

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 6:15 pm
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PART I - COST REPORT STATUS

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

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

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

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

Date: 11/25/2019 Time: 6:15 pm

PART II - CERTIFICATION

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

CERTIFICATION BY 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 07/01/2018 and ending 06/30/2019 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	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	3,736,496	-43,346	0	0	1.00
2.00 Subprovider - IPF	0	16,891	35			2.00
3.00 Subprovider - IRF	0	-1,032	0			3.00
5.00 Swing bed - SNF	0	0	0			5.00
6.00 Swing bed - NF	0					6.00
200.00 Total	0	3,752,355	-43,311	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 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 6:15 pm
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 2001 WEST 86TH STREET		PO Box:			
City: INDIANAPOLIS		State: IN		Zip Code: 46260- County: MARI ON	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital -Based Component Identification:										
3.00	Hospital	ST. VINCENT HOSPITAL & HCC	150084	26900	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	ST. VINCENT STRESS CENTER	15S084	26900	4	07/07/1992	N	P	0	4.00
5.00	Subprovider - IRF	ST. VINCENT HOSPITAL REHAB. UNIT	15T084	26900	5	07/01/2012	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF									9.00
10.00	Hospital -Based NF									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice									14.00
15.00	Hospital -Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FQHC									16.00
17.00	Hospital -Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2018	06/30/2019	20.00
21.00	Type of Control (see instructions)	1		21.00

		1.00	2.00	3.00
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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	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084			Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 6:15 pm		
		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.	10,399	6,154	195	342	40,572	192	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.	9	0	0	0	104		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							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), (ii), or (iii)? 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), (ii), or (iii)? 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	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Wkst. 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

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion 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	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			18.00	18.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					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) 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) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>				0.00	62.01
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

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA 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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.12	16.14	0.161994	
65.01		GERIATRIC MEDICINE	1351	0.31	0.68	0.313131	
65.02		INTERNAL MEDICINE	1400	8.40	39.89	0.173949	
65.03		INTERNAL	2755	0.96	7.02	0.120301	
65.04		MEDICINE/FAMILY PEDIATRICS	2000	0.67	10.67	0.059083	
				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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	2.94	17.24	0.145689	

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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	3.00	4.00	5.00		
67.01	INTERNAL MEDICINE - GENERAL	1400	4.06	37.94	0.096667		67.01
67.02	INTERNAL MEDICINE/FAMILY MEDICINE -	1505	1.30	7.77	0.143330		67.02
67.03	PEDIATRICS - GENERAL	2000	0.33	13.67	0.023571		67.03
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 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
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 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		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital 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	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		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.					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		Y	98.05

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		V	XIX			
		1.00	2.00			
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	Y			98.06
Rural Providers						
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. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					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	
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:	4,993,959	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
DO NOT USE THIS LINE						
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 6:15 pm	
		1.00	2.00				
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.			08/17/2010			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.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (See instructions)		Y		15H046		140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ST. VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101			141.00
142.00	Street: 250 WEST 96TH SREET, STE 215	PO Box:					142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46260			143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?				Y		144.00
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
			Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		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
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 6:15 pm	
			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)		10/01/2017	09/30/2018	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 6:15 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			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	
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	10/07/2019	Y	10/07/2019
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 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 6:15 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GREGORY		KRUPINSKI	41.00
42.00	Enter the employer/company name of the cost report preparer.	ASCENSION			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 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 6:15 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 6:15 pm

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	583	212,665	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)		583	212,665	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	56	20,440	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	15	5,475	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	90	32,850	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)		768	280,190	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	0	3,060		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.)	115.00					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)		825				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 07/01/2018 To 06/30/2019	Worksheet S-3 Part I Date/Time Prepared: 11/25/2019 6:15 pm
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	43,714	5,296	119,778			1.00
2.00 HMO and other (see instructions)	23,981	44,529				2.00
3.00 HMO IPF Subprovider	625	4,128				3.00
4.00 HMO IRF Subprovider	130	104				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)	43,714	5,296	119,778			7.00
8.00 INTENSIVE CARE UNIT	6,491	807	17,782			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	3,054	0	8,200			9.01
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	10	358	2,702			10.01
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	3,224	28,663			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,448	3,656			13.00
14.00 Total (see instructions)	53,269	13,133	180,781	159.91	4,097.11	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,502	1,064	15,796	0.00	70.01	16.00
17.00 SUBPROVIDER - IRF	708	9	1,264	0.00	7.74	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.)				0.00	48.36	23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			35			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)				159.91	4,223.22	27.00
28.00 Observation Bed Days		0	16,714			28.00
29.00 Ambulance Trips	11					29.00
30.00 Employee discount days (see instruction)			2,162			30.00
31.00 Employee discount days - IRF			10			31.00
32.00 Labor & delivery days (see instructions)	0	192	3,821			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
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 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 6:15 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	9,244	1,241	30,994	1.00
2.00 HMO and other (see instructions)				3,886	5,157		2.00
3.00 HMO IPF Subprovider					719		3.00
4.00 HMO IRF Subprovider					9		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		9,244	1,241	30,994	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		302	191	2,733	16.00
17.00 SUBPROVIDER - IRF	0.00	0		56	1	109	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.)	0.00						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 07/01/2018
To 06/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 6:15 pm

	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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	336,476,094	0	336,476,094	8,784,288.00	38.30
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		526,429	0	526,429	2,933.00	179.48
4.01	Physicians - Part A - Teaching		7,225,274	0	7,225,274	65,514.00	110.29
5.00	Physician and Non-Physician-Part B		35,880,736	0	35,880,736	329,265.00	108.97
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	9,990,526	9,990,526	352,189.00	28.37
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		3,902,893	0	3,902,893	375,333.00	10.40
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		51,205,015	-1,403,869	49,801,146	1,075,504.00	46.30
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,461,676	0	5,461,676	68,071.00	80.23
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		4,394,519	0	4,394,519	21,231.00	206.99
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		68,881,342	0	68,881,342	1,446,028.00	47.63
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		61,399,172	0	61,399,172		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		11,141,963	0	11,141,963		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		77,224	0	77,224		
22.01	Physician Part A - Teaching		1,181,320	0	1,181,320		
23.00	Physician Part B		5,885,287	0	5,885,287		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		2,891,069	0	2,891,069		
25.50	Home office wage-related (core)		21,258,489	0	21,258,489		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,062,421	0	1,062,421	32,117.00	33.08
27.00	Administrative & General	5.00	17,994,823	-4,621,170	13,373,653	490,556.00	27.26

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 6:15 pm

		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.)		7,205,849	0	7,205,849	42,864.00	168.11	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,615,224	0	1,615,224	79,498.00	20.32	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	12.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		9,311,173	0	9,311,173	358,602.00	25.97	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		2,777,819	0	2,777,819	96,794.00	28.70	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	10,151,735	0	10,151,735	290,825.00	34.91	38.00
39.00	Central Services and Supply	14.00	4,499,163	0	4,499,163	157,154.00	28.63	39.00
40.00	Pharmacy	15.00	12,145,081	-476,061	11,669,020	272,154.00	42.88	40.00
41.00	Medical Records & Medical Records Library	16.00	99,910	0	99,910	5,166.00	19.34	41.00
42.00	Social Service	17.00	5,666,059	0	5,666,059	155,498.00	36.44	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 07/01/2018
To 06/30/2019

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 6:15 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	308,762,032	-9,990,526	298,771,506	8,160,247.00	36.61	1.00
2.00	Excluded area salaries (see instructions)	51,205,015	-1,403,869	49,801,146	1,075,504.00	46.30	2.00
3.00	Subtotal salaries (line 1 minus line 2)	257,557,017	-8,586,657	248,970,360	7,084,743.00	35.14	3.00
4.00	Subtotal other wages & related costs (see inst.)	78,737,537	0	78,737,537	1,535,330.00	51.28	4.00
5.00	Subtotal wage-related costs (see inst.)	82,734,885	0	82,734,885	0.00	33.23	5.00
6.00	Total (sum of lines 3 thru 5)	419,029,439	-8,586,657	410,442,782	8,620,073.00	47.61	6.00
7.00	Total overhead cost (see instructions)	72,529,257	-5,097,231	67,432,026	1,981,240.00	34.04	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2019 6:15 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			12,495,567 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			5,408,903 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			2,264,627 7.00
HEALTH AND INSURANCE COST				
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)			26,164,785 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			9,396,341 9.00
10.00	Dental, Hearing and Vision Plan			1,025,488 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			516,423 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			26,567 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,970,466 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			612,573 14.00
15.00	'Workers' Compensation Insurance			23,327 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			21,952,769 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			147,507 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			341,152 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			229,540 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			82,576,035 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part V Date/Time Prepared: 11/25/2019 6:15 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		5,461,676	82,576,035
2.00	Hospital		5,461,676	61,399,172
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC		0	0
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	21,176,863

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/25/2019 6:15 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.208192	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		119,411,968	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		800,204,675	6.00	
7.00	Medicaid cost (line 1 times line 6)		166,596,212	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)		47,184,244	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)		47,184,244	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)	116,686,153	16,014,471	132,700,624	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	24,293,124	16,014,471	40,307,595	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)	24,293,124	16,014,471	40,307,595	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)			24,587,268	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			863,655	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,328,700	27.01
28.00	Non-Medicare bad debt expense (see instructions)			23,258,568	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,307,293	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			45,614,888	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			92,799,132	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		13,705,555	13,705,555	430,726	14,136,281	1.00
1.01	00101		232,763	232,763	0	232,763	1.01
1.02	00102		88,113	88,113	-84,925	3,188	1.02
2.00	00200		17,634,198	17,634,198	0	17,634,198	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,062,421	61,461,144	62,523,565	-289,196	62,234,369	4.00
5.00	00500	17,994,823	256,184,077	274,178,900	-9,322,119	264,856,781	5.00
7.00	00700	1,615,224	26,138,225	27,753,449	0	27,753,449	7.00
8.00	00800	0	2,897,732	2,897,732	0	2,897,732	8.00
9.00	00900	0	11,084,636	11,084,636	0	11,084,636	9.00
10.00	01000	0	14,908,170	14,908,170	-10,278,822	4,629,348	10.00
11.00	01100	0	0	0	10,208,455	10,208,455	11.00
13.00	01300	10,151,735	4,127,047	14,278,782	0	14,278,782	13.00
14.00	01400	4,499,163	6,162,164	10,661,327	-2,318,439	8,342,888	14.00
15.00	01500	12,145,081	89,360,904	101,505,985	-74,050,205	27,455,780	15.00
16.00	01600	99,910	291,791	391,701	0	391,701	16.00
17.00	01700	5,666,059	1,184,129	6,850,188	0	6,850,188	17.00
21.00	02100	0	0	0	9,990,526	9,990,526	21.00
22.00	02200	20,396,443	3,716,860	24,113,303	-12,426,922	11,686,381	22.00
23.00	02300	378,275	55,074	433,349	292,397	725,746	23.00
23.01	02301	441,392	30,788	472,180	-174,016	298,164	23.01
23.02	02302	195,433	-6,455	188,978	37,976	226,954	23.02
23.03	02303	702,922	257,928	960,850	143,155	1,104,005	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	74,479,672	21,125,979	95,605,651	-1,589,970	94,015,681	30.00
31.00	03100	13,567,467	5,032,909	18,600,376	-2,029,166	16,571,210	31.00
32.00	03200	0	0	0	0	0	32.00
32.01	03201	6,611,904	1,428,435	8,040,339	4,795,253	12,835,592	32.01
33.00	03300	0	0	0	0	0	33.00
33.01	02080	4,236,064	1,156,854	5,392,918	-247,603	5,145,315	33.01
34.00	03400	0	0	0	0	0	34.00
34.01	02060	21,294,837	6,093,259	27,388,096	-1,049,926	26,338,170	34.01
40.00	04000	5,631,436	763,187	6,394,623	0	6,394,623	40.00
41.00	04100	504,456	391,366	895,822	-144	895,678	41.00
43.00	04300	1,193,014	363,584	1,556,598	1,996,641	3,553,239	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	24,061,037	37,862,056	61,923,093	-23,820,621	38,102,472	50.00
52.00	05200	4,160,675	978,540	5,139,215	-492,920	4,646,295	52.00
54.00	05400	4,977,358	4,541,976	9,519,334	-670,788	8,848,546	54.00
54.01	05402	2,810,999	1,220,128	4,031,127	463,110	4,494,237	54.01
54.02	05403	1,091,291	248,687	1,339,978	-160,302	1,179,676	54.02
54.03	05404	695,914	708,483	1,404,397	190,450	1,594,847	54.03
54.04	05401	3,963,768	5,891,704	9,855,472	-489,387	9,366,085	54.04
57.00	05700	1,548,282	858,711	2,406,993	-637,581	1,769,412	57.00
58.00	05800	914,072	473,243	1,387,315	-62,138	1,325,177	58.00
59.00	05900	3,635,997	12,001,203	15,637,200	-11,505,247	4,131,953	59.00
59.01	05901	615,150	198,514	813,664	124,599	938,263	59.01
60.00	06000	0	26,052,886	26,052,886	-20,317	26,032,569	60.00
65.00	06500	7,410,238	6,882,338	14,292,576	-1,713,555	12,579,021	65.00
66.00	06600	7,889,531	2,419,885	10,309,416	-29,412	10,280,004	66.00
67.00	06700	1,072,029	102,518	1,174,547	-16,884	1,157,663	67.00
68.00	06800	852,172	325,549	1,177,721	-95,222	1,082,499	68.00
69.00	06900	1,300,080	840,913	2,140,993	326,910	2,467,903	69.00
70.00	07000	1,505,015	7,094,948	8,599,963	0	8,599,963	70.00
71.00	07100	0	0	0	54,847,113	54,847,113	71.00
72.00	07200	0	56,982,525	56,982,525	0	56,982,525	72.00
73.00	07300	0	0	0	74,076,866	74,076,866	73.00
74.00	07400	0	5,086,503	5,086,503	0	5,086,503	74.00
75.00	03330	1,920,003	2,895,305	4,815,308	-2,048,898	2,766,410	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	443,164	2,457,701	2,900,865	2,488,812	5,389,677	90.00
90.01	09001	1,684,386	263,477	1,947,863	0	1,947,863	90.01
91.00	09100	13,337,823	14,669,442	28,007,265	-1,612,512	26,394,753	91.00
91.01	09101	595,019	812,717	1,407,736	-176,416	1,231,320	91.01
91.02	09102	434,938	136,504	571,442	-92,714	478,728	91.02
91.03	09103	0	222	222	0	222	91.03
91.04	09104	310,997	300,809	611,806	0	611,806	91.04
91.05	09105	0	0	0	0	0	91.05
91.06	09106	459,312	129,363	588,675	-5,387	583,288	91.06
91.07	09107	329,761	801,908	1,131,669	-46,506	1,085,163	91.07
91.08	04040	2,238,251	1,833,070	4,071,321	-52,416	4,018,905	91.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500 AMBULANCE SERVICES	0	29,734	29,734	-29,734	0	95.00
98.00	09853 GERIATRIC CLINIC	0	881	881	0	881	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	296,482	23,977	320,459	0	320,459	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,717,758	5,058,295	7,776,053	-1,436,357	6,339,696	105.00
106.00	10600 HEART ACQUISITION	2,496,029	5,130,856	7,626,885	-1,336,222	6,290,663	106.00
112.00	08600 PANCREAS ACQUISITION	0	9,000	9,000	0	9,000	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	3,414,860	9,171,503	12,586,363	0	12,586,363	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	302,050,122	760,366,490	1,062,416,612	0	1,062,416,612	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	1,023,889	1,023,889	0	1,023,889	190.00
191.00	19100 RESEARCH	1,130,387	603,268	1,733,655	0	1,733,655	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	26,004,992	17,684,954	43,689,946	0	43,689,946	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304 MARKETING	0	350	350	0	350	193.01
193.02	19305 MISSION SERVICES	512,922	502,968	1,015,890	0	1,015,890	193.02
193.03	19306 FOUNDATION	782,101	1,882,787	2,664,888	0	2,664,888	193.03
193.04	19307 WELLNESS	426,110	275,242	701,352	0	701,352	193.04
193.07	19310 BILLING	0	19,449,932	19,449,932	0	19,449,932	193.07
193.09	19312 LIFELINE	0	2,372	2,372	0	2,372	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302 VACANT SPACE	0	0	0	0	0	193.14
193.16	19316 SETON BOARD	0	0	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	5,569,460	3,309,489	8,878,949	0	8,878,949	193.19
200.00	TOTAL (SUM OF LINES 118 through 199)	336,476,094	805,101,741	1,141,577,835	0	1,141,577,835	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-788,394	13,347,887	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	0	232,763	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	17,634,198	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-158,767	62,075,602	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-83,124,407	181,732,374	5.00
7.00	00700	OPERATION OF PLANT	-564,266	27,189,183	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,897,732	8.00
9.00	00900	HOUSEKEEPING	0	11,084,636	9.00
10.00	01000	DIETARY	-304,697	4,324,651	10.00
11.00	01100	CAFETERIA	-2,899,118	7,309,337	11.00
13.00	01300	NURSING ADMINISTRATION	-191,462	14,087,320	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-265	8,342,623	14.00
15.00	01500	PHARMACY	-22,004	27,433,776	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-21,199	370,502	16.00
17.00	01700	SOCIAL SERVICE	-509,151	6,341,037	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	9,990,526	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-8,178,067	3,508,314	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	725,746	23.00
23.01	02301	PARAMED ED PRGM - CPE	-14,914	283,250	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	-51,476	175,478	23.02
23.03	02303	PARAMED ED PRGM - EMS	-100,571	1,003,434	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-25,146,886	68,868,795	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,571,210	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	-691,667	12,143,925	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-2,124,265	3,021,050	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-9,819,752	16,518,418	34.01
40.00	04000	SUBPROVIDER - I PF	-1,997,707	4,396,916	40.00
41.00	04100	SUBPROVIDER - I RF	0	895,678	41.00
43.00	04300	NURSERY	-1,190,844	2,362,395	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,735,150	32,367,322	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-34,426	4,611,869	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-171,041	8,677,505	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	4,494,237	54.01
54.02	05403	ULTRASOUND	0	1,179,676	54.02
54.03	05404	ECHOCARDIOLOGY	-803	1,594,044	54.03
54.04	05401	ONCOLOGY	-171,143	9,194,942	54.04
57.00	05700	CT SCAN	0	1,769,412	57.00
58.00	05800	MRI	0	1,325,177	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,131,953	59.00
59.01	05901	CARDIAC REHAB	0	938,263	59.01
60.00	06000	LABORATORY	0	26,032,569	60.00
65.00	06500	RESPIRATORY THERAPY	0	12,579,021	65.00
66.00	06600	PHYSICAL THERAPY	-182,581	10,097,423	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,157,663	67.00
68.00	06800	SPEECH PATHOLOGY	408	1,082,907	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,467,903	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,500,257	6,099,706	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	54,847,113	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	56,982,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-11,933,579	62,143,287	73.00
74.00	07400	RENAL DIALYSIS	0	5,086,503	74.00
75.00	03330	ENDOSCOPY	0	2,766,410	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-85,500	5,304,177	90.00
90.01	09001	PARTIAL HOSPITALIZATION	-11	1,947,852	90.01
91.00	09100	EMERGENCY	-3,587,912	22,806,841	91.00
91.01	09101	WOUND CARE 002	0	1,231,320	91.01
91.02	09102	WOUND CARE 001	0	478,728	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	222	91.03
91.04	09104	ZIONSVILLE CLINIC	0	611,806	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	-20,851	562,437	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	-399,238	685,925	91.07
91.08	04040	FAMILY PRACTICE	-1,662,555	2,356,350	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	881	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	320,459	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-505,592	5,834,104	105.00
106.00	10600	HEART ACQUISITION	0	6,290,663	106.00
112.00	08600	PANCREAS ACQUISITION	0	9,000	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	-16,558	12,569,805	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-164,906,668	897,509,944	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,023,889	190.00
191.00	19100	RESEARCH	0	1,733,655	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	43,689,946	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	0	350	193.01
193.02	19305	MISSION SERVICES	0	1,015,890	193.02
193.03	19306	FOUNDATION	0	2,664,888	193.03
193.04	19307	WELLNESS	0	701,352	193.04
193.07	19310	BILLING	0	19,449,932	193.07
193.09	19312	LIFELINE	0	2,372	193.09
193.10	19313	MARTEN HOUSE	0	0	193.10
193.14	19302	VACANT SPACE	0	0	193.14
193.16	19316	SETON BOARD	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	8,878,949	193.19
200.00		TOTAL (SUM OF LINES 118 through 199)	-164,906,668	976,671,167	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - Pharmacy						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	73,395,628	1.00	
	TOTALS		0	73,395,628		
B - Drugs Directly Assigned						
1.00	DRUGS CHARGED TO PATIENTS	73.00		681,238	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			0	681,238	19.00	
C - Med Ed Director						
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	52,416	0	1.00	
			52,416	0		
D - Nursery						
1.00	NURSERY	43.00	1,687,983	308,658	1.00	
			1,687,983	308,658		
E - Building Rent						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	289,196	1.00	
				289,196		
F - Rental Beds						
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	1,921,651	1.00	
				1,921,651		
G - Marten House						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	141,530	1.00	
2.00				141,530	2.00	
			0	141,530		
H - Resident Salaries						
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	9,990,526	0	1.00	
			9,990,526	0		
I - Radiology Paramed						
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	37,976	0	1.00	
			37,976	0		
J - Pharmacy Paramed						
1.00	PARAMED ED PRGM- PHARMACY	23.00	400,256	0	1.00	
			400,256	0		
K - Pharmacy Year 2						
1.00	PHARMACY	15.00	95,873	11,986	1.00	
			95,873	11,986		
L - CPE Paramed						
1.00	PARAMED ED PRGM - CPE	23.01	8,832	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	167,473	15,375	2.00	
			176,305	15,375		
M - Organ Acquisition						
1.00	KIDNEY ACQUISITION	105.00	97,396	0	1.00	
2.00	KIDNEY ACQUISITION	105.00	0	35,424	2.00	
3.00	KIDNEY ACQUISITION	105.00	0	62,801	3.00	
4.00	KIDNEY ACQUISITION	105.00	70,147	0	4.00	
5.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	1,106,003	596,122	5.00	
6.00	HEART ACQUISITION	106.00	74,282	0	6.00	
7.00	HEART ACQUISITION	106.00	0	34,943	7.00	
8.00	HEART ACQUISITION	106.00	0	72,998	8.00	
9.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	1,396,442	1,219,783	9.00	
	TOTALS		2,744,270	2,022,071		

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
N - Dietary					
1.00	CAFETERIA	11.00	0	10,208,455	1.00
				10,208,455	
O - Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	52,925,462	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
TOTALS			0	52,925,462	
P - EMS Precepting					
1.00	PARAMED ED PRGM - EMS	23.03	143,155		1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
			143,155	0	
Q - Cardiac Admin					
1.00	ADULTS & PEDIATRICS	30.00	942,264	891,819	1.00
2.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	609,725	577,082	2.00
3.00	OPERATING ROOM	50.00	750,682	710,494	3.00
4.00	AMBULATORY CARDIOVASCULAR SVC	54.01	317,138	300,160	4.00
5.00	ECHOCARDIOLOGY	54.03	97,844	92,606	5.00
6.00	CARDIAC CATHETERIZATION	59.00	1,229,683	1,163,851	6.00
7.00	CARDIAC REHAB	59.01	64,013	60,586	7.00
8.00	ELECTROCARDIOLOGY	69.00	168,437	159,420	8.00
9.00	HEART ACQUISITION	106.00	600,025	567,902	9.00
			4,779,811	4,523,920	
R - CLINIC					
1.00	CLINIC	90.00	2,034,617	320,306	1.00
2.00	CLINIC	90.00	0	133,889	2.00
TOTALS			2,034,617	454,195	
500.00	Grand Total: Increases		22,143,188	146,899,365	500.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6
Date/Time Prepared:
11/25/2019 6:15 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - Pharmacy							
1.00	PHARMACY	15.00	0	73,395,628	0		1.00
	TOTALS		0	73,395,628			
B - Drugs Directly Assigned							
1.00	ADULTS & PEDIATRICS	30.00		8,262			1.00
2.00	CARDIOTHORACIC VASCULAR	32.01		510			2.00
	TRANSPL						
3.00	NEONATAL INTENSIVE CARE UNIT	34.01		11,941			3.00
4.00	SUBPROVIDER - IRF	41.00		144			4.00
5.00	OPERATING ROOM	50.00		438,420			5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00		18,723			6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00		72,254			7.00
8.00	AMBULATORY CARDIOVASCULAR	54.01		6,577			8.00
	SVC						
9.00	ONCOLOGY	54.04		1,057			9.00
10.00	MRI	58.00		904			10.00
11.00	CARDIAC CATHETERIZATION	59.00		7,154			11.00
12.00	LABORATORY	60.00		20,317			12.00
13.00	RESPIRATORY THERAPY	65.00		2,576			13.00
14.00	ELECTROCARDIOLOGY	69.00		947			14.00
15.00	ENDOSCOPY	75.00		403			15.00
16.00	EMERGENCY	91.00		30,482			16.00
17.00	WOUND CARE 001	91.02		25,446			17.00
18.00	OP ANTI COAGULATION CLINIC	91.06		5,387			18.00
19.00	AMBULANCE SERVICES	95.00		29,734			19.00
			0	681,238			
C - Med Ed Director							
1.00	FAMILY PRACTICE	91.08	52,416				1.00
			52,416		0		
D - Nursery							
1.00	ADULTS & PEDIATRICS	30.00	1,687,983	308,658			1.00
			1,687,983	308,658			
E - Building Rent							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		289,196	10		1.00
			0	289,196			
F - Rental Beds							
1.00	CENTRAL SERVICES & SUPPLY	14.00		1,921,651			1.00
			0	1,921,651			
G - Marten House							
1.00	NEW CAP REL	1.02		84,925	9		1.00
2.00	COSTS-BLDG-MARTEN H						
	ADMINISTRATIVE & GENERAL	5.00		56,605			2.00
			0	141,530			
H - Resident Salaries							
1.00	I&R SERVICES-OTHER PRGM	22.00	9,990,526				1.00
	COSTS A						
			9,990,526		0		
I - Radiology Paramed							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	37,976				1.00
			37,976		0		
J - Pharmacy Paramed							
1.00	PHARMACY	15.00	400,256				1.00
			400,256		0		
K - Pharmacy Year 2							
1.00	PARAMED PRGM- PHARMACY	23.00	95,873	11,986			1.00
			95,873	11,986			
L - CPE Paramed							
1.00	ADMINISTRATIVE & GENERAL	5.00	8,832				1.00
2.00	PARAMED PRGM - CPE	23.01	167,473	15,375			2.00
			176,305	15,375			
M - Organ Acquisition							
1.00	PHARMACY	15.00	97,396	0	0		1.00
2.00	DIETARY	10.00	0	35,424	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	62,801	0		3.00
4.00	HEART ACQUISITION	106.00	70,147	0	0		4.00
5.00	KIDNEY ACQUISITION	105.00	1,106,003	596,122	0		5.00
6.00	PHARMACY	15.00	74,282	0	0		6.00
7.00	DIETARY	10.00	0	34,943	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	72,998	0		8.00
9.00	HEART ACQUISITION	106.00	1,396,442	1,219,783	0		9.00
	TOTALS		2,744,270	2,022,071			

