY	1,429	7,690	0		54.04
57.00 05700 CT SCAN	698	0	0		57.00
58.00 05800 MRI	243	1	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	200	3,719	0		59.00
59.01 05901 CARDIAC REHAB	0	124	0		59.01
60.00 06000 LABORATORY	90	5,706	0		60.00
65.00 06500 RESPIRATORY THERAPY	160,032	401	0		65.00
65.01 06501 SLEEP LAB	85	0	0		65.01
66.00 06600 PHYSICAL THERAPY	152	2,614	0		66.00
66.01 06601 SPORTS PERFORMANCE	1,988	1,673	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	16,929	1,007	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,835	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	2,058,081	0	0		73.00
74.00 07400 RENAL DIALYSIS	1,750	0	0		74.00
75.00 03330 ENDOSCOPY	962	744	1,824		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	11,420	0	11,740		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	585	0		90.01
91.00 09100 EMERGENCY	1,125	33,231	90,673		91.00
91.01 09101 WOUND CARE 002	0	507	0		91.01
91.02 09102 WOUND CARE 001	257	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0		91.03
91.04 09104 ZI ONSVILLE CLINIC	6	3,805	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0		91.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	
			15.00	16.00	17.00	21.00	22.00	
91.06	09106	OP ANTI COAGULATION CLINIC	0	701	0			91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	2	0	0			91.07
91.08	04040	FAMILY PRACTICE	14	0	547			91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	136	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	96	0			98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	1	0	0			106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0			112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,336,173	154,926	280,201	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	278,668	0	2,997			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.01	19304	MARKETING	0	0	0			193.01
193.02	19305	MISSION SERVICES	0	0	0			193.02
193.03	19306	FOUNDATION	0	0	0			193.03
193.04	19307	WELLNESS	71	0	0			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	0	0	0			193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0			193.08
193.09	19312	LIFELINE	0	0	0			193.09
193.10	19313	MARTEN HOUSE	0	0	0			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	0	0	0			193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0			193.15
193.16	19316	SETON BOARD	0	0	0			193.16
193.17	19317	HOSPICE	0	0	0			193.17
193.18	19318	HOME HEALTH	0	0	0			193.18
200.00		Cross Foot Adjustments				345,207	366,186	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,614,912	154,926	283,198	345,207	366,186	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/29/2018 10:08 am	
Cost Center Description			PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A						22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	36,882					23.00
23.01	02301	PARAMED ED PRGM - CPE		57,230				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY			30,699			23.02
23.03	02303	PARAMED ED PRGM - EMS				193,623		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS					8,632,403	30.00
31.00	03100	INTENSIVE CARE UNIT					1,480,689	31.00
32.00	03200	CORONARY CARE UNIT					0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL					1,085,363	32.01
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT					492,658	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT					1,440,011	34.01
40.00	04000	SUBPROVIDER - I PF					538,706	40.00
41.00	04100	SUBPROVIDER - I RF					257,914	41.00
43.00	04300	NURSERY					385,816	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM					9,869,774	50.00
50.01	03951	AMBULATORY SURGERY					1,674,208	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM					572,343	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					2,225,715	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC					922,670	54.01
54.02	05403	ULTRASOUND					171,309	54.02
54.03	05404	ECHOCARDIOLOGY					251,940	54.03
54.04	05401	ONCOLOGY					3,230,513	54.04
57.00	05700	CT SCAN					511,766	57.00
58.00	05800	MRI					892,546	58.00
59.00	05900	CARDIAC CATHETERIZATION					560,321	59.00
59.01	05901	CARDIAC REHAB					153,534	59.01
60.00	06000	LABORATORY					959,327	60.00
65.00	06500	RESPIRATORY THERAPY					1,330,742	65.00
65.01	06501	SLEEP LAB					127,052	65.01
66.00	06600	PHYSICAL THERAPY					2,002,869	66.00
66.01	06601	SPORTS PERFORMANCE					1,358,551	66.01
67.00	06700	OCCUPATIONAL THERAPY					41,212	67.00
68.00	06800	SPEECH PATHOLOGY					99,801	68.00
69.00	06900	ELECTROCARDIOLOGY					2,334,954	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					398,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT					3,451,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					3,601,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					3,646,844	73.00
74.00	07400	RENAL DIALYSIS					210,106	74.00
75.00	03330	ENDOSCOPY					605,640	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC					2,129,060	90.00
90.01	09001	PARTIAL HOSPITALIZATION					234,376	90.01
91.00	09100	EMERGENCY					2,031,150	91.00
91.01	09101	WOUND CARE 002					265,510	91.01
91.02	09102	WOUND CARE 001					48,799	91.02
91.03	09103	LAFAYETTE RD CLINIC					0	91.03
91.04	09104	ZIONSVILLE CLINIC					251,303	91.04
91.05	09105	BROWNSBURG CLINIC					0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC					135,155	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT					148,864	91.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
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Date/Time Prepared:  
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Cost Center Description		PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
91.08	04040 FAMILY PRACTICE					424,969	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500 AMBULANCE SERVICES					81,130	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD					0	97.00
97.01	09701 FAMILY PRACTICE					0	97.01
98.00	09853 GERIATRIC CLINIC					32	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY					630	98.01
98.02	09852 DIABETES EDUCATION					15,170	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION					619,068	105.00
106.00	10600 HEART ACQUISITION					344,058	106.00
112.00	08600 PANCREAS ACQUISITION					63	112.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	62,247,802	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN					117,384	190.00
191.00	19100 RESEARCH					179,347	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES					3,921,154	192.00
193.00	19300 NONPAID WORKERS					0	193.00
193.01	19304 MARKETING					135,976	193.01
193.02	19305 MISSION SERVICES					75,553	193.02
193.03	19306 FOUNDATION					174,087	193.03
193.04	19307 WELLNESS					36,385	193.04
193.05	19308 NETWORK DEVELOPMENT					0	193.05
193.06	19309 JOINT VENTURE					0	193.06
193.07	19310 BILLING					508,856	193.07
193.08	19311 OCCUPATIONAL HEALTH					0	193.08
193.09	19312 LIFELINE					4,727	193.09
193.10	19313 MARTEN HOUSE					7,582	193.10
193.11	19314 SPN					0	193.11
193.12	19315 ST. JOES					0	193.12
193.13	19301 NEW HOPE					0	193.13
193.14	19302 VACANT SPACE					404,696	193.14
193.15	19303 EXTENDED CARE RESIDENTIAL					0	193.15
193.16	19316 SETON BOARD					56,810	193.16
193.17	19317 HOSPICE					0	193.17
193.18	19318 HOME HEALTH					0	193.18
200.00	Cross Foot Adjustments	36,882	57,230	30,699	193,623	1,029,827	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	36,882	57,230	30,699	193,623	68,900,186	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM - PHARMACY		23.00
23.01	02301	PARAMED ED PRGM - CPE		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - EMS		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	8,632,403	30.00
31.00	03100	INTENSIVE CARE UNIT	1,480,689	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	1,085,363	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	492,658	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	1,440,011	34.01
40.00	04000	SUBPROVIDER - I PF	538,706	40.00
41.00	04100	SUBPROVIDER - I RF	257,914	41.00
43.00	04300	NURSERY	385,816	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	9,869,774	50.00
50.01	03951	AMBULATORY SURGERY	1,674,208	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	572,343	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,225,715	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	922,670	54.01
54.02	05403	ULTRASOUND	171,309	54.02
54.03	05404	ECHOCARDIOLOGY	251,940	54.03
54.04	05401	ONCOLOGY	3,230,513	54.04
57.00	05700	CT SCAN	511,766	57.00
58.00	05800	MRI	892,546	58.00
59.00	05900	CARDIAC CATHETERIZATION	560,321	59.00
59.01	05901	CARDIAC REHAB	153,534	59.01
60.00	06000	LABORATORY	959,327	60.00
65.00	06500	RESPIRATORY THERAPY	1,330,742	65.00
65.01	06501	SLEEP LAB	127,052	65.01
66.00	06600	PHYSICAL THERAPY	2,002,869	66.00
66.01	06601	SPORTS PERFORMANCE	1,358,551	66.01
67.00	06700	OCCUPATIONAL THERAPY	41,212	67.00
68.00	06800	SPEECH PATHOLOGY	99,801	68.00
69.00	06900	ELECTROCARDIOLOGY	2,334,954	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	398,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,451,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,601,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,646,844	73.00
74.00	07400	RENAL DIALYSIS	210,106	74.00
75.00	03330	ENDOSCOPY	605,640	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	2,129,060	90.00
90.01	09001	PARTIAL HOSPITALIZATION	234,376	90.01
91.00	09100	EMERGENCY	2,031,150	91.00
91.01	09101	WOUND CARE 002	265,510	91.01
91.02	09102	WOUND CARE 001	48,799	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	91.03
91.04	09104	ZIONSVILLE CLINIC	251,303	91.04
91.05	09105	BROWNSBURG CLINIC	0	91.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

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To 06/30/2018

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
91.06	09106	OP ANTI COAGULATION CLINIC	0	135,155	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	148,864	91.07
91.08	04040	FAMILY PRACTICE	0	424,969	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	81,130	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	32	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	630	98.01
98.02	09852	DIABETES EDUCATION	0	15,170	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	619,068	105.00
106.00	10600	HEART ACQUISITION	0	344,058	106.00
112.00	08600	PANCREAS ACQUISITION	0	63	112.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	62,247,802	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	117,384	190.00
191.00	19100	RESEARCH	0	179,347	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	3,921,154	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	0	135,976	193.01
193.02	19305	MISSION SERVICES	0	75,553	193.02
193.03	19306	FOUNDATION	0	174,087	193.03
193.04	19307	WELLNESS	0	36,385	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	508,856	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	193.08
193.09	19312	LIFELINE	0	4,727	193.09
193.10	19313	MARTEN HOUSE	0	7,582	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	404,696	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	193.15
193.16	19316	SETON BOARD	0	56,810	193.16
193.17	19317	HOSPICE	0	0	193.17
193.18	19318	HOME HEALTH	0	0	193.18
200.00		Cross Foot Adjustments	0	1,029,827	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	68,900,186	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN H (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,311,204				1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	0	57,916			1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H	0	0	149,190		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				17,399,778	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,132	512	0	13,783	357,510,281
5.00	00500	ADMINISTRATIVE & GENERAL	50,567	4,207	0	474,202	30,175,380
7.00	00700	OPERATION OF PLANT	224,828	3,235	0	311,725	1,711,389
8.00	00800	LAUNDRY & LINEN SERVICE	366	0	0	0	0
9.00	00900	HOUSEKEEPING	13,897	587	0	2,097	144
10.00	01000	DIETARY	31,589	1,123	0	19,680	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,479	491	0	636,681	12,155,106
14.00	01400	CENTRAL SERVICES & SUPPLY	39,878	1,699	0	1,007,032	598,841
15.00	01500	PHARMACY	16,577	0	0	173,334	12,311,496
16.00	01600	MEDICAL RECORDS & LIBRARY	10,250	719	0	630	153,065
17.00	01700	SOCIAL SERVICE	2,147	115	0	0	5,631,249
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	9,991,229
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,522	0	0	32,736	4,055,436
23.00	02300	PARAMED ED PRGM- PHARMACY	1,186	0	0	0	582,613
23.01	02301	PARAMED ED PRGM - CPE	3,451	0	0	0	337,608
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,424	0	0	0	410,953
23.03	02303	PARAMED ED PRGM - EMS	101	0	0	30,762	2,331,087
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	322,095	0	0	496,956	79,627,238
31.00	03100	INTENSIVE CARE UNIT	43,802	0	0	227,198	13,941,401
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	33,416	0	0	226,692	8,391,099
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18,647	0	0	80,784	4,528,024
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,356	0	0	299,695	21,007,513
40.00	04000	SUBPROVIDER - I/PF	4,046	26,759	0	31,502	3,885,730
41.00	04100	SUBPROVIDER - I/RF	12,755	0	0	602	1,546,692
43.00	04300	NURSERY	14,689	0	0	45,835	3,157,833
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	146,401	0	0	6,092,976	24,094,128
50.01	03951	AMBULATORY SURGERY	0	0	0	359,036	3,292,793
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,530	0	0	62,107	4,376,180
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,210	0	0	801,358	4,997,342
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	0	60,543	3,194,891
54.02	05403	ULTRASOUND	1,962	0	0	58,202	1,134,954
54.03	05404	ECHOCARDIOLOGY	0	0	0	106,132	844,434
54.04	05401	ONCOLOGY	10,026	0	0	555,134	4,906,457
57.00	05700	CT SCAN	2,182	0	0	411,601	1,536,719
58.00	05800	MRI	8,502	0	0	652,474	974,929
59.00	05900	CARDIAC CATHETERIZATION	9,358	0	0	116,791	455,084
59.01	05901	CARDIAC REHAB	0	0	0	10,755	596,679
60.00	06000	LABORATORY	17,307	0	0	23,997	19,659
65.00	06500	RESPIRATORY THERAPY	3,257	0	0	457,774	7,156,180
65.01	06501	SLEEP LAB	119	9,956	0	2,688	808,206
66.00	06600	PHYSICAL THERAPY	10,594	51	0	51,727	7,422,928
66.01	06601	SPORTS PERFORMANCE	0	0	0	100,455	6,876,292
67.00	06700	OCCUPATIONAL THERAPY	372	0	0	0	998,535
68.00	06800	SPEECH PATHOLOGY	1,258	0	0	15,072	873,472
69.00	06900	ELECTROCARDIOLOGY	18,971	0	0	1,738,823	4,981,349
70.00	07000	ELECTROENCEPHALOGRAPHY	690	0	0	146,503	1,490,506
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	3,496	0	0	15,019	0
75.00	03330	ENDOSCOPY	11,766	0	0	342,921	1,920,984
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	70,446	3,063,284
90.01	09001	PARTIAL HOSPITALIZATION	5,126	8,462	0	13,916	2,085,640
91.00	09100	EMERGENCY	38,291	0	0	714,093	13,137,475
91.01	09101	WOUND CARE 002	9,589	0	0	5,714	624,780
91.02	09102	WOUND CARE 001	553	0	0	22,122	438,265
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

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Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN H (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	1.02	2.00			4.00
91.04	09104	ZIONSVILLE CLINIC	0	0	0	12,164	347,361	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	1,695	0	0	0	860,863	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	397,786	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	15,211	7,368,800	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
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	4,941	239,539	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	22,425	1,833,481	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,649	828,041	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,266,457	57,916	0	17,176,695	330,709,142	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	2,929	0	0	323	0	190.00
191.00	19100	RESEARCH	0	0	0	1,940	1,523,161	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,299	0	0	202,450	23,306,090	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	12,203	484,763	193.02
193.03	19306	FOUNDATION	0	0	0	2,619	1,027,960	193.03
193.04	19307	WELLNESS	0	0	0	0	459,165	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	3,548	0	193.09
193.10	19313	MARTEN HOUSE	0	0	149,190	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOES	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	30,889	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,303,471	248,084	3,188	17,399,783	81,546,877	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.383339	4.283514	0.021369	1.000000	0.228097	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					528,330	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.001478	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

