

**ST. VINCENT HEART CENTER OF INDIANA
INDIANAPOLIS, INDIANA**

**PROVIDER NO. 15-0153
AND AIM NO. 200398730**

**HOSPITAL STATEMENTS OF REIMBURSABLE COST
(MEDICARE AND MEDICAID PROGRAMS)**

JUNE 30, 2010

ST. VINCENT HEART CENTER OF INDIANA

PROVIDER NO. 15-0153
AND AIM NO. 200398730

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Accountants' Disclaimer

Hospital Statements of Reimbursable Costs

Board of Directors
St. Vincent Heart Center of Indiana
Indianapolis, Indiana

We have compiled the Hospital Statements of Reimbursable Costs (Title XVIII and XIX) of St. Vincent Heart Center of Indiana for the year ended June 30, 2010 in the accompanying prescribed form in accordance with Statements on Standards for Accounting Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services, information that is the representation of management. We have not audited or reviewed the report referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

The report is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, this report is not designed for those who are not informed about such differences.

This report is intended to be filed with the Centers for Medicare and Medicaid Services and should not be used for any other purposes.

Bradley Associates, Inc.

November 29, 2010

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 REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0153	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 14:17

PART I - 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 BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 HEART CENTER 15-0153
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT 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.

 ECR ENCRYPTION INFORMATION
 DATE: 11/29/2010 TIME 14:17

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 PI ENCRYPTION INFORMATION
 DATE: 11/29/2010 TIME 14:17

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2		3	4	
1	HOSPITAL	0		-54,796		79,025	0
100	TOTAL	0		-54,796		79,025	0

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 this information collection is estimated 662 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 this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 10580 N. MERIDIAN ST. P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46290- COUNTY: HAMILTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					4	5	6
02.00	HOSPITAL ST. VINCENT HEART CENTER	15-0153		12/ 5/2002	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2
4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 26900
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0.00	0	0.0000	0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 1 2 3
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS) Y
 40.01 NAME: ST. VINCENT HEALTH INC. FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 00130
 40.02 STREET: 8425 HARCOURT P.O. BOX:
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46260-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT	OUTPATIENT	OUTPATIENT									
			ASC 3	RADIOLOGY 4	DIAGNOSTIC 5									
47.00 HOSPITAL	N	N	N	N	N									
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)														
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV														
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.														
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /														
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 0 PAID LOSSES: 0 AND/OR SELF INSURANCE: 0														
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.														
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.														
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.						DATE	Y OR N	LIMIT	Y OR N	FEE				
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.						0	1	2	3	4				
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.								0.00						0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.								0.00						0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	107	39,055	2.01	3	4	11,867	616
2 HMO						3	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	107	39,055				11,867	616
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	107	39,055				11,867	616
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	107						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES / TOTAL	RES. FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			20,769				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			20,769				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			20,769				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS			1,088	4	1,084		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	3,129	156	5,738
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		410.76			3,129	156	5,738
13 RPCH VISITS							
14 SUBPROVIDER							

Health Financial Systems MCRIF32 FOR ST. VINCENT HEART CENTER
 HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (01/2010) CONTD
 PROVIDER NO: 15-0153
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV ---		TITLE V	DISCHARGES		TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS		TITLE XVIII	TITLE XIX	
15 SKILLED NURSING FACILITY	9	10	11	12	13	14	15
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL		410.76					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
1 TOTAL SALARY	28,605,265		28,605,265	854,380.00	33.48	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	71,279	1,169	72,448	6,016.00	12.04	
9 OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,337,748		1,337,748	18,363.00	72.85	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,647,777		2,647,777	46,566.00	56.86	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,482,790		7,482,790			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	295,052		295,052			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	763,614	12,527	776,141	8,929.00	86.92	
22 ADMINISTRATIVE & GENERAL	3,921,808	-404,924	3,516,884	119,890.00	29.33	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	518,703	8,509	527,212	24,360.00	21.64	
25 LAUNDRY & LINEN SERVICE	29,893	490	30,383	2,592.00	11.72	
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	94,278	-70,866	23,412	812.00	28.83	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		72,413	72,413	2,512.00	28.83	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,110,922	18,224	1,129,146	27,440.00	41.15	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	1,868,700	30,655	1,899,355	43,270.00	43.90	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	427,780	7,018	434,798	19,647.00	22.13	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	28,605,265		28,605,265	854,380.00	33.48	
2 EXCLUDED AREA SALARIES	71,279	1,169	72,448	6,016.00	12.04	
3 SUBTOTAL SALARIES	28,533,986	-1,169	28,532,817	848,364.00	33.63	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,985,525		3,985,525	64,929.00	61.38	
5 SUBTOTAL WAGE-RELATED COSTS	7,482,790		7,482,790		26.23	
6 TOTAL	40,002,301	-1,169	40,001,132	913,293.00	43.80	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	8,735,698	-325,954	8,409,744	249,452.00	33.71	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	15-0153	I	FROM 7/ 1/2009	I	WORKSHEET S-10
I		I	TO 6/30/2010	I	
I		I		I	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES 1,224,924