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6
Date/Time Prepared:
11/25/2019 6:15 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
N - Dietary							
1.00	DIETARY	10.00	0	10,208,455			1.00
				10,208,455			
O - Medical Supplies							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	396,788	0		1.00
2.00	PHARMACY	15.00	0	190,502	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,417,799	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,024,860	0		4.00
5.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	709,394	0		5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	247,603	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,037,985	0		7.00
8.00	OPERATING ROOM	50.00	0	24,829,800	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	472,396	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	560,558	0		10.00
11.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	147,611	0		11.00
12.00	ULTRASOUND	54.02	0	160,302	0		12.00
13.00	ONCOLOGY	54.04	0	488,330	0		13.00
14.00	CT SCAN	57.00	0	637,581	0		14.00
15.00	MRI	58.00	0	61,234	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	13,886,544	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	1,710,979	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	29,412	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	16,884	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	95,222	0		20.00
21.00	ENDOSCOPY	75.00	0	2,048,495	0		21.00
22.00	EMERGENCY	91.00	0	1,464,993	0		22.00
23.00	WOUND CARE 002	91.01	0	176,416	0		23.00
24.00	WOUND CARE 001	91.02	0	67,268	0		24.00
25.00	ST VINCENT OUTPATIENT TREATMENT	91.07	0	46,506	0		25.00
TOTALS			0	52,925,462			
P - EMS Precepting							
1.00	ADULTS & PEDIATRICS	30.00	1,351				1.00
2.00	INTENSIVE CARE UNIT	31.00	4,306				2.00
3.00	OPERATING ROOM	50.00	13,577				3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	1,801				4.00
5.00	CARDIAC CATHETERIZATION	59.00	5,083				5.00
6.00	EMERGENCY	91.00	117,037				6.00
			143,155		0		
Q - Cardiac Admin							
1.00	ADMINISTRATIVE & GENERAL	5.00	4,779,811	4,523,920			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
			4,779,811	4,523,920			
R - CLINIC							
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	2,034,617	320,306	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	133,889	0		2.00
TOTALS			2,034,617	454,195			
500.00	Grand Total: Decreases		22,143,188	146,899,365			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 6:15 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,137,236	0	0	0	0	1.00
2.00	Land Improvements	11,233,128	2,584,377	0	2,584,377	0	2.00
3.00	Buildings and Fixtures	506,221,226	44,952,542	0	44,952,542	0	3.00
4.00	Building Improvements	15,858,948	0	0	0	535,331	4.00
5.00	Fixed Equipment	27,652,551	254,012	0	254,012	0	5.00
6.00	Movable Equipment	277,272,379	12,791,474	0	12,791,474	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	847,375,468	60,582,405	0	60,582,405	535,331	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	847,375,468	60,582,405	0	60,582,405	535,331	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,137,236	0				1.00
2.00	Land Improvements	13,817,505	0				2.00
3.00	Buildings and Fixtures	551,173,768	0				3.00
4.00	Building Improvements	15,323,617	0				4.00
5.00	Fixed Equipment	27,906,563	0				5.00
6.00	Movable Equipment	290,063,853	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	907,422,542	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	907,422,542	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	13,873,363	0	-170,537	2,729	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	232,763	0	0	0	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	17,634,198	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	31,828,437	0	-170,537	2,729	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	13,705,555				1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	232,763				1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN H	0	88,113				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	17,634,198				2.00
3.00	Total (sum of lines 1-2)	0	31,660,629				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	604,282,604	0	604,282,604	0.665933	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	13,076,086	0	13,076,086	0.014410	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	290,063,852	0	290,063,852	0.319657	0	2.00
3.00	Total (sum of lines 1-2)	907,422,542	0	907,422,542	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	13,055,962	289,196	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	232,763	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	17,634,198	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	30,926,111	289,196	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	2,729	0	0	13,347,887	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	0	232,763	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	17,634,198	2.00
3.00	Total (sum of lines 1-2)	0	2,729	0	0	31,218,036	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/25/2019 6:15 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,891,833	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG-STRESS (chapter 2)			NEW CAP REL COSTS-BLDG-STRESS		1.01		1.01
1.02	Investment income - NEW CAP REL COSTS-BLDG-MARTEN H (chapter 2)			NEW CAP REL COSTS-BLDG-MARTEN H		1.02		1.02
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00	Investment income - other (chapter 2)	B	-335,145	ADMINISTRATIVE & GENERAL		5.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-39,603	OPERATION OF PLANT		7.00		7.00
8.00	Television and radio service (chapter 21)	B	-8,464	OPERATION OF PLANT		7.00		8.00
9.00	Parking lot (chapter 21)	B	-135,174	OPERATION OF PLANT		7.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-58,737,611					10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-23,923,436					12.00
13.00	Laundry and linen service		0			0.00		13.00
14.00	Cafeteria-employees and guests		0			0.00		14.00
15.00	Rental of quarters to employee and others		0			0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00	Sale of drugs to other than patients		0			0.00		17.00
18.00	Sale of medical records and abstracts		0			0.00		18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.00
20.00	Vending machines		0			0.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		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		26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG-STRESS			NEW CAP REL COSTS-BLDG-STRESS		1.01		26.01
26.02	Depreciation - NEW CAP REL COSTS-BLDG-MARTEN H			NEW CAP REL COSTS-BLDG-MARTEN H		1.02		26.02
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant			0		0.00		29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0 32.00
33.00 Misc Revenue	B	-958,931		CAP REL COSTS-BLDG & FIXT	1.00	9 33.00
33.01 Misc Revenue	B	-47,844		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02 Misc Revenue	B	-538,769		ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 Misc Revenue	B	-381,025		OPERATION OF PLANT	7.00	0 33.03
33.04 Misc Revenue	B	-304,697		DIETARY	10.00	0 33.04
33.05 Misc Revenue	B	-2,899,118		CAFETERIA	11.00	0 33.05
33.06 Misc Revenue	B	-59,471		NURSING ADMINISTRATION	13.00	0 33.06
33.07 Misc Revenue	B	-265		CENTRAL SERVICES & SUPPLY	14.00	0 33.07
33.08 Misc Revenue	B	-22,004		PHARMACY	15.00	0 33.08
33.09 Misc Revenue	B	-21,199		MEDICAL RECORDS & LIBRARY	16.00	0 33.09
33.10 Misc Revenue	B	-281,551		SOCIAL SERVICE	17.00	0 33.10
33.11 Misc Revenue	B	-67,889		I&R SERVICES-OTHER PRGM COSTS A	22.00	0 33.11
33.12 Misc Revenue	B	-14,914		PARAMED ED PRGM - CPE	23.01	0 33.12
33.13 Misc Revenue	B	-51,285		PARAMED ED PRGM - RADIOLOGY	23.02	0 33.13
33.14 Misc Revenue	B	-224		ADULTS & PEDIATRICS	30.00	0 33.14
33.15 Misc Revenue	B	-38,537		NEONATAL INTENSIVE CARE UNIT	34.01	0 33.15
33.16 Misc Revenue	B	5,295		SUBPROVIDER - IPF	40.00	0 33.16
33.17 Misc Revenue	B	-1,009		OPERATING ROOM	50.00	0 33.17
33.18 Misc Revenue	B	-34,426		DELIVERY ROOM & LABOR ROOM	52.00	0 33.18
33.19 Misc Revenue	B	-18,865		RADIOLOGY-DIAGNOSTIC	54.00	0 33.19
33.20 Misc Revenue	B	-803		ECHOCARDIOLOGY	54.03	0 33.20
33.21 Misc Revenue	B			ONCOLOGY	54.04	0 33.21
33.22 Misc Revenue	B	-182,581		PHYSICAL THERAPY	66.00	0 33.22
33.23 Misc Revenue	B	408		SPEECH PATHOLOGY	68.00	0 33.23
33.24 Misc Revenue	B	-11,933,579		DRUGS CHARGED TO PATIENTS	73.00	0 33.24
33.25 Misc Revenue	B	-76,700		CLINIC	90.00	0 33.25
33.26 Misc Revenue	B	-11		PARTIAL HOSPITALIZATION	90.01	0 33.26
33.27 Misc Revenue	B	-30,937		EMERGENCY	91.00	0 33.27
33.28 Misc Revenue	B	-12,485		OP ANTI COAGULATION CLINIC	91.06	0 33.28
33.29 Misc Revenue	B	-16,558		AMBULATORY SURGICAL CENTER (D. P.)	115.00	0 33.29
33.30 Non-reimbursable items	A	-2,918,187		ADMINISTRATIVE & GENERAL	5.00	0 33.30
33.31 Lobbying dues	A	-13,757		ADMINISTRATIVE & GENERAL	5.00	0 33.31
33.32 Provider tax	A	-33,001,840		ADMINISTRATIVE & GENERAL	5.00	0 33.32
33.33 Physician Loss Funding	A	-15,576,823		ADMINISTRATIVE & GENERAL	5.00	0 33.33
33.34 EMS Training	A	-229,770		PARAMED ED PRGM - EMS	23.03	0 33.34
33.35 EMS Income	B	129,268		PARAMED ED PRGM - EMS	23.03	0 33.35
33.36 EMS Income	B	-69		PARAMED ED PRGM - EMS	23.03	0 33.36
33.39 Midlevel s	A	-100,154		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.39
33.40 Midlevel s	A	-24,187		ADMINISTRATIVE & GENERAL	5.00	0 33.40
33.41 Midlevel s	A	-109,065		NURSING ADMINISTRATION	13.00	0 33.41
33.42 Midlevel s	A	-119,327		SOCIAL SERVICE	17.00	0 33.42
33.43 Midlevel s	A	-393,471		I&R SERVICES-OTHER PRGM COSTS A	22.00	0 33.43
33.44 Midlevel s	A	-1,531,493		ADULTS & PEDIATRICS	30.00	0 33.44
33.45 Midlevel s	A	-215,876		PEDIATRIC INTENSIVE CARE UNIT	33.01	0 33.45
33.46 Midlevel s	A	-1,156,334		NEONATAL INTENSIVE CARE UNIT	34.01	0 33.46
33.47 Midlevel s	A	-745,403		SUBPROVIDER - IPF	40.00	0 33.47
33.48 Midlevel s	A	-786,741		OPERATING ROOM	50.00	0 33.48
33.49 Midlevel s	A	-104,162		ELECTROENCEPHALOGRAPHY	70.00	0 33.49
33.50 Midlevel s	A	-923,931		EMERGENCY	91.00	0 33.50
33.51 Midlevel s	A	-24,106		FAMILY PRACTICE	91.08	0 33.51
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-164,906,668				50.00

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

(2) Basis for adjustment (see instructions).

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- 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 07/01/2018 To 06/30/2019
 Worksheet A-8-1
 Date/Time Prepared: 11/25/2019 6:15 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Capital	20,706,404	0
2.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest	291,770	0
3.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Other	164,368,588	215,395,943
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH Chargebacks	834,643	834,643
3.02	5.00	ADMINISTRATIVE & GENERAL	SVH Chargebacks	4,844,667	4,844,667
3.03	7.00	OPERATION OF PLANT	SVH Chargebacks	-90,221	-90,221
3.04	13.00	NURSING ADMINISTRATIVE	SVH Chargebacks	414,570	414,570
3.05	15.00	PHARMACY	SVH Chargebacks	-115,953	-115,953
3.06	23.02	PARAMEDICAL PRGM - RADIOLOGY	SVH Chargebacks	-53,427	-53,427
3.07	30.00	ADULTS & PEDIATRICS	SVH Chargebacks	-172,972	-172,972
3.08	31.00	INTENSIVE CARE UNIT	SVH Chargebacks	1,930,500	1,930,500
3.09	33.01	PEDIATRIC INTENSIVE CARE UNIT	SVH Chargebacks	10,800	10,800
3.10	34.01	NEONATAL INTENSIVE CARE UNIT	SVH Chargebacks	-806,878	-806,878
3.11	40.00	SUBPROVIDER - IPF	SVH Chargebacks	-480,900	-480,900
3.12	50.00	OPERATING ROOM	SVH Chargebacks	8,752	8,752
3.13	54.00	RADIOLOGY-DIAGNOSTIC	SVH Chargebacks	-144,874	-144,874
3.14	54.01	AMBULATORY CARDIOVASCULAR SV	SVH Chargebacks	-183,938	-183,938
3.15	54.03	ECHOCARDIOLOGY	SVH Chargebacks	-1,819	-1,819
3.16	54.04	ONCOLOGY	SVH Chargebacks	-376,230	-376,230
3.17	59.00	CARDIAC CATHETERIZATION	SVH Chargebacks	72,000	72,000
3.18	59.01	CARDIAC REHAB	SVH Chargebacks	30,000	30,000
3.19	65.00	RESPIRATORY THERAPY	SVH Chargebacks	-9,274	-9,274
3.20	66.00	PHYSICAL THERAPY	SVH CHARGEBACKS	-177,020	-177,020
3.21	70.00	ELECTROENCEPHALOGRAPHY	SVH CHARGEBACKS	224,674	224,674
3.22	75.00	ENDOSCOPY	SVH CHARGEBACKS	780,000	780,000
3.23	91.06	OP ANTI COAGULATION CLINIC	SVH CHARGEBACKS	-34,896	-34,896
3.24	105.00	KIDNEY ACQUISITION	SVH CHARGEBACKS	6,240	6,240
3.25	106.00	HEART ACQUISITION	SVH CHARGEBACKS	662,420	662,420
3.26	192.00	PHYSICIANS PRIVATE OFFICES	SVH CHARGEBACKS	154,035	154,035
3.27	193.02	MISSION SERVICES	SVH CHARGEBACKS	193,684	193,684
3.28	193.19	SPORTS PERFORMANCE	SVH CHARGEBACKS	-113,978	-113,978
3.29	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	6,062,370	0
3.30	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	43,375	0
3.31	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	55,553,740	55,553,740
3.32	0.00			0	0
3.33	0.00			0	0
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.			254,430,852	278,354,288

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

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

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

6.00	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
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	Home Office				100.00

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

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 6:15 pm

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

(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 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 6:15 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	20,706,404	0		1.00
2.00	291,770	0		2.00
3.00	-51,027,355	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
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	6,062,370	11		3.29
3.30	43,375	0		3.30
3.31	0	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
4.00	0	0		4.00
5.00	-23,923,436			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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	Home Office		6.00
7.00	Home Office		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 6:15 pm

	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 07/01/2018 To 06/30/2019

Worksheet A-8-2

Date/Time Prepared: 11/25/2019 6:15 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	10,769	10,769	0	0	0
2.00	5.00 ADMINISTRATIVE & GENERAL	729,893	729,893	0	0	0
3.00	13.00 NURSING ADMINISTRATION	22,926	22,926	0	0	0
4.00	17.00 SOCIAL SERVICE	108,273	108,273	0	0	0
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS A	7,716,707	7,716,707	0	0	0
6.00	23.02 PARAMED ED PRGM - RADIOLOGY	191	191	0	0	0
7.00	30.00 ADULTS & PEDIATRICS	23,615,169	23,615,169	0	0	0
8.00	32.01 CARDIOTHORACIC VASCULAR TRANSPL	691,667	691,667	0	0	0
9.00	33.01 PEDIATRIC INTENSIVE CARE UNIT	1,908,389	1,908,389	0	0	0
10.00	34.01 NEONATAL INTENSIVE CARE UNIT	8,624,881	8,624,881	0	0	0
11.00	40.00 SUBPROVIDER - IPF	1,257,599	1,257,599	0	0	0
12.00	43.00 NURSERY	1,190,844	1,190,844	0	0	0
13.00	50.00 OPERATING ROOM	4,947,400	4,947,400	0	0	0
14.00	54.00 RADIOLOGY-DIAGNOSTIC	152,176	152,176	0	0	0
15.00	54.04 ONCOLOGY	171,143	171,143	0	0	0
16.00	70.00 ELECTROENCEPHALOGRAPHY	2,396,095	2,396,095	0	0	0
17.00	90.00 CLINIC	8,800	8,800	0	0	0
18.00	91.00 EMERGENCY	2,633,044	2,633,044	0	0	0
19.00	91.06 OP ANTI COAGULATION CLINIC	8,366	8,366	0	0	0
20.00	91.07 ST VINCENT OUTPATIENT TREATMENT	399,238	399,238	0	0	0
21.00	91.08 FAMILY PRACTICE	1,638,449	1,638,449	0	0	0
22.00	105.00 KIDNEY ACQUISITION	639,781	0	639,781	246,400	2,474
23.00	105.00 KIDNEY ACQUISITION	268,744	0	268,744	197,500	1,157
200.00		59,140,544	58,232,019	908,525		3,631

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
2.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0	0
3.00	13.00 NURSING ADMINISTRATION	0	0	0	0	0
4.00	17.00 SOCIAL SERVICE	0	0	0	0	0
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
6.00	23.02 PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0
7.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
8.00	32.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	0	0
9.00	33.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
10.00	34.01 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0
11.00	40.00 SUBPROVIDER - IPF	0	0	0	0	0
12.00	43.00 NURSERY	0	0	0	0	0
13.00	50.00 OPERATING ROOM	0	0	0	0	0
14.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
15.00	54.04 ONCOLOGY	0	0	0	0	0
16.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
17.00	90.00 CLINIC	0	0	0	0	0
18.00	91.00 EMERGENCY	0	0	0	0	0
19.00	91.06 OP ANTI COAGULATION CLINIC	0	0	0	0	0
20.00	91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0
21.00	91.08 FAMILY PRACTICE	0	0	0	0	0
22.00	105.00 KIDNEY ACQUISITION	293,074	14,654	0	0	0
23.00	105.00 KIDNEY ACQUISITION	109,859	5,493	0	0	0
200.00		402,933	20,147	0	0	0

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	10,769
2.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	729,893
3.00	13.00 NURSING ADMINISTRATION	0	0	0	22,926
4.00	17.00 SOCIAL SERVICE	0	0	0	108,273
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	7,716,707
6.00	23.02 PARAMED ED PRGM - RADIOLOGY	0	0	0	191
7.00	30.00 ADULTS & PEDIATRICS	0	0	0	23,615,169

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 6:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
8.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	691,667		8.00
9.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,908,389		9.00
10.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,624,881		10.00
11.00	40.00	SUBPROVIDER - IPF	0	0	0	1,257,599		11.00
12.00	43.00	NURSERY	0	0	0	1,190,844		12.00
13.00	50.00	OPERATING ROOM	0	0	0	4,947,400		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	152,176		14.00
15.00	54.04	ONCOLOGY	0	0	0	171,143		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,396,095		16.00
17.00	90.00	CLINIC	0	0	0	8,800		17.00
18.00	91.00	EMERGENCY	0	0	0	2,633,044		18.00
19.00	91.06	OP ANTI COAGULATION CLINIC	0	0	0	8,366		19.00
20.00	91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	399,238		20.00
21.00	91.08	FAMILY PRACTICE	0	0	0	1,638,449		21.00
22.00	105.00	KIDNEY ACQUISITION	0	293,074	346,707	346,707		22.00
23.00	105.00	KIDNEY ACQUISITION	0	109,859	158,885	158,885		23.00
200.00			0	402,933	505,592	58,737,611		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	13,347,887	13,347,887				1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS	232,763	0	232,763			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	17,634,198				17,634,198	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	62,075,602	115,492	2,058	0	12,467	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	181,732,374	498,787	16,908	0	1,139,455	5.00
7.00 00700 OPERATION OF PLANT	27,189,183	2,332,537	13,001	0	483,851	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	2,897,732	3,797	0	0	0	8.00
9.00 00900 HOUSEKEEPING	11,084,636	144,178	2,359	0	2,097	9.00
10.00 01000 DIETARY	4,324,651	327,728	4,513	0	17,063	10.00
11.00 01100 CAFETERIA	7,309,337	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	14,087,320	36,094	1,973	0	1,064,513	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	8,342,623	413,725	6,828	0	991,386	14.00
15.00 01500 PHARMACY	27,433,776	171,982	0	0	156,414	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	370,502	106,341	2,890	0	630	16.00
17.00 01700 SOCIAL SERVICE	6,341,037	22,275	462	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	9,990,526	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	3,508,314	129,913	0	0	41,838	22.00
23.00 02300 PARAMED ED PRGM- PHARMACY	725,746	12,304	0	0	0	23.00
23.01 02301 PARAMED ED PRGM - CPE	283,250	23,727	0	0	0	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	175,478	14,774	0	0	0	23.02
23.03 02303 PARAMED ED PRGM - EMS	1,003,434	1,048	0	0	3,865	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	68,868,795	3,116,476	0	0	530,047	30.00
31.00 03100 INTENSIVE CARE UNIT	16,571,210	454,435	0	0	359,196	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	12,143,925	346,683	0	0	226,319	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	3,021,050	193,458	0	0	269,308	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	16,518,418	294,187	0	0	317,492	34.01
40.00 04000 SUBPROVIDER - IPF	4,396,916	41,976	107,544	0	14,335	40.00
41.00 04100 SUBPROVIDER - IRF	895,678	132,330	0	0	602	41.00
43.00 04300 NURSERY	2,362,395	159,948	0	0	48,838	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	32,367,322	1,518,875	0	0	5,426,171	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,611,869	212,994	0	0	63,024	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,677,505	261,548	0	0	855,948	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	4,494,237	123,003	0	0	307,714	54.01
54.02 05403 ULTRASOUND	1,179,676	20,355	0	0	58,202	54.02
54.03 05404 ECHOCARDIOLOGY	1,594,044	0	0	0	107,991	54.03
54.04 05401 ONCOLOGY	9,194,942	104,017	0	0	491,185	54.04
57.00 05700 CT SCAN	1,769,412	22,638	0	0	409,217	57.00
58.00 05800 MRI	1,325,177	88,206	0	0	413,656	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,131,953	285,856	0	0	1,226,553	59.00
59.01 05901 CARDIAC REHAB	938,263	0	0	0	11,409	59.01
60.00 06000 LABORATORY	26,032,569	179,556	0	0	24,159	60.00
65.00 06500 RESPIRATORY THERAPY	12,579,021	33,791	0	0	424,723	65.00
66.00 06600 PHYSICAL THERAPY	10,097,423	109,910	205	0	50,066	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,157,663	3,859	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,082,907	13,051	0	0	10,593	68.00
69.00 06900 ELECTROCARDIOLOGY	2,467,903	8,051	0	0	142,411	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	6,099,706	8,393	40,013	0	163,976	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	54,847,113	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	56,982,525	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	62,143,287	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	5,086,503	36,270	0	0	16,355	74.00
75.00 03330 ENDOSCOPY	2,766,410	122,069	0	0	294,714	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	5,304,177	0	0	0	83,368	90.00
90.01 09001 PARTIAL HOSPITALIZATION	1,947,852	53,181	34,009	0	3,024	90.01
91.00 09100 EMERGENCY	22,806,841	397,260	0	0	603,129	91.00
91.01 09101 WOUND CARE 002	1,231,320	99,484	0	0	4,286	91.01
91.02 09102 WOUND CARE 001	478,728	5,737	0	0	22,122	91.02
91.03 09103 LAFAYETTE RD CLINIC	222	0	0	0	0	91.03
91.04 09104 ZI ONSVILLE CLINIC	611,806	0	0	0	29,193	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	562,437	17,585	0	0	0	91.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