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Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A	5.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	-156,878,811	800,615,157				5.00
7.00	00700	0	29,949,523	1,074,639			7.00
8.00	00800	0	3,085,683		366	2,586,775	8.00
9.00	00900	0	9,956,726	14,484	0	1,059,789	9.00
10.00	01000	0	4,974,043	32,712	0	32,712	10.00
11.00	01100	0	5,652,062	0	0	0	11.00
13.00	01300	0	19,121,774	3,970	0	3,970	13.00
14.00	01400	0	9,400,421	41,577	1,579	41,577	14.00
15.00	01500	0	28,394,461	16,577	1,699	16,577	15.00
16.00	01600	0	627,770	10,969	0	10,969	16.00
17.00	01700	0	7,929,061	2,261	0	2,261	17.00
21.00	02100	0	12,270,198	0	0	0	21.00
22.00	02200	0	4,981,135	12,522	42	12,522	22.00
23.00	02300	0	774,630	1,186	0	1,186	23.00
23.01	02301	0	458,508	3,451	0	3,451	23.01
23.02	02302	0	438,962	1,424	0	1,424	23.02
23.03	02303	0	1,272,140	101	0	101	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	103,487,204	322,095	1,081,564	322,095	30.00
31.00	03100	0	20,741,347	43,802	170,842	43,802	31.00
32.00	03200	0	0	0	0	0	32.00
32.01	03201	0	12,977,082	33,416	77,695	33,416	32.01
33.00	03300	0	0	0	0	0	33.00
33.01	02080	0	4,966,307	18,647	39,300	18,647	33.01
34.00	03400	0	0	0	0	0	34.00
34.01	02060	0	21,628,246	28,356	94,831	28,356	34.01
40.00	04000	0	5,422,421	30,806	88,752	30,806	40.00
41.00	04100	0	2,942,069	12,755	16,436	12,755	41.00
43.00	04300	0	4,078,200	14,689	8,959	14,689	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	45,663,281	146,401	465,679	146,401	50.00
50.01	03951	0	13,437,145	0	0	0	50.01
52.00	05200	0	6,177,426	20,530	39,000	20,530	52.00
54.00	05400	0	11,361,517	25,210	27,196	25,210	54.00
54.01	05402	0	5,385,637	11,856	33,302	11,856	54.01
54.02	05403	0	1,598,477	1,962	0	1,962	54.02
54.03	05404	0	1,794,854	0	0	0	54.03
54.04	05401	0	10,817,141	10,026	21,285	10,026	54.04
57.00	05700	0	2,518,623	2,182	38,705	2,182	57.00
58.00	05800	0	2,235,399	8,502	16,033	8,502	58.00
59.00	05900	0	3,429,871	9,358	0	9,358	59.00
59.01	05901	0	1,021,241	0	0	0	59.01
60.00	06000	0	26,770,470	17,307	0	17,307	60.00
65.00	06500	0	12,952,191	3,257	0	3,257	65.00
65.01	06501	0	1,373,590	10,075	0	10,075	65.01
66.00	06600	0	11,550,699	10,645	23,311	10,645	66.00
66.01	06601	0	9,983,753	0	0	0	66.01
67.00	06700	0	1,304,916	372	0	372	67.00
68.00	06800	0	1,248,609	1,258	0	1,258	68.00
69.00	06900	0	7,182,686	18,971	45,524	18,971	69.00
70.00	07000	0	2,547,548	690	6,172	690	70.00
71.00	07100	0	52,581,873	0	0	0	71.00
72.00	07200	0	52,920,212	0	0	0	72.00
73.00	07300	0	60,207,790	0	0	0	73.00
74.00	07400	0	4,644,541	3,496	11,130	3,496	74.00
75.00	03330	0	3,215,702	11,766	19,464	11,766	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	7,159,707	0	0	0	90.00
90.01	09001	0	3,149,824	13,588	0	13,588	90.01
91.00	09100	0	19,421,423	38,291	246,927	38,291	91.00
91.01	09101	0	2,355,247	9,589	11,348	9,589	91.01
91.02	09102	0	613,017	553	0	553	91.02
91.03	09103	0	0	0	0	0	91.03
91.04	09104	0	720,740	0	0	0	91.04
91.05	09105	0	0	0	0	0	91.05
91.06	09106	0	1,300,772	1,695	0	1,695	91.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A	5.00	7.00	8.00	9.00	
91.07	09107	0	672,819	0	0	0	91.07
91.08	04040	0	5,256,200	0	0	0	91.08
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	64,594	6,146	0	6,146	95.00
97.00	09700	0	0	0	0	0	97.00
97.01	09701	0	0	0	0	0	97.01
98.00	09853	0	1,218	0	0	0	98.00
98.01	09851	0	23,867	0	0	0	98.01
98.02	09852	0	319,817	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	5,854,433	0	0	0	105.00
106.00	10600	0	4,386,535	0	0	0	106.00
112.00	08600	0	2,400	0	0	0	112.00
113.00	11300						113.00
118.00							118.00
		-156,878,811	720,757,778	1,029,892	2,586,775	1,015,042	
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	1,114,125	2,929	0	2,929	190.00
191.00	19100	0	2,466,517	0	0	0	191.00
192.00	19200	0	45,969,789	8,299	0	8,299	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19304	0	5,152,933	0	0	0	193.01
193.02	19305	0	1,076,226	2,630	0	2,630	193.02
193.03	19306	0	3,169,416	0	0	0	193.03
193.04	19307	0	1,123,712	0	0	0	193.04
193.05	19308	0	0	0	0	0	193.05
193.06	19309	0	0	0	0	0	193.06
193.07	19310	0	19,283,600	0	0	0	193.07
193.08	19311	0	0	0	0	0	193.08
193.09	19312	0	44,696	0	0	0	193.09
193.10	19313	0	166,523	0	0	0	193.10
193.11	19314	0	0	0	0	0	193.11
193.12	19315	0	0	0	0	0	193.12
193.13	19301	0	0	0	0	0	193.13
193.14	19302	0	289,842	30,889	0	30,889	193.14
193.15	19303	0	0	0	0	0	193.15
193.16	19316	0	0	0	0	0	193.16
193.17	19317	0	0	0	0	0	193.17
193.18	19318	0	0	0	0	0	193.18
200.00							200.00
201.00							201.00
202.00							202.00
			156,878,811	35,818,072	3,702,515	12,390,483	
203.00			0.195948	33.330330	1.431325	11.691462	203.00
204.00			21,126,508	3,281,574	85,977	441,978	204.00
205.00			0.026388	3.053652	0.033237	0.417043	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
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
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	390,623					10.00
11.00	01100	CAFETERIA	0	8,055,539				11.00
13.00	01300	NURSING ADMINISTRATION	0	371,918	6,247,667			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	24,851	0	115,483,841		14.00
15.00	01500	PHARMACY	0	286,540	0	1,332,439	44,234,516	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,623	0	1,230	0	16.00
17.00	01700	SOCIAL SERVICE	0	157,183	157,183	9,850	52,603	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	359,400	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	53,132	0	4,217	59,703	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	18,057	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	14,764	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	10,964	0	50	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	92,030	0	912	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	284,126	2,071,708	2,071,708	3,452,663	145,504	30.00
31.00	03100	INTENSIVE CARE UNIT	5,177	379,722	379,722	0	96,626	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	12,123	239,359	239,359	0	31,287	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,744	88,289	88,289	0	3,084	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	426,400	426,400	0	12,528	34.01
40.00	04000	SUBPROVIDER - I PF	44,694	136,963	136,963	11,284	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	51,260	51,260	45,104	762	41.00
43.00	04300	NURSERY	0	84,288	84,288	149,610	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,524	691,911	691,911	785,651	312,201	50.00
50.01	03951	AMBULATORY SURGERY	0	101,828	101,828	3,016,044	370,767	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	124,162	124,162	1,229	8,044	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37	159,863	159,863	1,665,185	56,552	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	96,116	96,116	311,106	215,531	54.01
54.02	05403	ULTRASOUND	0	24,446	0	0	37	54.02
54.03	05404	ECHOCARDIOLOGY	0	23,462	0	238,885	53	54.03
54.04	05401	ONCOLOGY	0	136,551	136,551	54,509	24,173	54.04
57.00	05700	CT SCAN	0	40,399	0	15,696	11,807	57.00
58.00	05800	MRI	0	27,199	0	125,780	4,114	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,394	13,394	0	3,375	59.00
59.01	05901	CARDIAC REHAB	0	21,115	21,115	3,723	0	59.01
60.00	06000	LABORATORY	0	423	0	14,712	1,518	60.00
65.00	06500	RESPIRATORY THERAPY	0	214,592	0	0	2,707,123	65.00
65.01	06501	SLEEP LAB	0	27,993	0	0	1,437	65.01
66.00	06600	PHYSICAL THERAPY	0	231,042	0	100,785	2,573	66.00
66.01	06601	SPORTS PERFORMANCE	0	191,872	0	135,190	33,630	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	28,100	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,173	0	48,733	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	143,355	0	295,043	286,382	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	40,374	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	49,553,129	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	52,920,212	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	34,815,060	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	611,374	29,605	74.00
75.00	03330	ENDOSCOPY	0	59,236	59,236	0	16,274	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	137,856	137,856	104,209	193,182	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	68,035	0	21,804	0	90.01
91.00	09100	EMERGENCY	1,969	368,202	368,202	79,368	19,039	91.00
91.01	09101	WOUND CARE 002	0	21,416	21,416	0	0	91.01
91.02	09102	WOUND CARE 001	0	11,622	11,622	0	4,353	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	28,432	101	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	20,917	1,673	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	12,891	0	32	91.07
91.08	04040	FAMILY PRACTICE	0	0	79,799	14,344	238	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	6,924	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	6,263	6,263	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	39,573	39,573	2,662	0	105.00
106.00	10600	HEART ACQUISITION	0	6,818	6,818	0	20	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	351,394	7,954,842	5,744,705	115,163,761	39,519,318	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	36,417	36,417	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	440,878	305,612	4,713,994	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	17,047	0	2,716	0	193.02
193.03	19306	FOUNDATION	0	21,566	0	0	0	193.03
193.04	19307	WELLNESS	0	25,667	25,667	11,752	1,204	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	39,229	0	0	0	0	193.16
193.17	19317	HOSPICE	0	0	0	0	0	193.17
193.18	19318	HOME HEALTH	0	0	0	0	0	193.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,421,450	6,759,572	23,359,467	13,137,399	35,099,077	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.999009	0.839121	3.738910	0.113760	0.793477	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	565,688	149,147	1,221,314	4,810,995	2,614,912	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.448169	0.018515	0.195483	0.041659	0.059115	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
	16.00	17.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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
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	262,352					16.00
17.00 01700 SOCIAL SERVICE	0	21,735				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	1,810			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0		1,810		22.00
23.00 02300 PARAMED PRGM- PHARMACY	0	0			100	23.00
23.01 02301 PARAMED PRGM - CPE	0	0				23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0	0				23.02
23.03 02303 PARAMED PRGM - EMS	0	0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	33,718	5,549	653	653	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1,454	1,652	109	109	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	1,777	3	12	12	0	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	269	873	10	10	0	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	733	3,500	14	14	0	34.01
40.00 04000 SUBPROVIDER - IPF	2,395	0	27	27	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	2,444	988	17	17	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	24,761	162	293	293	0	50.00
50.01 03951 AMBULATORY SURGERY	7,335	11	0	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,030	725	60	60	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	66,043	0	53	53	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	9	9	0	54.01
54.02 05403 ULTRASOUND	9,836	0	1	1	0	54.02
54.03 05404 ECHOCARDIOLOGY	1,207	0	14	14	0	54.03
54.04 05401 ONCOLOGY	13,022	0	55	55	0	54.04
57.00 05700 CT SCAN	0	0	2	2	0	57.00
58.00 05800 MRI	1	0	2	2	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	6,297	0	15	15	0	59.00
59.01 05901 CARDIAC REHAB	210	0	2	2	0	59.01
60.00 06000 LABORATORY	9,663	0	28	28	0	60.00
65.00 06500 RESPIRATORY THERAPY	679	0	22	22	0	65.00
65.01 06501 SLEEP LAB	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	4,426	0	12	12	0	66.00
66.01 06601 SPORTS PERFORMANCE	2,833	0	16	16	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	1,706	0	31	31	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,108	0	20	20	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	100	73.00
74.00 07400 RENAL DIALYSIS	0	0	20	20	0	74.00
75.00 03330 ENDOSCOPY	1,260	140	24	24	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	901	53	53	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	990	0	0	0	0	90.01
91.00 09100 EMERGENCY	56,274	6,959	87	87	0	91.00
91.01 09101 WOUND CARE 002	858	0	20	20	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

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Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
	16.00	17.00	21.00	22.00	23.00	
91.04 09104 ZIONSVILLE CLINIC	6,443	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	1,187	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	42	84	84	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	230	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	163	0	0	0	0	98.02
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	7	7	0	105.00
106.00 10600 HEART ACQUISITION	0	0	7	7	0	106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	262,352	21,505	1,779	1,779	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	31	31	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	230	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	0	0	0	0	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	0	0	0	0	0	193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	0	0	0	0	0	193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 19312 LIFELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 19314 SPN	0	0	0	0	0	193.11
193.12 19315 ST. JOES	0	0	0	0	0	193.12
193.13 19301 NEW HOPE	0	0	0	0	0	193.13
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.17 19317 HOSPICE	0	0	0	0	0	193.17
193.18 19318 HOME HEALTH	0	0	0	0	0	193.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,250,321	10,346,988	14,976,099	6,613,437	994,965	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.765815	476.051898	8,274.087845	3,653.832597	9,949.650000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	154,926	283,198	345,207	366,186	36,882	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.590527	13.029584	190.722099	202.312707	368.820000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

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Cost Center Description		PARAMED PRGM - CPE (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (CHARGES)	PARAMED PRGM - EMS (ASSIGNED TIME)	
		23.01	23.02	23.03	
<b>GENERAL SERVICE COST CENTERS</b>					
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
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A			22.00
23.00	02300	PARAMED PRGM- PHARMACY			23.00
23.01	02301	PARAMED PRGM - CPE	89,675		23.01
23.02	02302	PARAMED PRGM - RADIOLOGY		151,348,230	23.02
23.03	02303	PARAMED PRGM - EMS		100	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	36,975	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,500	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	1,425	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	200	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	13,600	0	34.01
40.00	04000	SUBPROVIDER - I PF	8,200	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,450	0	41.00
43.00	04300	NURSERY	100	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	150	0	50.00
50.01	03951	AMBULATORY SURGERY	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	450	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,063,439	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	54.01
54.02	05403	ULTRASOUND	0	25,687,806	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	54.03
54.04	05401	ONCOLOGY	0	0	54.04
57.00	05700	CT SCAN	0	42,012,163	57.00
58.00	05800	MRI	0	13,584,822	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	ENDOSCOPY	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	90.01
91.00	09100	EMERGENCY	2,625	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

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Cost Center Description		PARAMED PRGM - CPE (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (CHARGES)	PARAMED PRGM - EMS (ASSIGNED TIME)	
		23.01	23.02	23.03	
91.07	09107	0	0	0	91.07
91.08	04040	0	0	0	91.08
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
97.00	09700	0	0	0	97.00
97.01	09701	0	0	0	97.01
98.00	09853	0	0	0	98.00
98.01	09851	0	0	0	98.01
98.02	09852	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	0	0	0	105.00
106.00	10600	0	0	0	106.00
112.00	08600	0	0	0	112.00
113.00	11300	0	0	0	113.00
118.00		89,675	151,348,230	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
191.00	19100	0	0	0	191.00
192.00	19200	0	0	0	192.00
193.00	19300	0	0	0	193.00
193.01	19304	0	0	0	193.01
193.02	19305	0	0	0	193.02
193.03	19306	0	0	0	193.03
193.04	19307	0	0	0	193.04
193.05	19308	0	0	0	193.05
193.06	19309	0	0	0	193.06
193.07	19310	0	0	0	193.07
193.08	19311	0	0	0	193.08
193.09	19312	0	0	0	193.09
193.10	19313	0	0	0	193.10
193.11	19314	0	0	0	193.11
193.12	19315	0	0	0	193.12
193.13	19301	0	0	0	193.13
193.14	19302	0	0	0	193.14
193.15	19303	0	0	0	193.15
193.16	19316	0	0	0	193.16
193.17	19317	0	0	0	193.17
193.18	19318	0	0	0	193.18
200.00					200.00
201.00					201.00
202.00		716,111	598,293	1,603,288	202.00
203.00		7.985626	0.003953	16,032.880000	203.00
204.00		57,230	30,699	193,623	204.00
205.00		0.638193	0.000203	1,936.230000	205.00
206.00		0	0	0	206.00
207.00		0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVIII		Hospital	PPS	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		158,302,807	0	158,302,807	30.00
31.00	03100 INTENSIVE CARE UNIT		29,916,583	0	29,916,583	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL		18,507,791	0	18,507,791	32.01
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT		7,693,461	0	7,693,461	33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT		31,018,923	0	31,018,923	34.01
40.00	04000 SUBPROVIDER - IPF		9,553,251	0	9,553,251	40.00
41.00	04100 SUBPROVIDER - IRF		4,376,311	0	4,376,311	41.00
43.00	04300 NURSERY		6,437,142	0	6,437,142	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		65,598,652	0	65,598,652	50.00
50.01	03951 AMBULATORY SURGERY		17,213,793	0	17,213,793	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,296,582	0	9,296,582	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,320,299	0	16,320,299	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC		7,668,818	0	7,668,818	54.01
54.02	05403 ULTRASOUND		2,168,991	0	2,168,991	54.02
54.03	05404 ECHOCARDIOLOGY		2,199,209	0	2,199,209	54.03
54.04	05401 ONCOLOGY		14,131,170	0	14,131,170	54.04
57.00	05700 CT SCAN		3,376,908	0	3,376,908	57.00
58.00	05800 MRI		3,173,246	0	3,173,246	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,617,267	0	4,617,267	59.00
59.01	05901 CARDIAC REHAB		1,319,441	0	1,319,441	59.01
60.00	06000 LABORATORY		32,844,567	0	32,844,567	60.00
65.00	06500 RESPIRATORY THERAPY	0	17,968,128	0	17,968,128	65.00
65.01	06501 SLEEP LAB	0	2,120,966	0	2,120,966	65.01
66.00	06600 PHYSICAL THERAPY	0	14,555,130	0	14,555,130	66.00
66.01	06601 SPORTS PERFORMANCE	0	12,156,619	0	12,156,619	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	1,600,939	0	1,600,939	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,575,737	0	1,575,737	68.00
69.00	06900 ELECTROCARDIOLOGY		9,898,612	0	9,898,612	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		3,135,325	0	3,135,325	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		68,522,350	0	68,522,350	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		69,309,980	0	69,309,980	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		100,625,305	0	100,625,305	73.00
74.00	07400 RENAL DIALYSIS		5,820,998	0	5,820,998	74.00
75.00	03330 ENDOSCOPY		4,760,147	0	4,760,147	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		9,787,809	0	9,787,809	90.00
90.01	09001 PARTIAL HOSPITALIZATION		4,443,071	0	4,443,071	90.01
91.00	09100 EMERGENCY		32,256,846	0	32,256,846	91.00
91.01	09101 WOUND CARE 002		3,366,842	0	3,366,842	91.01
91.02	09102 WOUND CARE 001		814,693	0	814,693	91.02
91.03	09103 LAFAYETTE RD CLINIC		0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC		895,988	0	895,988	91.04
91.05	09105 BROWNSBURG CLINIC		0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC		1,716,022	0	1,716,022	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT		852,880	0	852,880	91.07
91.08	04040 FAMILY PRACTICE		6,606,318	0	6,606,318	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		17,479,553	0	17,479,553	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		355,839	0	355,839	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		1,457	0	1,457	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY		28,544	0	28,544	98.01
98.02	09852 DIABETES EDUCATION		411,934	0	411,934	98.02
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		7,183,067	0	7,183,067	105.00
106.00	10600 HEART ACQUISITION		5,277,297	0	5,277,297	106.00
112.00	08600 PANCREAS ACQUISITION		2,870	0	2,870	112.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		849,266,478	0	849,266,478	200.00
201.00	Less Observation Beds		17,479,553	0	17,479,553	201.00
202.00	Total (see instructions)		831,786,925	0	831,786,925	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet C  
Part I  
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			Title XVIII			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	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	361,564,450		361,564,450				30.00
31.00	03100	INTENSIVE CARE UNIT	107,264,220		107,264,220				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	48,712,262		48,712,262				32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	29,175,381		29,175,381				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	188,087,035		188,087,035				34.01
40.00	04000	SUBPROVIDER - I PF	34,644,600		34,644,600				40.00
41.00	04100	SUBPROVIDER - I RF	7,702,318		7,702,318				41.00
43.00	04300	NURSERY	30,713,072		30,713,072				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	370,978,612	279,717,615	650,696,227	0.100813	0.000000		50.00
50.01	03951	AMBULATORY SURGERY	0	111,103,520	111,103,520	0.154935	0.000000		50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,761,431	2,401,998	65,163,429	0.142666	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,840,923	48,222,516	70,063,439	0.232936	0.000000		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	10,843,151	31,894,666	42,737,817	0.179439	0.000000		54.01
54.02	05403	ULTRASOUND	14,171,383	11,516,423	25,687,806	0.084437	0.000000		54.02
54.03	05404	ECHOCARDIOLOGY	958,459	29,211,897	30,170,356	0.072893	0.000000		54.03
54.04	05401	ONCOLOGY	5,353,178	104,335,435	109,688,613	0.128830	0.000000		54.04
57.00	05700	CT SCAN	19,712,085	22,300,078	42,012,163	0.080379	0.000000		57.00
58.00	05800	MRI	4,665,827	8,918,995	13,584,822	0.233588	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	20,117	14,596,219	14,616,336	0.315898	0.000000		59.00
59.01	05901	CARDIAC REHAB	621,162	2,669,862	3,291,024	0.400921	0.000000		59.01
60.00	06000	LABORATORY	253,050,591	96,864,503	349,915,094	0.093864	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	68,942,104	2,763,974	71,706,078	0.250580	0.000000		65.00
65.01	06501	SLEEP LAB	111,175	13,962,400	14,073,575	0.150706	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	16,606,895	19,618,063	36,224,958	0.401798	0.000000		66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0.000000	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	7,462,460	200,787	7,663,247	0.208911	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,260,542	2,048,753	6,309,295	0.249749	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	91,871,585	108,693,662	200,565,247	0.049354	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,248,791	3,344,617	14,593,408	0.214845	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	92,036,513	71,036,736	163,073,249	0.420194	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	112,219,241	55,333,549	167,552,790	0.413661	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	337,707,844	78,795,546	416,503,390	0.241595	0.000000		73.00
74.00	07400	RENAL DIALYSIS	15,286,615	1,605,823	16,892,438	0.344592	0.000000		74.00
75.00	03330	ENDOSCOPY	14,339,567	31,417,080	45,756,647	0.104032	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	5,985	15,797,167	15,803,152	0.619358	0.000000		90.00
90.01	09001	PARTIAL HOSPITALIZATION	6,976	14,370,879	14,377,855	0.309022	0.000000		90.01
91.00	09100	EMERGENCY	64,273,256	147,033,519	211,306,775	0.152654	0.000000		91.00
91.01	09101	WOUND CARE 002	614,710	16,169,259	16,783,969	0.200599	0.000000		91.01
91.02	09102	WOUND CARE 001	1,713,370	158,737	1,872,107	0.435174	0.000000		91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	0.000000		91.03
91.04	09104	ZIONSVILLE CLINIC	17,705	2,725,146	2,742,851	0.326663	0.000000		91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	0.000000		91.05
91.06	09106	OP ANTI COAGULATION CLINIC	24,960	2,728,678	2,753,638	0.623184	0.000000		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	40,619	3,859,534	3,900,153	0.218679	0.000000		91.07
91.08	04040	FAMILY PRACTICE	264,635	47,649	312,284	21.154840	0.000000		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	11,442,520	28,206,209	39,648,729	0.440860	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0.000000	0.000000		97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	0.000000		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0.000000	0.000000		98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	0.000000		98.02
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	5,212,230	367,057	5,579,287				105.00
106.00	10600	HEART ACQUISITION	4,676,237	217,845	4,894,082				106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	2,433,226,792	1,384,256,396	3,817,483,188				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	2,433,226,792	1,384,256,396	3,817,483,188				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/29/2018 10:08 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.100813		50.00
50.01	03951	AMBULATORY SURGERY	0.154935		50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.142666		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232936		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.179439		54.01
54.02	05403	ULTRASOUND	0.084437		54.02
54.03	05404	ECHOCARDIOLOGY	0.072893		54.03
54.04	05401	ONCOLOGY	0.128830		54.04
57.00	05700	CT SCAN	0.080379		57.00
58.00	05800	MRI	0.233588		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.315898		59.00
59.01	05901	CARDIAC REHAB	0.400921		59.01
60.00	06000	LABORATORY	0.093864		60.00
65.00	06500	RESPIRATORY THERAPY	0.250580		65.00
65.01	06501	SLEEP LAB	0.150706		65.01
66.00	06600	PHYSICAL THERAPY	0.401798		66.00
66.01	06601	SPORTS PERFORMANCE	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.208911		67.00
68.00	06800	SPEECH PATHOLOGY	0.249749		68.00
69.00	06900	ELECTROCARDIOLOGY	0.049354		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214845		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.420194		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413661		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241595		73.00
74.00	07400	RENAL DIALYSIS	0.344592		74.00
75.00	03330	ENDOSCOPY	0.104032		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.619358		90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.309022		90.01
91.00	09100	EMERGENCY	0.152654		91.00
91.01	09101	WOUND CARE 002	0.200599		91.01
91.02	09102	WOUND CARE 001	0.435174		91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000		91.03
91.04	09104	ZIONSVILLE CLINIC	0.326663		91.04
91.05	09105	BROWNSBURG CLINIC	0.000000		91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.623184		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.218679		91.07
91.08	04040	FAMILY PRACTICE	21.154840		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.440860		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
<b>SPECIAL PURPOSE COST CENTERS</b>					
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
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2018 10:08 am