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 1,224,924

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .278873

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 12,014,670

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	15-0153	I	FROM 7/ 1/2009	I	WORKSHEET S-10
I		I	TO 6/30/2010	I	
I		I		I	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,350,567
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	16,057,359
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,477,964
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,350,567

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0153 I

I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010 I

I PREPARED 11/29/2010 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,998,632	3,998,632	1,746,236	5,744,868
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,617,784	3,617,784	473,987	4,091,771
5	0500 EMPLOYEE BENEFITS	763,614	7,777,842	8,541,456	12,527	8,553,983
6	0600 ADMINISTRATIVE & GENERAL	3,921,808	14,984,104	18,905,912	-2,625,147	16,280,765
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	518,703	2,777,615	3,296,318	8,509	3,304,827
9	0900 LAUNDRY & LINEN SERVICE	29,893	431,106	460,999	490	461,489
10	1000 HOUSEKEEPING		868,137	868,137		868,137
11	1100 DIETARY	94,278	2,073,993	2,168,271	-1,638,133	530,138
12	1200 CAFETERIA				1,639,680	1,639,680
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,110,922	15,676	1,126,598	18,224	1,144,822
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	1,868,700	63,079	1,931,779	30,655	1,962,434
17	1700 MEDICAL RECORDS & LIBRARY	427,780	2,190,136	2,617,916	7,018	2,624,934
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	12,597,492	660,485	13,257,977	33,458	13,291,435
26	2600 INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,228,359	1,903,777	3,132,136	20,151	3,152,287
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	1,131,736	1,196,866	2,328,602	18,566	2,347,168
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY		2,564,850	2,564,850		2,564,850
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,534,274	898,567	2,432,841	25,169	2,458,010
50	5000 PHYSICAL THERAPY	240,728	25,634	266,362	3,949	270,311
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,935,301	9,935,301		9,935,301
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		15,245,108	15,245,108		15,245,108
56	5600 DRUGS CHARGED TO PATIENTS		2,687,832	2,687,832		2,687,832
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	3120 CARDIAC CATHETERIZATION LABORATORY	1,800,355	264,253	2,064,608	29,534	2,094,142
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	1,265,344	908,342	2,173,686	20,758	2,194,444
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	28,533,986	75,089,119	103,623,105	-174,369	103,448,736
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0153 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
99.01	9901 UNUSED SPACE					
99.02	9902 MARKETING	71,279	631,080	702,359	174,369	876,728
101	TOTAL	28,605,265	75,720,199	104,325,464	-0-	104,325,464

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD:
I 15-0153 I FROM 7/ 1/2009 I PREPARED 11/29/2010
I I TO 6/30/2010 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-995,340	4,749,528
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	979,792	5,071,563
5 0500	EMPLOYEE BENEFITS	1,005,271	9,559,254
6 0600	ADMINISTRATIVE & GENERAL	765,209	17,045,974
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	26,814	3,331,641
9 0900	LAUNDRY & LINEN SERVICE		461,489
10 1000	HOUSEKEEPING		868,137
11 1100	DIETARY		530,138
12 1200	CAFETERIA	-474,985	1,164,695
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		1,144,822
15 1500	CENTRAL SERVICES & SUPPLY		
16 1600	PHARMACY		1,962,434
17 1700	MEDICAL RECORDS & LIBRARY	134,497	2,759,431
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM		
25 2500	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		13,291,435
26 2600	INTENSIVE CARE UNIT		
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-2,510,111	642,176
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC	-1,754,215	592,953
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY		2,564,850
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-766,915	1,691,095
50 5000	PHYSICAL THERAPY		270,311
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY		
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,935,301
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		15,245,108
56 5600	DRUGS CHARGED TO PATIENTS		2,687,832
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
59 3120	CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS		2,094,142
60 6000	CLINIC		
61 6100	EMERGENCY		2,194,444
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		
84 8400	LIVER ACQUISITION		
85 8500	HEART ACQUISITION		
85.01 8510	PANCREAS ACQUISITION		
86 8600	OTHER ORGAN ACQUISITION		
88 8800	INTEREST EXPENSE		-0-
89 8900	UTILIZATION REVIEW-SNF		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
92 9200	AMBULATORY SURGICAL CENTER (D.P.)		
93 9300	HOSPICE		
95	SUBTOTALS	-3,589,983	99,858,753
96 9600	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0153 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
99.01	9901 UNUSED SPACE		
99.02	9902 MARKETING	1,612,918	2,489,646
101	TOTAL	-1,977,065	102,348,399