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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		
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	685,925	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	2,356,350	0	0	0	12,389	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	63,763	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	881	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	320,459	0	0	0	4,941	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,834,104	0	0	0	18,397	105.00
106.00	10600	HEART ACQUISITION	6,290,663	0	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	9,000	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	12,569,805	0	0	0	348,722	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	897,509,944	12,883,647	232,763	0	17,307,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,023,889	30,388	0	0	161	190.00
191.00	19100	RESEARCH	1,733,655	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	43,689,946	86,100	0	0	175,648	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	350	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	1,015,890	27,286	0	0	14,794	193.02
193.03	19306	FOUNDATION	2,664,888	0	0	0	2,619	193.03
193.04	19307	WELLNESS	701,352	0	0	0	0	193.04
193.07	19310	BILLING	19,449,932	0	0	0	0	193.07
193.09	19312	LIFELINE	2,372	0	0	0	3,548	193.09
193.10	19313	MARTEN HOUSE	0	0	0	3,188	0	193.10
193.14	19302	VACANT SPACE	0	320,466	0	0	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	8,878,949	0	0	0	130,074	193.19
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	976,671,167	13,347,887	232,763	3,188	17,634,198	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	4A	5.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	62,205,619					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,480,264	185,867,788	185,867,788			5.00
7.00	00700	OPERATION OF PLANT	299,558	30,318,130	7,125,882	37,444,012		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,901,529	681,967	13,021	3,596,517	8.00
9.00	00900	HOUSEKEEPING	0	11,233,270	2,640,234	515,288	0	9.00
10.00	01000	DIETARY	0	4,673,955	1,098,552	1,163,773	0	10.00
11.00	01100	CAFETERIA	0	7,309,337	1,717,965	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,882,731	17,072,631	4,012,700	141,238	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	834,410	10,588,972	2,488,800	1,479,157	2,195	14.00
15.00	01500	PHARMACY	2,164,125	29,926,297	7,033,787	589,749	2,362	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,529	498,892	117,258	390,237	0	16.00
17.00	01700	SOCIAL SERVICE	1,050,822	7,414,596	1,742,704	80,438	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	1,852,833	11,843,359	2,783,628	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	1,562,254	5,242,319	1,232,139	445,487	58	22.00
23.00	02300	PARAMED PRGM - PHARMACY	126,605	864,655	203,226	42,194	0	23.00
23.01	02301	PARAMED PRGM - CPE	52,439	359,416	84,476	81,363	0	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	43,288	233,540	54,891	50,661	0	23.02
23.03	02303	PARAMED PRGM - EMS	156,913	1,165,260	273,879	3,593	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,674,506	86,189,824	20,257,534	10,686,771	1,503,751	30.00
31.00	03100	INTENSIVE CARE UNIT	2,515,410	19,900,251	4,677,295	1,558,314	237,530	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	1,803,417	14,520,344	3,412,818	1,188,819	108,023	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	785,616	4,269,432	1,003,474	663,392	54,641	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	3,949,319	21,079,416	4,954,443	1,008,802	131,848	34.01
40.00	04000	SUBPROVIDER - I PF	1,044,400	5,605,171	1,317,423	1,095,964	123,396	40.00
41.00	04100	SUBPROVIDER - I RF	93,556	1,122,166	263,751	453,776	22,852	41.00
43.00	04300	NURSERY	534,307	3,105,488	729,905	548,480	12,456	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,599,039	43,911,407	10,320,805	5,208,410	647,456	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	771,301	5,659,188	1,330,119	730,382	54,224	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	916,053	10,711,054	2,517,494	896,879	37,812	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	580,141	5,505,095	1,293,901	421,793	46,301	54.01
54.02	05403	ULTRASOUND	202,390	1,460,623	343,300	69,801	0	54.02
54.03	05404	ECHOCARDIOLOGY	147,210	1,849,245	434,641	0	0	54.03
54.04	05401	ONCOLOGY	735,116	10,525,260	2,473,826	356,688	29,594	54.04
57.00	05700	CT SCAN	287,143	2,488,410	584,868	77,628	53,813	57.00
58.00	05800	MRI	169,523	1,996,562	469,266	302,470	22,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	901,441	6,545,803	1,538,506	980,235	59,155	59.00
59.01	05901	CARDIAC REHAB	125,957	1,075,629	252,813	0	0	59.01
60.00	06000	LABORATORY	0	26,236,284	6,166,497	615,719	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,374,295	14,411,830	3,387,313	115,872	0	65.00
66.00	06600	PHYSICAL THERAPY	1,463,185	11,720,789	2,754,819	378,710	32,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	198,817	1,360,339	319,730	13,234	0	67.00
68.00	06800	SPEECH PATHOLOGY	158,043	1,264,594	297,226	44,755	0	68.00
69.00	06900	ELECTROCARDIOLOGY	272,350	2,890,715	679,425	27,607	4,139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	279,119	6,591,207	1,549,178	382,979	8,581	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	54,847,113	12,891,101	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	56,982,525	13,393,002	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,143,287	14,605,972	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,139,128	1,207,885	124,375	15,475	74.00
75.00	03330	ENDOSCOPY	356,082	3,539,275	831,861	418,591	27,062	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	459,527	5,847,072	1,374,278	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	312,385	2,350,451	552,443	483,411	0	90.01
91.00	09100	EMERGENCY	2,451,914	26,259,144	6,171,870	1,362,253	343,314	91.00
91.01	09101	WOUND CARE 002	110,352	1,445,442	339,732	341,141	15,778	91.01
91.02	09102	WOUND CARE 001	80,663	587,250	138,025	19,674	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	222	52	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	57,677	698,676	164,215	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	85,184	665,206	156,348	60,302	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	61,157	747,082	175,592	0	0	91.07
91.08	04040	FAMILY PRACTICE	405,383	2,774,122	652,021	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	4A	5.00	7.00	8.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	63,763	14,987	218,652	0 95.00
98.00	09853	GERIATRIC CLINIC	0	881	207	0	0 98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0 98.01
98.02	09852	DIABETES EDUCATION	54,985	380,385	89,405	0	0 98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	329,987	6,182,488	1,453,113	0	0 105.00
106.00	10600	HEART ACQUISITION	315,975	6,606,638	1,552,804	0	0 106.00
112.00	08600	PANCREAS ACQUISITION	0	9,000	2,115	0	0 112.00
113.00	11300	INTEREST EXPENSE					0 113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	633,317	13,551,844	3,185,185	0	0 115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,821,013	890,331,066	165,574,671	35,852,078	3,596,517 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,054,438	247,832	104,203	0 190.00
191.00	19100	RESEARCH	209,640	1,943,295	456,746	0	0 191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,822,860	48,774,554	11,463,825	295,248	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19304	MARKETING	0	350	82	0	0 193.01
193.02	19305	MISSION SERVICES	95,126	1,153,096	271,020	93,566	0 193.02
193.03	19306	FOUNDATION	145,048	2,812,555	661,054	0	0 193.03
193.04	19307	WELLNESS	79,026	780,378	183,418	0	0 193.04
193.07	19310	BILLING	0	19,449,932	4,571,454	0	0 193.07
193.09	19312	LIFELINE	0	5,920	1,391	0	0 193.09
193.10	19313	MARTEN HOUSE	0	3,188	749	0	0 193.10
193.14	19302	VACANT SPACE	0	320,466	75,321	1,098,917	0 193.14
193.16	19316	SETON BOARD	0	0	0	0	0 193.16
193.19	19319	SPORTS PERFORMANCE	1,032,906	10,041,929	2,360,225	0	0 193.19
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)	62,205,619	976,671,167	185,867,788	37,444,012	3,596,517 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

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Part I
Date/Time Prepared:
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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	
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	14,388,792				9.00
10.00	01000	DIETARY	453,609	7,389,889			10.00
11.00	01100	CAFETERIA	0	0	9,027,302		11.00
13.00	01300	NURSING ADMINISTRATION	55,051	0	349,356	21,630,976	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	576,537	0	188,783	0	14.00
15.00	01500	PHARMACY	229,869	0	326,927	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	152,104	0	6,206	0	16.00
17.00	01700	SOCIAL SERVICE	31,353	0	186,793	37,139	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	423,070	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	173,639	0	232,375	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	16,446	0	23,342	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	31,713	0	15,121	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	19,746	0	6,938	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	1,401	0	28,559	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,165,431	5,289,810	2,266,847	7,976,157	702,605
31.00	03100	INTENSIVE CARE UNIT	607,391	100,535	446,610	2,112,378	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	463,371	251,290	299,247	1,268,649	542
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	258,573	28,858	98,401	342,071	16,645
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	393,205	0	514,407	2,237,037	30,754
40.00	04000	SUBPROVIDER - I PF	427,179	903,843	174,931	425,128	3,780
41.00	04100	SUBPROVIDER - I RF	176,870	0	19,334	70,110	4,767
43.00	04300	NURSERY	213,783	0	78,473	250,758	27,570
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,030,104	29,068	825,007	2,372,351	213,440
52.00	05200	DELIVERY ROOM & LABOR ROOM	284,684	0	144,283	516,334	47
54.00	05400	RADIOLOGY-DIAGNOSTIC	349,580	706	189,031	189,273	345,566
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	164,404	0	107,944	294,941	49,346
54.02	05403	ULTRASOUND	27,207	0	26,986	0	0
54.03	05404	ECHOCARDIOLOGY	0	0	23,907	0	78,771
54.04	05401	ONCOLOGY	139,028	0	124,247	297,400	17,690
57.00	05700	CT SCAN	30,257	0	49,572	0	1,957
58.00	05800	MRI	117,895	0	29,028	0	46,907
59.00	05900	CARDIAC CATHETERIZATION	382,070	0	140,008	262,271	0
59.01	05901	CARDIAC REHAB	0	0	26,866	39,887	1,331
60.00	06000	LABORATORY	239,992	0	0	0	9,165
65.00	06500	RESPIRATORY THERAPY	45,164	0	264,917	0	0
66.00	06600	PHYSICAL THERAPY	147,611	0	285,527	0	23,362
67.00	06700	OCCUPATIONAL THERAPY	5,158	0	34,576	0	0
68.00	06800	SPEECH PATHOLOGY	17,444	0	27,770	0	7,095
69.00	06900	ELECTROCARDIOLOGY	10,761	0	51,952	0	64,398
70.00	07000	ELECTROENCEPHALOGRAPHY	149,275	0	55,791	0	39,571
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	12,399,191
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	48,478	0	0	0	155,420
75.00	03330	ENDOSCOPY	163,156	0	60,548	199,553	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	19,373	52,485	7,300
90.01	09001	PARTIAL HOSPITALIZATION	188,421	0	69,053	0	1,481
91.00	09100	EMERGENCY	530,971	37,555	446,271	1,513,953	11,836
91.01	09101	WOUND CARE 002	132,968	0	24,261	64,025	0
91.02	09102	WOUND CARE 001	7,668	0	13,648	63,449	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	4,628
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	23,504	0	0	34,284	543
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	52,036	0
91.08	04040	FAMILY PRACTICE	0	0	0	59,555	2,425
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

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Date/Time Prepared:
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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	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	85,225	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	10,254	103	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	30,838	62,926	316 105.00
106.00	10600	HEART ACQUISITION	0	0	40,227	85,918	311 106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0 112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	120,831	0	646,425 115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,768,296	6,641,665	8,928,436	20,880,068	15,252,039 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	40,616	0	0	0	0 190.00
191.00	19100	RESEARCH	0	0	28,264	0	0 191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	115,080	0	0	701,110	50,146 192.00
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	36,470	0	18,659	0	66 193.02
193.03	19306	FOUNDATION	0	0	22,972	0	0 193.03
193.04	19307	WELLNESS	0	0	28,971	49,798	488 193.04
193.07	19310	BILLING	0	0	0	0	0 193.07
193.09	19312	LIFELINE	0	0	0	0	0 193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0 193.10
193.14	19302	VACANT SPACE	428,330	0	0	0	0 193.14
193.16	19316	SETON BOARD	0	748,224	0	0	0 193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	0	21,705 193.19
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)	14,388,792	7,389,889	9,027,302	21,630,976	15,324,444 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
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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	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN H						1.02
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	38,425,255					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,164,926				16.00
17.00 01700 SOCIAL SERVICE	0	0	9,497,266			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	15,050,057		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	45,387	0	0	0	7,387,310	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	103,019	149,719	2,424,676	5,426,662	2,663,673	30.00
31.00 03100 INTENSIVE CARE UNIT	89,877	6,456	721,853	905,829	444,626	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	37,821	7,890	1,311	99,724	48,950	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	2,343	1,194	381,464	83,104	40,791	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	9,298	3,255	1,529,350	116,345	57,108	34.01
40.00 04000 SUBPROVIDER - I PF	0	10,635	0	224,380	110,137	40.00
41.00 04100 SUBPROVIDER - I RF	371	0	0	0	0	41.00
43.00 04300 NURSERY	1,706	10,852	431,714	141,276	69,345	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	234,839	109,947	75,594	2,434,935	1,195,186	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,331	4,574	316,794	498,621	244,748	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,413	293,251	0	440,449	216,194	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	249,353	0	0	74,793	36,712	54.01
54.02 05403 ULTRASOUND	31	43,675	0	8,310	4,079	54.02
54.03 05404 ECHOCARDIOLOGY	0	5,359	0	116,345	57,108	54.03
54.04 05401 ONCOLOGY	22,235	57,822	0	457,070	224,352	54.04
57.00 05700 CT SCAN	12,260	0	0	16,621	8,158	57.00
58.00 05800 MRI	4,052	4	0	16,621	8,158	58.00
59.00 05900 CARDIAC CATHETERIZATION	50,336	27,961	0	124,655	61,187	59.00
59.01 05901 CARDIAC REHAB	0	932	0	16,621	8,158	59.01
60.00 06000 LABORATORY	1,747	42,907	0	232,690	114,216	60.00
65.00 06500 RESPIRATORY THERAPY	3,323,773	3,015	0	182,828	89,741	65.00
66.00 06600 PHYSICAL THERAPY	4,019	19,653	0	99,724	48,950	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	186,745	7,575	0	257,621	126,453	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,549	13,801	0	166,207	81,583	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	29,791,014	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	26,253	0	0	166,207	81,583	74.00
75.00 03330 ENDOSCOPY	13,471	5,595	61,174	199,449	97,899	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	150,212	0	393,698	440,449	216,194	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	4,396	0	0	0	90.01
91.00 09100 EMERGENCY	11,904	249,874	3,040,786	723,001	354,885	91.00
91.01 09101 WOUND CARE 002	1,209	3,810	0	166,207	81,583	91.01
91.02 09102 WOUND CARE 001	3,441	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	142	28,609	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	982	5,271	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	206	0	18,352	698,070	342,647	91.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

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Part I
Date/Time Prepared:
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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	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	28	1,021	0	0	0	95.00
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	724	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	60	0	0	58,173	28,554	105.00
106.00 10600 HEART ACQUISITION	26	0	0	58,173	28,554	106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	312,895	32,570	0	8,310	4,079	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	34,726,348	1,152,347	9,396,766	14,659,470	7,195,591	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	257,621	126,453	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	3,676,642	0	100,500	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	439	0	0	0	0	193.04
193.07 19310 BILLING	0	0	0	0	0	193.07
193.09 19312 LIFELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.19 19319 SPORTS PERFORMANCE	21,826	12,579	0	132,966	65,266	193.19
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	38,425,255	1,164,926	9,497,266	15,050,057	7,387,310	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PARAMED PRGM- PHARMACY	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - EMS	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
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						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	1,149,863					23.00
23.01	02301	PARAMED PRGM - CPE		572,089				23.01
23.02	02302	PARAMED PRGM - RADIOLOGY			365,776			23.02
23.03	02303	PARAMED PRGM - EMS				1,472,801		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	280,793	0	0	150,087,272	30.00
31.00	03100	INTENSIVE CARE UNIT	0	137,892	0	0	31,946,837	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	18,875	0	0	21,727,674	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	0	7,244,383	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	30,887	0	0	32,096,155	34.01
40.00	04000	SUBPROVIDER - I PF	0	83,909	0	0	10,505,876	40.00
41.00	04100	SUBPROVIDER - I RF	0	7,893	0	0	2,141,890	41.00
43.00	04300	NURSERY	0	0	0	0	5,621,806	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,373	0	0	69,609,922	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	9,790,329	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	188,721	0	16,403,423	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	8,244,583	54.01
54.02	05403	ULTRASOUND	0	0	54,941	0	2,038,953	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	2,565,376	54.03
54.04	05401	ONCOLOGY	0	0	0	0	14,725,212	54.04
57.00	05700	CT SCAN	0	0	92,809	0	3,416,353	57.00
58.00	05800	MRI	0	0	29,305	0	3,042,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	10,172,187	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	1,422,237	59.01
60.00	06000	LABORATORY	0	0	0	0	33,659,217	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	21,824,453	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	15,515,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,733,037	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,658,884	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,307,391	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	9,039,722	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	67,738,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	82,774,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,149,863	0	0	0	107,690,136	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	6,964,804	74.00
75.00	03330	ENDOSCOPY	0	0	0	0	5,617,634	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	8,501,061	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	3,649,656	90.01
91.00	09100	EMERGENCY	0	10,467	0	1,472,801	42,540,885	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	2,616,156	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	833,155	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	274	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	896,270	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	946,440	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	974,710	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	4,547,398	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
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		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	383,676	95.00	
98.00	09853	GERIATRIC CLINIC	0	0	0	1,088	98.00	
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	98.01	
98.02	09852	DIABETES EDUCATION	0	0	0	480,871	98.02	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	7,816,468	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	8,372,651	106.00	
112.00	08600	PANCREAS ACQUISITION	0	0	0	11,115	112.00	
113.00	11300	INTEREST EXPENSE					113.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	17,862,139	115.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,149,863	572,089	365,776	1,472,801	861,760,824	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	1,447,089	190.00	
191.00	19100	RESEARCH	0	0	0	2,812,379	191.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	65,177,105	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
193.01	19304	MARKETING	0	0	0	432	193.01	
193.02	19305	MISSION SERVICES	0	0	0	1,572,877	193.02	
193.03	19306	FOUNDATION	0	0	0	3,496,581	193.03	
193.04	19307	WELLNESS	0	0	0	1,043,492	193.04	
193.07	19310	BILLING	0	0	0	24,021,386	193.07	
193.09	19312	LIFELINE	0	0	0	7,311	193.09	
193.10	19313	MARTEN HOUSE	0	0	0	3,937	193.10	
193.14	19302	VACANT SPACE	0	0	0	1,923,034	193.14	
193.16	19316	SETON BOARD	0	0	0	748,224	193.16	
193.19	19319	SPORTS PERFORMANCE	0	0	0	12,656,496	193.19	
200.00		Cross Foot Adjustments	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	1,149,863	572,089	365,776	1,472,801	976,671,167	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

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	
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		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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-8,090,335	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,350,455	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	-148,674	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-123,895	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-173,453	34.01
40.00	04000	SUBPROVIDER - I PF	-334,517	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	-210,621	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-3,630,121	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-743,369	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-656,643	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	-111,505	54.01
54.02	05403	ULTRASOUND	-12,389	54.02
54.03	05404	ECHOCARDIOLOGY	-173,453	54.03
54.04	05401	ONCOLOGY	-681,422	54.04
57.00	05700	CT SCAN	-24,779	57.00
58.00	05800	MRI	-24,779	58.00
59.00	05900	CARDIAC CATHETERIZATION	-185,842	59.00
59.01	05901	CARDIAC REHAB	-24,779	59.01
60.00	06000	LABORATORY	-346,906	60.00
65.00	06500	RESPIRATORY THERAPY	-272,569	65.00
66.00	06600	PHYSICAL THERAPY	-148,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-384,074	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-247,790	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	-247,790	74.00
75.00	03330	ENDOSCOPY	-297,348	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-656,643	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	90.01
91.00	09100	EMERGENCY	-1,077,886	91.00
91.01	09101	WOUND CARE 002	-247,790	91.01
91.02	09102	WOUND CARE 001	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	91.07
91.08	04040	FAMILY PRACTICE	-1,040,717	91.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	25.00	0	26.00	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	383,676	95.00
98.00	09853	GERIATRIC CLINIC	0	0	1,088	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	480,871	98.02
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	-86,727	0	7,729,741	105.00
106.00	10600	HEART ACQUISITION	-86,727	0	8,285,924	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	11,115	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	-12,389	0	17,849,750	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-21,855,061	0	839,905,763	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	1,447,089	190.00
191.00	19100	RESEARCH	-384,074	0	2,428,305	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	65,177,105	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19304	MARKETING	0	0	432	193.01
193.02	19305	MISSION SERVICES	0	0	1,572,877	193.02
193.03	19306	FOUNDATION	0	0	3,496,581	193.03
193.04	19307	WELLNESS	0	0	1,043,492	193.04
193.07	19310	BILLING	0	0	24,021,386	193.07
193.09	19312	LIFELINE	0	0	7,311	193.09
193.10	19313	MARTEN HOUSE	0	0	3,937	193.10
193.14	19302	VACANT SPACE	0	0	1,923,034	193.14
193.16	19316	SETON BOARD	0	0	748,224	193.16
193.19	19319	SPORTS PERFORMANCE	-198,232	0	12,458,264	193.19
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-22,437,367	0	954,233,800	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period: From 07/01/2018 To 06/30/2019

Worksheet B Part II Date/Time Prepared: 11/25/2019 6:15 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN H	MVBLE EQUIP	
		0	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	401,003	115,492	2,058	0	12,467
5.00	00500	ADMINISTRATIVE & GENERAL	22,074,119	498,787	16,908	0	1,139,455
7.00	00700	OPERATION OF PLANT	61,727	2,332,537	13,001	0	483,851
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,797	0	0	0
9.00	00900	HOUSEKEEPING	0	144,178	2,359	0	2,097
10.00	01000	DIETARY	0	327,728	4,513	0	17,063
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	8,098	36,094	1,973	0	1,064,513
14.00	01400	CENTRAL SERVICES & SUPPLY	1,921,651	413,725	6,828	0	991,386
15.00	01500	PHARMACY	803,767	171,982	0	0	156,414
16.00	01600	MEDICAL RECORDS & LIBRARY	0	106,341	2,890	0	630
17.00	01700	SOCIAL SERVICE	0	22,275	462	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	150	129,913	0	0	41,838
23.00	02300	PARAMED ED PRGM - PHARMACY	0	12,304	0	0	0
23.01	02301	PARAMED ED PRGM - CPE	0	23,727	0	0	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	14,774	0	0	0
23.03	02303	PARAMED ED PRGM - EMS	100,420	1,048	0	0	3,865
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	233,019	3,116,476	0	0	530,047
31.00	03100	INTENSIVE CARE UNIT	9,450	454,435	0	0	359,196
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	346,683	0	0	226,319
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,148	193,458	0	0	269,308
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	27,159	294,187	0	0	317,492
40.00	04000	SUBPROVIDER - I PF	0	41,976	107,544	0	14,335
41.00	04100	SUBPROVIDER - I RF	0	132,330	0	0	602
43.00	04300	NURSERY	0	159,948	0	0	48,838
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	827,376	1,518,875	0	0	5,426,171
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,797	212,994	0	0	63,024
54.00	05400	RADIOLOGY-DIAGNOSTIC	491,150	261,548	0	0	855,948
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	444,671	123,003	0	0	307,714
54.02	05403	ULTRASOUND	4,243	20,355	0	0	58,202
54.03	05404	ECHOCARDIOLOGY	99,028	0	0	0	107,991
54.04	05401	ONCOLOGY	2,260,848	104,017	0	0	491,185
57.00	05700	CT SCAN	0	22,638	0	0	409,217
58.00	05800	MRI	52,156	88,206	0	0	413,656
59.00	05900	CARDIAC CATHETERIZATION	294,094	285,856	0	0	1,226,553
59.01	05901	CARDIAC REHAB	104,299	0	0	0	11,409
60.00	06000	LABORATORY	0	179,556	0	0	24,159
65.00	06500	RESPIRATORY THERAPY	177,084	33,791	0	0	424,723
66.00	06600	PHYSICAL THERAPY	1,323,834	109,910	205	0	50,066
67.00	06700	OCCUPATIONAL THERAPY	0	3,859	0	0	0
68.00	06800	SPEECH PATHOLOGY	112,929	13,051	0	0	10,593
69.00	06900	ELECTROCARDIOLOGY	99,028	8,051	0	0	142,411
70.00	07000	ELECTROENCEPHALOGRAPHY	142,454	8,393	40,013	0	163,976
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	7,425	36,270	0	0	16,355
75.00	03330	ENDOSCOPY	0	122,069	0	0	294,714
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,107,293	0	0	0	83,368
90.01	09001	PARTIAL HOSPITALIZATION	10,875	53,181	34,009	0	3,024
91.00	09100	EMERGENCY	95,490	397,260	0	0	603,129
91.01	09101	WOUND CARE 002	76,000	99,484	0	0	4,286
91.02	09102	WOUND CARE 001	0	5,737	0	0	22,122
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONVILLE CLINIC	237,366	0	0	0	29,193
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	41,531	17,585	0	0	0
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	140,827	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
11/25/2019 6:15 pm