		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	166,091,738		166,091,738	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	31,216,727		31,216,727	0	0 31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0 32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL	18,650,926		18,650,926	0	0 32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0 33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT	7,812,740		7,812,740	0	0 33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0 34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	31,185,914		31,185,914	0	0 34.01
40.00	04000 SUBPROVIDER - IPF	9,875,304		9,875,304	0	0 40.00
41.00	04100 SUBPROVIDER - IRF	4,376,311		4,376,311	0	0 41.00
43.00	04300 NURSERY	6,639,916		6,639,916	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	69,093,533		69,093,533	0	0 50.00
50.01	03951 AMBULATORY SURGERY	17,213,793		17,213,793	0	0 50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,012,257		10,012,257	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,952,479		16,952,479	0	0 54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	7,776,169		7,776,169	0	0 54.01
54.02	05403 ULTRASOUND	2,180,919		2,180,919	0	0 54.02
54.03	05404 ECHOCARDIOLOGY	2,366,200		2,366,200	0	0 54.03
54.04	05401 ONCOLOGY	14,787,206		14,787,206	0	0 54.04
57.00	05700 CT SCAN	3,400,764		3,400,764	0	0 57.00
58.00	05800 MRI	3,197,102		3,197,102	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	4,796,185		4,796,185	0	0 59.00
59.01	05901 CARDIAC REHAB	1,343,297		1,343,297	0	0 59.01
60.00	06000 LABORATORY	33,178,548		33,178,548	0	0 60.00
65.00	06500 RESPIRATORY THERAPY	18,230,542	0	18,230,542	0	0 65.00
65.01	06501 SLEEP LAB	2,120,966	0	2,120,966	0	0 65.01
66.00	06600 PHYSICAL THERAPY	14,698,265	0	14,698,265	0	0 66.00
66.01	06601 SPORTS PERFORMANCE	12,347,465	0	12,347,465	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	1,600,939	0	1,600,939	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	1,575,737	0	1,575,737	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	10,268,378		10,268,378	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,373,884		3,373,884	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	68,522,350		68,522,350	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	69,309,980		69,309,980	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	100,625,305		100,625,305	0	0 73.00
74.00	07400 RENAL DIALYSIS	6,059,557		6,059,557	0	0 74.00
75.00	03330 ENDOSCOPY	5,046,417		5,046,417	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	10,419,989		10,419,989	0	0 90.00
90.01	09001 PARTIAL HOSPITALIZATION	4,443,071		4,443,071	0	0 90.01
91.00	09100 EMERGENCY	33,294,575		33,294,575	0	0 91.00
91.01	09101 WOUND CARE 002	3,605,401		3,605,401	0	0 91.01
91.02	09102 WOUND CARE 001	814,693		814,693	0	0 91.02
91.03	09103 LAFAYETTE RD CLINIC	0		0	0	0 91.03
91.04	09104 ZIONSVILLE CLINIC	895,988		895,988	0	0 91.04
91.05	09105 BROWNSBURG CLINIC	0		0	0	0 91.05
91.06	09106 OP ANTI COAGULATION CLINIC	1,716,022		1,716,022	0	0 91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	852,880		852,880	0	0 91.07
91.08	04040 FAMILY PRACTICE	7,608,263		7,608,263	0	0 91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	17,479,553		17,479,553	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	355,839		355,839	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	1,457		1,457	0	0 98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	28,544		28,544	0	0 98.01
98.02	09852 DIABETES EDUCATION	411,934		411,934	0	0 98.02
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	7,266,563		7,266,563		0 105.00
106.00	10600 HEART ACQUISITION	5,360,793		5,360,793		0 106.00
112.00	08600 PANCREAS ACQUISITION	2,870		2,870		0 112.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	870,486,248	0	870,486,248	0	0 200.00
201.00	Less Observation Beds	17,479,553		17,479,553		0 201.00
202.00	Total (see instructions)	853,006,695	0	853,006,695	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/29/2018 10:08 am		
			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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	361,564,450		361,564,450				30.00
31.00	03100	INTENSIVE CARE UNIT	107,264,220		107,264,220				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	48,712,262		48,712,262				32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	29,175,381		29,175,381				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	188,087,035		188,087,035				34.01
40.00	04000	SUBPROVIDER - I PF	34,644,600		34,644,600				40.00
41.00	04100	SUBPROVIDER - I RF	7,702,318		7,702,318				41.00
43.00	04300	NURSERY	30,713,072		30,713,072				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	370,978,612	279,717,615	650,696,227	0.106184	0.000000		50.00
50.01	03951	AMBULATORY SURGERY	0	111,103,520	111,103,520	0.154935	0.000000		50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,761,431	2,401,998	65,163,429	0.153648	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,840,923	48,222,516	70,063,439	0.241959	0.000000		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	10,843,151	31,894,666	42,737,817	0.181951	0.000000		54.01
54.02	05403	ULTRASOUND	14,171,383	11,516,423	25,687,806	0.084901	0.000000		54.02
54.03	05404	ECHOCARDIOLOGY	958,459	29,211,897	30,170,356	0.078428	0.000000		54.03
54.04	05401	ONCOLOGY	5,353,178	104,335,435	109,688,613	0.134811	0.000000		54.04
57.00	05700	CT SCAN	19,712,085	22,300,078	42,012,163	0.080947	0.000000		57.00
58.00	05800	MRI	4,665,827	8,918,995	13,584,822	0.235344	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	20,117	14,596,219	14,616,336	0.328139	0.000000		59.00
59.01	05901	CARDIAC REHAB	621,162	2,669,862	3,291,024	0.408170	0.000000		59.01
60.00	06000	LABORATORY	253,050,591	96,864,503	349,915,094	0.094819	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	68,942,104	2,763,974	71,706,078	0.254240	0.000000		65.00
65.01	06501	SLEEP LAB	111,175	13,962,400	14,073,575	0.150706	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	16,606,895	19,618,063	36,224,958	0.405750	0.000000		66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0.000000	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	7,462,460	200,787	7,663,247	0.208911	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,260,542	2,048,753	6,309,295	0.249749	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	91,871,585	108,693,662	200,565,247	0.051197	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,248,791	3,344,617	14,593,408	0.231192	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	92,036,513	71,036,736	163,073,249	0.420194	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	112,219,241	55,333,549	167,552,790	0.413661	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	337,707,844	78,795,546	416,503,390	0.241595	0.000000		73.00
74.00	07400	RENAL DIALYSIS	15,286,615	1,605,823	16,892,438	0.358714	0.000000		74.00
75.00	03330	ENDOSCOPY	14,339,567	31,417,080	45,756,647	0.110288	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	5,985	15,797,167	15,803,152	0.659361	0.000000		90.00
90.01	09001	PARTIAL HOSPITALIZATION	6,976	14,370,879	14,377,855	0.309022	0.000000		90.01
91.00	09100	EMERGENCY	64,273,256	147,033,519	211,306,775	0.157565	0.000000		91.00
91.01	09101	WOUND CARE 002	614,710	16,169,259	16,783,969	0.214812	0.000000		91.01
91.02	09102	WOUND CARE 001	1,713,370	158,737	1,872,107	0.435174	0.000000		91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	0.000000		91.03
91.04	09104	ZIONSVILLE CLINIC	17,705	2,725,146	2,742,851	0.326663	0.000000		91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	0.000000		91.05
91.06	09106	OP ANTI COAGULATION CLINIC	24,960	2,728,678	2,753,638	0.623184	0.000000		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	40,619	3,859,534	3,900,153	0.218679	0.000000		91.07
91.08	04040	FAMILY PRACTICE	264,635	47,649	312,284	24.363282	0.000000		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	11,442,520	28,206,209	39,648,729	0.440860	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0.000000	0.000000		97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	0.000000		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0.000000	0.000000		98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	0.000000		98.02
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	5,212,230	367,057	5,579,287				105.00
106.00	10600	HEART ACQUISITION	4,676,237	217,845	4,894,082				106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	2,433,226,792	1,384,256,396	3,817,483,188				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	2,433,226,792	1,384,256,396	3,817,483,188				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/29/2018 10:08 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT			33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060 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
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
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 ENDOSCOPY	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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 ZI ONSVILLE 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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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
<b>SPECIAL PURPOSE COST CENTERS</b>				
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
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: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	8,632,403	0	8,632,403	137,939	62.58	30.00
31.00	INTENSIVE CARE UNIT	1,480,689		1,480,689	17,465	84.78	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,085,363		1,085,363	7,545	143.85	32.01
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	492,658		492,658	3,115	158.16	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,440,011		1,440,011	29,083	49.51	34.01
40.00	SUBPROVIDER - IPF	538,706	0	538,706	14,898	36.16	40.00
41.00	SUBPROVIDER - IRF	257,914	0	257,914	4,251	60.67	41.00
43.00	NURSERY	385,816		385,816	4,052	95.22	43.00
200.00	Total (lines 30 through 199)	14,313,560		14,313,560	218,348		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	45,813	2,866,978				
31.00	INTENSIVE CARE UNIT	6,328	536,488				
32.00	CORONARY CARE UNIT	0	0				
32.01	CARDIOTHORACIC VASCULAR TRANSPL	2,797	402,348				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	PEDIATRIC INTENSIVE CARE UNIT	7	1,107				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	2,771	100,199				
41.00	SUBPROVIDER - IRF	1,844	111,875				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	59,560	4,018,995				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/29/2018 10:08 am	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,869,774	650,696,227	0.015168	121,133,268	1,837,349	50.00
50.01	03951 AMBULATORY SURGERY	1,674,208	111,103,520	0.015069	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	572,343	65,163,429	0.008783	278,031	2,442	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,225,715	70,063,439	0.031767	7,002,131	222,437	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	922,670	42,737,817	0.021589	4,709,203	101,667	54.01
54.02	05403 ULTRASOUND	171,309	25,687,806	0.006669	5,788,165	38,601	54.02
54.03	05404 ECHOCARDIOLOGY	251,940	30,170,356	0.008351	49,093	410	54.03
54.04	05401 ONCOLOGY	3,230,513	109,688,613	0.029452	1,637,129	48,217	54.04
57.00	05700 CT SCAN	511,766	42,012,163	0.012181	7,454,879	90,808	57.00
58.00	05800 MRI	892,546	13,584,822	0.065702	1,330,950	87,446	58.00
59.00	05900 CARDIAC CATHETERIZATION	560,321	14,616,336	0.038335	0	0	59.00
59.01	05901 CARDIAC REHAB	153,534	3,291,024	0.046652	240,002	11,197	59.01
60.00	06000 LABORATORY	959,327	349,915,094	0.002742	83,367,549	228,594	60.00
65.00	06500 RESPIRATORY THERAPY	1,330,742	71,706,078	0.018558	19,704,372	365,674	65.00
65.01	06501 SLEEP LAB	127,052	14,073,575	0.009028	5,749	52	65.01
66.00	06600 PHYSICAL THERAPY	2,002,869	36,224,958	0.055290	4,332,503	239,544	66.00
66.01	06601 SPORTS PERFORMANCE	1,358,551	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	41,212	7,663,247	0.005378	1,528,325	8,219	67.00
68.00	06800 SPEECH PATHOLOGY	99,801	6,309,295	0.015818	1,418,726	22,441	68.00
69.00	06900 ELECTROCARDIOLOGY	2,334,954	200,565,247	0.011642	34,604,612	402,867	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	398,186	14,593,408	0.027285	2,624,085	71,598	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	3,451,864	163,073,249	0.021168	30,745,900	650,829	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,601,118	167,552,790	0.021492	39,801,772	855,420	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,646,844	416,503,390	0.008756	70,684,999	618,918	73.00
74.00	07400 RENAL DIALYSIS	210,106	16,892,438	0.012438	7,156,033	89,007	74.00
75.00	03330 ENDOSCOPY	605,640	45,756,647	0.013236	5,573,499	73,771	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,129,060	15,803,152	0.134724	5,985	806	90.00
90.01	09001 PARTIAL HOSPITALIZATION	234,376	14,377,855	0.016301	2,872	47	90.01
91.00	09100 EMERGENCY	2,031,150	211,306,775	0.009612	21,872,510	210,239	91.00
91.01	09101 WOUND CARE 002	265,510	16,783,969	0.015819	314,378	4,973	91.01
91.02	09102 WOUND CARE 001	48,799	1,872,107	0.026066	742,097	19,344	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	251,303	2,742,851	0.091621	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	135,155	2,753,638	0.049082	6,392	314	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	148,864	3,900,153	0.038169	1,697	65	91.07
91.08	04040 FAMILY PRACTICE	424,969	312,284	1.360841	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	953,178	39,648,729	0.024041	4,084,657	98,199	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						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	32	0	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	630	0	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	15,170	0	0.000000	0	0	98.02
200.00	Total (lines 50 through 199)	47,843,101	2,999,146,481		478,201,563	6,401,495	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	295,267	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	187,662	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	11,380	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,597	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	108,605	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	65,482	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	19,565	0	41.00
43.00	04300	NURSERY	0	0	0	799	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	690,357	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	295,267	137,939	2.14	45,813	30.00
31.00	03100	INTENSIVE CARE UNIT		187,662	17,465	10.75	6,328	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		11,380	7,545	1.51	2,797	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		1,597	3,115	0.51	7	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		108,605	29,083	3.73	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	65,482	14,898	4.40	2,771	40.00
41.00	04100	SUBPROVIDER - IRF	0	19,565	4,251	4.60	1,844	41.00
43.00	04300	NURSERY		799	4,052	0.20	0	43.00
200.00		Total (lines 30 through 199)		690,357	218,348		59,560	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,040					30.00
31.00	03100	INTENSIVE CARE UNIT	68,026					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	4,223					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4					33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0					34.01
40.00	04000	SUBPROVIDER - IPF	12,192					40.00
41.00	04100	SUBPROVIDER - IRF	8,482					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	190,967					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	1,198	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	3,594	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	276,974	54.00	
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01	
54.02 05403 ULTRASOUND	0	0	0	0	101,544	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	0	166,074	57.00	
58.00 05800 MRI	0	0	0	0	53,701	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	0	0	994,965	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00 03330 ENDOSCOPY	0	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	1,624,250	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	32,599	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 through 199)	0	0	0	0	3,254,899	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	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)			
		4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	1,198	1,198	650,696,227	0.000002	50.00	
50.01	03951	AMBULATORY SURGERY	0	0	0	111,103,520	0.000000	50.01	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,594	3,594	65,163,429	0.000055	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	276,974	276,974	70,063,439	0.003953	54.00	
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	42,737,817	0.000000	54.01	
54.02	05403	ULTRASOUND	0	101,544	101,544	25,687,806	0.003953	54.02	
54.03	05404	ECHOCARDIOLOGY	0	0	0	30,170,356	0.000000	54.03	
54.04	05401	ONCOLOGY	0	0	0	109,688,613	0.000000	54.04	
57.00	05700	CT SCAN	0	166,074	166,074	42,012,163	0.003953	57.00	
58.00	05800	MRI	0	53,701	53,701	13,584,822	0.003953	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,616,336	0.000000	59.00	
59.01	05901	CARDIAC REHAB	0	0	0	3,291,024	0.000000	59.01	
60.00	06000	LABORATORY	0	0	0	349,915,094	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	71,706,078	0.000000	65.00	
65.01	06501	SLEEP LAB	0	0	0	14,073,575	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	36,224,958	0.000000	66.00	
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,663,247	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,309,295	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	200,565,247	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,593,408	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	163,073,249	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	167,552,790	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	994,965	994,965	416,503,390	0.002389	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	16,892,438	0.000000	74.00	
75.00	03330	ENDOSCOPY	0	0	0	45,756,647	0.000000	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	15,803,152	0.000000	90.00	
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,377,855	0.000000	90.01	
91.00	09100	EMERGENCY	0	1,624,250	1,624,250	211,306,775	0.007687	91.00	
91.01	09101	WOUND CARE 002	0	0	0	16,783,969	0.000000	91.01	
91.02	09102	WOUND CARE 001	0	0	0	1,872,107	0.000000	91.02	
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03	
91.04	09104	ZIONVILLE CLINIC	0	0	0	2,742,851	0.000000	91.04	
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05	
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	2,753,638	0.000000	91.06	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,900,153	0.000000	91.07	
91.08	04040	FAMILY PRACTICE	0	0	0	312,284	0.000000	91.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	32,599	32,599	39,648,729	0.000822	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00	
97.01	09701	FAMILY PRACTICE	0	0	0	0	0.000000	97.01	
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00	
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01	
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02	
200.00		Total (lines 50 through 199)	0	3,254,899	3,254,899	2,999,146,481		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description		Title XVIII					Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000002	121,133,268	242	63,623,330	127	50.00	
50.01	03951 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000055	278,031	15	12,855	1	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003953	7,002,131	27,679	18,836,311	74,460	54.00	
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	4,709,203	0	4,066,154	0	54.01	
54.02	05403 ULTRASOUND	0.003953	5,788,165	22,881	1,921,344	7,595	54.02	
54.03	05404 ECHOCARDIOLOGY	0.000000	49,093	0	11,305,829	0	54.03	
54.04	05401 ONCOLOGY	0.000000	1,637,129	0	36,836,500	0	54.04	
57.00	05700 CT SCAN	0.003953	7,454,879	29,469	5,797,864	22,919	57.00	
58.00	05800 MRI	0.003953	1,330,950	5,261	2,060,533	8,145	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	6,140,470	0	59.00	
59.01	05901 CARDIAC REHAB	0.000000	240,002	0	1,108,400	0	59.01	
60.00	06000 LABORATORY	0.000000	83,367,549	0	20,690,340	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	19,704,372	0	1,005,888	0	65.00	
65.01	06501 SLEEP LAB	0.000000	5,749	0	2,234,265	0	65.01	
66.00	06600 PHYSICAL THERAPY	0.000000	4,332,503	0	236,304	0	66.00	
66.01	06601 SPORTS PERFORMANCE	0.000000	0	0	0	0	66.01	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,528,325	0	60,922	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	1,418,726	0	510,519	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	34,604,612	0	44,319,435	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,624,085	0	123,276	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	30,745,900	0	15,576,007	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	39,801,772	0	18,588,664	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002389	70,684,999	168,866	27,690,907	66,154	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	7,156,033	0	312,908	0	74.00	
75.00	03330 ENDOSCOPY	0.000000	5,573,499	0	8,326,664	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0.000000	5,985	0	504,151	0	90.00	
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	2,872	0	129,873	0	90.01	
91.00	09100 EMERGENCY	0.007687	21,872,510	168,134	22,507,731	173,017	91.00	
91.01	09101 WOUND CARE 002	0.000000	314,378	0	8,056,505	0	91.01	
91.02	09102 WOUND CARE 001	0.000000	742,097	0	66,027	0	91.02	
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03	
91.04	09104 ZIONSVILLE CLINIC	0.000000	0	0	179,186	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	6,392	0	1,512,149	0	91.06	
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	1,697	0	1,321,429	0	91.07	
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000822	4,084,657	3,358	7,552,414	6,208	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						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	0.000000	0	0	0	0	98.01	
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02	
200.00	Total (lines 50 through 199)		478,201,563	425,905	333,215,154	358,626	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/29/2018 10:08 am				
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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.100813	63,623,330	23,547	0	6,414,059	50.00
50.01	03951	AMBULATORY SURGERY	0.154935	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.142666	12,855	0	0	1,834	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232936	18,836,311	0	0	4,387,655	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.179439	4,066,154	0	0	729,627	54.01
54.02	05403	ULTRASOUND	0.084437	1,921,344	0	0	162,233	54.02
54.03	05404	ECHOCARDIOLOGY	0.072893	11,305,829	0	0	824,116	54.03
54.04	05401	ONCOLOGY	0.128830	36,836,500	0	0	4,745,646	54.04
57.00	05700	CT SCAN	0.080379	5,797,864	0	0	466,027	57.00
58.00	05800	MRI	0.233588	2,060,533	0	0	481,316	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.315898	6,140,470	0	0	1,939,762	59.00
59.01	05901	CARDIAC REHAB	0.400921	1,108,400	0	0	444,381	59.01
60.00	06000	LABORATORY	0.093864	20,690,340	0	0	1,942,078	60.00
65.00	06500	RESPIRATORY THERAPY	0.250580	1,005,888	0	0	252,055	65.00
65.01	06501	SLEEP LAB	0.150706	2,234,265	0	0	336,717	65.01
66.00	06600	PHYSICAL THERAPY	0.401798	236,304	0	0	94,946	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.208911	60,922	0	0	12,727	67.00
68.00	06800	SPEECH PATHOLOGY	0.249749	510,519	0	0	127,502	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049354	44,319,435	0	0	2,187,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214845	123,276	0	0	26,485	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.420194	15,576,007	0	0	6,544,945	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413661	18,588,664	6,896	0	7,689,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241595	27,690,907	10,305	112,643	6,689,985	73.00
74.00	07400	RENAL DIALYSIS	0.344592	312,908	0	0	107,826	74.00
75.00	03330	ENDOSCOPY	0.104032	8,326,664	0	0	866,240	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.619358	504,151	0	0	312,250	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.309022	129,873	0	0	40,134	90.01
91.00	09100	EMERGENCY	0.152654	22,507,731	0	0	3,435,895	91.00
91.01	09101	WOUND CARE 002	0.200599	8,056,505	0	0	1,616,127	91.01
91.02	09102	WOUND CARE 001	0.435174	66,027	0	0	28,733	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.326663	179,186	0	0	58,533	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.623184	1,512,149	150	0	942,347	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.218679	1,321,429	0	0	288,969	91.07
91.08	04040	FAMILY PRACTICE	21.154840	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.440860	7,552,414	0	0	3,329,557	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	0.000000	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00		Subtotal (see instructions)		333,215,154	40,898	112,643	57,527,453	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)		333,215,154	40,898	112,643	57,527,453	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/29/2018 10:08 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	2,374	0		50.00
50.01 03951 AMBULATORY SURGERY	0	0		50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
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	2,853	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,490	27,214		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 03330 ENDOSCOPY	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	93	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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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)	7,810	27,214		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (Line 200 - Line 201)	7,810	27,214		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/29/2018 10:08 am		
				Component CCN: 15-S084		PPS		
				Title XVIII		Subprovider - IPF		
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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,869,774	650,696,227	0.015168	642,317	9,743	50.00
50.01	03951	AMBULATORY SURGERY	1,674,208	111,103,520	0.015069	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	572,343	65,163,429	0.008783	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,225,715	70,063,439	0.031767	17,182	546	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	922,670	42,737,817	0.021589	20,805	449	54.01
54.02	05403	ULTRASOUND	171,309	25,687,806	0.006669	2,731	18	54.02
54.03	05404	ECHOCARDIOLOGY	251,940	30,170,356	0.008351	0	0	54.03
54.04	05401	ONCOLOGY	3,230,513	109,688,613	0.029452	0	0	54.04
57.00	05700	CT SCAN	511,766	42,012,163	0.012181	32,300	393	57.00
58.00	05800	MRI	892,546	13,584,822	0.065702	2,850	187	58.00
59.00	05900	CARDIAC CATHETERIZATION	560,321	14,616,336	0.038335	0	0	59.00
59.01	05901	CARDIAC REHAB	153,534	3,291,024	0.046652	0	0	59.01
60.00	06000	LABORATORY	959,327	349,915,094	0.002742	416,208	1,141	60.00
65.00	06500	RESPIRATORY THERAPY	1,330,742	71,706,078	0.018558	28,664	532	65.00
65.01	06501	SLEEP LAB	127,052	14,073,575	0.009028	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,002,869	36,224,958	0.055290	36,321	2,008	66.00
66.01	06601	SPORTS PERFORMANCE	1,358,551	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	41,212	7,663,247	0.005378	14,324	77	67.00
68.00	06800	SPEECH PATHOLOGY	99,801	6,309,295	0.015818	1,858	29	68.00
69.00	06900	ELECTROCARDIOLOGY	2,334,954	200,565,247	0.011642	9,924	116	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	398,186	14,593,408	0.027285	8,734	238	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,451,864	163,073,249	0.021168	46,321	981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,601,118	167,552,790	0.021492	3,780	81	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,646,844	416,503,390	0.008756	423,800	3,711	73.00
74.00	07400	RENAL DIALYSIS	210,106	16,892,438	0.012438	20,901	260	74.00
75.00	03330	ENDOSCOPY	605,640	45,756,647	0.013236	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,129,060	15,803,152	0.134724	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	234,376	14,377,855	0.016301	0	0	90.01
91.00	09100	EMERGENCY	2,031,150	211,306,775	0.009612	158,991	1,528	91.00
91.01	09101	WOUND CARE 002	265,510	16,783,969	0.015819	0	0	91.01
91.02	09102	WOUND CARE 001	48,799	1,872,107	0.026066	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	251,303	2,742,851	0.091621	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	135,155	2,753,638	0.049082	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	148,864	3,900,153	0.038169	0	0	91.07
91.08	04040	FAMILY PRACTICE	424,969	312,284	1.360841	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	39,648,729	0.000000	98,615	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	32	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	630	0	0.000000	0	0	98.01
98.02	09852	DIABETES EDUCATION	15,170	0	0.000000	0	0	98.02
200.00		Total (lines 50 through 199)	46,889,923	2,999,146,481		1,986,626	22,038	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	1,198	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	3,594	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	276,974	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	101,544	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	0	166,074	57.00
58.00	05800 MRI	0	0	0	0	53,701	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	0	0	994,965	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330 ENDOSCOPY	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	1,624,250	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 through 199)	0	0	0	0	3,222,300	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	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)	
		4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	1,198	1,198	650,696,227	0.000002 50.00	
50.01	03951 AMBULATORY SURGERY	0	0	0	111,103,520	0.000000 50.01	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,594	3,594	65,163,429	0.000055 52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	276,974	276,974	70,063,439	0.003953 54.00	
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	42,737,817	0.000000 54.01	
54.02	05403 ULTRASOUND	0	101,544	101,544	25,687,806	0.003953 54.02	
54.03	05404 ECHOCARDIOLOGY	0	0	0	30,170,356	0.000000 54.03	
54.04	05401 ONCOLOGY	0	0	0	109,688,613	0.000000 54.04	
57.00	05700 CT SCAN	0	166,074	166,074	42,012,163	0.003953 57.00	
58.00	05800 MRI	0	53,701	53,701	13,584,822	0.003953 58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	14,616,336	0.000000 59.00	
59.01	05901 CARDIAC REHAB	0	0	0	3,291,024	0.000000 59.01	
60.00	06000 LABORATORY	0	0	0	349,915,094	0.000000 60.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	71,706,078	0.000000 65.00	
65.01	06501 SLEEP LAB	0	0	0	14,073,575	0.000000 65.01	
66.00	06600 PHYSICAL THERAPY	0	0	0	36,224,958	0.000000 66.00	
66.01	06601 SPORTS PERFORMANCE	0	0	0	0	0.000000 66.01	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	7,663,247	0.000000 67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	6,309,295	0.000000 68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	200,565,247	0.000000 69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	14,593,408	0.000000 70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	163,073,249	0.000000 71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	167,552,790	0.000000 72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	994,965	994,965	416,503,390	0.002389 73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	16,892,438	0.000000 74.00	
75.00	03330 ENDOSCOPY	0	0	0	45,756,647	0.000000 75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	15,803,152	0.000000 90.00	
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	14,377,855	0.000000 90.01	
91.00	09100 EMERGENCY	0	1,624,250	1,624,250	211,306,775	0.007687 91.00	
91.01	09101 WOUND CARE 002	0	0	0	16,783,969	0.000000 91.01	
91.02	09102 WOUND CARE 001	0	0	0	1,872,107	0.000000 91.02	
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	0	0.000000 91.03	
91.04	09104 ZIONSVILLE CLINIC	0	0	0	2,742,851	0.000000 91.04	
91.05	09105 BROWNSBURG CLINIC	0	0	0	0	0.000000 91.05	
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	2,753,638	0.000000 91.06	
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,900,153	0.000000 91.07	
91.08	04040 FAMILY PRACTICE	0	0	0	312,284	0.000000 91.08	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	39,648,729	0.000000 92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000 95.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000 97.00	
97.01	09701 FAMILY PRACTICE	0	0	0	0	0.000000 97.01	
98.00	09853 GERIATRIC CLINIC	0	0	0	0	0.000000 98.00	
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000 98.01	
98.02	09852 DIABETES EDUCATION	0	0	0	0	0.000000 98.02	
200.00	Total (lines 50 through 199)	0	3,222,300	3,222,300	2,999,146,481	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000002	642,317	1	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000055	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003953	17,182	68	254	1	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	20,805	0	306	0	54.01
54.02	05403 ULTRASOUND	0.003953	2,731	11	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	0	0	0	0	54.03
54.04	05401 ONCOLOGY	0.000000	0	0	0	0	54.04
57.00	05700 CT SCAN	0.003953	32,300	128	850	3	57.00
58.00	05800 MRI	0.003953	2,850	11	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	416,208	0	2,217	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	28,664	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	36,321	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	14,324	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,858	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,924	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	8,734	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	46,321	0	3	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,780	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002389	423,800	1,012	1,917	5	73.00
74.00	07400 RENAL DIALYSIS	0.000000	20,901	0	0	0	74.00
75.00	03330 ENDOSCOPY	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	0	0	17,532	0	90.01
91.00	09100 EMERGENCY	0.007687	158,991	1,222	3,632	28	91.00
91.01	09101 WOUND CARE 002	0.000000	0	0	0	0	91.01
91.02	09102 WOUND CARE 001	0.000000	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	0.000000	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	0.000000	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	98,615	0	6,555	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						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	0.000000	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00	Total (lines 50 through 199)		1,986,626	2,453	33,266	37	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/29/2018 10:08 am
Title XVIII		Subprovider - IPF	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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.100813	0	0	0	0	50.00	
50.01 03951 AMBULATORY SURGERY	0.154935	0	0	0	0	50.01	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.142666	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.232936	254	0	0	59	54.00	
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.179439	306	0	0	55	54.01	
54.02 05403 ULTRASOUND	0.084437	0	0	0	0	54.02	
54.03 05404 ECHOCARDIOLOGY	0.072893	0	0	0	0	54.03	
54.04 05401 ONCOLOGY	0.128830	0	0	0	0	54.04	
57.00 05700 CT SCAN	0.080379	850	0	0	68	57.00	
58.00 05800 MRI	0.233588	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.315898	0	0	0	0	59.00	
59.01 05901 CARDIAC REHAB	0.400921	0	0	0	0	59.01	
60.00 06000 LABORATORY	0.093864	2,217	0	0	208	60.00	
65.00 06500 RESPIRATORY THERAPY	0.250580	0	0	0	0	65.00	
65.01 06501 SLEEP LAB	0.150706	0	0	0	0	65.01	
66.00 06600 PHYSICAL THERAPY	0.401798	0	0	0	0	66.00	
66.01 06601 SPORTS PERFORMANCE	0.000000	0	0	0	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	0.208911	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.249749	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.049354	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.214845	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.420194	3	0	0	1	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.413661	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.241595	1,917	0	775	463	73.00	
74.00 07400 RENAL DIALYSIS	0.344592	0	0	0	0	74.00	
75.00 03330 ENDOSCOPY	0.104032	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0.619358	0	0	0	0	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0.309022	17,532	0	0	5,418	90.01	
91.00 09100 EMERGENCY	0.152654	3,632	0	0	554	91.00	
91.01 09101 WOUND CARE 002	0.200599	0	0	0	0	91.01	
91.02 09102 WOUND CARE 001	0.435174	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	0.326663	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	0.623184	0	0	0	0	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.218679	0	0	0	0	91.07	
91.08 04040 FAMILY PRACTICE	21.154840	0	0	0	0	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.440860	6,555	0	0	2,890	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	0.000000	0	0	0	0	98.01	
98.02 09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02	
200.00	Subtotal (see instructions)		33,266	0	775	9,716	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		33,266	0	775	9,716	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/29/2018 10:08 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	
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	187	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
75.00 03330 ENDOSCOPY	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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	187	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	187	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/29/2018 10:08 am		
				Component CCN: 15-T084		PPS		
				Title XVIII		Subprovider - IRF		
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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,869,774	650,696,227	0.015168	98,445	1,493	50.00
50.01	03951	AMBULATORY SURGERY	1,674,208	111,103,520	0.015069	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	572,343	65,163,429	0.008783	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,225,715	70,063,439	0.031767	25,370	806	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	922,670	42,737,817	0.021589	9,484	205	54.01
54.02	05403	ULTRASOUND	171,309	25,687,806	0.006669	2,861	19	54.02
54.03	05404	ECHOCARDIOLOGY	251,940	30,170,356	0.008351	0	0	54.03
54.04	05401	ONCOLOGY	3,230,513	109,688,613	0.029452	2,643	78	54.04
57.00	05700	CT SCAN	511,766	42,012,163	0.012181	34,850	425	57.00
58.00	05800	MRI	892,546	13,584,822	0.065702	10,450	687	58.00
59.00	05900	CARDIAC CATHETERIZATION	560,321	14,616,336	0.038335	0	0	59.00
59.01	05901	CARDIAC REHAB	153,534	3,291,024	0.046652	0	0	59.01
60.00	06000	LABORATORY	959,327	349,915,094	0.002742	702,491	1,926	60.00
65.00	06500	RESPIRATORY THERAPY	1,330,742	71,706,078	0.018558	61,350	1,139	65.00
65.01	06501	SLEEP LAB	127,052	14,073,575	0.009028	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,002,869	36,224,958	0.055290	685,955	37,926	66.00
66.01	06601	SPORTS PERFORMANCE	1,358,551	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	41,212	7,663,247	0.005378	707,666	3,806	67.00
68.00	06800	SPEECH PATHOLOGY	99,801	6,309,295	0.015818	306,223	4,844	68.00
69.00	06900	ELECTROCARDIOLOGY	2,334,954	200,565,247	0.011642	18,254	213	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	398,186	14,593,408	0.027285	2,684	73	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,451,864	163,073,249	0.021168	211,867	4,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,601,118	167,552,790	0.021492	5,557	119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,646,844	416,503,390	0.008756	420,336	3,680	73.00
74.00	07400	RENAL DIALYSIS	210,106	16,892,438	0.012438	87,435	1,088	74.00
75.00	03330	ENDOSCOPY	605,640	45,756,647	0.013236	6,304	83	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,129,060	15,803,152	0.134724	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	234,376	14,377,855	0.016301	0	0	90.01
91.00	09100	EMERGENCY	2,031,150	211,306,775	0.009612	0	0	91.00
91.01	09101	WOUND CARE 002	265,510	16,783,969	0.015819	0	0	91.01
91.02	09102	WOUND CARE 001	48,799	1,872,107	0.026066	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	251,303	2,742,851	0.091621	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	135,155	2,753,638	0.049082	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	148,864	3,900,153	0.038169	0	0	91.07
91.08	04040	FAMILY PRACTICE	424,969	312,284	1.360841	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	39,648,729	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	32	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	630	0	0.000000	0	0	98.01
98.02	09852	DIABETES EDUCATION	15,170	0	0.000000	0	0	98.02
200.00		Total (lines 50 through 199)	46,889,923	2,999,146,481		3,400,225	63,095	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	1,198	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	3,594	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	276,974	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	101,544	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	0	166,074	57.00
58.00	05800 MRI	0	0	0	0	53,701	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	0	0	994,965	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330 ENDOSCOPY	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	1,624,250	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 through 199)	0	0	0	0	3,222,300	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am				
Title XVIII			Subprovider - IRF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	1,198	1,198	650,696,227	0.000002	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	111,103,520	0.000000	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,594	3,594	65,163,429	0.000055	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	276,974	276,974	70,063,439	0.003953	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	42,737,817	0.000000	54.01
54.02	05403	ULTRASOUND	0	101,544	101,544	25,687,806	0.003953	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	30,170,356	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	109,688,613	0.000000	54.04
57.00	05700	CT SCAN	0	166,074	166,074	42,012,163	0.003953	57.00
58.00	05800	MRI	0	53,701	53,701	13,584,822	0.003953	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,616,336	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,291,024	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	349,915,094	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	71,706,078	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	14,073,575	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	36,224,958	0.000000	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,663,247	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,309,295	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	200,565,247	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,593,408	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	163,073,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	167,552,790	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	994,965	994,965	416,503,390	0.002389	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	16,892,438	0.000000	74.00
75.00	03330	ENDOSCOPY	0	0	0	45,756,647	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	15,803,152	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,377,855	0.000000	90.01
91.00	09100	EMERGENCY	0	1,624,250	1,624,250	211,306,775	0.007687	91.00
91.01	09101	WOUND CARE 002	0	0	0	16,783,969	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	1,872,107	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	2,742,851	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	2,753,638	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,900,153	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	312,284	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	39,648,729	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0.000000	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	3,222,300	3,222,300	2,999,146,481		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am	
				Title XVIII		Subprovider - IRF	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000002	98,445	0	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000055	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003953	25,370	100	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	9,484	0	0	0	54.01
54.02	05403 ULTRASOUND	0.003953	2,861	11	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	0	0	0	0	54.03
54.04	05401 ONCOLOGY	0.000000	2,643	0	0	0	54.04
57.00	05700 CT SCAN	0.003953	34,850	138	0	0	57.00
58.00	05800 MRI	0.003953	10,450	41	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	702,491	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	61,350	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	685,955	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	707,666	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	306,223	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	18,254	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,684	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	211,867	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,557	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002389	420,336	1,004	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	87,435	0	0	0	74.00
75.00	03330 ENDOSCOPY	0.000000	6,304	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.007687	0	0	0	0	91.00
91.01	09101 WOUND CARE 002	0.000000	0	0	0	0	91.01
91.02	09102 WOUND CARE 001	0.000000	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	0.000000	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	0.000000	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						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	0.000000	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00	Total (lines 50 through 199)		3,400,225	1,294	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,632,403	0	8,632,403	137,939	62.58	30.00
31.00	INTENSIVE CARE UNIT	1,480,689		1,480,689	17,465	84.78	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,085,363		1,085,363	7,545	143.85	32.01
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	492,658		492,658	3,115	158.16	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,440,011		1,440,011	29,083	49.51	34.01
40.00	SUBPROVIDER - IPF	538,706	0	538,706	14,898	36.16	40.00
41.00	SUBPROVIDER - IRF	257,914	0	257,914	4,251	60.67	41.00
43.00	NURSERY	385,816		385,816	4,052	95.22	43.00
200.00	Total (lines 30 through 199)	14,313,560		14,313,560	218,348		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	5,045	315,716				
31.00	INTENSIVE CARE UNIT	379	32,132				
32.00	CORONARY CARE UNIT	0	0				
32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	PEDIATRIC INTENSIVE CARE UNIT	74	11,704				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	NEONATAL INTENSIVE CARE UNIT	5,433	268,988				
40.00	SUBPROVIDER - IPF	782	28,277				
41.00	SUBPROVIDER - IRF	45	2,730				
43.00	NURSERY	757	72,082				
200.00	Total (lines 30 through 199)	12,515	731,629				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/29/2018 10:08 am	
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	Hospital Cost	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,869,774	650,696,227	0.015168	10,739,701	162,900	50.00
50.01	03951	AMBULATORY SURGERY	1,674,208	111,103,520	0.015069	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	572,343	65,163,429	0.008783	1,872,648	16,447	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,225,715	70,063,439	0.031767	949,125	30,151	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	922,670	42,737,817	0.021589	304,257	6,569	54.01
54.02	05403	ULTRASOUND	171,309	25,687,806	0.006669	561,345	3,744	54.02
54.03	05404	ECHOCARDIOLOGY	251,940	30,170,356	0.008351	58,826	491	54.03
54.04	05401	ONCOLOGY	3,230,513	109,688,613	0.029452	313,289	9,227	54.04
57.00	05700	CT SCAN	511,766	42,012,163	0.012181	703,145	8,565	57.00
58.00	05800	MRI	892,546	13,584,822	0.065702	179,432	11,789	58.00
59.00	05900	CARDIAC CATHETERIZATION	560,321	14,616,336	0.038335	0	0	59.00
59.01	05901	CARDIAC REHAB	153,534	3,291,024	0.046652	8,576	400	59.01
60.00	06000	LABORATORY	959,327	349,915,094	0.002742	9,707,379	26,618	60.00
65.00	06500	RESPIRATORY THERAPY	1,330,742	71,706,078	0.018558	4,574,089	84,886	65.00
65.01	06501	SLEEP LAB	127,052	14,073,575	0.009028	5,653	51	65.01
66.00	06600	PHYSICAL THERAPY	2,002,869	36,224,958	0.055290	547,908	30,294	66.00
66.01	06601	SPORTS PERFORMANCE	1,358,551	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	41,212	7,663,247	0.005378	246,574	1,326	67.00
68.00	06800	SPEECH PATHOLOGY	99,801	6,309,295	0.015818	190,766	3,018	68.00
69.00	06900	ELECTROCARDIOLOGY	2,334,954	200,565,247	0.011642	2,655,704	30,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	398,186	14,593,408	0.027285	707,053	19,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,451,864	163,073,249	0.021168	2,706,784	57,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,601,118	167,552,790	0.021492	2,597,109	55,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,646,844	416,503,390	0.008756	9,669,227	84,664	73.00
74.00	07400	RENAL DIALYSIS	210,106	16,892,438	0.012438	737,475	9,173	74.00
75.00	03330	ENDOSCOPY	605,640	45,756,647	0.013236	440,215	5,827	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,129,060	15,803,152	0.134724	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	234,376	14,377,855	0.016301	0	0	90.01
91.00	09100	EMERGENCY	2,031,150	211,306,775	0.009612	3,410,491	32,782	91.00
91.01	09101	WOUND CARE 002	265,510	16,783,969	0.015819	16,345	259	91.01
91.02	09102	WOUND CARE 001	48,799	1,872,107	0.026066	61,262	1,597	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	251,303	2,742,851	0.091621	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	135,155	2,753,638	0.049082	894	44	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	148,864	3,900,153	0.038169	0	0	91.07
91.08	04040	FAMILY PRACTICE	424,969	312,284	1.360841	23,196	31,566	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	953,185	39,648,729	0.024041	696,085	16,735	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	32	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	630	0	0.000000	0	0	98.01
98.02	09852	DIABETES EDUCATION	15,170	0	0.000000	0	0	98.02
200.00		Total (lines 50 through 199)	47,843,108	2,999,146,481		54,684,553	742,447	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	295,267	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	187,662	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	11,380	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,597	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	108,605	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	65,482	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	19,565	0	41.00
43.00	04300	NURSERY	0	0	0	799	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	690,357	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	295,267	137,939	2.14	5,045	30.00
31.00	03100	INTENSIVE CARE UNIT		187,662	17,465	10.75	379	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		11,380	7,545	1.51	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		1,597	3,115	0.51	74	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		108,605	29,083	3.73	5,433	34.01
40.00	04000	SUBPROVIDER - IPF	0	65,482	14,898	4.40	782	40.00
41.00	04100	SUBPROVIDER - IRF	0	19,565	4,251	4.60	45	41.00
43.00	04300	NURSERY		799	4,052	0.20	757	43.00
200.00		Total (lines 30 through 199)		690,357	218,348		12,515	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,796					30.00
31.00	03100	INTENSIVE CARE UNIT	4,074					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	38					33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	20,265					34.01
40.00	04000	SUBPROVIDER - IPF	3,441					40.00
41.00	04100	SUBPROVIDER - IRF	207					41.00
43.00	04300	NURSERY	151					43.00
200.00		Total (lines 30 through 199)	38,972					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description	Title XIX			Hospital		Allied Health Cost	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	1,198	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	3,594	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	276,974	54.00	
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01	
54.02 05403 ULTRASOUND	0	0	0	0	101,544	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	0	166,074	57.00	
58.00 05800 MRI	0	0	0	0	53,701	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	0	0	994,965	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00 03330 ENDOSCOPY	0	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	1,624,250	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	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 through 199)	0	0	0	0	3,222,300	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description	Title XIX			Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7)		
	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)				
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	1,198	1,198	650,696,227	0.000002	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	111,103,520	0.000000	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,594	3,594	65,163,429	0.000055	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	276,974	276,974	70,063,439	0.003953	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	42,737,817	0.000000	54.01
54.02	05403	ULTRASOUND	0	101,544	101,544	25,687,806	0.003953	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	30,170,356	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	109,688,613	0.000000	54.04
57.00	05700	CT SCAN	0	166,074	166,074	42,012,163	0.003953	57.00
58.00	05800	MRI	0	53,701	53,701	13,584,822	0.003953	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,616,336	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,291,024	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	349,915,094	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	71,706,078	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	14,073,575	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	36,224,958	0.000000	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,663,247	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,309,295	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	200,565,247	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,593,408	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	163,073,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	167,552,790	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	994,965	994,965	416,503,390	0.002389	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	16,892,438	0.000000	74.00
75.00	03330	ENDOSCOPY	0	0	0	45,756,647	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	15,803,152	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,377,855	0.000000	90.01
91.00	09100	EMERGENCY	0	1,624,250	1,624,250	211,306,775	0.007687	91.00
91.01	09101	WOUND CARE 002	0	0	0	16,783,969	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	1,872,107	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04	09104	ZIONVILLE CLINIC	0	0	0	2,742,851	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	2,753,638	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,900,153	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	312,284	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	39,648,729	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0.000000	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	3,222,300	3,222,300	2,999,146,481		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
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Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000002	10,739,701	21	6,662,513	13	50.00
50.01	03951 AMBULATORY SURGERY	0.000000	0	0	357,390	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000055	1,872,648	103	88,666	5	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003953	949,125	3,752	852,922	3,372	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	304,257	0	152,694	0	54.01
54.02	05403 ULTRASOUND	0.003953	561,345	2,219	315,955	1,249	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	58,826	0	100,881	0	54.03
54.04	05401 ONCOLOGY	0.000000	313,289	0	2,047,202	0	54.04
57.00	05700 CT SCAN	0.003953	703,145	2,780	367,033	1,451	57.00
58.00	05800 MRI	0.003953	179,432	709	185,012	731	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	31,325	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	8,576	0	13,228	0	59.01
60.00	06000 LABORATORY	0.000000	9,707,379	0	2,114,949	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,574,089	0	55,378	0	65.00
65.01	06501 SLEEP LAB	0.000000	5,653	0	393,010	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	547,908	0	1,109,738	0	66.00
66.01	06601 SPORTS PERFORMANCE	0.000000	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	246,574	0	3,779	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	190,766	0	63,242	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,655,704	0	1,236,161	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	707,053	0	115,728	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	2,706,784	0	969,724	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,597,109	0	1,641,779	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002389	9,669,227	23,100	2,148,115	5,132	73.00
74.00	07400 RENAL DIALYSIS	0.000000	737,475	0	52,677	0	74.00
75.00	03330 ENDOSCOPY	0.000000	440,215	0	245,804	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.007687	3,410,491	26,216	3,574,483	27,477	91.00
91.01	09101 WOUND CARE 002	0.000000	16,345	0	171,669	0	91.01
91.02	09102 WOUND CARE 001	0.000000	61,262	0	1,660	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.000000	0	0	7,011	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	894	0	11,746	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	20,431	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	23,196	0	4,599	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	696,085	0	841,773	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						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	0.000000	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00	Total (lines 50 through 199)		54,684,553	58,900	25,958,277	39,430	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/29/2018 10:08 am
		Title XIX	Hospital	Cost