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	

Health Financial Systems MCRIF32
COST CENTERS USED IN COST REPORT

FOR ST. VINCENT HEART CENTER

IN LIEU OF FORM CMS-2552-96(7/2009)
I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0153 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	UNUSED SPACE	9901	NONPAID WORKERS
99.02	MARKETING	9902	NONPAID WORKERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150153

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,746,236
2		NEW CAP REL COSTS-MVBLE EQUIP	4		473,987
3 MEDICAL AIR TRANSPORT	B	MARKETING	99.02		173,200
4 CAFETERIA	D	CAFETERIA	12	71,244	1,567,267
5 BONUS	G	EMPLOYEE BENEFITS	5	12,527	
6		ADMINISTRATIVE & GENERAL	6	56,762	
7		OPERATION OF PLANT	8	8,509	
8		LAUNDRY & LINEN SERVICE	9	490	
9		DIETARY	11	378	
10		CAFETERIA	12	1,169	
11		NURSING ADMINISTRATION	14	18,224	
12		PHARMACY	16	30,655	
13		MEDICAL RECORDS & LIBRARY	17	7,018	
14		ADULTS & PEDIATRICS	25	206,658	
15		OPERATING ROOM	37	20,151	
16		RADIOLOGY-DIAGNOSTIC	41	18,566	
17		RESPIRATORY THERAPY	49	25,169	
18		PHYSICAL THERAPY	50	3,949	
19		CARDIAC CATHETERIZATION LABORATORY	59	29,534	
20		EMERGENCY	61	20,758	
21		MARKETING	99.02	1,169	
36 TOTAL RECLASSIFICATIONS				532,930	3,960,690

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 150153	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 11/29/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER		
	1	6	7	8	9	
1 CAPITAL	A	ADMINISTRATIVE & GENERAL	6		2,220,223	9
2						9
3 MEDICAL AIR TRANSPORT	B	ADULTS & PEDIATRICS	25		173,200	
4 CAFETERIA	D	DIETARY	11	71,244	1,567,267	
5 BONUS	G	ADMINISTRATIVE & GENERAL	6	461,686		
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
36 TOTAL RECLASSIFICATIONS				532,930	3,960,690	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL								
8	RECONCILING ITEMS								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE	39,776,619	535,821			535,821		40,312,440	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT	7,652,162						7,652,162	
6	MOVABLE EQUIPMENT	22,016,606					414,114	21,602,492	
7	SUBTOTAL	69,445,387	535,821			535,821	414,114	69,567,094	
8	RECONCILING ITEMS								
9	TOTAL	69,445,387	535,821			535,821	414,114	69,567,094	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED GROSS ASSETS LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	48,055,449		48,055,449	.696066			
4	NEW CAP REL COSTS-MV	21,511,645	528,453	20,983,192	.303934			
5	TOTAL	69,567,094	528,453	69,038,641	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,063,683	78,504	-392,659			4,749,528	
4	NEW CAP REL COSTS-MV	3,332,930	1,810,531	-71,898			5,071,563	
5	TOTAL	8,396,613	1,889,035	-464,557			9,821,091	

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,317,447	681,185				3,998,632	
4	NEW CAP REL COSTS-MV	1,807,253	1,810,531				3,617,784	
5	TOTAL	5,124,700	2,491,716				7,616,416	