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		
91.08	04040	FAMILY PRACTICE	346,352	0	0	0	12,389	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	63,763	0	0	0	95.00
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	437,847	0	0	0	18,397	105.00
106.00	10600	HEART ACQUISITION	194,395	0	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	348,722	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,811,103	12,883,647	232,763	0	17,307,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	63,643	30,388	0	0	161	190.00
191.00	19100	RESEARCH	107,642	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,127,035	86,100	0	0	175,648	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	2,916	27,286	0	0	14,794	193.02
193.03	19306	FOUNDATION	85,835	0	0	0	2,619	193.03
193.04	19307	WELLNESS	0	0	0	0	0	193.04
193.07	19310	BILLING	0	0	0	0	0	193.07
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
193.14	19302	VACANT SPACE	0	320,466	0	0	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	1,366,378	0	0	0	130,074	193.19
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	39,564,552	13,347,887	232,763	3,188	17,634,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 11/25/2019 6:15 pm	
Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			2A	4.00	5.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	531,020	531,020				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,729,269	21,170	23,750,439			5.00
7.00	00700	OPERATION OF PLANT	2,891,116	2,557	910,544	3,804,217		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,797	0	87,142	1,323	92,262	8.00
9.00	00900	HOUSEKEEPING	148,634	0	337,369	52,352	0	9.00
10.00	01000	DIETARY	349,304	0	140,373	118,236	0	10.00
11.00	01100	CAFETERIA	0	0	219,521	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,110,678	16,070	512,742	14,349	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,333,590	7,122	318,019	150,279	56	14.00
15.00	01500	PHARMACY	1,132,163	18,472	898,776	59,917	61	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	109,861	158	14,983	39,647	0	16.00
17.00	01700	SOCIAL SERVICE	22,737	8,969	222,683	8,172	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	15,815	355,692	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	171,901	13,335	157,443	45,260	1	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	12,304	1,081	25,968	4,287	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	23,727	448	10,794	8,266	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	14,774	369	7,014	5,147	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	105,333	1,339	34,996	365	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,879,542	116,780	2,588,784	1,085,748	38,577	30.00
31.00	03100	INTENSIVE CARE UNIT	823,081	21,470	597,664	158,321	6,093	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	573,002	15,393	436,089	120,781	2,771	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	464,914	6,706	128,224	67,399	1,402	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	638,838	33,710	633,078	102,492	3,382	34.01
40.00	04000	SUBPROVIDER - I PF	163,855	8,915	168,340	111,347	3,166	40.00
41.00	04100	SUBPROVIDER - I RF	132,932	799	33,702	46,103	586	41.00
43.00	04300	NURSERY	208,786	4,561	93,267	55,724	320	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,772,422	39,255	1,318,791	529,161	16,609	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	315,815	6,583	169,962	74,205	1,391	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,608,646	7,819	321,685	91,121	970	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	875,388	4,952	165,335	42,853	1,188	54.01
54.02	05403	ULTRASOUND	82,800	1,728	43,867	7,092	0	54.02
54.03	05404	ECHOCARDIOLOGY	207,019	1,257	55,538	0	0	54.03
54.04	05401	ONCOLOGY	2,856,050	6,275	316,105	36,239	759	54.04
57.00	05700	CT SCAN	431,855	2,451	74,734	7,887	1,380	57.00
58.00	05800	MRI	554,018	1,447	59,963	30,730	572	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,806,503	7,694	196,590	99,589	1,518	59.00
59.01	05901	CARDIAC REHAB	115,708	1,075	32,304	0	0	59.01
60.00	06000	LABORATORY	203,715	0	787,954	62,556	0	60.00
65.00	06500	RESPIRATORY THERAPY	635,598	11,730	432,830	11,772	0	65.00
66.00	06600	PHYSICAL THERAPY	1,484,015	12,489	352,010	38,476	831	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,859	1,697	40,855	1,345	0	67.00
68.00	06800	SPEECH PATHOLOGY	136,573	1,349	37,980	4,547	0	68.00
69.00	06900	ELECTROCARDIOLOGY	249,490	2,325	86,817	2,805	106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354,836	2,382	197,954	38,910	220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	1,647,223	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,711,356	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,866,349	0	0	73.00
74.00	07400	RENAL DIALYSIS	60,050	0	154,343	12,636	397	74.00
75.00	03330	ENDOSCOPY	416,783	3,039	106,295	42,528	694	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,190,661	3,922	175,605	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	101,089	2,666	70,591	49,113	0	90.01
91.00	09100	EMERGENCY	1,095,879	20,929	788,641	138,401	8,807	91.00
91.01	09101	WOUND CARE 002	179,770	942	43,411	34,659	405	91.01
91.02	09102	WOUND CARE 001	27,859	689	17,637	1,999	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	7	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	266,559	492	20,983	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	59,116	727	19,978	6,127	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	140,827	522	22,437	0	0	91.07
91.08	04040	FAMILY PRACTICE	358,741	3,460	83,315	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
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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		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	63,763	0	1,915	22,215	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	26	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	4,941	469	11,424	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	456,244	2,817	185,679	0	0	105.00
106.00	10600	HEART ACQUISITION	194,395	2,697	198,417	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	270	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	348,722	5,406	407,003	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,234,867	476,524	21,157,386	3,642,481	92,262	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	94,192	0	31,668	10,587	0	190.00
191.00	19100	RESEARCH	107,642	1,789	58,363	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,388,783	41,166	1,464,846	29,996	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	11	0	0	193.01
193.02	19305	MISSION SERVICES	44,996	812	34,631	9,506	0	193.02
193.03	19306	FOUNDATION	88,454	1,238	84,469	0	0	193.03
193.04	19307	WELLNESS	0	675	23,437	0	0	193.04
193.07	19310	BILLING	0	0	584,140	0	0	193.07
193.09	19312	LIFELINE	3,548	0	178	0	0	193.09
193.10	19313	MARTEN HOUSE	3,188	0	96	0	0	193.10
193.14	19302	VACANT SPACE	320,466	0	9,625	111,647	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	1,496,452	8,816	301,589	0	0	193.19
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)	70,782,588	531,020	23,750,439	3,804,217	92,262	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 11/25/2019 6:15 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H						1.02
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	538,355					9.00
10.00	01000	DIETARY	16,972	624,885				10.00
11.00	01100	CAFETERIA	0	0	219,521			11.00
13.00	01300	NURSING ADMINISTRATION	2,060	0	8,496	1,664,395		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,571	0	4,591	0	3,835,228	14.00
15.00	01500	PHARMACY	8,601	0	7,950	0	79,152	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,691	0	151	0	57	16.00
17.00	01700	SOCIAL SERVICE	1,173	0	4,542	2,858	1,062	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	10,288	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	6,497	0	5,651	0	3,981	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	615	0	568	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	1,187	0	368	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	739	0	169	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	52	0	694	0	27	23.03
INPATIENT SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	155,846	447,304	55,124	613,726	175,842	30.00
31.00	03100	INTENSIVE CARE UNIT	22,725	8,501	10,861	162,537	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	17,337	21,249	7,277	97,616	136	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	9,674	2,440	2,393	26,321	4,166	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	14,712	0	12,509	172,129	7,697	34.01
40.00	04000	SUBPROVIDER - I PF	15,983	76,428	4,254	32,711	946	40.00
41.00	04100	SUBPROVIDER - I RF	6,618	0	470	5,395	1,193	41.00
43.00	04300	NURSERY	7,999	0	1,908	19,295	6,900	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,956	2,458	20,062	182,540	53,418	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,651	0	3,509	39,729	12	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,080	60	4,597	14,564	86,485	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	6,151	0	2,625	22,694	12,350	54.01
54.02	05403	ULTRASOUND	1,018	0	656	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	581	0	19,714	54.03
54.04	05401	ONCOLOGY	5,202	0	3,021	22,883	4,427	54.04
57.00	05700	CT SCAN	1,132	0	1,205	0	490	57.00
58.00	05800	MRI	4,411	0	706	0	11,739	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,295	0	3,405	20,180	0	59.00
59.01	05901	CARDIAC REHAB	0	0	653	3,069	333	59.01
60.00	06000	LABORATORY	8,979	0	0	0	2,294	60.00
65.00	06500	RESPIRATORY THERAPY	1,690	0	6,442	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,523	0	6,943	0	5,847	66.00
67.00	06700	OCCUPATIONAL THERAPY	193	0	841	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	653	0	675	0	1,776	68.00
69.00	06900	ELECTROCARDIOLOGY	403	0	1,263	0	16,117	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,585	0	1,357	0	9,904	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	3,103,120	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,814	0	0	0	38,897	74.00
75.00	03330	ENDOSCOPY	6,104	0	1,472	15,355	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	471	4,038	1,827	90.00
90.01	09001	PARTIAL HOSPITALIZATION	7,050	0	1,679	0	371	90.01
91.00	09100	EMERGENCY	19,866	3,176	10,852	116,491	2,962	91.00
91.01	09101	WOUND CARE 002	4,975	0	590	4,926	0	91.01
91.02	09102	WOUND CARE 001	287	0	332	4,882	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	1,158	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	879	0	0	2,638	136	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,004	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	4,582	607	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,189	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	249	26	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	750	4,842	79
106.00	10600	HEART ACQUISITION	0	0	978	6,611	78
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	2,938	0	161,782
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	515,138	561,616	217,116	1,606,616	3,817,108
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,520	0	0	0	0
191.00	19100	RESEARCH	0	0	687	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,306	0	0	53,947	12,550
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19304	MARKETING	0	0	0	0	0
193.02	19305	MISSION SERVICES	1,365	0	454	0	16
193.03	19306	FOUNDATION	0	0	559	0	0
193.04	19307	WELLNESS	0	0	705	3,832	122
193.07	19310	BILLING	0	0	0	0	0
193.09	19312	LIFELINE	0	0	0	0	0
193.10	19313	MARTEN HOUSE	0	0	0	0	0
193.14	19302	VACANT SPACE	16,026	0	0	0	0
193.16	19316	SETON BOARD	0	63,269	0	0	0
193.19	19319	SPORTS PERFORMANCE	0	0	0	0	5,432
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	538,355	624,885	219,521	1,664,395	3,835,228

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 11/25/2019 6:15 pm		
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02 00102	NEW CAP REL COSTS-BLDG-MARTEN H					1.02
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	2,205,092				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	170,548			16.00
17.00 01700	SOCIAL SERVICE	0	0	272,196		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	381,795	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	2,605	0	0	0	22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM - CPE	0	0	0	0	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03 02303	PARAMED ED PRGM - EMS	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,912	21,919	69,492		30.00
31.00 03100	INTENSIVE CARE UNIT	5,158	945	20,689		31.00
32.00 03200	CORONARY CARE UNIT	0	0	0		32.00
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	2,170	1,155	38		32.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
33.01 02080	PEDIATRIC INTENSIVE CARE UNIT	134	175	10,933		33.01
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	534	477	43,832		34.01
40.00 04000	SUBPROVIDER - I PF	0	1,557	0		40.00
41.00 04100	SUBPROVIDER - I RF	21	0	0		41.00
43.00 04300	NURSERY	98	1,589	12,373		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,477	16,096	2,167		50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	363	670	9,079		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,573	42,931	0		54.00
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	14,309	0	0		54.01
54.02 05403	ULTRASOUND	2	6,394	0		54.02
54.03 05404	ECHOCARDIOLOGY	0	785	0		54.03
54.04 05401	ONCOLOGY	1,276	8,465	0		54.04
57.00 05700	CT SCAN	704	0	0		57.00
58.00 05800	MRI	233	1	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	2,889	4,094	0		59.00
59.01 05901	CARDIAC REHAB	0	137	0		59.01
60.00 06000	LABORATORY	100	6,282	0		60.00
65.00 06500	RESPIRATORY THERAPY	190,739	441	0		65.00
66.00 06600	PHYSICAL THERAPY	231	2,877	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900	ELECTROCARDIOLOGY	10,717	1,109	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	89	2,020	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,709,604	0	0		73.00
74.00 07400	RENAL DIALYSIS	1,507	0	0		74.00
75.00 03330	ENDOSCOPY	773	819	1,753		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	8,620	0	11,284		90.00
90.01 09001	PARTIAL HOSPITALIZATION	0	644	0		90.01
91.00 09100	EMERGENCY	683	36,582	87,150		91.00
91.01 09101	WOUND CARE 002	69	558	0		91.01
91.02 09102	WOUND CARE 001	197	0	0		91.02
91.03 09103	LAFAYETTE RD CLINIC	0	0	0		91.03
91.04 09104	ZIONSVILLE CLINIC	8	4,188	0		91.04
91.05 09105	BROWNSBURG CLINIC	0	0	0		91.05
91.06 09106	OP ANTI COAGULATION CLINIC	56	772	0		91.06
91.07 09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0		91.07
91.08 04040	FAMILY PRACTICE	12	0	526		91.08

ALLOCATION OF CAPITAL RELATED COSTS

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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	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2	150	0			95.00
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	106	0			98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	3	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
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	17,956	4,768	0			115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,992,825	168,706	269,316	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	210,989	0	2,880			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	25	0	0			193.04
193.07 19310 BILLING	0	0	0			193.07
193.09 19312 LI FELINE	0	0	0			193.09
193.10 19313 MARTEN HOUSE	0	0	0			193.10
193.14 19302 VACANT SPACE	0	0	0			193.14
193.16 19316 SETON BOARD	0	0	0			193.16
193.19 19319 SPORTS PERFORMANCE	1,253	1,842	0			193.19
200.00 Cross Foot Adjustments				381,795	406,674	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	2,205,092	170,548	272,196	381,795	406,674	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

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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	
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						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	44,823					23.00
23.01	02301	PARAMED ED PRGM - CPE		44,790				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY			28,212			23.02
23.03	02303	PARAMED ED PRGM - EMS				142,806		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					9,254,596	30.00
31.00	03100	INTENSIVE CARE UNIT					1,838,045	31.00
32.00	03200	CORONARY CARE UNIT					0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL					1,295,014	32.01
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT					724,881	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT					1,663,390	34.01
40.00	04000	SUBPROVIDER - I PF					587,502	40.00
41.00	04100	SUBPROVIDER - I RF					227,819	41.00
43.00	04300	NURSERY					412,820	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					10,042,412	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					631,969	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					2,193,531	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC					1,147,845	54.01
54.02	05403	ULTRASOUND					143,557	54.02
54.03	05404	ECHOCARDIOLOGY					284,894	54.03
54.04	05401	ONCOLOGY					3,260,702	54.04
57.00	05700	CT SCAN					521,838	57.00
58.00	05800	MRI					663,820	58.00
59.00	05900	CARDIAC CATHETERIZATION					2,156,757	59.00
59.01	05901	CARDIAC REHAB					153,279	59.01
60.00	06000	LABORATORY					1,071,880	60.00
65.00	06500	RESPIRATORY THERAPY					1,291,242	65.00
66.00	06600	PHYSICAL THERAPY					1,909,242	66.00
67.00	06700	OCCUPATIONAL THERAPY					48,790	67.00
68.00	06800	SPEECH PATHOLOGY					183,553	68.00
69.00	06900	ELECTROCARDIOLOGY					371,152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					613,257	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT					1,647,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					4,814,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					3,575,953	73.00
74.00	07400	RENAL DIALYSIS					269,644	74.00
75.00	03330	ENDOSCOPY					595,615	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					2,396,428	90.00
90.01	09001	PARTIAL HOSPITALIZATION					233,203	90.01
91.00	09100	EMERGENCY					2,330,419	91.00
91.01	09101	WOUND CARE 002					270,305	91.01
91.02	09102	WOUND CARE 001					53,882	91.02
91.03	09103	LAFAYETTE RD CLINIC					7	91.03
91.04	09104	ZIONSVILLE CLINIC					293,388	91.04
91.05	09105	BROWNSBURG CLINIC					0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC					90,429	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT					167,790	91.07
91.08	04040	FAMILY PRACTICE					451,243	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
11/25/2019 6:15 pm

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	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES				91,234	95.00
98.00	09853	GERIATRIC CLINIC				26	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY				0	98.01
98.02	09852	DIABETES EDUCATION				17,215	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION				650,414	105.00
106.00	10600	HEART ACQUISITION				403,177	106.00
112.00	08600	PANCREAS ACQUISITION				270	112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				948,575	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	61,994,703	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN				137,967	190.00
191.00	19100	RESEARCH				168,481	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				4,209,463	192.00
193.00	19300	NONPAID WORKERS				0	193.00
193.01	19304	MARKETING				11	193.01
193.02	19305	MISSION SERVICES				91,780	193.02
193.03	19306	FOUNDATION				174,720	193.03
193.04	19307	WELLNESS				28,796	193.04
193.07	19310	BILLING				584,140	193.07
193.09	19312	LIFELINE				3,726	193.09
193.10	19313	MARTEN HOUSE				3,284	193.10
193.14	19302	VACANT SPACE				457,764	193.14
193.16	19316	SETON BOARD				63,269	193.16
193.19	19319	SPORTS PERFORMANCE				1,815,384	193.19
200.00		Cross Foot Adjustments	44,823	44,790	28,212	142,806	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	44,823	44,790	28,212	70,782,588	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 11/25/2019 6:15 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS		1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN H		1.02
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	9,254,596
31.00	03100	INTENSIVE CARE UNIT	0	1,838,045
32.00	03200	CORONARY CARE UNIT	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	1,295,014
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	724,881
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	1,663,390
40.00	04000	SUBPROVIDER - I PF	0	587,502
41.00	04100	SUBPROVIDER - I RF	0	227,819
43.00	04300	NURSERY	0	412,820
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	10,042,412
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	631,969
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,193,531
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	1,147,845
54.02	05403	ULTRASOUND	0	143,557
54.03	05404	ECHOCARDIOLOGY	0	284,894
54.04	05401	ONCOLOGY	0	3,260,702
57.00	05700	CT SCAN	0	521,838
58.00	05800	MRI	0	663,820
59.00	05900	CARDIAC CATHETERIZATION	0	2,156,757
59.01	05901	CARDIAC REHAB	0	153,279
60.00	06000	LABORATORY	0	1,071,880
65.00	06500	RESPIRATORY THERAPY	0	1,291,242
66.00	06600	PHYSICAL THERAPY	0	1,909,242
67.00	06700	OCCUPATIONAL THERAPY	0	48,790
68.00	06800	SPEECH PATHOLOGY	0	183,553
69.00	06900	ELECTROCARDIOLOGY	0	371,152
70.00	07000	ELECTROENCEPHALOGRAPHY	0	613,257
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	1,647,223
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,814,476
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,575,953
74.00	07400	RENAL DIALYSIS	0	269,644
75.00	03330	ENDOSCOPY	0	595,615
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	2,396,428
90.01	09001	PARTIAL HOSPITALIZATION	0	233,203
91.00	09100	EMERGENCY	0	2,330,419
91.01	09101	WOUND CARE 002	0	270,305
91.02	09102	WOUND CARE 001	0	53,882
91.03	09103	LAFAYETTE RD CLINIC	0	7
91.04	09104	ZIONSVILLE CLINIC	0	293,388
91.05	09105	BROWNSBURG CLINIC	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	0	90,429
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	167,790
91.08	04040	FAMILY PRACTICE	0	451,243

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	25.00	26.00	
		OTHER REIMBURSABLE COST CENTERS	0		
95.00	09500	AMBULANCE SERVICES	0	91,234	95.00
98.00	09853	GERIATRIC CLINIC	0	26	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	17,215	98.02
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	0	650,414	105.00
106.00	10600	HEART ACQUISITION	0	403,177	106.00
112.00	08600	PANCREAS ACQUISITION	0	270	112.00
113.00	11300	INTEREST EXPENSE			113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	948,575	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	61,994,703	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	137,967	190.00
191.00	19100	RESEARCH	0	168,481	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4,209,463	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	0	11	193.01
193.02	19305	MISSION SERVICES	0	91,780	193.02
193.03	19306	FOUNDATION	0	174,720	193.03
193.04	19307	WELLNESS	0	28,796	193.04
193.07	19310	BILLING	0	584,140	193.07
193.09	19312	LIFELINE	0	3,726	193.09
193.10	19313	MARTEN HOUSE	0	3,284	193.10
193.14	19302	VACANT SPACE	0	457,764	193.14
193.16	19316	SETON BOARD	0	63,269	193.16
193.19	19319	SPORTS PERFORMANCE	0	1,815,384	193.19
200.00		Cross Foot Adjustments	0	1,049,100	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	70,782,588	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:15 pm

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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,286,573				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				17,634,198	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,132	512	0	12,467	335,413,673
5.00	00500	ADMINISTRATIVE & GENERAL	48,077	4,207	0	1,139,455	13,373,653
7.00	00700	OPERATION OF PLANT	224,828	3,235	0	483,851	1,615,224
8.00	00800	LAUNDRY & LINEN SERVICE	366	0	0	0	0
9.00	00900	HOUSEKEEPING	13,897	587	0	2,097	0
10.00	01000	DIETARY	31,589	1,123	0	17,063	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,479	491	0	1,064,513	10,151,735
14.00	01400	CENTRAL SERVICES & SUPPLY	39,878	1,699	0	991,386	4,499,163
15.00	01500	PHARMACY	16,577	0	0	156,414	11,669,020
16.00	01600	MEDICAL RECORDS & LIBRARY	10,250	719	0	630	99,910
17.00	01700	SOCIAL SERVICE	2,147	115	0	0	5,666,059
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	9,990,526
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,522	0	0	41,838	8,423,716
23.00	02300	PARAMED ED PRGM- PHARMACY	1,186	0	0	0	682,658
23.01	02301	PARAMED ED PRGM - CPE	2,287	0	0	0	282,751
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,424	0	0	0	233,409
23.03	02303	PARAMED ED PRGM - EMS	101	0	0	3,865	846,077
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	300,390	0	0	530,047	73,732,602
31.00	03100	INTENSIVE CARE UNIT	43,802	0	0	359,196	13,563,161
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	33,416	0	0	226,319	9,724,074
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18,647	0	0	269,308	4,236,064
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,356	0	0	317,492	21,294,837
40.00	04000	SUBPROVIDER - IPF	4,046	26,759	0	14,335	5,631,436
41.00	04100	SUBPROVIDER - IRF	12,755	0	0	602	504,456
43.00	04300	NURSERY	15,417	0	0	48,838	2,880,997
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	146,401	0	0	5,426,171	24,798,142
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,530	0	0	63,024	4,158,874
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,210	0	0	855,948	4,939,382
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	0	307,714	3,128,137
54.02	05403	ULTRASOUND	1,962	0	0	58,202	1,091,291
54.03	05404	ECHOCARDIOLOGY	0	0	0	107,991	793,758
54.04	05401	ONCOLOGY	10,026	0	0	491,185	3,963,768
57.00	05700	CT SCAN	2,182	0	0	409,217	1,548,282
58.00	05800	MRI	8,502	0	0	413,656	914,072
59.00	05900	CARDIAC CATHETERIZATION	27,553	0	0	1,226,553	4,860,597
59.01	05901	CARDIAC REHAB	0	0	0	11,409	679,163
60.00	06000	LABORATORY	17,307	0	0	24,159	0
65.00	06500	RESPIRATORY THERAPY	3,257	0	0	424,723	7,410,238
66.00	06600	PHYSICAL THERAPY	10,594	51	0	50,066	7,889,531
67.00	06700	OCCUPATIONAL THERAPY	372	0	0	0	1,072,029
68.00	06800	SPEECH PATHOLOGY	1,258	0	0	10,593	852,172
69.00	06900	ELECTROCARDIOLOGY	776	0	0	142,411	1,468,517
70.00	07000	ELECTROENCEPHALOGRAPHY	809	9,956	0	163,976	1,505,015
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	16,355	0
75.00	03330	ENDOSCOPY	11,766	0	0	294,714	1,920,003
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	83,368	2,477,781
90.01	09001	PARTIAL HOSPITALIZATION	5,126	8,462	0	3,024	1,684,386
91.00	09100	EMERGENCY	38,291	0	0	603,129	13,220,786
91.01	09101	WOUND CARE 002	9,589	0	0	4,286	595,019
91.02	09102	WOUND CARE 001	553	0	0	22,122	434,938
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	0	0	0	29,193	310,997
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	1,695	0	0	0	459,312

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:15 pm

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
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	329,761	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	12,389	2,185,835	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
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	296,482	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	18,397	1,779,298	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,703,747	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	348,722	3,414,860	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,241,826	57,916	0	17,307,354	300,987,701	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	2,929	0	0	161	0	190.00
191.00	19100	RESEARCH	0	0	0	0	1,130,387	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,299	0	0	175,648	26,004,992	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	14,794	512,922	193.02
193.03	19306	FOUNDATION	0	0	0	2,619	782,101	193.03
193.04	19307	WELLNESS	0	0	0	0	426,110	193.04
193.07	19310	BILLING	0	0	0	0	0	193.07
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
193.14	19302	VACANT SPACE	30,889	0	0	0	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	130,074	5,569,460	193.19
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)	13,347,887	232,763	3,188	17,634,198	62,205,619	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.374761	4.018976	0.021369	1.000000	0.185459	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					531,020	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.001583	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:15 pm