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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.106184	6,662,513	0	0	707,452 50.00
50.01 03951 AMBULATORY SURGERY	0.154935	357,390	0	0	55,372 50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.153648	88,666	0	0	13,623 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.241959	852,922	0	0	206,372 54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.181951	152,694	0	0	27,783 54.01
54.02 05403 ULTRASOUND	0.084901	315,955	0	0	26,825 54.02
54.03 05404 ECHOCARDIOLOGY	0.078428	100,881	0	0	7,912 54.03
54.04 05401 ONCOLOGY	0.134811	2,047,202	0	0	275,985 54.04
57.00 05700 CT SCAN	0.080947	367,033	0	0	29,710 57.00
58.00 05800 MRI	0.235344	185,012	0	0	43,541 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.328139	31,325	0	0	10,279 59.00
59.01 05901 CARDIAC REHAB	0.408170	13,228	0	0	5,399 59.01
60.00 06000 LABORATORY	0.094819	2,114,949	0	0	200,537 60.00
65.00 06500 RESPIRATORY THERAPY	0.254240	55,378	0	0	14,079 65.00
65.01 06501 SLEEP LAB	0.150706	393,010	0	0	59,229 65.01
66.00 06600 PHYSICAL THERAPY	0.405750	1,109,738	0	0	450,276 66.00
66.01 06601 SPORTS PERFORMANCE	0.000000	0	0	0	0 66.01
67.00 06700 OCCUPATIONAL THERAPY	0.208911	3,779	0	0	789 67.00
68.00 06800 SPEECH PATHOLOGY	0.249749	63,242	0	0	15,795 68.00
69.00 06900 ELECTROCARDIOLOGY	0.051197	1,236,161	0	0	63,288 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.231192	115,728	0	0	26,755 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.420194	969,724	0	0	407,472 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.413661	1,641,779	0	0	679,140 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.241595	2,148,115	0	0	518,974 73.00
74.00 07400 RENAL DIALYSIS	0.358714	52,677	0	0	18,896 74.00
75.00 03330 ENDOSCOPY	0.110288	245,804	0	0	27,109 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.659361	0	0	0	0 90.00
90.01 09001 PARTIAL HOSPITALIZATION	0.309022	0	0	0	0 90.01
91.00 09100 EMERGENCY	0.157565	3,574,483	0	0	563,213 91.00
91.01 09101 WOUND CARE 002	0.214812	171,669	0	0	36,877 91.01
91.02 09102 WOUND CARE 001	0.435174	1,660	0	0	722 91.02
91.03 09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0 91.03
91.04 09104 ZIONSVILLE CLINIC	0.326663	7,011	0	0	2,290 91.04
91.05 09105 BROWNSBURG CLINIC	0.000000	0	0	0	0 91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0.623184	11,746	0	0	7,320 91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.218679	20,431	0	0	4,468 91.07
91.08 04040 FAMILY PRACTICE	24.363282	4,599	0	0	112,047 91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.440860	841,773	0	0	371,104 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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	0.000000	0	0	0	0 98.01
98.02 09852 DIABETES EDUCATION	0.000000	0	0	0	0 98.02
200.00		Subtotal (see instructions)	25,958,277	0	4,990,633 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0 201.00
202.00		Net Charges (line 200 - line 201)	25,958,277	0	4,990,633 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/29/2018 10:08 am
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
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 ENDOSCOPY	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/29/2018 10:08 am	
		Title XIX		Subprovider - IPF		Cost	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,869,774	650,696,227	0.015168	0	0	50.00
50.01	03951 AMBULATORY SURGERY	1,674,208	111,103,520	0.015069	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	572,343	65,163,429	0.008783	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,225,715	70,063,439	0.031767	254	8	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	922,670	42,737,817	0.021589	0	0	54.01
54.02	05403 ULTRASOUND	171,309	25,687,806	0.006669	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	251,940	30,170,356	0.008351	0	0	54.03
54.04	05401 ONCOLOGY	3,230,513	109,688,613	0.029452	0	0	54.04
57.00	05700 CT SCAN	511,766	42,012,163	0.012181	0	0	57.00
58.00	05800 MRI	892,546	13,584,822	0.065702	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	560,321	14,616,336	0.038335	0	0	59.00
59.01	05901 CARDIAC REHAB	153,534	3,291,024	0.046652	0	0	59.01
60.00	06000 LABORATORY	959,327	349,915,094	0.002742	38,046	104	60.00
65.00	06500 RESPIRATORY THERAPY	1,330,742	71,706,078	0.018558	115	2	65.00
65.01	06501 SLEEP LAB	127,052	14,073,575	0.009028	0	0	65.01
66.00	06600 PHYSICAL THERAPY	2,002,869	36,224,958	0.055290	2,414	133	66.00
66.01	06601 SPORTS PERFORMANCE	1,358,551	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	41,212	7,663,247	0.005378	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	99,801	6,309,295	0.015818	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,334,954	200,565,247	0.011642	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	398,186	14,593,408	0.027285	856	23	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	3,451,864	163,073,249	0.021168	115	2	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,601,118	167,552,790	0.021492	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,646,844	416,503,390	0.008756	74,955	656	73.00
74.00	07400 RENAL DIALYSIS	210,106	16,892,438	0.012438	0	0	74.00
75.00	03330 ENDOSCOPY	605,640	45,756,647	0.013236	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,129,060	15,803,152	0.134724	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	234,376	14,377,855	0.016301	4,104	67	90.01
91.00	09100 EMERGENCY	2,031,150	211,306,775	0.009612	0	0	91.00
91.01	09101 WOUND CARE 002	265,510	16,783,969	0.015819	0	0	91.01
91.02	09102 WOUND CARE 001	48,799	1,872,107	0.026066	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	251,303	2,742,851	0.091621	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	135,155	2,753,638	0.049082	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	148,864	3,900,153	0.038169	0	0	91.07
91.08	04040 FAMILY PRACTICE	424,969	312,284	1.360841	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	39,648,729	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	32	0	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	630	0	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	15,170	0	0.000000	0	0	98.02
200.00	Total (lines 50 through 199)	46,889,923	2,999,146,481		120,859	995	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
Title XIX		Subprovider - IPF	Cost