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	
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	-185,867,788	790,803,379			5.00
7.00	00700	OPERATION OF PLANT	0	30,318,130	1,052,498		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,901,529	366	2,586,775	8.00
9.00	00900	HOUSEKEEPING	0	11,233,270	14,484	0	1,037,648
10.00	01000	DIETARY	0	4,673,955	32,712	0	32,712
11.00	01100	CAFETERIA	0	7,309,337	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	17,072,631	3,970	0	3,970
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,588,972	41,577	1,579	41,577
15.00	01500	PHARMACY	0	29,926,297	16,577	1,699	16,577
16.00	01600	MEDICAL RECORDS & LIBRARY	0	498,892	10,969	0	10,969
17.00	01700	SOCIAL SERVICE	0	7,414,596	2,261	0	2,261
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	11,843,359	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	5,242,319	12,522	42	12,522
23.00	02300	PARAMED ED PRGM- PHARMACY	0	864,655	1,186	0	1,186
23.01	02301	PARAMED ED PRGM - CPE	0	359,416	2,287	0	2,287
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	233,540	1,424	0	1,424
23.03	02303	PARAMED ED PRGM - EMS	0	1,165,260	101	0	101
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	86,189,824	300,390	1,081,564	300,390
31.00	03100	INTENSIVE CARE UNIT	0	19,900,251	43,802	170,842	43,802
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	14,520,344	33,416	77,695	33,416
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	4,269,432	18,647	39,300	18,647
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	21,079,416	28,356	94,831	28,356
40.00	04000	SUBPROVIDER - IPF	0	5,605,171	30,806	88,752	30,806
41.00	04100	SUBPROVIDER - IRF	0	1,122,166	12,755	16,436	12,755
43.00	04300	NURSERY	0	3,105,488	15,417	8,959	15,417
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	43,911,407	146,401	465,679	146,401
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,659,188	20,530	39,000	20,530
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,711,054	25,210	27,196	25,210
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	5,505,095	11,856	33,302	11,856
54.02	05403	ULTRASOUND	0	1,460,623	1,962	0	1,962
54.03	05404	ECHOCARDIOLOGY	0	1,849,245	0	0	0
54.04	05401	ONCOLOGY	0	10,525,260	10,026	21,285	10,026
57.00	05700	CT SCAN	0	2,488,410	2,182	38,705	2,182
58.00	05800	MRI	0	1,996,562	8,502	16,033	8,502
59.00	05900	CARDIAC CATHETERIZATION	0	6,545,803	27,553	42,547	27,553
59.01	05901	CARDIAC REHAB	0	1,075,629	0	0	0
60.00	06000	LABORATORY	0	26,236,284	17,307	0	17,307
65.00	06500	RESPIRATORY THERAPY	0	14,411,830	3,257	0	3,257
66.00	06600	PHYSICAL THERAPY	0	11,720,789	10,645	23,311	10,645
67.00	06700	OCCUPATIONAL THERAPY	0	1,360,339	372	0	372
68.00	06800	SPEECH PATHOLOGY	0	1,264,594	1,258	0	1,258
69.00	06900	ELECTROCARDIOLOGY	0	2,890,715	776	2,977	776
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,591,207	10,765	6,172	10,765
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	54,847,113	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	56,982,525	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,143,287	0	0	0
74.00	07400	RENAL DIALYSIS	0	5,139,128	3,496	11,130	3,496
75.00	03330	ENDOSCOPY	0	3,539,275	11,766	19,464	11,766
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,847,072	0	0	0
90.01	09001	PARTIAL HOSPITALIZATION	0	2,350,451	13,588	0	13,588
91.00	09100	EMERGENCY	0	26,259,144	38,291	246,927	38,291
91.01	09101	WOUND CARE 002	0	1,445,442	9,589	11,348	9,589
91.02	09102	WOUND CARE 001	0	587,250	553	0	553
91.03	09103	LAFAYETTE RD CLINIC	0	222	0	0	0
91.04	09104	ZIONSVILLE CLINIC	0	698,676	0	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	0	665,206	1,695	0	1,695
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	747,082	0	0	0
91.08	04040	FAMILY PRACTICE	0	2,774,122	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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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		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	63,763	6,146	0	6,146	95.00
98.00	09853	GERIATRIC CLINIC	0	881	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	380,385	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	6,182,488	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	6,606,638	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	9,000	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	13,551,844	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-185,867,788	704,463,278	1,007,751	2,586,775	992,901	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,054,438	2,929	0	2,929	190.00
191.00	19100	RESEARCH	0	1,943,295	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	48,774,554	8,299	0	8,299	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	350	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	1,153,096	2,630	0	2,630	193.02
193.03	19306	FOUNDATION	0	2,812,555	0	0	0	193.03
193.04	19307	WELLNESS	0	780,378	0	0	0	193.04
193.07	19310	BILLING	0	19,449,932	0	0	0	193.07
193.09	19312	LIFELINE	0	5,920	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	3,188	0	0	0	193.10
193.14	19302	VACANT SPACE	0	320,466	30,889	0	30,889	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	10,041,929	0	0	0	193.19
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)		185,867,788	37,444,012	3,596,517	14,388,792	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.235037	35.576326	1.390348	13.866737	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		23,750,439	3,804,217	92,262	538,355	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.030033	3.614465	0.035667	0.518822	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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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						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						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	387,448					10.00
11.00	01100	0	7,514,866				11.00
13.00	01300	0	290,825	3,227,846			13.00
14.00	01400	0	157,154	0	70,426,045		14.00
15.00	01500	0	272,154	0	1,453,446	48,712,888	15.00
16.00	01600	0	5,166	0	1,052	0	16.00
17.00	01700	0	155,498	5,542	19,500	0	17.00
21.00	02100	0	352,189	0	0	0	21.00
22.00	02200	0	193,443	0	73,101	57,538	22.00
23.00	02300	0	19,431	0	0	0	23.00
23.01	02301	0	12,588	0	0	0	23.01
23.02	02302	0	5,776	0	0	0	23.02
23.03	02303	0	23,774	0	502	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	277,342	1,887,056	1,190,229	3,228,941	130,600	30.00
31.00	03100	5,271	371,785	315,216	0	113,940	31.00
32.00	03200	0	0	0	0	0	32.00
32.01	03201	13,175	249,111	189,312	2,491	47,947	32.01
33.00	03300	0	0	0	0	0	33.00
33.01	02080	1,513	81,915	51,045	76,497	2,970	33.01
34.00	03400	0	0	0	0	0	34.00
34.01	02060	0	428,223	333,818	141,334	11,787	34.01
40.00	04000	47,388	145,623	63,439	17,370	0	40.00
41.00	04100	0	16,095	10,462	21,906	470	41.00
43.00	04300	0	65,326	37,419	126,701	2,163	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,524	686,785	354,010	980,900	297,712	50.00
52.00	05200	0	120,110	77,049	218	8,026	52.00
54.00	05400	37	157,361	28,244	1,588,108	34,752	54.00
54.01	05402	0	89,859	44,012	226,777	316,112	54.01
54.02	05403	0	22,465	0	0	39	54.02
54.03	05404	0	19,902	0	362,008	0	54.03
54.04	05401	0	103,431	44,379	81,297	28,188	54.04
57.00	05700	0	41,267	0	8,992	15,543	57.00
58.00	05800	0	24,165	0	215,567	5,137	58.00
59.00	05900	0	116,551	39,137	0	63,812	59.00
59.01	05901	0	22,365	5,952	6,119	0	59.01
60.00	06000	0	0	0	42,121	2,215	60.00
65.00	06500	0	220,533	0	0	4,213,649	65.00
66.00	06600	0	237,690	0	107,362	5,095	66.00
67.00	06700	0	28,783	0	0	0	67.00
68.00	06800	0	23,117	0	32,605	0	68.00
69.00	06900	0	43,248	0	295,951	236,743	69.00
70.00	07000	0	46,444	0	181,857	1,964	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	56,982,525	0	72.00
73.00	07300	0	0	0	0	37,766,995	73.00
74.00	07400	0	0	0	714,260	33,282	74.00
75.00	03330	0	50,404	29,778	0	17,077	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	16,127	7,832	33,550	190,429	90.00
90.01	09001	0	57,484	0	6,806	0	90.01
91.00	09100	1,969	371,503	225,917	54,396	15,091	91.00
91.01	09101	0	20,196	9,554	0	1,533	91.01
91.02	09102	0	11,361	9,468	0	4,362	91.02
91.03	09103	0	0	0	0	0	91.03
91.04	09104	0	0	0	21,271	180	91.04
91.05	09105	0	0	0	0	0	91.05
91.06	09106	0	0	5,116	2,497	1,245	91.06
91.07	09107	0	0	7,765	0	0	91.07
91.08	04040	0	0	8,887	11,146	261	91.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	36	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0	2	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	8,536	0	474	0	98.02
	SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	25,671	9,390	1,454	76	105.00
106.00	10600 HEART ACQUISITION	0	33,487	12,821	1,430	33	106.00
112.00	08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	100,587	0	2,970,758	396,667	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	348,219	7,432,564	3,115,793	70,093,292	44,023,669	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	23,529	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	104,622	230,456	4,660,992	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	15,533	0	302	0	193.02
193.03	19306 FOUNDATION	0	19,123	0	0	0	193.03
193.04	19307 WELLNESS	0	24,117	7,431	2,244	557	193.04
193.07	19310 BILLING	0	0	0	0	0	193.07
193.09	19312 LIFELINE	0	0	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302 VACANT SPACE	0	0	0	0	0	193.14
193.16	19316 SETON BOARD	39,229	0	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	0	0	0	99,751	27,670	193.19
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)	7,389,889	9,027,302	21,630,976	15,324,444	38,425,255	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.073241	1.201259	6.701366	0.217596	0.788811	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	624,885	219,521	1,664,395	3,835,228	2,205,092	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.612823	0.029212	0.515636	0.054458	0.045267	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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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	
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						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	1,811			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0		1,811		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
INPATIENT ROUTINE SERVICE COST CENTERS						
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
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	24,761	173	293	293	0	50.00
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
66.00 06600 PHYSICAL THERAPY	4,426	0	12	12	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 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
OUTPATIENT SERVICE COST CENTERS						
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
91.04 09104 ZI ONSVILLE 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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES ASSIGNED TIME	SERVICES-OTHER PRGM COSTS ASSIGNED TIME		
	16.00	17.00	21.00	22.00	23.00	
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 OTHER REIMBURSABLE COST CENTERS)						92.00
95.00 09500 AMBULANCE SERVICES	230	0	0	0	0	95.00
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
SPECIAL PURPOSE COST CENTERS						
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
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	7,335	0	1	1	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	259,519	21,505	1,764	1,764	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	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
193.07 19310 BILLING	0	0	0	0	0	193.07
193.09 19312 LIFELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.19 19319 SPORTS PERFORMANCE	2,833	0	16	16	0	193.19
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)	1,164,926	9,497,266	15,050,057	7,387,310	1,149,863	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.440317	436.957258	8,310.357261	4,079.133076	11,498.630000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	170,548	272,196	381,795	406,674	44,823	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.650073	12.523395	210.819989	224.557703	448.230000	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)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		PARAMED ED PRGM - CPE (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (CHARGES)	PARAMED ED PRGM - EMS (ASSIGNED TIME)	
		23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301	83,350			23.01
23.02	02302		176,813,027		23.02
23.03	02303			100	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	40,910	0	0	30.00
31.00	03100	20,090	0	0	31.00
32.00	03200	0	0	0	32.00
32.01	03201	2,750	0	0	32.01
33.00	03300	0	0	0	33.00
33.01	02080	0	0	0	33.01
34.00	03400	0	0	0	34.00
34.01	02060	4,500	0	0	34.01
40.00	04000	12,225	0	0	40.00
41.00	04100	1,150	0	0	41.00
43.00	04300	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	200	0	0	50.00
52.00	05200	0	0	0	52.00
54.00	05400	0	91,237,447	0	54.00
54.01	05402	0	0	0	54.01
54.02	05403	0	26,554,465	0	54.02
54.03	05404	0	0	0	54.03
54.04	05401	0	0	0	54.04
57.00	05700	0	44,857,089	0	57.00
58.00	05800	0	14,164,026	0	58.00
59.00	05900	0	0	0	59.00
59.01	05901	0	0	0	59.01
60.00	06000	0	0	0	60.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	0	73.00
74.00	07400	0	0	0	74.00
75.00	03330	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
91.00	09100	1,525	0	100	91.00
91.01	09101	0	0	0	91.01
91.02	09102	0	0	0	91.02
91.03	09103	0	0	0	91.03
91.04	09104	0	0	0	91.04
91.05	09105	0	0	0	91.05
91.06	09106	0	0	0	91.06
91.07	09107	0	0	0	91.07
91.08	04040	0	0	0	91.08
92.00	09200	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		PARAMED ED PRGM - CPE (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (CHARGES)	PARAMED ED PRGM - EMS (ASSIGNED TIME)	
		23.01	23.02	23.03	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
112.00	08600 PANCREAS ACQUISITION	0	0	0	112.00
113.00	11300 INTEREST EXPENSE				113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	83,350	176,813,027	100	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	0	0	0	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	0	0	0	193.04
193.07	19310 BILLING	0	0	0	193.07
193.09	19312 LIFELINE	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	193.10
193.14	19302 VACANT SPACE	0	0	0	193.14
193.16	19316 SETON BOARD	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	0	0	0	193.19
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)	572,089	365,776	1,472,801	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.863695	0.002069	14,728.010000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	44,790	28,212	142,806	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.537373	0.000160	1,428.060000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period: 07/01/2018 To 06/30/2019

Worksheet C Part I Date/Time Prepared: 11/25/2019 6:15 pm

		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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		141,996,937	0	141,996,937	30.00	
31.00	03100 INTENSIVE CARE UNIT		30,596,382	0	30,596,382	31.00	
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00	
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL		21,579,000	0	21,579,000	32.01	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT		7,120,488	0	7,120,488	33.01	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
34.01	02060 NEONATAL INTENSIVE CARE UNIT		31,922,702	0	31,922,702	34.01	
40.00	04000 SUBPROVIDER - IPF		10,171,359	0	10,171,359	40.00	
41.00	04100 SUBPROVIDER - IRF		2,141,890	0	2,141,890	41.00	
43.00	04300 NURSERY		5,411,185	0	5,411,185	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		65,979,801	0	65,979,801	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,046,960	0	9,046,960	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,746,780	0	15,746,780	54.00	
54.01	05402 AMBULATORY CARDIOVASCULAR SVC		8,133,078	0	8,133,078	54.01	
54.02	05403 ULTRASOUND		2,026,564	0	2,026,564	54.02	
54.03	05404 ECHOCARDIOLOGY		2,391,923	0	2,391,923	54.03	
54.04	05401 ONCOLOGY		14,043,790	0	14,043,790	54.04	
57.00	05700 CT SCAN		3,391,574	0	3,391,574	57.00	
58.00	05800 MRI		3,017,780	0	3,017,780	58.00	
59.00	05900 CARDIAC CATHETERIZATION		9,986,345	0	9,986,345	59.00	
59.01	05901 CARDIAC REHAB		1,397,458	0	1,397,458	59.01	
60.00	06000 LABORATORY		33,312,311	0	33,312,311	60.00	
65.00	06500 RESPIRATORY THERAPY	0	21,551,884	0	21,551,884	65.00	
66.00	06600 PHYSICAL THERAPY	0	15,366,900	0	15,366,900	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,733,037	0	1,733,037	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,658,884	0	1,658,884	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,923,317	0	3,923,317	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		8,791,932	0	8,791,932	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		67,738,214	0	67,738,214	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		82,774,718	0	82,774,718	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		107,690,136	0	107,690,136	73.00	
74.00	07400 RENAL DIALYSIS		6,717,014	0	6,717,014	74.00	
75.00	03330 ENDOSCOPY		5,320,286	0	5,320,286	75.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		7,844,418	0	7,844,418	90.00	
90.01	09001 PARTIAL HOSPITALIZATION		3,649,656	0	3,649,656	90.01	
91.00	09100 EMERGENCY		41,462,999	0	41,462,999	91.00	
91.01	09101 WOUND CARE 002		2,368,366	0	2,368,366	91.01	
91.02	09102 WOUND CARE 001		833,155	0	833,155	91.02	
91.03	09103 LAFAYETTE RD CLINIC		274	0	274	91.03	
91.04	09104 ZIONSVILLE CLINIC		896,270	0	896,270	91.04	
91.05	09105 BROWNSBURG CLINIC		0	0	0	91.05	
91.06	09106 OP ANTI COAGULATION CLINIC		946,440	0	946,440	91.06	
91.07	09107 ST VINCENT OUTPATIENT TREATMENT		974,710	0	974,710	91.07	
91.08	04040 FAMILY PRACTICE		3,506,681	0	3,506,681	91.08	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		17,388,076	0	17,388,076	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		383,676	0	383,676	95.00	
98.00	09853 GERIATRIC CLINIC		1,088	0	1,088	98.00	
98.01	09851 ELECTROCONVULSIVE THERAPY		0	0	0	98.01	
98.02	09852 DIABETES EDUCATION		480,871	0	480,871	98.02	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		7,729,741	0	7,729,741	105.00	
106.00	10600 HEART ACQUISITION		8,285,924	0	8,285,924	106.00	
112.00	08600 PANCREAS ACQUISITION		11,115	0	11,115	112.00	
113.00	11300 INTEREST EXPENSE					113.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		17,849,750	0	17,849,750	115.00	
200.00	Subtotal (see instructions)		857,293,839	0	857,293,839	200.00	
201.00	Less Observation Beds		17,388,076	0	17,388,076	201.00	
202.00	Total (see instructions)		839,905,763	0	839,905,763	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period: 07/01/2018 To 06/30/2019

Worksheet C Part I Date/Time Prepared: 11/25/2019 6:15 pm

		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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	375,273,060		375,273,060		30.00
31.00	03100	INTENSIVE CARE UNIT	115,607,556		115,607,556		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	59,552,818		59,552,818		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	26,988,055		26,988,055		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	212,842,609		212,842,609		34.01
40.00	04000	SUBPROVIDER - I PF	39,478,521		39,478,521		40.00
41.00	04100	SUBPROVIDER - I RF	2,404,704		2,404,704		41.00
43.00	04300	NURSERY	18,090,202		18,090,202		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	405,224,667	298,648,951	703,873,618	0.093738	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,600,891	2,399,796	66,000,687	0.137074	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,861,044	67,376,403	91,237,447	0.172591	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	12,228,947	34,930,415	47,159,362	0.172459	54.01
54.02	05403	ULTRASOUND	15,091,938	11,462,527	26,554,465	0.076317	54.02
54.03	05404	ECHOCARDIOLOGY	945,127	30,354,442	31,299,569	0.076420	54.03
54.04	05401	ONCOLOGY	5,059,464	81,933,408	86,992,872	0.161436	54.04
57.00	05700	CT SCAN	21,527,206	23,329,882	44,857,088	0.075608	57.00
58.00	05800	MRI	5,303,323	8,860,703	14,164,026	0.213059	58.00
59.00	05900	CARDIAC CATHETERIZATION	85,896,176	119,828,581	205,724,757	0.048542	59.00
59.01	05901	CARDIAC REHAB	928,873	2,826,329	3,755,202	0.372139	59.01
60.00	06000	LABORATORY	273,907,910	103,977,794	377,885,704	0.088154	60.00
65.00	06500	RESPIRATORY THERAPY	76,730,584	3,388,037	80,118,621	0.269000	65.00
66.00	06600	PHYSICAL THERAPY	17,815,512	20,060,311	37,875,823	0.405718	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,590,888	357,069	8,947,957	0.193680	67.00
68.00	06800	SPEECH PATHOLOGY	4,210,360	2,255,688	6,466,048	0.256553	68.00
69.00	06900	ELECTROCARDIOLOGY	19,105,483	10,151,605	29,257,088	0.134098	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,538,682	17,403,947	20,942,629	0.419810	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	98,642,737	73,778,699	172,421,436	0.392864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	117,713,865	52,979,054	170,692,919	0.484934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	343,297,746	86,648,755	429,946,501	0.250473	73.00
74.00	07400	RENAL DIALYSIS	17,940,586	2,416,918	20,357,504	0.329953	74.00
75.00	03330	ENDOSCOPY	16,138,415	34,585,785	50,724,200	0.104887	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,733	11,970,292	11,980,025	0.654791	90.00
90.01	09001	PARTIAL HOSPITALIZATION	53,871	15,324,907	15,378,778	0.237318	90.01
91.00	09100	EMERGENCY	72,212,450	151,500,914	223,713,364	0.185340	91.00
91.01	09101	WOUND CARE 002	672,549	16,310,474	16,983,023	0.139455	91.01
91.02	09102	WOUND CARE 001	2,230,770	202,589	2,433,359	0.342389	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	17,319	2,843,801	2,861,120	0.313258	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	8,329	3,217,714	3,226,043	0.293375	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	14,518	3,771,105	3,785,623	0.257477	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	13,595,264	31,965,108	45,560,372	0.381649	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	10,148	0	10,148	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,320,819	766,826	7,087,645		105.00
106.00	10600	HEART ACQUISITION	7,717,668	47,686	7,765,354		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	116,012,009	116,012,009		115.00
200.00		Subtotal (see instructions)	2,590,401,387	1,443,888,524	4,034,289,911		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,590,401,387	1,443,888,524	4,034,289,911		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part I
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL				32.01
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.093738			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.137074			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.172591			54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.172459			54.01
54.02	05403 ULTRASOUND	0.076317			54.02
54.03	05404 ECHOCARDIOLOGY	0.076420			54.03
54.04	05401 ONCOLOGY	0.161436			54.04
57.00	05700 CT SCAN	0.075608			57.00
58.00	05800 MRI	0.213059			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.048542			59.00
59.01	05901 CARDIAC REHAB	0.372139			59.01
60.00	06000 LABORATORY	0.088154			60.00
65.00	06500 RESPIRATORY THERAPY	0.269000			65.00
66.00	06600 PHYSICAL THERAPY	0.405718			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193680			67.00
68.00	06800 SPEECH PATHOLOGY	0.256553			68.00
69.00	06900 ELECTROCARDIOLOGY	0.134098			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.419810			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.392864			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484934			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250473			73.00
74.00	07400 RENAL DIALYSIS	0.329953			74.00
75.00	03330 ENDOSCOPY	0.104887			75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.654791			90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.237318			90.01
91.00	09100 EMERGENCY	0.185340			91.00
91.01	09101 WOUND CARE 002	0.139455			91.01
91.02	09102 WOUND CARE 001	0.342389			91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000			91.03
91.04	09104 ZI ONSVILLE CLINIC	0.313258			91.04
91.05	09105 BROWNSBURG CLINIC	0.000000			91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.293375			91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.257477			91.07
91.08	04040 FAMILY PRACTICE	0.000000			91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.381649			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
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
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
112.00	08600 PANCREAS ACQUISITION				112.00
113.00	11300 INTEREST EXPENSE				113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
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 07/01/2018 To 06/30/2019

Worksheet C Part I Date/Time Prepared: 11/25/2019 6:15 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	150,087,272		150,087,272	0	150,087,272	30.00
31.00	03100	INTENSIVE CARE UNIT	31,946,837		31,946,837	0	31,946,837	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	21,727,674		21,727,674	0	21,727,674	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,244,383		7,244,383	0	7,244,383	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	32,096,155		32,096,155	0	32,096,155	34.01
40.00	04000	SUBPROVIDER - IPF	10,505,876		10,505,876	0	10,505,876	40.00
41.00	04100	SUBPROVIDER - IRF	2,141,890		2,141,890	0	2,141,890	41.00
43.00	04300	NURSERY	5,621,806		5,621,806	0	5,621,806	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	69,609,922		69,609,922	0	69,609,922	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,790,329		9,790,329	0	9,790,329	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,403,423		16,403,423	0	16,403,423	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	8,244,583		8,244,583	0	8,244,583	54.01
54.02	05403	ULTRASOUND	2,038,953		2,038,953	0	2,038,953	54.02
54.03	05404	ECHOCARDIOLOGY	2,565,376		2,565,376	0	2,565,376	54.03
54.04	05401	ONCOLOGY	14,725,212		14,725,212	0	14,725,212	54.04
57.00	05700	CT SCAN	3,416,353		3,416,353	0	3,416,353	57.00
58.00	05800	MRI	3,042,559		3,042,559	0	3,042,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,172,187		10,172,187	0	10,172,187	59.00
59.01	05901	CARDIAC REHAB	1,422,237		1,422,237	0	1,422,237	59.01
60.00	06000	LABORATORY	33,659,217		33,659,217	0	33,659,217	60.00
65.00	06500	RESPIRATORY THERAPY	21,824,453	0	21,824,453	0	21,824,453	65.00
66.00	06600	PHYSICAL THERAPY	15,515,574	0	15,515,574	0	15,515,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,733,037	0	1,733,037	0	1,733,037	67.00
68.00	06800	SPEECH PATHOLOGY	1,658,884	0	1,658,884	0	1,658,884	68.00
69.00	06900	ELECTROCARDIOLOGY	4,307,391		4,307,391	0	4,307,391	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,039,722		9,039,722	0	9,039,722	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	67,738,214		67,738,214	0	67,738,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,774,718		82,774,718	0	82,774,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,690,136		107,690,136	0	107,690,136	73.00
74.00	07400	RENAL DIALYSIS	6,964,804		6,964,804	0	6,964,804	74.00
75.00	03330	ENDOSCOPY	5,617,634		5,617,634	0	5,617,634	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,501,061		8,501,061	0	8,501,061	90.00
90.01	09001	PARTIAL HOSPITALIZATION	3,649,656		3,649,656	0	3,649,656	90.01
91.00	09100	EMERGENCY	42,540,885		42,540,885	0	42,540,885	91.00
91.01	09101	WOUND CARE 002	2,616,156		2,616,156	0	2,616,156	91.01
91.02	09102	WOUND CARE 001	833,155		833,155	0	833,155	91.02
91.03	09103	LAFAYETTE RD CLINIC	274		274	0	274	91.03
91.04	09104	ZIONSVILLE CLINIC	896,270		896,270	0	896,270	91.04
91.05	09105	BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	946,440		946,440	0	946,440	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	974,710		974,710	0	974,710	91.07
91.08	04040	FAMILY PRACTICE	4,547,398		4,547,398	0	4,547,398	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	17,388,076		17,388,076	0	17,388,076	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	383,676		383,676	0	383,676	95.00
98.00	09853	GERIATRIC CLINIC	1,088		1,088	0	1,088	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0		0	0	0	98.01
98.02	09852	DIABETES EDUCATION	480,871		480,871	0	480,871	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,816,468		7,816,468	0	7,816,468	105.00
106.00	10600	HEART ACQUISITION	8,372,651		8,372,651	0	8,372,651	106.00
112.00	08600	PANCREAS ACQUISITION	11,115		11,115	0	11,115	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	17,862,139		17,862,139	0	17,862,139	115.00
200.00		Subtotal (see instructions)	879,148,900	0	879,148,900	0	879,148,900	200.00
201.00		Less Observation Beds	17,388,076		17,388,076	0	17,388,076	201.00
202.00		Total (see instructions)	861,760,824	0	861,760,824	0	861,760,824	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period: 07/01/2018
To 06/30/2019

Worksheet C
Part I
Date/Time Prepared:
11/25/2019 6:15 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	375,273,060		375,273,060		30.00
31.00	03100	INTENSIVE CARE UNIT	115,607,556		115,607,556		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	59,552,818		59,552,818		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	26,988,055		26,988,055		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	212,842,609		212,842,609		34.01
40.00	04000	SUBPROVIDER - I PF	39,478,521		39,478,521		40.00
41.00	04100	SUBPROVIDER - I RF	2,404,704		2,404,704		41.00
43.00	04300	NURSERY	18,090,202		18,090,202		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	405,224,667	298,648,951	703,873,618	0.098895	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,600,891	2,399,796	66,000,687	0.148337	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,861,044	67,376,403	91,237,447	0.179788	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	12,228,947	34,930,415	47,159,362	0.174824	54.01
54.02	05403	ULTRASOUND	15,091,938	11,462,527	26,554,465	0.076784	54.02
54.03	05404	ECHOCARDIOLOGY	945,127	30,354,442	31,299,569	0.081962	54.03
54.04	05401	ONCOLOGY	5,059,464	81,933,408	86,992,872	0.169269	54.04
57.00	05700	CT SCAN	21,527,206	23,329,882	44,857,088	0.076161	57.00
58.00	05800	MRI	5,303,323	8,860,703	14,164,026	0.214809	58.00
59.00	05900	CARDIAC CATHETERIZATION	85,896,176	119,828,581	205,724,757	0.049446	59.00
59.01	05901	CARDIAC REHAB	928,873	2,826,329	3,755,202	0.378738	59.01
60.00	06000	LABORATORY	273,907,910	103,977,794	377,885,704	0.089072	60.00
65.00	06500	RESPIRATORY THERAPY	76,730,584	3,388,037	80,118,621	0.272402	65.00
66.00	06600	PHYSICAL THERAPY	17,815,512	20,060,311	37,875,823	0.409643	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,590,888	357,069	8,947,957	0.193680	67.00
68.00	06800	SPEECH PATHOLOGY	4,210,360	2,255,688	6,466,048	0.256553	68.00
69.00	06900	ELECTROCARDIOLOGY	19,105,483	10,151,605	29,257,088	0.147226	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,538,682	17,403,947	20,942,629	0.431642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	98,642,737	73,778,699	172,421,436	0.392864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	117,713,865	52,979,054	170,692,919	0.484934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	343,297,746	86,648,755	429,946,501	0.250473	73.00
74.00	07400	RENAL DIALYSIS	17,940,586	2,416,918	20,357,504	0.342125	74.00
75.00	03330	ENDOSCOPY	16,138,415	34,585,785	50,724,200	0.110749	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,733	11,970,292	11,980,025	0.709603	90.00
90.01	09001	PARTIAL HOSPITALIZATION	53,871	15,324,907	15,378,778	0.237318	90.01
91.00	09100	EMERGENCY	72,212,450	151,500,914	223,713,364	0.190158	91.00
91.01	09101	WOUND CARE 002	672,549	16,310,474	16,983,023	0.154045	91.01
91.02	09102	WOUND CARE 001	2,230,770	202,589	2,433,359	0.342389	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	17,319	2,843,801	2,861,120	0.313258	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	8,329	3,217,714	3,226,043	0.293375	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	14,518	3,771,105	3,785,623	0.257477	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	13,595,264	31,965,108	45,560,372	0.381649	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	10,148	0	10,148	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,320,819	766,826	7,087,645		105.00
106.00	10600	HEART ACQUISITION	7,717,668	47,686	7,765,354		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	116,012,009	116,012,009		115.00
200.00		Subtotal (see instructions)	2,590,401,387	1,443,888,524	4,034,289,911		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,590,401,387	1,443,888,524	4,034,289,911		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part I
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL				32.01
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
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
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
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
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 WOUND CARE 002	0.000000			91.01
91.02	09102 WOUND CARE 001	0.000000			91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000			91.03
91.04	09104 ZIONSVILLE CLINIC	0.000000			91.04
91.05	09105 BROWNSBURG CLINIC	0.000000			91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.000000			91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000			91.07
91.08	04040 FAMILY PRACTICE	0.000000			91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
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
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
112.00	08600 PANCREAS ACQUISITION				112.00
113.00	11300 INTEREST EXPENSE				113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
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 07/01/2018 To 06/30/2019	Worksheet D Part I Date/Time Prepared: 11/25/2019 6:15 pm
Title XVIII			Hospital	PPS

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	9,254,596	0	9,254,596	136,492	67.80	30.00
31.00	INTENSIVE CARE UNIT	1,838,045		1,838,045	17,782	103.37	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,295,014		1,295,014	8,200	157.93	32.01
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	724,881		724,881	2,702	268.28	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,663,390		1,663,390	28,663	58.03	34.01
40.00	SUBPROVIDER - IPF	587,502	0	587,502	15,796	37.19	40.00
41.00	SUBPROVIDER - IRF	227,819	0	227,819	1,264	180.24	41.00
43.00	NURSERY	412,820		412,820	3,656	112.92	43.00
200.00	Total (lines 30 through 199)	16,004,067		16,004,067	214,555		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	43,714	2,963,809				30.00
31.00	INTENSIVE CARE UNIT	6,491	670,975				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	3,054	482,318				32.01
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	10	2,683				33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
34.01	NEONATAL INTENSIVE CARE UNIT	0	0				34.01
40.00	SUBPROVIDER - IPF	2,502	93,049				40.00
41.00	SUBPROVIDER - IRF	708	127,610				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	56,479	4,340,444				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/25/2019 6:15 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,042,412	703,873,618	0.014267	132,683,081	1,892,990	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	631,969	66,000,687	0.009575	181,326	1,736	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,193,531	91,237,447	0.024042	7,742,637	186,148	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	1,147,845	47,159,362	0.024340	5,076,553	123,563	54.01
54.02	05403 ULTRASOUND	143,557	26,554,465	0.005406	5,953,904	32,187	54.02
54.03	05404 ECHOCARDIOLOGY	284,894	31,299,569	0.009102	56,592	515	54.03
54.04	05401 ONCOLOGY	3,260,702	86,992,872	0.037482	1,743,653	65,356	54.04
57.00	05700 CT SCAN	521,838	44,857,088	0.011633	8,030,882	93,423	57.00
58.00	05800 MRI	663,820	14,164,026	0.046867	1,496,923	70,156	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,156,757	205,724,757	0.010484	27,151,563	284,657	59.00
59.01	05901 CARDIAC REHAB	153,279	3,755,202	0.040818	374,361	15,281	59.01
60.00	06000 LABORATORY	1,071,880	377,885,704	0.002837	90,488,952	256,717	60.00
65.00	06500 RESPIRATORY THERAPY	1,291,242	80,118,621	0.016117	20,254,219	326,437	65.00
66.00	06600 PHYSICAL THERAPY	1,909,242	37,875,823	0.050408	6,269,738	316,045	66.00
67.00	06700 OCCUPATIONAL THERAPY	48,790	8,947,957	0.005453	2,510,344	13,689	67.00
68.00	06800 SPEECH PATHOLOGY	183,553	6,466,048	0.028387	1,629,638	46,261	68.00
69.00	06900 ELECTROCARDIOLOGY	371,152	29,257,088	0.012686	7,800,713	98,960	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	613,257	20,942,629	0.029283	1,429,099	41,848	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	1,647,223	172,421,436	0.009553	33,116,585	316,363	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,814,476	170,692,919	0.028205	44,088,641	1,243,520	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,575,953	429,946,501	0.008317	68,866,223	572,760	73.00
74.00	07400 RENAL DIALYSIS	269,644	20,357,504	0.013245	7,816,593	103,531	74.00
75.00	03330 ENDOSCOPY	595,615	50,724,200	0.011742	6,535,666	76,742	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,396,428	11,980,025	0.200035	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	233,203	15,378,778	0.015164	3,682	56	90.01
91.00	09100 EMERGENCY	2,330,419	223,713,364	0.010417	24,303,897	253,174	91.00
91.01	09101 WOUND CARE 002	270,305	16,983,023	0.015916	160,887	2,561	91.01
91.02	09102 WOUND CARE 001	53,882	2,433,359	0.022143	1,038,201	22,989	91.02
91.03	09103 LAFAYETTE RD CLINIC	7	0	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	293,388	2,861,120	0.102543	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	90,429	3,226,043	0.028031	580	16	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	167,790	3,785,623	0.044323	0	0	91.07
91.08	04040 FAMILY PRACTICE	451,243	0	0.000000	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	1,133,268	45,560,372	0.024874	4,932,606	122,694	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
98.00	09853 GERIATRIC CLINIC	26	0	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	10,148	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	17,215	0	0.000000	0	0	98.02
200.00	Total (lines 50 through 199)	45,030,234	3,053,187,378		511,737,739	6,580,375	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part III Date/Time Prepared: 11/25/2019 6:15 pm
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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	280,793	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	137,892	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	18,875	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	0	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	30,887	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	83,909	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,893	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	560,249	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	280,793	136,492	2.06	43,714	30.00
31.00	03100	INTENSIVE CARE UNIT		137,892	17,782	7.75	6,491	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		18,875	8,200	2.30	3,054	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	2,702	0.00	10	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		30,887	28,663	1.08	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	83,909	15,796	5.31	2,502	40.00
41.00	04100	SUBPROVIDER - IRF	0	7,893	1,264	6.24	708	41.00
43.00	04300	NURSERY		0	3,656	0.00	0	43.00
200.00		Total (lines 30 through 199)		560,249	214,555		56,479	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	90,051					30.00
31.00	03100	INTENSIVE CARE UNIT	50,305					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	7,024					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	13,286					40.00
41.00	04100	SUBPROVIDER - IRF	4,418					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	165,084					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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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				
ANCILLARY SERVICE COST CENTERS									
50.00 05000 OPERATING ROOM	0	0	0	0	1,373			50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0			52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	188,721			54.00	
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0			54.01	
54.02 05403 ULTRASOUND	0	0	0	0	54,941			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	92,809			57.00	
58.00 05800 MRI	0	0	0	0	29,305			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	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0			66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0			67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0			68.00	
69.00 06900 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	1,149,863			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	
OUTPATIENT SERVICE COST CENTERS									
90.00 09000 CLINIC	0	0	0	0	0			90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	0	0			90.01	
91.00 09100 EMERGENCY	0	0	0	0	1,483,268			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	34,376			92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0			95.00	
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	3,034,656			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 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			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	1,373	1,373	703,873,618	0.000002	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	66,000,687	0.000000	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	188,721	188,721	91,237,447	0.002068	54.00	
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,159,362	0.000000	54.01	
54.02	05403	ULTRASOUND	0	54,941	54,941	26,554,465	0.002069	54.02	
54.03	05404	ECHOCARDIOLOGY	0	0	0	31,299,569	0.000000	54.03	
54.04	05401	ONCOLOGY	0	0	0	86,992,872	0.000000	54.04	
57.00	05700	CT SCAN	0	92,809	92,809	44,857,088	0.002069	57.00	
58.00	05800	MRI	0	29,305	29,305	14,164,026	0.002069	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	205,724,757	0.000000	59.00	
59.01	05901	CARDIAC REHAB	0	0	0	3,755,202	0.000000	59.01	
60.00	06000	LABORATORY	0	0	0	377,885,704	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	80,118,621	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	37,875,823	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,947,957	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,466,048	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,257,088	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20,942,629	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	172,421,436	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	170,692,919	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,149,863	1,149,863	429,946,501	0.002674	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	20,357,504	0.000000	74.00	
75.00	03330	ENDOSCOPY	0	0	0	50,724,200	0.000000	75.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	11,980,025	0.000000	90.00	
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	15,378,778	0.000000	90.01	
91.00	09100	EMERGENCY	0	1,483,268	1,483,268	223,713,364	0.006630	91.00	
91.01	09101	WOUND CARE 002	0	0	0	16,983,023	0.000000	91.01	
91.02	09102	WOUND CARE 001	0	0	0	2,433,359	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	2,861,120	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	3,226,043	0.000000	91.06	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,785,623	0.000000	91.07	
91.08	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	34,376	34,376	45,560,372	0.000755	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00	
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	10,148	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	3,034,656	3,034,656	3,053,187,378		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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Cost Center Description		Title XVIII					
		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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000002	132,683,081	265	63,577,488	127	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	181,326	0	12,057	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002068	7,742,637	16,012	25,768,911	53,290	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	5,076,553	0	4,343,852	0	54.01
54.02	05403 ULTRASOUND	0.002069	5,953,904	12,319	3,353,993	6,939	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	56,592	0	10,721,178	0	54.03
54.04	05401 ONCOLOGY	0.000000	1,743,653	0	25,464,214	0	54.04
57.00	05700 CT SCAN	0.002069	8,030,882	16,616	5,849,781	12,103	57.00
58.00	05800 MRI	0.002069	1,496,923	3,097	2,076,607	4,296	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	27,151,563	0	49,420,769	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	374,361	0	1,289,510	0	59.01
60.00	06000 LABORATORY	0.000000	90,488,952	0	21,715,146	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	20,254,219	0	1,071,014	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	6,269,738	0	199,091	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,510,344	0	79,831	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,629,638	0	569,140	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,800,713	0	3,090,986	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,429,099	0	2,030,043	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	33,116,585	0	17,784,006	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	44,088,641	0	19,324,461	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002674	68,866,223	184,148	30,465,257	81,464	73.00
74.00	07400 RENAL DIALYSIS	0.000000	7,816,593	0	1,045,439	0	74.00
75.00	03330 ENDOSCOPY	0.000000	6,535,666	0	8,920,341	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	399,136	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	3,682	0	17,430	0	90.01
91.00	09100 EMERGENCY	0.006630	24,303,897	161,135	22,191,275	147,128	91.00
91.01	09101 WOUND CARE 002	0.000000	160,887	0	7,910,199	0	91.01
91.02	09102 WOUND CARE 001	0.000000	1,038,201	0	96,626	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	111,075	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	580	0	1,330,431	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	1,514,582	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000755	4,932,606	3,724	7,151,145	5,399	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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)		511,737,739	397,316	338,895,014	310,746	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.093738	63,577,488	0	0	5,959,627	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.137074	12,057	0	0	1,653	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.172591	25,768,911	0	0	4,447,482	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.172459	4,343,852	0	0	749,136	54.01
54.02 05403 ULTRASOUND	0.076317	3,353,993	0	0	255,967	54.02
54.03 05404 ECHOCARDIOLOGY	0.076420	10,721,178	0	0	819,312	54.03
54.04 05401 ONCOLOGY	0.161436	25,464,214	0	0	4,110,841	54.04
57.00 05700 CT SCAN	0.075608	5,849,781	0	0	442,290	57.00
58.00 05800 MRI	0.213059	2,076,607	0	0	442,440	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.048542	49,420,769	0	0	2,398,983	59.00
59.01 05901 CARDIAC REHAB	0.372139	1,289,510	0	0	479,877	59.01
60.00 06000 LABORATORY	0.088154	21,715,146	11,519	0	1,914,277	60.00
65.00 06500 RESPIRATORY THERAPY	0.269000	1,071,014	0	0	288,103	65.00
66.00 06600 PHYSICAL THERAPY	0.405718	199,091	0	0	80,775	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.193680	79,831	0	0	15,462	67.00
68.00 06800 SPEECH PATHOLOGY	0.256553	569,140	0	0	146,015	68.00
69.00 06900 ELECTROCARDIOLOGY	0.134098	3,090,986	0	0	414,495	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.419810	2,030,043	0	0	852,232	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.392864	17,784,006	0	0	6,986,696	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.484934	19,324,461	0	0	9,371,088	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.250473	30,465,257	8,326	85,746	7,630,724	73.00
74.00 07400 RENAL DIALYSIS	0.329953	1,045,439	0	0	344,946	74.00
75.00 03330 ENDOSCOPY	0.104887	8,920,341	0	0	935,628	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.654791	399,136	0	0	261,351	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0.237318	17,430	0	0	4,136	90.01
91.00 09100 EMERGENCY	0.185340	22,191,275	0	896	4,112,931	91.00
91.01 09101 WOUND CARE 002	0.139455	7,910,199	0	0	1,103,117	91.01
91.02 09102 WOUND CARE 001	0.342389	96,626	0	0	33,084	91.02
91.03 09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0.313258	111,075	0	0	34,795	91.04
91.05 09105 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0.293375	1,330,431	0	0	390,315	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.257477	1,514,582	0	0	389,970	91.07
91.08 04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.381649	7,151,145	0	0	2,729,227	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
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)	338,895,014	19,845	86,642	58,146,975	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)	338,895,014	19,845	86,642	58,146,975	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 6:15 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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	1,015	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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	2,085	21,477		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 03330 ENDOSCOPY	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 09100 EMERGENCY	0	166		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
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
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)	3,100	21,643		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	3,100	21,643		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part II Date/Time Prepared: 11/25/2019 6:15 pm		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,042,412	703,873,618	0.014267	811,860	11,583	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	631,969	66,000,687	0.009575	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,193,531	91,237,447	0.024042	23,891	574	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,147,845	47,159,362	0.024340	16,569	403	54.01
54.02	05403	ULTRASOUND	143,557	26,554,465	0.005406	1,701	9	54.02
54.03	05404	ECHOCARDIOLOGY	284,894	31,299,569	0.009102	0	0	54.03
54.04	05401	ONCOLOGY	3,260,702	86,992,872	0.037482	14,824	556	54.04
57.00	05700	CT SCAN	521,838	44,857,088	0.011633	41,650	485	57.00
58.00	05800	MRI	663,820	14,164,026	0.046867	1,900	89	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,156,757	205,724,757	0.010484	0	0	59.00
59.01	05901	CARDIAC REHAB	153,279	3,755,202	0.040818	0	0	59.01
60.00	06000	LABORATORY	1,071,880	377,885,704	0.002837	394,675	1,120	60.00
65.00	06500	RESPIRATORY THERAPY	1,291,242	80,118,621	0.016117	4,824	78	65.00
66.00	06600	PHYSICAL THERAPY	1,909,242	37,875,823	0.050408	39,861	2,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,790	8,947,957	0.005453	11,482	63	67.00
68.00	06800	SPEECH PATHOLOGY	183,553	6,466,048	0.028387	2,652	75	68.00
69.00	06900	ELECTROCARDIOLOGY	371,152	29,257,088	0.012686	21,742	276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	613,257	20,942,629	0.029283	5,542	162	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,647,223	172,421,436	0.009553	57,004	545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,814,476	170,692,919	0.028205	1,430	40	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,575,953	429,946,501	0.008317	435,458	3,622	73.00
74.00	07400	RENAL DIALYSIS	269,644	20,357,504	0.013245	25,657	340	74.00
75.00	03330	ENDOSCOPY	595,615	50,724,200	0.011742	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,396,428	11,980,025	0.200035	9,733	1,947	90.00
90.01	09001	PARTIAL HOSPITALIZATION	233,203	15,378,778	0.015164	19,655	298	90.01
91.00	09100	EMERGENCY	2,330,419	223,713,364	0.010417	264,445	2,755	91.00
91.01	09101	WOUND CARE 002	270,305	16,983,023	0.015916	0	0	91.01
91.02	09102	WOUND CARE 001	53,882	2,433,359	0.022143	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	7	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	293,388	2,861,120	0.102543	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	90,429	3,226,043	0.028031	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	167,790	3,785,623	0.044323	0	0	91.07
91.08	04040	FAMILY PRACTICE	451,243	0	0.000000	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	45,560,372	0.000000	33,985	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	26	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	10,148	0.000000	0	0	98.01
98.02	09852	DIABETES EDUCATION	17,215	0	0.000000	0	0	98.02
200.00		Total (lines 50 through 199)	43,896,966	3,053,187,378		2,240,540	27,029	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	1,373	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	188,721	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	54,941	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	92,809	57.00
58.00	05800 MRI	0	0	0	0	29,305	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
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 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	1,149,863	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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	1,483,268	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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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	3,000,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm				
Title XVIII			Subprovider - IPF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,373	1,373	703,873,618	0.000002	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	66,000,687	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	188,721	188,721	91,237,447	0.002068	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,159,362	0.000000	54.01
54.02	05403	ULTRASOUND	0	54,941	54,941	26,554,465	0.002069	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	31,299,569	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	86,992,872	0.000000	54.04
57.00	05700	CT SCAN	0	92,809	92,809	44,857,088	0.002069	57.00
58.00	05800	MRI	0	29,305	29,305	14,164,026	0.002069	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	205,724,757	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,755,202	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	377,885,704	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	80,118,621	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,875,823	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,947,957	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,466,048	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,257,088	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20,942,629	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	172,421,436	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	170,692,919	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,149,863	1,149,863	429,946,501	0.002674	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	20,357,504	0.000000	74.00
75.00	03330	ENDOSCOPY	0	0	0	50,724,200	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	11,980,025	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	15,378,778	0.000000	90.01
91.00	09100	EMERGENCY	0	1,483,268	1,483,268	223,713,364	0.006630	91.00
91.01	09101	WOUND CARE 002	0	0	0	16,983,023	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	2,433,359	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	2,861,120	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	3,226,043	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,785,623	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	45,560,372	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	10,148	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	3,000,280	3,000,280	3,053,187,378		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm	
				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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000002	811,860		2	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0		0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002068	23,891		49	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	16,569		0	0	54.01
54.02	05403 ULTRASOUND	0.002069	1,701		4	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	0		0	0	54.03
54.04	05401 ONCOLOGY	0.000000	14,824		0	0	54.04
57.00	05700 CT SCAN	0.002069	41,650		86	0	57.00
58.00	05800 MRI	0.002069	1,900		4	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0		0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	0		0	0	59.01
60.00	06000 LABORATORY	0.000000	394,675		0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,824		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	39,861		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	11,482		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,652		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	21,742		0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	5,542		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	57,004		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,430		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002674	435,458	1,164		1,656	73.00
74.00	07400 RENAL DIALYSIS	0.000000	25,657		0	0	74.00
75.00	03330 ENDOSCOPY	0.000000	0		0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	9,733		0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	19,655		0	518	90.01
91.00	09100 EMERGENCY	0.006630	264,445	1,753		0	91.00
91.01	09101 WOUND CARE 002	0.000000	0		0	0	91.01
91.02	09102 WOUND CARE 001	0.000000	0		0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0		0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.000000	0		0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0		0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.000000	0		0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	0		0	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0		0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	33,985		0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
98.00	09853 GERIATRIC CLINIC	0.000000	0		0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0		0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0		0	0	98.02
200.00	Total (lines 50 through 199)		2,240,540	3,062		2,174	4,200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 6:15 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.093738	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.137074	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.172591	0	0	0	0	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.172459	0	0	0	0	0	54.01
54.02 05403 ULTRASOUND	0.076317	0	0	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0.076420	0	0	0	0	0	54.03
54.04 05401 ONCOLOGY	0.161436	0	0	0	0	0	54.04
57.00 05700 CT SCAN	0.075608	0	0	0	0	0	57.00
58.00 05800 MRI	0.213059	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.048542	0	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0.372139	0	0	0	0	0	59.01
60.00 06000 LABORATORY	0.088154	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.269000	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.405718	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.193680	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.256553	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.134098	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.419810	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.392864	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.484934	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.250473	1,656	0	750	415	73.00	
74.00 07400 RENAL DIALYSIS	0.329953	0	0	0	0	74.00	
75.00 03330 ENDOSCOPY	0.104887	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.654791	0	0	0	0	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0.237318	518	0	0	123	90.01	
91.00 09100 EMERGENCY	0.185340	0	0	0	0	91.00	
91.01 09101 WOUND CARE 002	0.139455	0	0	0	0	91.01	
91.02 09102 WOUND CARE 001	0.342389	0	0	0	0	91.02	
91.03 09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03	
91.04 09104 ZI ONSVILLE CLINIC	0.313258	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	0.293375	0	0	0	0	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.257477	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)	0.381649	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
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)		2,174	0	750	538	200.00	
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00 Net Charges (line 200 - line 201)		2,174	0	750	538	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 6:15 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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	188		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 03330 ENDOSCOPY	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 WOUND CARE 002	0	0		91.01
91.02 09102 WOUND CARE 001	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	0	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08 04040 FAMILY PRACTICE	0	0		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
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	188		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	188		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part II Date/Time Prepared: 11/25/2019 6:15 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,042,412	703,873,618	0.014267	69,458	991	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	631,969	66,000,687	0.009575	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,193,531	91,237,447	0.024042	17,450	420	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,147,845	47,159,362	0.024340	3,924	96	54.01
54.02	05403	ULTRASOUND	143,557	26,554,465	0.005406	10,446	56	54.02
54.03	05404	ECHOCARDIOLOGY	284,894	31,299,569	0.009102	11,352	103	54.03
54.04	05401	ONCOLOGY	3,260,702	86,992,872	0.037482	0	0	54.04
57.00	05700	CT SCAN	521,838	44,857,088	0.011633	11,900	138	57.00
58.00	05800	MRI	663,820	14,164,026	0.046867	2,850	134	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,156,757	205,724,757	0.010484	17,356	182	59.00
59.01	05901	CARDIAC REHAB	153,279	3,755,202	0.040818	0	0	59.01
60.00	06000	LABORATORY	1,071,880	377,885,704	0.002837	379,884	1,078	60.00
65.00	06500	RESPIRATORY THERAPY	1,291,242	80,118,621	0.016117	4,884	79	65.00
66.00	06600	PHYSICAL THERAPY	1,909,242	37,875,823	0.050408	364,115	18,354	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,790	8,947,957	0.005453	362,561	1,977	67.00
68.00	06800	SPEECH PATHOLOGY	183,553	6,466,048	0.028387	122,385	3,474	68.00
69.00	06900	ELECTROCARDIOLOGY	371,152	29,257,088	0.012686	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	613,257	20,942,629	0.029283	914	27	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,647,223	172,421,436	0.009553	73,011	697	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,814,476	170,692,919	0.028205	2,038	57	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,575,953	429,946,501	0.008317	170,274	1,416	73.00
74.00	07400	RENAL DIALYSIS	269,644	20,357,504	0.013245	96,346	1,276	74.00
75.00	03330	ENDOSCOPY	595,615	50,724,200	0.011742	8,197	96	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,396,428	11,980,025	0.200035	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	233,203	15,378,778	0.015164	0	0	90.01
91.00	09100	EMERGENCY	2,330,419	223,713,364	0.010417	0	0	91.00
91.01	09101	WOUND CARE 002	270,305	16,983,023	0.015916	0	0	91.01
91.02	09102	WOUND CARE 001	53,882	2,433,359	0.022143	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	7	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	293,388	2,861,120	0.102543	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	90,429	3,226,043	0.028031	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	167,790	3,785,623	0.044323	0	0	91.07
91.08	04040	FAMILY PRACTICE	451,243	0	0.000000	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	45,560,372	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	26	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	10,148	0.000000	0	0	98.01
98.02	09852	DIABETES EDUCATION	17,215	0	0.000000	0	0	98.02
200.00		Total (lines 50 through 199)	43,896,966	3,053,187,378		1,729,345	30,651	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	1,373	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	188,721	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	54,941	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	92,809	57.00
58.00	05800 MRI	0	0	0	0	29,305	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
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 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	1,149,863	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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	1,483,268	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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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	3,000,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm				
Title XVIII			Subprovider - IRF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,373	1,373	703,873,618	0.000002	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	66,000,687	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	188,721	188,721	91,237,447	0.002068	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,159,362	0.000000	54.01
54.02	05403	ULTRASOUND	0	54,941	54,941	26,554,465	0.002069	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	31,299,569	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	86,992,872	0.000000	54.04
57.00	05700	CT SCAN	0	92,809	92,809	44,857,088	0.002069	57.00
58.00	05800	MRI	0	29,305	29,305	14,164,026	0.002069	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	205,724,757	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,755,202	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	377,885,704	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	80,118,621	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,875,823	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,947,957	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,466,048	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,257,088	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20,942,629	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	172,421,436	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	170,692,919	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,149,863	1,149,863	429,946,501	0.002674	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	20,357,504	0.000000	74.00
75.00	03330	ENDOSCOPY	0	0	0	50,724,200	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	11,980,025	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	15,378,778	0.000000	90.01
91.00	09100	EMERGENCY	0	1,483,268	1,483,268	223,713,364	0.006630	91.00
91.01	09101	WOUND CARE 002	0	0	0	16,983,023	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	2,433,359	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	2,861,120	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	3,226,043	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,785,623	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	45,560,372	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	10,148	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	3,000,280	3,000,280	3,053,187,378		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm	
				Title XVIII		Subprovider - IRF	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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000002	69,458	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002068	17,450	36	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	3,924	0	0	0	54.01
54.02	05403 ULTRASOUND	0.002069	10,446	22	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	11,352	0	0	0	54.03
54.04	05401 ONCOLOGY	0.000000	0	0	0	0	54.04
57.00	05700 CT SCAN	0.002069	11,900	25	0	0	57.00
58.00	05800 MRI	0.002069	2,850	6	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	17,356	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	379,884	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,884	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	364,115	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	362,561	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	122,385	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	914	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	73,011	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,038	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002674	170,274	455	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	96,346	0	0	0	74.00
75.00	03330 ENDOSCOPY	0.000000	8,197	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
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	0.006630	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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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)		1,729,345	544	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part III Date/Time Prepared: 11/25/2019 6:15 pm
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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	280,793	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	137,892	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	18,875	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	0	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	30,887	0 34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	83,909	0 40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,893	0 41.00	
43.00	04300	NURSERY	0	0	0	0	0 43.00	
200.00		Total (lines 30 through 199)	0	0	0	560,249	0 200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	280,793	136,492	2.06	5,296 30.00	
31.00	03100	INTENSIVE CARE UNIT		137,892	17,782	7.75	807 31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0 32.00	
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		18,875	8,200	2.30	0 32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0 33.00	
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	2,702	0.00	358 33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0 34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT		30,887	28,663	1.08	3,224 34.01	
40.00	04000	SUBPROVIDER - IPF	0	83,909	15,796	5.31	1,064 40.00	
41.00	04100	SUBPROVIDER - IRF	0	7,893	1,264	6.24	9 41.00	
43.00	04300	NURSERY		0	3,656	0.00	3,448 43.00	
200.00		Total (lines 30 through 199)		560,249	214,555		14,206 200.00	
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	10,910					30.00
31.00	03100	INTENSIVE CARE UNIT	6,254					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	3,482					34.01
40.00	04000	SUBPROVIDER - IPF	5,650					40.00
41.00	04100	SUBPROVIDER - IRF	56					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	26,352					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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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			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	1,373	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	188,721	54.00	
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	0	54.01	
54.02 05403 ULTRASOUND	0	0	0	0	0	54,941	54.02	
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	0	54.03	
54.04 05401 ONCOLOGY	0	0	0	0	0	0	54.04	
57.00 05700 CT SCAN	0	0	0	0	0	92,809	57.00	
58.00 05800 MRI	0	0	0	0	0	29,305	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
59.01 05901 CARDIAC REHAB	0	0	0	0	0	0	59.01	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,149,863	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00 03330 ENDOSCOPY	0	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	90.01	
91.00 09100 EMERGENCY	0	0	0	0	0	1,483,268	91.00	
91.01 09101 WOUND CARE 002	0	0	0	0	0	0	91.01	
91.02 09102 WOUND CARE 001	0	0	0	0	0	0	91.02	
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	0	91.03	
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	0	91.04	
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	0	91.05	
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	0	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0	91.07	
91.08 04040 FAMILY PRACTICE	0	0	0	0	0	0	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
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	0	0	0	0	0	98.02	
200.00 Total (lines 50 through 199)	0	0	0	0	0	3,000,280	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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Cost Center Description	Title XIX			Hospital	Cost		
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 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		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	1,373	1,373	703,873,618	0.000002	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	66,000,687	0.000000	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	188,721	188,721	91,237,447	0.002068	54.00	
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,159,362	0.000000	54.01	
54.02 05403 ULTRASOUND	0	54,941	54,941	26,554,465	0.002069	54.02	
54.03 05404 ECHOCARDIOLOGY	0	0	0	31,299,569	0.000000	54.03	
54.04 05401 ONCOLOGY	0	0	0	86,992,872	0.000000	54.04	
57.00 05700 CT SCAN	0	92,809	92,809	44,857,088	0.002069	57.00	
58.00 05800 MRI	0	29,305	29,305	14,164,026	0.002069	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	205,724,757	0.000000	59.00	
59.01 05901 CARDIAC REHAB	0	0	0	3,755,202	0.000000	59.01	
60.00 06000 LABORATORY	0	0	0	377,885,704	0.000000	60.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	80,118,621	0.000000	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	37,875,823	0.000000	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	8,947,957	0.000000	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,466,048	0.000000	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	29,257,088	0.000000	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	20,942,629	0.000000	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	172,421,436	0.000000	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	170,692,919	0.000000	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,149,863	1,149,863	429,946,501	0.002674	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	20,357,504	0.000000	74.00	
75.00 03330 ENDOSCOPY	0	0	0	50,724,200	0.000000	75.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	11,980,025	0.000000	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	15,378,778	0.000000	90.01	