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	1,198	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	3,594	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	276,974	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	101,544	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	0	166,074	57.00
58.00	05800 MRI	0	0	0	0	53,701	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	0	0	994,965	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330 ENDOSCOPY	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	1,624,250	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 through 199)	0	0	0	0	3,222,300	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am				
		Title XIX	Subprovider - IPF	Cost				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	1,198	1,198	650,696,227	0.000002	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	111,103,520	0.000000	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,594	3,594	65,163,429	0.000055	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	276,974	276,974	70,063,439	0.003953	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	42,737,817	0.000000	54.01
54.02	05403	ULTRASOUND	0	101,544	101,544	25,687,806	0.003953	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	30,170,356	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	109,688,613	0.000000	54.04
57.00	05700	CT SCAN	0	166,074	166,074	42,012,163	0.003953	57.00
58.00	05800	MRI	0	53,701	53,701	13,584,822	0.003953	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,616,336	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,291,024	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	349,915,094	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	71,706,078	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	14,073,575	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	36,224,958	0.000000	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,663,247	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,309,295	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	200,565,247	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,593,408	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	163,073,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	167,552,790	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	994,965	994,965	416,503,390	0.002389	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	16,892,438	0.000000	74.00
75.00	03330	ENDOSCOPY	0	0	0	45,756,647	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	15,803,152	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,377,855	0.000000	90.01
91.00	09100	EMERGENCY	0	1,624,250	1,624,250	211,306,775	0.007687	91.00
91.01	09101	WOUND CARE 002	0	0	0	16,783,969	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	1,872,107	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	2,742,851	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	2,753,638	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,900,153	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	312,284	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	39,648,729	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0.000000	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	3,222,300	3,222,300	2,999,146,481		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000002	0	0	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000055	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003953	254	1	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0.003953	0	0	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	0	0	0	0	54.03
54.04	05401 ONCOLOGY	0.000000	0	0	0	0	54.04
57.00	05700 CT SCAN	0.003953	0	0	0	0	57.00
58.00	05800 MRI	0.003953	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	38,046	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	115	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	2,414	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	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	856	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	115	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002389	74,955	179	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	03330 ENDOSCOPY	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	4,104	0	0	0	90.01
91.00	09100 EMERGENCY	0.007687	0	0	0	0	91.00
91.01	09101 WOUND CARE 002	0.000000	0	0	0	0	91.01
91.02	09102 WOUND CARE 001	0.000000	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	0.000000	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	0.000000	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	0.000000	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00	Total (lines 50 through 199)		120,859	180	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/29/2018 10:08 am	
		Title XIX		Subprovider - IRF		Cost	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,869,774	650,696,227	0.015168	1,182	18	50.00
50.01	03951 AMBULATORY SURGERY	1,674,208	111,103,520	0.015069	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	572,343	65,163,429	0.008783	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,225,715	70,063,439	0.031767	1,503	48	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	922,670	42,737,817	0.021589	0	0	54.01
54.02	05403 ULTRASOUND	171,309	25,687,806	0.006669	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	251,940	30,170,356	0.008351	0	0	54.03
54.04	05401 ONCOLOGY	3,230,513	109,688,613	0.029452	0	0	54.04
57.00	05700 CT SCAN	511,766	42,012,163	0.012181	0	0	57.00
58.00	05800 MRI	892,546	13,584,822	0.065702	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	560,321	14,616,336	0.038335	0	0	59.00
59.01	05901 CARDIAC REHAB	153,534	3,291,024	0.046652	0	0	59.01
60.00	06000 LABORATORY	959,327	349,915,094	0.002742	26,762	73	60.00
65.00	06500 RESPIRATORY THERAPY	1,330,742	71,706,078	0.018558	1,340	25	65.00
65.01	06501 SLEEP LAB	127,052	14,073,575	0.009028	0	0	65.01
66.00	06600 PHYSICAL THERAPY	2,002,869	36,224,958	0.055290	147,803	8,172	66.00
66.01	06601 SPORTS PERFORMANCE	1,358,551	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	41,212	7,663,247	0.005378	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	99,801	6,309,295	0.015818	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,334,954	200,565,247	0.011642	212	2	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	398,186	14,593,408	0.027285	318	9	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	3,451,864	163,073,249	0.021168	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,601,118	167,552,790	0.021492	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,646,844	416,503,390	0.008756	18,996	166	73.00
74.00	07400 RENAL DIALYSIS	210,106	16,892,438	0.012438	0	0	74.00
75.00	03330 ENDOSCOPY	605,640	45,756,647	0.013236	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,129,060	15,803,152	0.134724	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	234,376	14,377,855	0.016301	0	0	90.01
91.00	09100 EMERGENCY	2,031,150	211,306,775	0.009612	0	0	91.00
91.01	09101 WOUND CARE 002	265,510	16,783,969	0.015819	0	0	91.01
91.02	09102 WOUND CARE 001	48,799	1,872,107	0.026066	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	251,303	2,742,851	0.091621	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	135,155	2,753,638	0.049082	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	148,864	3,900,153	0.038169	0	0	91.07
91.08	04040 FAMILY PRACTICE	424,969	312,284	1.360841	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	39,648,729	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	32	0	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	630	0	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	15,170	0	0.000000	0	0	98.02
200.00	Total (lines 50 through 199)	46,889,923	2,999,146,481		198,116	8,513	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am
Title XIX		Subprovider - IRF	Cost

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	1,198	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	3,594	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	276,974	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	101,544	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	0	166,074	57.00
58.00	05800 MRI	0	0	0	0	53,701	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	0	0	994,965	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330 ENDOSCOPY	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	1,624,250	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 through 199)	0	0	0	0	3,222,300	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am				
Title XIX			Subprovider - IRF	Cost				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	1,198	1,198	650,696,227	0.000002	50.00
50.01	03951	AMBULATORY SURGERY	0	0	0	111,103,520	0.000000	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,594	3,594	65,163,429	0.000055	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	276,974	276,974	70,063,439	0.003953	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	42,737,817	0.000000	54.01
54.02	05403	ULTRASOUND	0	101,544	101,544	25,687,806	0.003953	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	30,170,356	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	109,688,613	0.000000	54.04
57.00	05700	CT SCAN	0	166,074	166,074	42,012,163	0.003953	57.00
58.00	05800	MRI	0	53,701	53,701	13,584,822	0.003953	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,616,336	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,291,024	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	349,915,094	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	71,706,078	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	14,073,575	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	36,224,958	0.000000	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,663,247	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,309,295	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	200,565,247	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,593,408	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	163,073,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	167,552,790	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	994,965	994,965	416,503,390	0.002389	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	16,892,438	0.000000	74.00
75.00	03330	ENDOSCOPY	0	0	0	45,756,647	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	15,803,152	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,377,855	0.000000	90.01
91.00	09100	EMERGENCY	0	1,624,250	1,624,250	211,306,775	0.007687	91.00
91.01	09101	WOUND CARE 002	0	0	0	16,783,969	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	1,872,107	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	2,742,851	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	2,753,638	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,900,153	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	312,284	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	39,648,729	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0.000000	97.01
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	3,222,300	3,222,300	2,999,146,481		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/29/2018 10:08 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000002	1,182	0	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000055	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003953	1,503	6	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0.003953	0	0	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	0	0	0	0	54.03
54.04	05401 ONCOLOGY	0.000000	0	0	0	0	54.04
57.00	05700 CT SCAN	0.003953	0	0	0	0	57.00
58.00	05800 MRI	0.003953	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	26,762	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,340	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	147,803	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	0.000000	212	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	318	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002389	18,996	45	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	03330 ENDOSCOPY	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.007687	0	0	0	0	91.00
91.01	09101 WOUND CARE 002	0.000000	0	0	0	0	91.01
91.02	09102 WOUND CARE 001	0.000000	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	0.000000	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	0.000000	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						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	0.000000	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00	Total (lines 50 through 199)		198,116	51	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		137,939	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		137,939	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)		122,708	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)		45,813	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
<b>SWING BED ADJUSTMENT</b>				
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)		158,302,807	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)		158,302,807	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		158,302,807	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,147.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		52,576,373	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)		52,576,373	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		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	29,916,583	17,465	1,712.94	6,328	10,839,484	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	18,507,791	7,545	2,452.99	2,797	6,861,013	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	7,693,461	3,115	2,469.81	7	17,289	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	31,018,923	29,083	1,066.57	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)					88,927,944	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					159,222,103	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)					3,977,214	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,827,400	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,804,614	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					148,417,489	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
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)					15,231	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,147.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					17,479,553	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,632,403	158,302,807	0.054531	17,479,553	953,178	90.00
91.00	Nursing School cost	0	158,302,807	0.000000	17,479,553	0	91.00
92.00	Allied health cost	295,267	158,302,807	0.001865	17,479,553	32,599	92.00
93.00	All other Medical Education	0	158,302,807	0.000000	17,479,553	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,898	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,898	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)		14,898	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)		2,771	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
<b>SWING BED ADJUSTMENT</b>				
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)		9,553,251	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)		9,553,251	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		9,553,251	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		641.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,776,876	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)		1,776,876	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 15-S084	Date/Time Prepared: 11/29/2018 10:08 am		
				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	
<b>Intensive Care Type Inpatient Hospital Units</b>							
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	
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	
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)						47.00	
<b>Cost Center Description</b>					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					341,012	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,117,888	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					112,391	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,491	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					136,882	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,981,006	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am	
		Title XVIII		Subprovider - IPF		PPS	
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	538,706	9,553,251	0.056390	0	0	90.00
91.00	Nursing School cost	0	9,553,251	0.000000	0	0	91.00
92.00	Allied health cost	65,482	9,553,251	0.006854	0	0	92.00
93.00	All other Medical Education	0	9,553,251	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,251	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,251	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)		4,251	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)		1,844	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
<b>SWING BED ADJUSTMENT</b>				
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)		4,376,311	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)		4,376,311	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		4,376,311	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,029.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,898,361	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)		1,898,361	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 15-T084	Date/Time Prepared: 11/29/2018 10:08 am		
				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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.01
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>					<b>1.00</b>		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					829,744	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,728,105	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					120,357	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					64,389	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					184,746	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,543,359	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am	
		Title XVIII		Subprovider - IRF		PPS	
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	257,914	4,376,311	0.058934	0	0	90.00
91.00	Nursing School cost	0	4,376,311	0.000000	0	0	91.00
92.00	Allied health cost	19,565	4,376,311	0.004471	0	0	92.00
93.00	All other Medical Education	0	4,376,311	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		137,939	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		137,939	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)		122,708	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)		5,045	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)		4,052	15.00
16.00	Nursery days (title V or XIX only)		757	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		166,091,738	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)		166,091,738	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		166,091,738	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,204.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,074,685	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)		6,074,685	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/29/2018 10:08 am	
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)	6,639,916	4,052	1,638.68	757	1,240,481	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	31,216,727	17,465	1,787.39	379	677,421	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	18,650,926	7,545	2,471.96	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	7,812,740	3,115	2,508.10	74	185,599	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	31,185,914	29,083	1,072.31	5,433	5,825,860	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,916,322	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,920,368	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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
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)					15,231	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,204.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,339,647	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am	
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	8,632,403	166,091,738	0.051974	18,339,647	953,185	90.00
91.00	Nursing School cost	0	166,091,738	0.000000	18,339,647	0	91.00
92.00	Allied health cost	295,267	166,091,738	0.001778	18,339,647	32,608	92.00
93.00	All other Medical Education	0	166,091,738	0.000000	18,339,647	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			14,898 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			14,898 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)			14,898 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)			782 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)			4,052 15.00
16.00	Nursery days (title V or XIX only)			757 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			9,875,304 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)			9,875,304 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			9,875,304 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			662.86 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			518,357 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)			518,357 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 15-S084	Date/Time Prepared: 11/29/2018 10:08 am		
				Title XIX	Subprovider - IPF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.01
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,299	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					542,656	0	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am	
		Title XIX		Subprovider - IPF		Cost	
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	538,706	9,875,304	0.054551	0	0	90.00
91.00	Nursing School cost	0	9,875,304	0.000000	0	0	91.00
92.00	Allied health cost	65,482	9,875,304	0.006631	0	0	92.00
93.00	All other Medical Education	0	9,875,304	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,251 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,251 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)			4,251 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)			45 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)			4,052 15.00
16.00	Nursery days (title V or XIX only)			757 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			4,376,311 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)			4,376,311 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			4,376,311 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,029.48 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			46,327 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)			46,327 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 15-T084	Date/Time Prepared: 11/29/2018 10:08 am		
				Title XIX	Subprovider - IRF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.01
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					68,014	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					114,341	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/29/2018 10:08 am	
		Title XIX		Subprovider - IRF		Cost	
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	257,914	4,376,311	0.058934	0	0	90.00
91.00	Nursing School cost	0	4,376,311	0.000000	0	0	91.00
92.00	Allied health cost	19,565	4,376,311	0.004471	0	0	92.00
93.00	All other Medical Education	0	4,376,311	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3	
		Title XVIII		Hospital	
				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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		119,884,819	30.00
31.00	03100	INTENSIVE CARE UNIT		38,318,567	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		17,278,002	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		59,082	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.100813	121,133,268	50.00
50.01	03951	AMBULATORY SURGERY	0.154935	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.142666	278,031	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232936	7,002,131	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.179439	4,709,203	54.01
54.02	05403	ULTRASOUND	0.084437	5,788,165	54.02
54.03	05404	ECHOCARDIOLOGY	0.072893	49,093	54.03
54.04	05401	ONCOLOGY	0.128830	1,637,129	54.04
57.00	05700	CT SCAN	0.080379	7,454,879	57.00
58.00	05800	MRI	0.233588	1,330,950	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.315898	0	59.00
59.01	05901	CARDIAC REHAB	0.400921	240,002	59.01
60.00	06000	LABORATORY	0.093864	83,367,549	60.00
65.00	06500	RESPIRATORY THERAPY	0.250580	19,704,372	65.00
65.01	06501	SLEEP LAB	0.150706	5,749	65.01
66.00	06600	PHYSICAL THERAPY	0.401798	4,332,503	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.208911	1,528,325	67.00
68.00	06800	SPEECH PATHOLOGY	0.249749	1,418,726	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049354	34,604,612	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214845	2,624,085	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.420194	30,745,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413661	39,801,772	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241595	70,684,999	73.00
74.00	07400	RENAL DIALYSIS	0.344592	7,156,033	74.00
75.00	03330	ENDOSCOPY	0.104032	5,573,499	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.619358	5,985	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.309022	2,872	90.01
91.00	09100	EMERGENCY	0.152654	21,872,510	91.00
91.01	09101	WOUND CARE 002	0.200599	314,378	91.01
91.02	09102	WOUND CARE 001	0.435174	742,097	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.326663	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.623184	6,392	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.218679	1,697	91.07
91.08	04040	FAMILY PRACTICE	21.154840	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.440860	4,084,657	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		478,201,563	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)		478,201,563	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 10:08 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT		0		34.01
40.00	04000 SUBPROVIDER - IPF		6,790,960		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.100813	642,317	64,754	50.00
50.01	03951 AMBULATORY SURGERY	0.154935	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.142666	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232936	17,182	4,002	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.179439	20,805	3,733	54.01
54.02	05403 ULTRASOUND	0.084437	2,731	231	54.02
54.03	05404 ECHOCARDIOLOGY	0.072893	0	0	54.03
54.04	05401 ONCOLOGY	0.128830	0	0	54.04
57.00	05700 CT SCAN	0.080379	32,300	2,596	57.00
58.00	05800 MRI	0.233588	2,850	666	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.315898	0	0	59.00
59.01	05901 CARDIAC REHAB	0.400921	0	0	59.01
60.00	06000 LABORATORY	0.093864	416,208	39,067	60.00
65.00	06500 RESPIRATORY THERAPY	0.250580	28,664	7,183	65.00
65.01	06501 SLEEP LAB	0.150706	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.401798	36,321	14,594	66.00
66.01	06601 SPORTS PERFORMANCE	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.208911	14,324	2,992	67.00
68.00	06800 SPEECH PATHOLOGY	0.249749	1,858	464	68.00
69.00	06900 ELECTROCARDIOLOGY	0.049354	9,924	490	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214845	8,734	1,876	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.420194	46,321	19,464	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.413661	3,780	1,564	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241595	423,800	102,388	73.00
74.00	07400 RENAL DIALYSIS	0.344592	20,901	7,202	74.00
75.00	03330 ENDOSCOPY	0.104032	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.619358	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.309022	0	0	90.01
91.00	09100 EMERGENCY	0.152654	158,991	24,271	91.00
91.01	09101 WOUND CARE 002	0.200599	0	0	91.01
91.02	09102 WOUND CARE 001	0.435174	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.326663	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.623184	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.218679	0	0	91.07
91.08	04040 FAMILY PRACTICE	21.154840	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.440860	98,615	43,475	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
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	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	98.02
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,986,626	341,012	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)		1,986,626		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 10:08 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,346,829	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.100813	98,445	50.00
50.01	03951	AMBULATORY SURGERY	0.154935	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.142666	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232936	25,370	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.179439	9,484	54.01
54.02	05403	ULTRASOUND	0.084437	2,861	54.02
54.03	05404	ECHOCARDIOLOGY	0.072893	0	54.03
54.04	05401	ONCOLOGY	0.128830	2,643	54.04
57.00	05700	CT SCAN	0.080379	34,850	57.00
58.00	05800	MRI	0.233588	10,450	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.315898	0	59.00
59.01	05901	CARDIAC REHAB	0.400921	0	59.01
60.00	06000	LABORATORY	0.093864	702,491	60.00
65.00	06500	RESPIRATORY THERAPY	0.250580	61,350	65.00
65.01	06501	SLEEP LAB	0.150706	0	65.01
66.00	06600	PHYSICAL THERAPY	0.401798	685,955	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.208911	707,666	67.00
68.00	06800	SPEECH PATHOLOGY	0.249749	306,223	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049354	18,254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214845	2,684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.420194	211,867	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413661	5,557	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241595	420,336	73.00
74.00	07400	RENAL DIALYSIS	0.344592	87,435	74.00
75.00	03330	ENDOSCOPY	0.104032	6,304	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.619358	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.309022	0	90.01
91.00	09100	EMERGENCY	0.152654	0	91.00
91.01	09101	WOUND CARE 002	0.200599	0	91.01
91.02	09102	WOUND CARE 001	0.435174	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.326663	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.623184	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.218679	0	91.07
91.08	04040	FAMILY PRACTICE	21.154840	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.440860	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,400,225	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)		3,400,225	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 11/29/2018 10:08 am	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		12,879,274	30.00
31.00	03100	INTENSIVE CARE UNIT		5,246,651	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		1,407,273	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		2,855,937	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		13,478,072	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		1,399,826	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.106184	10,739,701	50.00
50.01	03951	AMBULATORY SURGERY	0.154935	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.153648	1,872,648	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.241959	949,125	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.181951	304,257	54.01
54.02	05403	ULTRASOUND	0.084901	561,345	54.02
54.03	05404	ECHOCARDIOLOGY	0.078428	58,826	54.03
54.04	05401	ONCOLOGY	0.134811	313,289	54.04
57.00	05700	CT SCAN	0.080947	703,145	57.00
58.00	05800	MRI	0.235344	179,432	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.328139	0	59.00
59.01	05901	CARDIAC REHAB	0.408170	8,576	59.01
60.00	06000	LABORATORY	0.094819	9,707,379	60.00
65.00	06500	RESPIRATORY THERAPY	0.254240	4,574,089	65.00
65.01	06501	SLEEP LAB	0.150706	5,653	65.01
66.00	06600	PHYSICAL THERAPY	0.405750	547,908	66.00
66.01	06601	SPORTS PERFORMANCE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.208911	246,574	67.00
68.00	06800	SPEECH PATHOLOGY	0.249749	190,766	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051197	2,655,704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.231192	707,053	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.420194	2,706,784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.413661	2,597,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241595	9,669,227	73.00
74.00	07400	RENAL DIALYSIS	0.358714	737,475	74.00
75.00	03330	ENDOSCOPY	0.110288	440,215	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.659361	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.309022	0	90.01
91.00	09100	EMERGENCY	0.157565	3,410,491	91.00
91.01	09101	WOUND CARE 002	0.214812	16,345	91.01
91.02	09102	WOUND CARE 001	0.435174	61,262	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.326663	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.623184	894	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.218679	0	91.07
91.08	04040	FAMILY PRACTICE	24.363282	23,196	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.440860	696,085	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		54,684,553	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)		54,684,553	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 10:08 am	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT		0		34.01
40.00	04000 SUBPROVIDER - IPF		1,690,288		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.106184	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0.154935	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.153648	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.241959	254	61	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.181951	0	0	54.01
54.02	05403 ULTRASOUND	0.084901	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.078428	0	0	54.03
54.04	05401 ONCOLOGY	0.134811	0	0	54.04
57.00	05700 CT SCAN	0.080947	0	0	57.00
58.00	05800 MRI	0.235344	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.328139	0	0	59.00
59.01	05901 CARDIAC REHAB	0.408170	0	0	59.01
60.00	06000 LABORATORY	0.094819	38,046	3,607	60.00
65.00	06500 RESPIRATORY THERAPY	0.254240	115	29	65.00
65.01	06501 SLEEP LAB	0.150706	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.405750	2,414	979	66.00
66.01	06601 SPORTS PERFORMANCE	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.208911	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.249749	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.051197	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.231192	856	198	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.420194	115	48	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.413661	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241595	74,955	18,109	73.00
74.00	07400 RENAL DIALYSIS	0.358714	0	0	74.00
75.00	03330 ENDOSCOPY	0.110288	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.659361	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.309022	4,104	1,268	90.01
91.00	09100 EMERGENCY	0.157565	0	0	91.00
91.01	09101 WOUND CARE 002	0.214812	0	0	91.01
91.02	09102 WOUND CARE 001	0.435174	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.326663	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.623184	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.218679	0	0	91.07
91.08	04040 FAMILY PRACTICE	24.363282	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.440860	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
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	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	98.02
200.00	Total (sum of lines 50 through 94 and 96 through 98)		120,859	24,299	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)		120,859		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 10:08 am
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0	33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		190,652	41.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.106184	1,182	126 50.00
50.01	03951 AMBULATORY SURGERY	0.154935	0	0 50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.153648	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.241959	1,503	364 54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.181951	0	0 54.01
54.02	05403 ULTRASOUND	0.084901	0	0 54.02
54.03	05404 ECHOCARDIOLOGY	0.078428	0	0 54.03
54.04	05401 ONCOLOGY	0.134811	0	0 54.04
57.00	05700 CT SCAN	0.080947	0	0 57.00
58.00	05800 MRI	0.235344	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.328139	0	0 59.00
59.01	05901 CARDIAC REHAB	0.408170	0	0 59.01
60.00	06000 LABORATORY	0.094819	26,762	2,538 60.00
65.00	06500 RESPIRATORY THERAPY	0.254240	1,340	341 65.00
65.01	06501 SLEEP LAB	0.150706	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.405750	147,803	59,971 66.00
66.01	06601 SPORTS PERFORMANCE	0.000000	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	0.208911	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.249749	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.051197	212	11 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.231192	318	74 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.420194	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.413661	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241595	18,996	4,589 73.00
74.00	07400 RENAL DIALYSIS	0.358714	0	0 74.00
75.00	03330 ENDOSCOPY	0.110288	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.659361	0	0 90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.309022	0	0 90.01
91.00	09100 EMERGENCY	0.157565	0	0 91.00
91.01	09101 WOUND CARE 002	0.214812	0	0 91.01
91.02	09102 WOUND CARE 001	0.435174	0	0 91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0 91.03
91.04	09104 ZIONSVILLE CLINIC	0.326663	0	0 91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0 91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.623184	0	0 91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.218679	0	0 91.07
91.08	04040 FAMILY PRACTICE	24.363282	0	0 91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.440860	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
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	0.000000	0	0 98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0 98.02
200.00	Total (sum of lines 50 through 94 and 96 through 98)		198,116	68,014 200.00
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)		198,116	202.00