91.00 09100 EMERGENCY	0	1,483,268	1,483,268	223,713,364	0.006630	91.00	
91.01 09101 WOUND CARE 002	0	0	0	16,983,023	0.000000	91.01	
91.02 09102 WOUND CARE 001	0	0	0	2,433,359	0.000000	91.02	
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03	
91.04 09104 ZI ONSVILLE CLINIC	0	0	0	2,861,120	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	3,226,043	0.000000	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,785,623	0.000000	91.07	
91.08 04040 FAMILY PRACTICE	0	0	0	0	0.000000	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	45,560,372	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0.000000	98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	10,148	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	3,000,280	3,000,280	3,053,187,378		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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Cost Center Description		Title XIX					
		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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000002	13,744,089	27	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,624,821	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002068	1,243,139	2,571	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	362,708	0	0	0	54.01
54.02	05403 ULTRASOUND	0.002069	878,247	1,817	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	113,213	0	0	0	54.03
54.04	05401 ONCOLOGY	0.000000	175,684	0	0	0	54.04
57.00	05700 CT SCAN	0.002069	875,321	1,811	0	0	57.00
58.00	05800 MRI	0.002069	281,205	582	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,245,400	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	18,722	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	13,141,409	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,641,052	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	776,086	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	389,598	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	173,486	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	601,253	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	260,254	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	2,759,312	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,930,415	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002674	11,848,467	31,683	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,331,395	0	0	0	74.00
75.00	03330 ENDOSCOPY	0.000000	534,231	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
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	0.006630	4,261,282	28,252	0	0	91.00
91.01	09101 WOUND CARE 002	0.000000	59,011	0	0	0	91.01
91.02	09102 WOUND CARE 001	0.000000	144,682	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	1,529	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	66	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	809,135	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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)		67,225,212	66,743	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 6:15 pm
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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.)
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.098895	0	8,015,841	0	0 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.148337	0	163,552	0	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.179788	0	1,410,294	0	0 54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.174824	0	237,800	0	0 54.01
54.02 05403 ULTRASOUND	0.076784	0	399,119	0	0 54.02
54.03 05404 ECHOCARDIOLOGY	0.081962	0	99,557	0	0 54.03
54.04 05401 ONCOLOGY	0.169269	0	1,820,307	0	0 54.04
57.00 05700 CT SCAN	0.076161	0	542,506	0	0 57.00
58.00 05800 MRI	0.214809	0	177,231	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.049446	0	1,048,416	0	0 59.00
59.01 05901 CARDIAC REHAB	0.378738	0	15,585	0	0 59.01
60.00 06000 LABORATORY	0.089072	0	3,046,957	0	0 60.00
65.00 06500 RESPIRATORY THERAPY	0.272402	0	104,649	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.409643	0	1,036,165	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.193680	0	11,496	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.256553	0	75,769	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.147226	0	131,881	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.431642	0	608,276	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.392864	0	979,904	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.484934	0	1,397,477	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.250473	0	2,399,917	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.342125	0	146,741	0	0 74.00
75.00 03330 ENDOSCOPY	0.110749	0	303,992	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.709603	0	3,972	0	0 90.00
90.01 09001 PARTIAL HOSPITALIZATION	0.237318	0	0	0	0 90.01
91.00 09100 EMERGENCY	0.190158	0	6,558,365	0	0 91.00
91.01 09101 WOUND CARE 002	0.154045	0	314,691	0	0 91.01
91.02 09102 WOUND CARE 001	0.342389	0	8,171	0	0 91.02
91.03 09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0 91.03
91.04 09104 ZIONSVILLE CLINIC	0.313258	0	26,987	0	0 91.04
91.05 09105 BROWNSBURG CLINIC	0.000000	0	0	0	0 91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0.293375	0	25,012	0	0 91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.257477	0	6,793	0	0 91.07
91.08 04040 FAMILY PRACTICE	0.000000	0	0	0	0 91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.381649	0	1,454,605	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0 95.00
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)	0	32,572,028	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0 201.00
202.00	Net Charges (line 200 - line 201)	0	32,572,028	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 6:15 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	792,727	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	24,261	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	253,554	0		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	41,573	0		54.01
54.02 05403 ULTRASOUND	30,646	0		54.02
54.03 05404 ECHOCARDIOLOGY	8,160	0		54.03
54.04 05401 ONCOLOGY	308,122	0		54.04
57.00 05700 CT SCAN	41,318	0		57.00
58.00 05800 MRI	38,071	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	51,840	0		59.00
59.01 05901 CARDIAC REHAB	5,903	0		59.01
60.00 06000 LABORATORY	271,399	0		60.00
65.00 06500 RESPIRATORY THERAPY	28,507	0		65.00
66.00 06600 PHYSICAL THERAPY	424,458	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	2,227	0		67.00
68.00 06800 SPEECH PATHOLOGY	19,439	0		68.00
69.00 06900 ELECTROCARDIOLOGY	19,416	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	262,557	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	384,969	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	677,684	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	601,114	0		73.00
74.00 07400 RENAL DIALYSIS	50,204	0		74.00
75.00 03330 ENDOSCOPY	33,667	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	2,819	0		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 09100 EMERGENCY	1,247,126	0		91.00
91.01 09101 WOUND CARE 002	48,477	0		91.01
91.02 09102 WOUND CARE 001	2,798	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	8,454	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	7,338	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	1,749	0		91.07
91.08 04040 FAMILY PRACTICE	0	0		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	555,149	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
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)	6,245,726	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)	6,245,726	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	1,373	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	188,721	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	54,941	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	92,809	57.00
58.00	05800 MRI	0	0	0	0	29,305	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
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 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	1,149,863	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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	1,483,268	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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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	3,000,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm		
Title XIX			Subprovider - IPF	Cost		
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	1,373	1,373	703,873,618	0.000002	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	66,000,687	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	188,721	188,721	91,237,447	0.002068	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,159,362	0.000000	54.01
54.02 05403 ULTRASOUND	0	54,941	54,941	26,554,465	0.002069	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	31,299,569	0.000000	54.03
54.04 05401 ONCOLOGY	0	0	0	86,992,872	0.000000	54.04
57.00 05700 CT SCAN	0	92,809	92,809	44,857,088	0.002069	57.00
58.00 05800 MRI	0	29,305	29,305	14,164,026	0.002069	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	205,724,757	0.000000	59.00
59.01 05901 CARDIAC REHAB	0	0	0	3,755,202	0.000000	59.01
60.00 06000 LABORATORY	0	0	0	377,885,704	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	80,118,621	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	37,875,823	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	8,947,957	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,466,048	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	29,257,088	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	20,942,629	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	172,421,436	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	170,692,919	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,149,863	1,149,863	429,946,501	0.002674	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	20,357,504	0.000000	74.00
75.00 03330 ENDOSCOPY	0	0	0	50,724,200	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	11,980,025	0.000000	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	15,378,778	0.000000	90.01
91.00 09100 EMERGENCY	0	1,483,268	1,483,268	223,713,364	0.006630	91.00
91.01 09101 WOUND CARE 002	0	0	0	16,983,023	0.000000	91.01
91.02 09102 WOUND CARE 001	0	0	0	2,433,359	0.000000	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04 09104 ZI ONSVILLE CLINIC	0	0	0	2,861,120	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	3,226,043	0.000000	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,785,623	0.000000	91.07
91.08 04040 FAMILY PRACTICE	0	0	0	0	0.000000	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	45,560,372	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	10,148	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	3,000,280	3,000,280	3,053,187,378		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm	
		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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000002	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002068	0	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000	696	0	0	54.01
54.02	05403	ULTRASOUND	0.002069	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.000000	0	0	0	54.03
54.04	05401	ONCOLOGY	0.000000	0	0	0	54.04
57.00	05700	CT SCAN	0.002069	0	0	0	57.00
58.00	05800	MRI	0.002069	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0.000000	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	69,603	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,549	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	774	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002674	81,754	219	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	03330	ENDOSCOPY	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000	30,534	0	0	90.01
91.00	09100	EMERGENCY	0.006630	0	0	0	91.00
91.01	09101	WOUND CARE 002	0.000000	0	0	0	91.01
91.02	09102	WOUND CARE 001	0.000000	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	98.02
200.00		Total (lines 50 through 199)		186,910	219	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm
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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	1,373	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	188,721	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	54,941	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	92,809	57.00
58.00	05800 MRI	0	0	0	0	29,305	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
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 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	1,149,863	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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	1,483,268	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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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	3,000,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm				
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,373	1,373	703,873,618	0.000002	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	66,000,687	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	188,721	188,721	91,237,447	0.002068	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,159,362	0.000000	54.01
54.02	05403	ULTRASOUND	0	54,941	54,941	26,554,465	0.002069	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	31,299,569	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	86,992,872	0.000000	54.04
57.00	05700	CT SCAN	0	92,809	92,809	44,857,088	0.002069	57.00
58.00	05800	MRI	0	29,305	29,305	14,164,026	0.002069	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	205,724,757	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,755,202	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	377,885,704	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	80,118,621	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,875,823	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,947,957	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,466,048	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,257,088	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20,942,629	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	172,421,436	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	170,692,919	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,149,863	1,149,863	429,946,501	0.002674	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	20,357,504	0.000000	74.00
75.00	03330	ENDOSCOPY	0	0	0	50,724,200	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	11,980,025	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	15,378,778	0.000000	90.01
91.00	09100	EMERGENCY	0	1,483,268	1,483,268	223,713,364	0.006630	91.00
91.01	09101	WOUND CARE 002	0	0	0	16,983,023	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	2,433,359	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	2,861,120	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	3,226,043	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,785,623	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	45,560,372	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	10,148	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	3,000,280	3,000,280	3,053,187,378		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-T084		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 6:15 pm	
		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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000002	23	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002068	29	0	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0.002069	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	0.002069	0	0	0	0	57.00
58.00	05800 MRI	0.002069	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	514	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	26	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,839	0	0	0	66.00
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	4	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	6	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	0.002674	365	1	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
OUTPATIENT SERVICE COST CENTERS							
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	0.006630	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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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)		3,806	1	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		136,492	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		136,492	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)		119,778	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)		43,714	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		141,996,937	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)		141,996,937	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		141,996,937	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,040.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		45,476,986	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		45,476,986	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	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	30,596,382	17,782	1,720.64	6,491	11,168,674	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	21,579,000	8,200	2,631.59	3,054	8,036,876	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	7,120,488	2,702	2,635.27	10	26,353	45.01
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	31,922,702	28,663	1,113.73	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)					97,987,233	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					162,696,122	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)					4,267,165	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,977,691	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					11,244,856	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					151,451,266	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)					16,714	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,040.33	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					17,388,076	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm	
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	9,254,596	141,996,937	0.065175	17,388,076	1,133,268	90.00
91.00	Nursing School cost	0	141,996,937	0.000000	17,388,076	0	91.00
92.00	Allied health cost	280,793	141,996,937	0.001977	17,388,076	34,376	92.00
93.00	All other Medical Education	0	141,996,937	0.000000	17,388,076	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,796	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,796	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		15,796	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)		2,502	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,171,359	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)		10,171,359	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,171,359	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		643.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,611,088	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)		1,611,088	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1
				Component CCN: 15-S084		Date/Time Prepared: 11/25/2019 6:15 pm
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	44.01
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
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					363,211	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,974,299	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)					106,335	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					30,091	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					136,426	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,837,873	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)					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 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm	
		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	587,502	10,171,359	0.057760	0	0	90.00
91.00	Nursing School cost	0	10,171,359	0.000000	0	0	91.00
92.00	Allied health cost	83,909	10,171,359	0.008250	0	0	92.00
93.00	All other Medical Education	0	10,171,359	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,264	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,264	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)		1,264	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)		708	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,141,890	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)		2,141,890	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,141,890	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,694.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,199,727	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)		1,199,727	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1
				Component CCN: 15-T084		Date/Time Prepared: 11/25/2019 6:15 pm
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	44.01
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
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					403,717	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,603,444	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)					132,028	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					31,195	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					163,223	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,440,221	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)					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 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm	
		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	227,819	2,141,890	0.106364	0	0	90.00
91.00	Nursing School cost	0	2,141,890	0.000000	0	0	91.00
92.00	Allied health cost	7,893	2,141,890	0.003685	0	0	92.00
93.00	All other Medical Education	0	2,141,890	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		136,492	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		136,492	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)		119,778	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)		5,296	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)		3,656	15.00
16.00	Nursery days (title V or XIX only)		3,448	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		150,087,272	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)		150,087,272	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		150,087,272	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,099.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,823,482	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)		5,823,482	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1	
		Title XIX		Hospital		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)	5,621,806	3,656	1,537.69	3,448	5,301,955	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	31,946,837	17,782	1,796.58	807	1,449,840	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	21,727,674	8,200	2,649.72	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	7,244,383	2,702	2,681.12	358	959,841	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	32,096,155	28,663	1,119.78	3,224	3,610,171	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)					12,750,431	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,895,720	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)					16,714	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,099.60	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,378,714	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm	
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	9,254,596	150,087,272	0.061661	18,378,714	1,133,250	90.00
91.00	Nursing School cost	0	150,087,272	0.000000	18,378,714	0	91.00
92.00	Allied health cost	280,793	150,087,272	0.001871	18,378,714	34,387	92.00
93.00	All other Medical Education	0	150,087,272	0.000000	18,378,714	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			15,796 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,796 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			15,796 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)			1,064 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)			3,656 15.00
16.00	Nursery days (title V or XIX only)			3,448 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			10,505,876 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)			10,505,876 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,505,876 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			665.10 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			707,666 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)			707,666 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 15-S084		Date/Time Prepared: 11/25/2019 6:15 pm	
				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
Intensive Care Type Inpatient Hospital Units							
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
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,833		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					743,499		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)						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 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm	
		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	587,502	10,505,876	0.055921	0	0	90.00
91.00	Nursing School cost	0	10,505,876	0.000000	0	0	91.00
92.00	Allied health cost	83,909	10,505,876	0.007987	0	0	92.00
93.00	All other Medical Education	0	10,505,876	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,264 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,264 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)			1,264 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)			9 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)			3,656 15.00
16.00	Nursery days (title V or XIX only)			3,448 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,141,890 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)			2,141,890 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,141,890 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,694.53 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			15,251 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)			15,251 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 15-T084		Date/Time Prepared: 11/25/2019 6:15 pm	
				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
Intensive Care Type Inpatient Hospital Units							
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
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,318	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						16,569	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)						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 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 6:15 pm	
		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	227,819	2,141,890	0.106364	0	0	90.00
91.00	Nursing School cost	0	2,141,890	0.000000	0	0	91.00
92.00	Allied health cost	7,893	2,141,890	0.003685	0	0	92.00
93.00	All other Medical Education	0	2,141,890	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 6:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		126,683,276	30.00
31.00	03100	INTENSIVE CARE UNIT		42,595,774	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		20,655,616	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		82,168	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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.093738	132,683,081	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.137074	181,326	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172591	7,742,637	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.172459	5,076,553	54.01
54.02	05403	ULTRASOUND	0.076317	5,953,904	54.02
54.03	05404	ECHOCARDIOLOGY	0.076420	56,592	54.03
54.04	05401	ONCOLOGY	0.161436	1,743,653	54.04
57.00	05700	CT SCAN	0.075608	8,030,882	57.00
58.00	05800	MRI	0.213059	1,496,923	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.048542	27,151,563	59.00
59.01	05901	CARDIAC REHAB	0.372139	374,361	59.01
60.00	06000	LABORATORY	0.088154	90,488,952	60.00
65.00	06500	RESPIRATORY THERAPY	0.269000	20,254,219	65.00
66.00	06600	PHYSICAL THERAPY	0.405718	6,269,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193680	2,510,344	67.00
68.00	06800	SPEECH PATHOLOGY	0.256553	1,629,638	68.00
69.00	06900	ELECTROCARDIOLOGY	0.134098	7,800,713	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.419810	1,429,099	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.392864	33,116,585	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.484934	44,088,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250473	68,866,223	73.00
74.00	07400	RENAL DIALYSIS	0.329953	7,816,593	74.00
75.00	03330	ENDOSCOPY	0.104887	6,535,666	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.654791	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.237318	3,682	90.01
91.00	09100	EMERGENCY	0.185340	24,303,897	91.00
91.01	09101	WOUND CARE 002	0.139455	160,887	91.01
91.02	09102	WOUND CARE 001	0.342389	1,038,201	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.313258	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.293375	580	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.257477	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.381649	4,932,606	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
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)		511,737,739	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)		511,737,739	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL		0		32.01
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		6,454,996		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.093738	811,860	76,102	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.137074	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.172591	23,891	4,123	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.172459	16,569	2,857	54.01
54.02	05403 ULTRASOUND	0.076317	1,701	130	54.02
54.03	05404 ECHOCARDIOLOGY	0.076420	0	0	54.03
54.04	05401 ONCOLOGY	0.161436	14,824	2,393	54.04
57.00	05700 CT SCAN	0.075608	41,650	3,149	57.00
58.00	05800 MRI	0.213059	1,900	405	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.048542	0	0	59.00
59.01	05901 CARDIAC REHAB	0.372139	0	0	59.01
60.00	06000 LABORATORY	0.088154	394,675	34,792	60.00
65.00	06500 RESPIRATORY THERAPY	0.269000	4,824	1,298	65.00
66.00	06600 PHYSICAL THERAPY	0.405718	39,861	16,172	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193680	11,482	2,224	67.00
68.00	06800 SPEECH PATHOLOGY	0.256553	2,652	680	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134098	21,742	2,916	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.419810	5,542	2,327	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.392864	57,004	22,395	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484934	1,430	693	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250473	435,458	109,070	73.00
74.00	07400 RENAL DIALYSIS	0.329953	25,657	8,466	74.00
75.00	03330 ENDOSCOPY	0.104887	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.654791	9,733	6,373	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.237318	19,655	4,664	90.01
91.00	09100 EMERGENCY	0.185340	264,445	49,012	91.00
91.01	09101 WOUND CARE 002	0.139455	0	0	91.01
91.02	09102 WOUND CARE 001	0.342389	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.313258	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.293375	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.257477	0	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.381649	33,985	12,970	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0	0	95.00
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)		2,240,540	363,211	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)		2,240,540	363,211	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL		0		32.01
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		1,327,624		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.093738	69,458	6,511	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.137074	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.172591	17,450	3,012	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.172459	3,924	677	54.01
54.02	05403 ULTRASOUND	0.076317	10,446	797	54.02
54.03	05404 ECHOCARDIOLOGY	0.076420	11,352	868	54.03
54.04	05401 ONCOLOGY	0.161436	0	0	54.04
57.00	05700 CT SCAN	0.075608	11,900	900	57.00
58.00	05800 MRI	0.213059	2,850	607	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.048542	17,356	842	59.00
59.01	05901 CARDIAC REHAB	0.372139	0	0	59.01
60.00	06000 LABORATORY	0.088154	379,884	33,488	60.00
65.00	06500 RESPIRATORY THERAPY	0.269000	4,884	1,314	65.00
66.00	06600 PHYSICAL THERAPY	0.405718	364,115	147,728	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193680	362,561	70,221	67.00
68.00	06800 SPEECH PATHOLOGY	0.256553	122,385	31,398	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134098	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.419810	914	384	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.392864	73,011	28,683	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484934	2,038	988	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250473	170,274	42,649	73.00
74.00	07400 RENAL DIALYSIS	0.329953	96,346	31,790	74.00
75.00	03330 ENDOSCOPY	0.104887	8,197	860	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.654791	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.237318	0	0	90.01
91.00	09100 EMERGENCY	0.185340	0	0	91.00
91.01	09101 WOUND CARE 002	0.139455	0	0	91.01
91.02	09102 WOUND CARE 001	0.342389	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.313258	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.293375	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.257477	0	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.381649	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
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)		1,729,345	403,717	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,729,345		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 6:15 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,090,135	30.00
31.00	03100	INTENSIVE CARE UNIT		6,273,926	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		1,331,957	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		3,247,434	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		25,899,831	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		2,690,841	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098895	13,744,089	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.148337	1,624,821	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.179788	1,243,139	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.174824	362,708	54.01
54.02	05403	ULTRASOUND	0.076784	878,247	54.02
54.03	05404	ECHOCARDIOLOGY	0.081962	113,213	54.03
54.04	05401	ONCOLOGY	0.169269	175,684	54.04
57.00	05700	CT SCAN	0.076161	875,321	57.00
58.00	05800	MRI	0.214809	281,205	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.049446	2,245,400	59.00
59.01	05901	CARDIAC REHAB	0.378738	18,722	59.01
60.00	06000	LABORATORY	0.089072	13,141,409	60.00
65.00	06500	RESPIRATORY THERAPY	0.272402	5,641,052	65.00
66.00	06600	PHYSICAL THERAPY	0.409643	776,086	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193680	389,598	67.00
68.00	06800	SPEECH PATHOLOGY	0.256553	173,486	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147226	601,253	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.431642	260,254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.392864	2,759,312	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.484934	2,930,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250473	11,848,467	73.00
74.00	07400	RENAL DIALYSIS	0.342125	1,331,395	74.00
75.00	03330	ENDOSCOPY	0.110749	534,231	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.709603	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.237318	0	90.01
91.00	09100	EMERGENCY	0.190158	4,261,282	91.00
91.01	09101	WOUND CARE 002	0.154045	59,011	91.01
91.02	09102	WOUND CARE 001	0.342389	144,682	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.313258	1,529	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.293375	66	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.257477	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.381649	809,135	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
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)		67,225,212	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)		67,225,212	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 6:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		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		2,524,286		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.098895	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.148337	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179788	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.174824	696	122	54.01
54.02	05403 ULTRASOUND	0.076784	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.081962	0	0	54.03
54.04	05401 ONCOLOGY	0.169269	0	0	54.04
57.00	05700 CT SCAN	0.076161	0	0	57.00
58.00	05800 MRI	0.214809	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.049446	0	0	59.00
59.01	05901 CARDIAC REHAB	0.378738	0	0	59.01
60.00	06000 LABORATORY	0.089072	69,603	6,200	60.00
65.00	06500 RESPIRATORY THERAPY	0.272402	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.409643	3,549	1,454	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193680	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.256553	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.147226	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.431642	774	334	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.392864	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484934	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250473	81,754	20,477	73.00
74.00	07400 RENAL DIALYSIS	0.342125	0	0	74.00
75.00	03330 ENDOSCOPY	0.110749	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.709603	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.237318	30,534	7,246	90.01
91.00	09100 EMERGENCY	0.190158	0	0	91.00
91.01	09101 WOUND CARE 002	0.154045	0	0	91.01
91.02	09102 WOUND CARE 001	0.342389	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.313258	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.293375	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.257477	0	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.381649	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0	0	95.00
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)		186,910	35,833	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)		186,910	35,833	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 15-T084		Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		0	32.01
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		3,662	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098895	23	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.148337	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.179788	29	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.174824	0	54.01
54.02	05403	ULTRASOUND	0.076784	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.081962	0	54.03
54.04	05401	ONCOLOGY	0.169269	0	54.04
57.00	05700	CT SCAN	0.076161	0	57.00
58.00	05800	MRI	0.214809	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.049446	0	59.00
59.01	05901	CARDIAC REHAB	0.378738	0	59.01
60.00	06000	LABORATORY	0.089072	514	60.00
65.00	06500	RESPIRATORY THERAPY	0.272402	26	65.00
66.00	06600	PHYSICAL THERAPY	0.409643	2,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193680	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.256553	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147226	4	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.431642	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.392864	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.484934	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250473	365	73.00
74.00	07400	RENAL DIALYSIS	0.342125	0	74.00
75.00	03330	ENDOSCOPY	0.110749	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.709603	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.237318	0	90.01
91.00	09100	EMERGENCY	0.190158	0	91.00
91.01	09101	WOUND CARE 002	0.154045	0	91.01
91.02	09102	WOUND CARE 001	0.342389	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.313258	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.293375	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.257477	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.381649	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
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)		3,806	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)		3,806	202.00