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

Provider CCN: 15-0084

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4

Date/Time Prepared: 11/29/2018 10:08 am

Cost Center Description		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	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,147.63	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,712.94	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	39,202	2,452.99	43	105,479	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,469.81	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,066.57	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 through 6)		39,202		43	105,479	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
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		
8.00	OPERATING ROOM	50.00	0.100813	924,435	93,195	8.00	
8.01	AMBULATORY SURGERY	50.01	0.154935	0	0	8.01	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.142666	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.232936	551,510	128,467	12.00	
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.179439	37,059	6,650	12.01	
12.02	ULTRASOUND	54.02	0.084437	2,609	220	12.02	
12.03	ECHOCARDIOLOGY	54.03	0.072893	282,111	20,564	12.03	
12.04	ONCOLOGY	54.04	0.128830	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	0.080379	217,835	17,509	15.00	
16.00	MRI	58.00	0.233588	950	222	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.315898	112,418	35,513	17.00	
17.01	CARDIAC REHAB	59.01	0.400921	618	248	17.01	
18.00	LABORATORY	60.00	0.093864	1,609,935	151,115	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	0.250580	35,586	8,917	23.00	
23.01	SLEEP LAB	65.01	0.150706	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.401798	2,368	951	24.00	
24.01	SPORTS PERFORMANCE	66.01	0.000000	0	0	24.01	
25.00	OCCUPATIONAL THERAPY	67.00	0.208911	498	104	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.249749	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.049354	84,977	4,194	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.214845	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.420194	131,455	55,237	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.413661	491,711	203,402	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.241595	290,613	70,211	31.00	
32.00	RENAL DIALYSIS	74.00	0.344592	1,732	597	32.00	
33.00	ENDOSCOPY	75.00	0.104032	7,334	763	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	0.619358	130,910	81,080	37.00	
37.01	PARTIAL HOSPITALIZATION	90.01	0.309022	0	0	37.01	
38.00	EMERGENCY	91.00	0.152654	0	0	38.00	
38.01	WOUND CARE 002	91.01	0.200599	0	0	38.01	
38.02	WOUND CARE 001	91.02	0.435174	0	0	38.02	
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03	
38.04	ZIONSVILLE CLINIC	91.04	0.326663	0	0	38.04	
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05	
38.06	OP ANTI COAGULATION CLINIC	91.06	0.623184	0	0	38.06	
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.218679	0	0	38.07	
38.08	FAMILY PRACTICE	91.08	21.154840	0	0	38.08	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.440860	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			4,916,664	879,159	41.00	

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

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 15-0084 Component CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet D-4 Date/Time Prepared: 11/29/2018 10:08 am	
		Kidney		Hospital		PPS	
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		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSP	4.01	0.00	43	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			43	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	130,910	0.000000	0	0	51.00
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0	0	51.01
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
52.01	WOUND CARE 002	24.01	0	0.000000	0	0	52.01
52.02	WOUND CARE 001	24.02	0	0.000000	0	0	52.02
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0	0	52.03
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0	0	52.04
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0	0	52.05
52.06	OP ANTI COAGULATION CLINIC	24.06	0	0.000000	0	0	52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0	0	52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0	0	52.08
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		130,910	0	0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	984,638		4,955,866			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)	7,183,067		5,676,388			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)	8,167,705		10,632,254			61.00
62.00	Total Usable Organs (see instructions)		93				62.00
63.00	Medicare Usable Organs (see instructions)		67				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.720430				64.00
65.00	Medicare Cost/Charges (see instructions)	5,884,260		7,659,795			65.00
66.00	Revenue for Organs Sold	58,861		0			66.00
67.00	Subtotal (line 65 minus line 66)	5,825,399		7,659,795			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)	5,825,399	0	7,659,795	0	0	69.00

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

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

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

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description	Kidney		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	16	24			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	53			73.00
74.00 Total (sum of lines 70 through 73)	16	77			74.00
75.00 Organs Transplanted	16	53	0		75.00
76.00 Organs Sold to Other Hospitals	0	0	0		76.00
77.00 Organs Sold to OPOs	0	24	0		77.00
78.00 Organs Sold to Transplant Hospitals	0	0	0		78.00
79.00 Organs Sold to Military or VA Hospitals	0	0	0		79.00
80.00 Organs Sold Outside the U.S.	0	0	0		80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0	0			81.00
82.00 Organs Used for Research	0	0			82.00
83.00 Unusable/Discarded Organs	0	0			83.00
84.00 Total (sum of lines 75 through 83 should equal line 74)	16	77			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: 15-0084

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/29/2018 10:08 am

Cost Center Description		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)	PPS
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,147.63	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,712.94	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	16,023	2,452.99	4	9,812	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,469.81	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,066.57	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 through 6)		16,023		4	9,812	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
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		
8.00	OPERATING ROOM	50.00	0.100813	257,027	25,912	8.00	
8.01	AMBULATORY SURGERY	50.01	0.154935	0	0	8.01	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.142666	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.232936	24,285	5,657	12.00	
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.179439	3,890	698	12.01	
12.02	ULTRASOUND	54.02	0.084437	2,611	220	12.02	
12.03	ECHOCARDIOLOGY	54.03	0.072893	56,636	4,128	12.03	
12.04	ONCOLOGY	54.04	0.128830	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	0.080379	8,192	658	15.00	
16.00	MRI	58.00	0.233588	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.315898	174,899	55,250	17.00	
17.01	CARDIAC REHAB	59.01	0.400921	309	124	17.01	
18.00	LABORATORY	60.00	0.093864	126,252	11,851	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	0.250580	19,393	4,859	23.00	
23.01	SLEEP LAB	65.01	0.150706	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.401798	1,257	505	24.00	
24.01	SPORTS PERFORMANCE	66.01	0.000000	0	0	24.01	
25.00	OCCUPATIONAL THERAPY	67.00	0.208911	597	125	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.249749	621	155	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.049354	6,186	305	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.214845	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.420194	77,377	32,513	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.413661	270,547	111,915	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.241595	89,415	21,602	31.00	
32.00	RENAL DIALYSIS	74.00	0.344592	0	0	32.00	
33.00	ENDOSCOPY	75.00	0.104032	4,449	463	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	0.619358	3,024	1,873	37.00	
37.01	PARTIAL HOSPITALIZATION	90.01	0.309022	0	0	37.01	
38.00	EMERGENCY	91.00	0.152654	14,496	2,213	38.00	
38.01	WOUND CARE 002	91.01	0.200599	0	0	38.01	
38.02	WOUND CARE 001	91.02	0.435174	0	0	38.02	
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03	
38.04	ZIONSVILLE CLINIC	91.04	0.326663	0	0	38.04	
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05	
38.06	OP ANTI COAGULATION CLINIC	91.06	0.623184	0	0	38.06	
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.218679	0	0	38.07	
38.08	FAMILY PRACTICE	91.08	21.154840	0	0	38.08	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.440860	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			1,141,463	281,026	41.00	

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

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

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

Provider CCN: 15-0084

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4

Date/Time Prepared: 11/29/2018 10:08 am

		Heart		Hospital		PPS	
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		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	4	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			4	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	3,024	0.000000	0	0	51.00
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0	0	51.01
52.00	EMERGENCY	24.00	14,496	0.000000	0	0	52.00
52.01	WOUND CARE 002	24.01	0	0.000000	0	0	52.01
52.02	WOUND CARE 001	24.02	0	0.000000	0	0	52.02
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0	0	52.03
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0	0	52.04
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0	0	52.05
52.06	OP ANTI COAGULATION CLINIC	24.06	0	0.000000	0	0	52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0	0	52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0	0	52.08
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		17,520		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	290,838		1,157,486			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)	5,277,297		4,935,285			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)	5,568,135		6,092,771			61.00
62.00	Total Usable Organs (see instructions)		48				62.00
63.00	Medicare Usable Organs (see instructions)		19				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.395833				64.00
65.00	Medicare Cost/Charges (see instructions)	2,204,052		2,411,720			65.00
66.00	Revenue for Organs Sold	29,431		0			66.00
67.00	Subtotal (line 65 minus line 66)	2,174,621		2,411,720			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)	2,174,621	0	2,411,720	0	0	69.00

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

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

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

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description	Heart		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	0	11			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	37			73.00
74.00 Total (sum of lines 70 through 73)	0	48			74.00
75.00 Organs Transplanted	0	37	0		75.00
76.00 Organs Sold to Other Hospitals	0	0	0		76.00
77.00 Organs Sold to OPOs	0	11	0		77.00
78.00 Organs Sold to Transplant Hospitals	0	0	0		78.00
79.00 Organs Sold to Military or VA Hospitals	0	0	0		79.00
80.00 Organs Sold Outside the U.S.	0	0	0		80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0	0			81.00
82.00 Organs Used for Research	0	0			82.00
83.00 Unusable/Discarded Organs	0	0			83.00
84.00 Total (sum of lines 75 through 83 should equal line 74)	0	48			84.00

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		27,715,094	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		82,532,676	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		5,130,545	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		40,217,531	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		717.52	4.00
<b>Indirect Medical Education Adjustment</b>				
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 § 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 § 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 § 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		144.55	10.00
11.00	FTE count for residents in dental and podiatric programs.		8.71	11.00
12.00	Current year allowable FTE (see instructions)		118.82	12.00
13.00	Total allowable FTE count for the prior year.		118.78	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		118.78	14.00
15.00	Sum of lines 12 through 14 divided by 3.		118.79	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		118.79	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.165556	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.161996	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.161996	21.00
22.00	IME payment adjustment (see instructions)		9,330,930	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,403,851	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.02	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		34.44	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)		0.000028	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000007	27.00
28.00	IME add-on adjustment amount (see instructions)		772	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		282	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		9,331,702	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,404,133	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.19	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.88	31.00
32.00	Sum of lines 30 and 31		36.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.97	33.00
34.00	Disproportionate share adjustment (see instructions)		5,228,500	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 10:08 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Adjustment</b>					
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)		8,824,285	9,847,808	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,224,205	7,365,619	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		9,589,824		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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	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)		139,528,341		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)		142,932,474		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,521,006		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).		3,386,435		52.00
53.00	Nursing and Allied Health Managed Care payment		299,845		53.00
54.00	Special add-on payments for new technologies		14,949		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		8,000,020		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).		170,293		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		425,905		58.00
59.00	Total (sum of amounts on lines 49 through 58)		165,750,927		59.00
60.00	Primary payer payments		64,992		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		165,685,935		61.00
62.00	Deductibles billed to program beneficiaries		8,313,148		62.00
63.00	Coinurance billed to program beneficiaries		606,150		63.00
64.00	Allowable bad debts (see instructions)		684,903		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		445,187		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		255,099		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		157,211,824		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		-6,918		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		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)		-661,087		70.93
70.94	HRR adjustment amount (see instructions)		-33,139		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 10:08 am	
		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	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	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			156,510,680	71.00
71.01	Sequestration adjustment (see instructions)			3,130,214	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			147,105,903	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, 71.02, 72, and 73)			6,274,563	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,201,331	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
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/29/2018 10:08 am

		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	27,715,094	0	27,715,094		27,715,094	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	82,532,676	0		82,532,676	82,532,676	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,130,545	0	1,501,634	3,628,911	5,130,545	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	40,217,531	0	9,465,213	30,752,318	40,217,531	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.161996	0.161996	0.161996	0.161996		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,330,930	0	2,345,695	6,985,235	9,330,930	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,403,851	0	0	3,403,851	3,403,851	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007	0.000007		7.00
8.00	IME adjustment (see instructions)	28.00	772	0	194	578	772	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	282	0	66	216	282	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,331,702	0	2,345,889	6,985,813	9,331,702	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,404,133	0	66	3,404,067	3,404,133	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1897	0.1897	0.1897	0.1897		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,228,500	0	1,314,388	3,914,112	5,228,500	11.00
11.01	Uncompensated care payments	36.00	9,589,824	0	2,224,205	7,365,619	9,589,824	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	139,528,341	0	35,101,210	104,427,131	139,528,341	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	142,932,474	0	35,101,276	107,831,198	142,932,474	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,521,006	0	2,640,604	7,880,402	10,521,006	16.00
17.00	Special add-on payments for new technologies	54.00	14,949	0	5,179	9,770	14,949	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/29/2018 10:08 am

		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	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	37,747,059	115,721,370	153,468,429	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	8,967,621	0	2,244,520	6,723,101	8,967,621	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	262,047	0	72,873	189,174	262,047	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	0.0683	0.0683	0.0683	0.0683		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	612,489	0	153,301	459,188	612,489	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0757	0.0757	0.0757	0.0757		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	678,849	0	169,910	508,939	678,849	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,521,006	0	2,640,604	7,880,402	10,521,006	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2018 10:08 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,715,094	27,715,094		27,715,094	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	82,532,676		82,532,676	82,532,676	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,130,545	1,501,634	3,628,911	5,130,545	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	40,217,531	9,465,213	30,752,318	40,217,531	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.161996	0.161996	0.161996		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,330,930	2,345,695	6,985,235	9,330,930	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,403,851	801,098	2,602,753	3,403,851	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007		7.00
8.00	IME adjustment (see instructions)	28.00	772	194	578	772	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	282	66	216	282	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,331,702	2,345,889	6,985,813	9,331,702	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,404,133	801,164	2,602,969	3,404,133	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1897	0.1897	0.1897		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,228,500	1,314,388	3,914,112	5,228,500	11.00
11.01	Uncompensated care payments	36.00	9,589,824	2,224,205	7,365,619	9,589,824	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	139,528,341	35,101,210	104,427,131	139,528,341	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	142,932,474	35,902,374	107,030,100	142,932,474	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,521,006	2,640,604	7,880,402	10,521,006	16.00
17.00	Special add-on payments for new technologies	54.00	14,949	5,179	9,770	14,949	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			38,548,157	114,920,272	153,468,429	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/29/2018 10:08 am

		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	8,967,621	2,244,520	6,723,101	8,967,621	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	262,047	72,873	189,174	262,047	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	0.0683	0.0683	0.0683		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	612,489	153,301	459,188	612,489	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0757	0.0757	0.0757		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	678,849	169,910	508,939	678,849	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	10,521,006	2,640,604	7,880,402	10,521,006	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	-661,087	-192,549	-468,538	-661,087	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	-33,139	-16,632	-16,507	-33,139	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	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		35,024	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		57,168,827	2.00
3.00	OPPS payments		54,334,312	3.00
4.00	Outlier payment (see instructions)		348,170	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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		358,626	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		35,024	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		153,541	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)		153,541	14.00
<b>Customary charges</b>				
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)		153,541	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		118,517	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 (see instructions)		35,024	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, 4.01, 8 and 9)		55,041,108	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,739	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,494,510	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)		45,576,883	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,133,108	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)		46,709,991	30.00
31.00	Primary payer payments		19,624	31.00
32.00	Subtotal (line 30 minus line 31)		46,690,367	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		930,140	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		604,591	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		608,634	36.00
37.00	Subtotal (see instructions)		47,294,958	37.00
38.00	MSP-LCC reconciliation amount from PS&R		479	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
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)		47,294,479	40.00
40.01	Sequestration adjustment (see instructions)		945,890	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		46,368,069	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-19,480	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		187	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,679	2.00
3.00	OPPS payments		4,023	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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		37	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		187	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		775	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)		775	14.00
<b>Customary charges</b>				
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)		775	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		588	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 (see instructions)		187	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, 4.01, 8 and 9)		4,060	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		653	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)		3,594	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)		3,594	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,594	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		3,594	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)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
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)		3,594	40.00
40.01	Sequestration adjustment (see instructions)		72	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		3,454	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		68	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/29/2018 10:08 am	
		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		146,654,043		46,368,069	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	02/08/2018	451,860		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)		451,860		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)		147,105,903		46,368,069	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		6,274,563		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		19,480	6.02	
7.00	Total Medicare program liability (see instructions)		153,380,466		46,348,589	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/29/2018 10:08 am	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
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		2,178,523		3,454
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		2,178,523		3,454
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		28,964		68
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,207,487		3,522
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/29/2018 10:08 am	
		Title XVIII	Subprovider - IRF	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				0
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		2,996,812		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		2,996,812		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		30,271		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		3,027,083		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,518,369 1.00
2.00	Net IPF PPS Outlier Payments			5,498 2.00
3.00	Net IPF PPS ECT Payments			38,655 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)			40.816438 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,562,522 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,562,522 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,562,522 18.00
19.00	Deductibles			275,768 19.00
20.00	Subtotal (line 18 minus line 19)			2,286,754 20.00
21.00	Coinsurance			63,738 21.00
22.00	Subtotal (line 20 minus line 21)			2,223,016 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			22,888 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			14,877 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,632 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,237,893 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			14,645 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	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,252,538 31.00
31.01	Sequestration adjustment (see instructions)			45,051 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,178,523 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, 31.02, 32 and 33)			28,964 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			5,498 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,887,023 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0507 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			133,380 3.00
4.00	Outlier Payments			81,771 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.646575 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,102,174 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,102,174 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,102,174 19.00
20.00	Deductibles			5,288 20.00
21.00	Subtotal (line 19 minus line 20)			3,096,886 21.00
22.00	Coinsurance			17,802 22.00
23.00	Subtotal (line 21 minus line 22)			3,079,084 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,079,084 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)			9,776 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	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,088,860 32.00
32.01	Sequestration adjustment (see instructions)			61,777 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,996,812 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, 32.02, 33, and 34)			30,271 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			25,406 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			81,771 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2018 10:08 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	24,920,368			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	24,920,368		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	24,920,368		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	37,267,033			8.00
9.00	Ancillary service charges	54,684,553		25,958,277	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	91,951,586		25,958,277	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	91,951,586		25,958,277	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	67,031,218		25,958,277	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	24,920,368		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	24,920,368		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)	0		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	24,920,368		0	31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	0			34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	24,920,368		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0			37.00
38.00	Subtotal (line 36 ± line 37)	24,920,368		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	24,920,368		0	40.00
41.00	Interim payments	24,920,368		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0			42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0			43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2018 10:08 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	542,656		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	542,656	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	542,656	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	1,690,288		8.00
9.00	Ancillary service charges	120,859	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,811,147	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,811,147	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,268,491	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	542,656	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	542,656	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	542,656	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	542,656	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	542,656	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	542,656	0	40.00
41.00	Interim payments	542,656	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2018 10:08 am	
		Title XIX	Subprovider - IRF	Cost	
		Inpatient 1.00	Outpatient 2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	114,341			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	114,341	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	114,341	0		7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	190,652			8.00
9.00	Ancillary service charges	198,116	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	388,768	0		12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	388,768		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	274,427		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	114,341		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0		0	24.00
25.00	Capital exception payments (see instructions)	0		0	25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	114,341		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)	0		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	114,341		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	114,341		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	114,341		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	114,341		0	40.00
41.00	Interim payments	114,341		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084		Period: From 07/01/2017 To 06/30/2018		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 11/29/2018 10:08 am	
						PPS	
						1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>							
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)					146.86	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.	109.25	34.67			143.92	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.	86.98	27.60			114.58	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		8.81				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00				10.01
11.00	Total weighted FTE count	86.98	36.41				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	85.69	35.28				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	82.60	39.24				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	85.09	36.98				14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00				15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00				15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00				16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00				16.01
17.00	Adjusted rolling average FTE count	85.09	36.98				17.00
18.00	Per resident amount	84,939.76	84,939.76				18.00
19.00	Approved amount for resident costs	7,227,524	3,141,072			10,368,596	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)					29.94	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					12.63	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					99,411.94	23.00
24.00	Multiply line 22 time line 23					1,255,573	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					11,624,169	25.00
		Inpatient Part A	Managed care				
		1.00	2.00			3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>							
26.00	Inpatient Days (see instructions)	59,560	21,968				26.00
27.00	Total Inpatient Days (see instructions)	201,705	201,705				27.00
28.00	Ratio of inpatient days to total inpatient days	0.295283	0.108912				28.00
29.00	Program direct GME amount	3,432,419	1,266,011				29.00
30.00	Reduction for direct GME payments for Medicare Advantage		178,887				30.00
31.00	Net Program direct GME amount					4,519,543	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		16,892,438	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		164,068,096	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		8,000,020	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		64,992	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		172,003,124	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		57,572,380	42.00
43.00	Primary payer payments (see instructions)		19,624	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		57,552,756	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		229,555,880	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.749287	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.250713	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		4,519,543	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,386,435	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,133,108	50.00

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

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G

Date/Time Prepared:  
11/29/2018 10:08 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	7,764,445	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	479,234,912	0	0	0	4.00
5.00	Other receivable	30,930,820	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-254,170,021	0	0	0	6.00
7.00	Inventory	23,170,250	0	0	0	7.00
8.00	Prepaid expenses	2,504,923	0	0	0	8.00
9.00	Other current assets	4,742,269	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)	294,177,598	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	9,137,236	0	0	0	12.00
13.00	Land improvements	11,233,128	0	0	0	13.00
14.00	Accumulated depreciation	-10,462,009	0	0	0	14.00
15.00	Buildings	506,221,226	0	0	0	15.00
16.00	Accumulated depreciation	-345,818,859	0	0	0	16.00
17.00	Leasehold improvements	15,858,948	0	0	0	17.00
18.00	Accumulated depreciation	-12,305,668	0	0	0	18.00
19.00	Fixed equipment	27,652,551	0	0	0	19.00
20.00	Accumulated depreciation	-25,112,204	0	0	0	20.00
21.00	Automobiles and trucks	3,060,683	0	0	0	21.00
22.00	Accumulated depreciation	-2,232,948	0	0	0	22.00
23.00	Major movable equipment	274,211,696	0	0	0	23.00
24.00	Accumulated depreciation	-217,036,466	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)	234,407,314	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	78,340,215	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	62,411,078	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	140,751,293	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	669,336,205	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	41,925,974	0	0	0	37.00
38.00	Salaries, wages, and fees payable	29,151,767	0	0	0	38.00
39.00	Payroll taxes payable	937,890	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	206,705,651	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	278,721,282	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	168,229,721	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	168,229,721	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	446,951,003	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	222,385,202				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)	222,385,202	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	669,336,205	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-1

Date/Time Prepared:  
11/29/2018 10:08 am

		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		185,682,747		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		232,399,022			2.00
3.00	Total (sum of line 1 and line 2)		418,081,769		0	3.00
4.00	Transfer rstrr contrib	7,573,562		0		4.00
5.00	Temp Restricted	31,706		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00	Rounding	3		0		9.00
10.00	Total additions (sum of line 4-9)		7,605,271		0	10.00
11.00	Subtotal (line 3 plus line 10)		425,687,040		0	11.00
12.00	Transfer to Affiliate	189,030,838		0		12.00
13.00	Dis of Cap Nonctrl Int	14,271,000		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		203,301,838		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		222,385,202		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Transfer rstrr contrib		0			4.00
5.00	Temp Restricted		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00	Rounding		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 Affiliate		0			12.00
13.00	Dis of Cap Nonctrl Int		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/29/2018 10:08 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	413,947,530		413,947,530	1.00
2.00	SUBPROVIDER - IPF	34,644,600		34,644,600	2.00
3.00	SUBPROVIDER - IRF	7,702,318		7,702,318	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				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)	456,294,448		456,294,448	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	107,264,220		107,264,220	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPL	48,425,534		48,425,534	12.01
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	PEDIATRIC INTENSIVE CARE UNIT	33,079,279		33,079,279	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	212,926,751		212,926,751	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	401,695,784		401,695,784	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	857,990,232		857,990,232	17.00
18.00	Ancillary services	1,537,076,495	1,202,644,121	2,739,720,616	18.00
19.00	Outpatient services	78,368,132	255,863,756	334,231,888	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	Other Patient Service Revenue	4,821,990	-51,039,446	-46,217,456	27.00
27.01	Kidney Acquisition	5,212,464	532,633	5,745,097	27.01
27.02	Heart Acquisition	4,724,144	312,194	5,036,338	27.02
27.03	Physician Private Offices	5,767	61,304,971	61,310,738	27.03
27.04	Billing	9,769	53,271,659	53,281,428	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,488,208,993	1,522,889,888	4,011,098,881	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,147,319,141		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)		1,147,319,141		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet G-3 Date/Time Prepared: 11/29/2018 10:08 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,011,098,881	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,737,818,393	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,273,280,488	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,147,319,141	4.00
5.00	Net income from service to patients (line 3 minus line 4)	125,961,347	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	-703,469	6.00
7.00	Income from investments	1,630	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	4,241,204	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	9,402,265	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	101,846	20.00
21.00	Rental of vending machines	276,522	21.00
22.00	Rental of hospital space	742,168	22.00
23.00	Governmental appropriations	541,430	23.00
24.00	Other	91,834,079	24.00
25.00	Total other income (sum of lines 6-24)	106,437,675	25.00
26.00	Total (line 5 plus line 25)	232,399,022	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)	232,399,022	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0084	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/29/2018 10:08 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		8,967,621	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		262,047	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)		506.90	3.00
4.00	Number of interns & residents (see instructions)		118.81	4.00
5.00	Indirect medical education percentage (see instructions)		6.83	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)		612,489	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.19	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.88	8.00
9.00	Sum of lines 7 and 8		36.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.57	10.00
11.00	Disproportionate share adjustment (see instructions)		678,849	11.00
12.00	Total prospective capital payments (see instructions)		10,521,006	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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