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

Provider CCN: 15-0084

Period: From 07/01/2018 To 06/30/2019

Worksheet D-4

Date/Time Prepared: 11/25/2019 6:15 pm

Cost Center Description		Kidney			Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
		0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)								
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition								
1.00	ADULTS & PEDIATRICS	38.00	0	1,040.33	0	0	1.00	
2.00	INTENSIVE CARE UNIT	43.00	0	1,720.64	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	136,021	2,631.59	23	60,527	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	2,635.27	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	1,113.73	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)		136,021		23	60,527	7.00	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00			
Computation of Ancillary Service Cost Applicable to Organ Acquisition								
8.00	OPERATING ROOM	50.00	0.093738	1,012,559	94,915	8.00		
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.137074	0	0	10.00		
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.172591	156,812	27,064	12.00		
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.172459	0	0	12.01		
12.02	ULTRASOUND	54.02	0.076317	21,874	1,669	12.02		
12.03	ECHOCARDIOLOGY	54.03	0.076420	0	0	12.03		
12.04	ONCOLOGY	54.04	0.161436	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	0.075608	273,560	20,683	15.00		
16.00	MRI	58.00	0.213059	2,850	607	16.00		
17.00	CARDIAC CATHETERIZATION	59.00	0.048542	99,778	4,843	17.00		
17.01	CARDIAC REHAB	59.01	0.372139	0	0	17.01		
18.00	LABORATORY	60.00	0.088154	2,152,411	189,744	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	0.269000	49,155	13,223	23.00		
24.00	PHYSICAL THERAPY	66.00	0.405718	0	0	24.00		
25.00	OCCUPATIONAL THERAPY	67.00	0.193680	0	0	25.00		
26.00	SPEECH PATHOLOGY	68.00	0.256553	0	0	26.00		
27.00	ELECTROCARDIOLOGY	69.00	0.134098	65,239	8,748	27.00		
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.419810	0	0	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.392864	108,458	42,609	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.484934	11,849	5,746	30.00		
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.250473	203,260	50,911	31.00		
32.00	RENAL DIALYSIS	74.00	0.329953	0	0	32.00		
33.00	ENDOSCOPY	75.00	0.104887	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00		
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00		
37.00	CLINIC	90.00	0.654791	197,662	129,427	37.00		
37.01	PARTIAL HOSPITALIZATION	90.01	0.237318	0	0	37.01		
38.00	EMERGENCY	91.00	0.185340	0	0	38.00		
38.01	WOUND CARE 002	91.01	0.139455	0	0	38.01		
38.02	WOUND CARE 001	91.02	0.342389	0	0	38.02		
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03		
38.04	ZIONSVILLE CLINIC	91.04	0.313258	0	0	38.04		
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05		
38.06	OP ANTI COAGULATION CLINIC	91.06	0.293375	0	0	38.06		
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.257477	0	0	38.07		
38.08	FAMILY PRACTICE	91.08	0.000000	0	0	38.08		
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.381649	0	0	39.00		
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00		
41.00	TOTAL (sum of lines 8 through 40)			4,355,467	590,189	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 07/01/2018 To 06/30/2019

Worksheet D-4

Date/Time Prepared: 11/25/2019 6:15 pm

		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	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0		0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	23		0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0		0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0		0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			23		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	197,662	0.000000		0	51.00
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000		0	51.01
52.00	EMERGENCY	24.00	0	0.000000		0	52.00
52.01	WOUND CARE 002	24.01	0	0.000000		0	52.01
52.02	WOUND CARE 001	24.02	0	0.000000		0	52.02
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000		0	52.03
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000		0	52.04
52.05	BROWNSBURG CLINIC	24.05	0	0.000000		0	52.05
52.06	OP ANTI COAGULATION CLINIC	24.06	0	0.000000		0	52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000		0	52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000		0	52.08
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		197,662			0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	650,716		4,491,488			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)	7,729,741		7,087,645			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)	8,380,457		11,579,133			61.00
62.00	Total Usable Organs (see instructions)		87				62.00
63.00	Medicare Usable Organs (see instructions)		71				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.816092				64.00
65.00	Medicare Cost/Charges (see instructions)	6,839,224		9,449,638			65.00
66.00	Revenue for Organs Sold	345,103		0			66.00
67.00	Subtotal (line 65 minus line 66)	6,494,121		9,449,638			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)	6,494,121	0	9,449,638	0	0	69.00

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

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/25/2019 6:15 pm

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)	11	29		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	47		73.00
74.00	Total (sum of lines 70 through 73)	11	76		74.00
75.00	Organs Transplanted	11	47	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	29	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)	11	76		84.00

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

Provider CCN: 15-0084

Period: From 07/01/2018 To 06/30/2019

Worksheet D-4

Date/Time Prepared: 11/25/2019 6:15 pm

Cost Center Description		Heart		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,040.33	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,720.64	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	35,099	2,631.59	4	10,526	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	2,635.27	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	1,113.73	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)		35,099		4	10,526	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.093738		174,651	16,371	8.00
9.00	RECOVERY ROOM	51.00	0.000000		0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.137074		0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.000000		0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.172591		3,164	546	12.00
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.172459		0	0	12.01
12.02	ULTRASOUND	54.02	0.076317		0	0	12.02
12.03	ECHOCARDIOLOGY	54.03	0.076420		0	0	12.03
12.04	ONCOLOGY	54.04	0.161436		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	0.075608		3,051	231	15.00
16.00	MRI	58.00	0.213059		0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.048542		34,406	1,670	17.00
17.01	CARDIAC REHAB	59.01	0.372139		0	0	17.01
18.00	LABORATORY	60.00	0.088154		58,838	5,187	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	0.269000		16,249	4,371	23.00
24.00	PHYSICAL THERAPY	66.00	0.405718		0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.193680		0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.256553		0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.134098		8,979	1,204	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.419810		0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.392864		6,209	2,439	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.484934		750	364	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.250473		50,127	12,555	31.00
32.00	RENAL DIALYSIS	74.00	0.329953		0	0	32.00
33.00	ENDOSCOPY	75.00	0.104887		0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000		0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000		0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000		0	0	36.00
37.00	CLINIC	90.00	0.654791		0	0	37.00
37.01	PARTIAL HOSPITALIZATION	90.01	0.237318		0	0	37.01
38.00	EMERGENCY	91.00	0.185340		0	0	38.00
38.01	WOUND CARE 002	91.01	0.139455		0	0	38.01
38.02	WOUND CARE 001	91.02	0.342389		0	0	38.02
38.03	LAFAYETTE RD CLINIC	91.03	0.000000		0	0	38.03
38.04	ZIONSVILLE CLINIC	91.04	0.313258		0	0	38.04
38.05	BROWNSBURG CLINIC	91.05	0.000000		0	0	38.05
38.06	OP ANTI COAGULATION CLINIC	91.06	0.293375		0	0	38.06
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.257477		0	0	38.07
38.08	FAMILY PRACTICE	91.08	0.000000		0	0	38.08
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.381649		0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				356,424	44,938	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 07/01/2018 To 06/30/2019

Worksheet D-4

Date/Time Prepared: 11/25/2019 6:15 pm

		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		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	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	0	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)		0	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		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	55,464		391,523			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)	8,285,924		7,765,354			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)	8,341,388		8,156,877			61.00
62.00	Total Usable Organs (see instructions)		64				62.00
63.00	Medicare Usable Organs (see instructions)		30				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.468750				64.00
65.00	Medicare Cost/Charges (see instructions)	3,910,026		3,823,536			65.00
66.00	Revenue for Organs Sold	119,001		0			66.00
67.00	Subtotal (line 65 minus line 66)	3,791,025		3,823,536			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)	3,791,025	0	3,823,536	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 07/01/2018
To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/25/2019 6:15 pm

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	10		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	54		73.00
74.00	Total (sum of lines 70 through 73)	0	64		74.00
75.00	Organs Transplanted	0	54	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	10	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	64		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 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		28,271,772	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		87,851,760	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)		5,990,910	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		49,130,760	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		735.76	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		92.11	5.00
6.00	FTE count for allopathic and osteopathic programs that 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		151.03	10.00
11.00	FTE count for residents in dental and podiatric programs.		8.88	11.00
12.00	Current year allowable FTE (see instructions)		118.99	12.00
13.00	Total allowable FTE count for the prior year.		118.82	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.		118.86	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		118.86	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.161547	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.165598	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.161547	21.00
22.00	IME payment adjustment (see instructions)		9,802,103	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		4,147,177	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
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)		40.92	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.02	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000027	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000007	27.00
28.00	IME add-on adjustment amount (see instructions)		813	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		344	28.01
29.00	Total IME payment (sum of lines 22 and 28)		9,802,916	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		4,147,521	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.98	31.00
32.00	Sum of lines 30 and 31		35.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.15	33.00
34.00	Disproportionate share adjustment (see instructions)		5,269,106	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		9,847,808	12,147,189	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,482,189	9,085,429	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		11,567,618		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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)		148,754,082		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)		152,901,603		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		11,142,357		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).		3,503,974		52.00
53.00	Nursing and Allied Health Managed Care payment		338,966		53.00
54.00	Special add-on payments for new technologies		4,726		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)		10,285,146		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).		147,380		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		397,316		58.00
59.00	Total (sum of amounts on lines 49 through 58)		178,721,468		59.00
60.00	Primary payer payments		43,531		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		178,677,937		61.00
62.00	Deductibles billed to program beneficiaries		8,604,664		62.00
63.00	Coinurance billed to program beneficiaries		604,649		63.00
64.00	Allowable bad debts (see instructions)		368,719		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		239,667		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		251,124		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		169,708,291		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		-2		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)		-511,984		70.93
70.94	HRR adjustment amount (see instructions)		-5,654		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
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)			169,190,651	71.00
71.01	Sequestration adjustment (see instructions)			3,383,813	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			162,070,342	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)			3,736,496	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,069,511	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	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 07/01/2018
To 06/30/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2019 6:15 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	28,271,772	0	28,271,772		28,271,772	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	87,851,760	0		87,851,760	87,851,760	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	5,990,910	0	1,484,178	4,506,731	5,990,909	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	49,130,760	0	10,757,780	38,372,980	49,130,760	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.161547	0.161547	0.161547	0.161547		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,802,103	0	2,386,449	7,415,654	9,802,103	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,147,177	0	0	4,147,177	4,147,177	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007	0.000007		7.00
8.00	IME adjustment (see instructions)	28.00	813	0	198	615	813	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	344	0	75	269	344	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,802,916	0	2,386,647	7,416,269	9,802,916	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,147,521	0	75	4,147,446	4,147,521	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1815	0.1815	0.1815	0.1815		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,269,106	0	1,282,832	3,986,274	5,269,106	11.00
11.01	Uncompensated care payments	36.00	11,567,618	0	2,482,189	9,085,429	11,567,618	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	148,754,082	0	35,907,618	112,846,464	148,754,082	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	152,901,603	0	35,907,693	116,993,910	152,901,603	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	11,142,357	0	2,718,602	8,423,755	11,142,357	16.00
17.00	Special add-on payments for new technologies	54.00	4,726	0	0	4,726	4,726	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 07/01/2018
To 06/30/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2019 6:15 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	38,626,295	125,422,391	164,048,686	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	9,450,926	0	2,303,015	7,147,911	9,450,926	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	341,839	0	86,716	255,123	341,839	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	0.0692	0.0692	0.0692	0.0692		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	654,004	0	159,369	494,635	654,004	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0736	0.0736	0.0736	0.0736		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	695,588	0	169,502	526,086	695,588	25.00
26.00	Total prospective capital payments (see instructions)	12.00	11,142,357	0	2,718,602	8,423,755	11,142,357	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 07/01/2018 To 06/30/2019		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col 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	28,271,772	28,271,772		28,271,772	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	87,851,760		87,851,760	87,851,760	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	5,990,910	1,484,178	4,506,731	5,990,909	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	49,130,760	10,757,780	38,372,980	49,130,760	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.161547	0.161547	0.161547		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,802,103	2,386,449	7,415,654	9,802,103	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,147,177	908,075	3,239,102	4,147,177	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007		7.00
8.00	IME adjustment (see instructions)	28.00	813	198	615	813	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	344	75	269	344	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,802,916	2,386,647	7,416,269	9,802,916	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,147,521	908,150	3,239,371	4,147,521	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1815	0.1815	0.1815		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,269,106	1,282,832	3,986,274	5,269,106	11.00
11.01	Uncompensated care payments	36.00	11,567,618	2,482,189	9,085,429	11,567,618	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	148,754,082	35,907,618	112,846,464	148,754,082	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	152,901,603	36,815,768	116,085,835	152,901,603	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	11,142,357	2,718,602	8,423,755	11,142,357	16.00
17.00	Special add-on payments for new technologies	54.00	4,726	0	4,726	4,726	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			39,534,370	124,514,316	164,048,686	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/25/2019 6:15 pm
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		Title XVIII				Hospital	PPS
	Wkst. L, line	(Amt. from Wkst. L)					
	0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	9,450,926	2,303,015	7,147,911	9,450,926	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	341,839	86,716	255,123	341,839	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	0.0692	0.0692	0.0692		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	654,004	159,369	494,635	654,004	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0736	0.0736	0.0736		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	695,588	169,502	526,086	695,588	25.00
26.00	Total prospective capital payments (see instructions)	12.00	11,142,357	2,718,602	8,423,755	11,142,357	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	-511,984	-160,480	-351,504	-511,984	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	-5,654	-5,654	0	-5,654	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 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,743	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		57,836,229	2.00
3.00	OPPS payments		54,537,812	3.00
4.00	Outlier payment (see instructions)		281,121	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		310,746	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,743	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		106,487	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)		106,487	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		106,487	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		81,744	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)		24,743	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)		55,129,679	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		2,304	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		9,246,101	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)		45,906,017	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,154,667	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)		47,060,684	30.00
31.00	Primary payer payments		5,287	31.00
32.00	Subtotal (line 30 minus line 31)		47,055,397	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		958,312	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		622,903	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		716,930	36.00
37.00	Subtotal (see instructions)		47,678,300	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-71	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)		47,678,371	40.00
40.01	Sequestration adjustment (see instructions)		953,567	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		46,768,150	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-43,346	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		188	1.00
2.00	Medical and other services reimbursed under OPSS (see instructions)		534	2.00
3.00	OPSS payments		756	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		4	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		188	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		750	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)		750	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		750	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		562	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)		188	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)		760	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		16	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)		932	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)		932	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		932	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		932	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)		932	40.00
40.01	Sequestration adjustment (see instructions)		19	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		878	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		35	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0084		Period: From 07/01/2018 To 06/30/2019		Worksheet E-1 Part I Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		160,649,042		46,768,150	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	02/06/2019	1,005,500		0	3.01	
3.02		06/13/2019	415,800		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)		1,421,300		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)		162,070,342		46,768,150	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		3,736,496		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		43,346	6.02	
7.00	Total Medicare program liability (see instructions)		165,806,838		46,724,804	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 07/01/2018 To 06/30/2019	Worksheet E-1 Part I Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,970,538		878
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		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)		1,970,538		878
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		16,891		35
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,987,429		913
				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 07/01/2018 To 06/30/2019	Worksheet E-1 Part I Date/Time Prepared: 11/25/2019 6:15 pm	
		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		1,175,865		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		0		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)		1,175,865		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		0		0
6.02	SETTLEMENT TO PROGRAM		1,032		0
7.00	Total Medicare program liability (see instructions)		1,174,833		0
			0	Contractor Number 1.00	NPR Date (Mo/Day/Yr) 2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			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
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
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 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,281,163 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			49,714 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)			43.276712 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)			2,330,877 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)			2,330,877 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,330,877 18.00
19.00	Deductibles			274,348 19.00
20.00	Subtotal (line 18 minus line 19)			2,056,529 20.00
21.00	Coinsurance			45,759 21.00
22.00	Subtotal (line 20 minus line 21)			2,010,770 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,340 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			871 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,011,641 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)			16,348 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)			2,027,989 31.00
31.01	Sequestration adjustment (see instructions)			40,560 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,970,538 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)			16,891 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-T084	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,092,684 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0261 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			38,353 3.00
4.00	Outlier Payments			80,351 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)			3.463014 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)			1,211,388 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)			1,211,388 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,211,388 19.00
20.00	Deductibles			6,700 20.00
21.00	Subtotal (line 19 minus line 20)			1,204,688 21.00
22.00	Coinsurance			11,055 22.00
23.00	Subtotal (line 21 minus line 22)			1,193,633 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			329 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			214 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)			1,193,847 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)			4,962 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)			1,198,809 32.00
32.01	Sequestration adjustment (see instructions)			23,976 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,175,865 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)			-1,032 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			80,351 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 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	29,895,720			1.00
2.00	Medical and other services		6,245,726		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	29,895,720	6,245,726		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)	29,895,720	6,245,726		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	56,534,124			8.00
9.00	Ancillary service charges	67,225,212	32,572,028		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)	123,759,336	32,572,028		12.00
CUSTOMARY CHARGES					
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)	123,759,336	32,572,028		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	93,863,616	26,326,302		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)	29,895,720	6,245,726		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
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)	29,895,720	6,245,726		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
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)	29,895,720	6,245,726		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)	29,895,720	6,245,726		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	29,895,720	6,245,726		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)	29,895,720	6,245,726		40.00
41.00	Interim payments	29,895,720	6,245,726		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-S084	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		743,499		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)		743,499	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)		743,499	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,524,286		8.00
9.00	Ancillary service charges		186,910	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)		2,711,196	0	12.00
CUSTOMARY CHARGES					
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)		2,711,196	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,967,697	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)		743,499	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
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)		743,499	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
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)		743,499		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		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		743,499	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		743,499	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)		743,499	0	40.00
41.00	Interim payments		743,499	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 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 6:15 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		16,569		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)		16,569	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)		16,569	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		3,662		8.00
9.00	Ancillary service charges		3,806	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)		7,468	0	12.00
CUSTOMARY CHARGES					
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)		7,468	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		9,101	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)		7,468	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
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)		7,468	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		9,101	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		7,468	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		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		7,468	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		7,468	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)		7,468	0	40.00
41.00	Interim payments		7,468	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 07/01/2018 To 06/30/2019		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 11/25/2019 6:15 pm	
				PPS			
				1.00			
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					98.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					18.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					116.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					152.51	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.	113.33	35.26	148.59			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.	86.88	27.03	113.91			9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		9.13				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	86.88	36.16				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	86.98	36.41				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	85.69	35.28				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	86.52	35.95				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	86.52	35.95				17.00
18.00	Per resident amount	86,477.69	86,477.69				18.00
19.00	Approved amount for resident costs	7,482,050	3,108,873	10,590,923			19.00
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			12.89			20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			35.59			21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			12.56			22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			101,738.49			23.00
24.00	Multiply line 22 time line 23			1,277,835			24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			11,868,758			25.00
		Inpatient Part A	Managed care				
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	56,479	24,736				26.00
27.00	Total Inpatient Days (see instructions)	198,006	198,006				27.00
28.00	Ratio of inpatient days to total inpatient days	0.285239	0.124926				28.00
29.00	Program direct GME amount	3,385,433	1,482,716				29.00
30.00	Reduction for direct GME payments for Medicare Advantage		209,508				30.00
31.00	Net Program direct GME amount			4,658,641			31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		20,357,504	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		166,273,865	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		10,285,146	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		43,531	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		176,515,480	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		58,172,444	42.00
43.00	Primary payer payments (see instructions)		5,287	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		58,167,157	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		234,682,637	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.752145	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.247855	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,658,641	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,503,974	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,154,667	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 07/01/2018
To 06/30/2019

Worksheet G
Date/Time Prepared:
11/25/2019 6:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,917,697	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	556,292,249	0	0	0	4.00
5.00	Other receivable	123,761,204	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-288,009,246	0	0	0	6.00
7.00	Inventory	23,894,462	0	0	0	7.00
8.00	Prepaid expenses	2,022,324	0	0	0	8.00
9.00	Other current assets	4,731,696	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)	430,610,386	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,137,236	0	0	0	12.00
13.00	Land improvements	13,817,505	0	0	0	13.00
14.00	Accumulated depreciation	-10,862,535	0	0	0	14.00
15.00	Buildings	551,173,768	0	0	0	15.00
16.00	Accumulated depreciation	-358,120,498	0	0	0	16.00
17.00	Leasehold improvements	15,323,618	0	0	0	17.00
18.00	Accumulated depreciation	-12,640,848	0	0	0	18.00
19.00	Fixed equipment	27,906,563	0	0	0	19.00
20.00	Accumulated depreciation	-25,845,361	0	0	0	20.00
21.00	Automobiles and trucks	2,792,875	0	0	0	21.00
22.00	Accumulated depreciation	-2,317,935	0	0	0	22.00
23.00	Major movable equipment	287,270,978	0	0	0	23.00
24.00	Accumulated depreciation	-232,330,809	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)	265,304,557	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	78,550,110	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	64,722,182	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	143,272,292	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	839,187,235	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	53,167,937	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,931,475	0	0	0	38.00
39.00	Payroll taxes payable	997,380	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	295,929,270	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	377,026,062	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	165,475,206	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	165,475,206	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	542,501,268	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	296,685,967				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)	296,685,967	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	839,187,235	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
11/25/2019 6:15 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		222,385,202			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		239,934,808				2.00
3.00	Total (sum of line 1 and line 2)		462,320,010			0	3.00
4.00	Transfer rstrr contrib	3,638,974		0		0	4.00
5.00	Temp Restricted	516,315		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00	Rounding	0		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,155,289			0	10.00
11.00	Subtotal (line 3 plus line 10)		466,475,299			0	11.00
12.00	Transfer to Affiliate	156,407,039		0		0	12.00
13.00	Dis of Cap Nonctrl Int	13,382,293		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		169,789,332			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		296,685,967			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 07/01/2018
To 06/30/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 6:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	419,298,675		419,298,675	1.00
2.00	SUBPROVIDER - IPF	43,260,583		43,260,583	2.00
3.00	SUBPROVIDER - IRF	2,404,704		2,404,704	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)	464,963,962		464,963,962	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	115,607,556		115,607,556	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPL	58,779,812		58,779,812	12.01
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	PEDIATRIC INTENSIVE CARE UNIT	30,645,067		30,645,067	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	240,305,255		240,305,255	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	445,337,690		445,337,690	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	910,301,652		910,301,652	17.00
18.00	Ancillary services	1,635,294,790	1,102,091,343	2,737,386,133	18.00
19.00	Outpatient services	88,779,340	241,521,287	330,300,627	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.)	0	120,467,960	120,467,960	25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	Kidney Acquisition	6,325,647	2,876,405	9,202,052	27.01
27.02	Heart Acquisition	7,837,785	249,284	8,087,069	27.02
27.03	Physician Private Offices	0	66,772,489	66,772,489	27.03
27.04	Billing	0	57,801,697	57,801,697	27.04
27.05	Geriatric Clinic	10,148	0	10,148	27.05
27.06	Sports Performance	0	4,311,404	4,311,404	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,648,549,362	1,596,091,869	4,244,641,231	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,141,577,835		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)		1,141,577,835		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
11/25/2019 6:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,244,641,231	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,943,136,736	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,301,504,495	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,141,577,835	4.00
5.00	Net income from service to patients (line 3 minus line 4)	159,926,660	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-776,911	6.00
7.00	Income from investments	-4,056	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,908,803	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	12,490,357	17.00
18.00	Revenue from sale of medical records and abstracts	53	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	39,835	20.00
21.00	Rental of vending machines	252,395	21.00
22.00	Rental of hospital space	958,931	22.00
23.00	Governmental appropriations	429,442	23.00
24.00	Other	62,709,299	24.00
25.00	Total other income (sum of lines 6-24)	80,008,148	25.00
26.00	Total (line 5 plus line 25)	239,934,808	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)	239,934,808	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0084	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/25/2019 6:15 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,450,926	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		341,839	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)		501.67	3.00
4.00	Number of interns & residents (see instructions)		118.88	4.00
5.00	Indirect medical education percentage (see instructions)		6.92	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)		654,004	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.98	8.00
9.00	Sum of lines 7 and 8		35.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.36	10.00
11.00	Disproportionate share adjustment (see instructions)		695,588	11.00
12.00	Total prospective capital payments (see instructions)		11,142,357	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		4.00	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00