* All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 15-0153
I

I PERIOD: I FROM 7/ 1/2009 I TO 6/30/2010
I PREPARED 11/29/2010 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1			OLD CAP REL COSTS-BLDG &	1	
2			OLD CAP REL COSTS-MVBLE E	2	
3	B	-289,400	NEW CAP REL COSTS-BLDG &	3	11
4	B	-71,898	NEW CAP REL COSTS-MVBLE E	4	11
5	B	-49,128	ADMINISTRATIVE & GENERAL	6	
6	B	-13,519	ADMINISTRATIVE & GENERAL	6	
7					
8					
9					
10					
11					
12	A-8-2	-6,116,662			
13					
14	A-8-1	5,517,042			
15					
16	B	-474,985	CAFETERIA	12	
17					
18					
19					
20	B	-9,436	MEDICAL RECORDS & LIBRARY	17	
21					
22	B	-3	ADMINISTRATIVE & GENERAL	6	
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			UTILIZATION REVIEW-SNF	89	
29			OLD CAP REL COSTS-BLDG &	1	
30			OLD CAP REL COSTS-MVBLE E	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			NONPHYSICIAN ANESTHETISTS	20	
34	A	-187,914	ADMINISTRATIVE & GENERAL	6	
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37	A	-7,280	ADMINISTRATIVE & GENERAL	6	
37.01	A	-1,750	ADMINISTRATIVE & GENERAL	6	
37.02	A	-72,000	ADMINISTRATIVE & GENERAL	6	
37.03					
37.04					
37.05	A	-2,907	ADMINISTRATIVE & GENERAL	6	
37.06					
37.07	B	-15,335	ADMINISTRATIVE & GENERAL	6	
37.08					
37.09	A	119,512	ADMINISTRATIVE & GENERAL	6	
37.10					
37.11	A	-277,638	ADMINISTRATIVE & GENERAL	6	
37.12	A	-23,764	EMPLOYEE BENEFITS	5	
37.13					
37.14					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50		-1,977,065			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG &	ST. VINCENT CHARGEBACKS	1,234,468	1,234,468	9
2	4	NEW CAP REL COSTS-MVBLE E	ST. VINCENT CHARGEBACKS	306,954	306,954	9
3	5	EMPLOYEE BENEFITS	ST. VINCENT CHARGEBACKS	411,395	411,395	
4	6	ADMINISTRATIVE & GENERAL	ST. VINCENT CHARGEBACKS	7,602,455	7,602,455	
4.01	3	NEW CAP REL COSTS-BLDG &	CIHS NEWCO-RENT	138,659	741,340	-602,681 10
4.05						
4.06	10	HOUSEKEEPING	ST. VINCENT CHARGEBACKS	3,252	3,252	
4.07	16	PHARMACY	ST. VINCENT CHARGEBACKS	3,025	3,025	
4.08	17	MEDICAL RECORDS & LIBRARY	ST. VINCENT CHARGEBACKS	1,680,444	1,680,444	
4.09	25	ADULTS & PEDIATRICS	ST. VINCENT CHARGEBACKS	265,939	265,939	
4.10	37	OPERATING ROOM	ST. VINCENT CHARGEBACKS	2,266,793	2,266,793	
4.11	41	RADIOLOGY-DIAGNOSTIC	ST. VINCENT CHARGEBACKS	628,419	628,419	
4.12	49	RESPIRATORY THERAPY	ST. VINCENT CHARGEBACKS	746,849	746,849	
4.13	50	PHYSICAL THERAPY	ST. VINCENT CHARGEBACKS	166,016	166,016	
4.14	55	MEDICAL SUPPLIES CHARGED	ST. VINCENT CHARGEBACKS	561,028	561,028	
4.15	59	CARDIAC CATHETERIZATION L	ST. VINCENT CHARGEBACKS	49,126	49,126	
4.16	61	EMERGENCY	ST. VINCENT CHARGEBACKS	880,480	880,480	
4.20	99 2	MARKETING	ST. VINCENT CHARGEBACKS	600,000	600,000	
4.21						
4.22	4	NEW CAP REL COSTS-MVBLE E	ST. VINCENT HEALTH	1,051,690		1,051,690 9
4.23	6	ADMINISTRATIVE & GENERAL	ST. VINCENT HEALTH	3,083,419	700,000	2,383,419
4.24	5	EMPLOYEE BENEFITS	ST. VINCENT HEALTH	1,029,035		1,029,035
4.25	8	OPERATION OF PLANT	ST. VINCENT HEALTH	26,814		26,814
4.26	17	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH	143,933		143,933
4.27	6	ADMINISTRATIVE & GENERAL	ST. VINCENT INTEREST INCO	56,660	81,487	-24,827
4.28	3	NEW CAP REL COSTS-BLDG &	ST. VINCENT INTERST INCOM	235,661	338,920	-103,259 11
4.29	99 2	MARKETING	ST. VINCENT HEALTH	1,612,918		1,612,918
5		TOTALS		24,785,432	19,268,390	5,517,042

* 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 ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF 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 & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.65	ST. VINCENT HOSPITAL	0.00	HEALTH SVCS
2	B	0.65	ST. VINCENT HEALTH	0.00	HEALTH MGMT
3	B	0.65	CIHS NEWCO	0.00	PROPERTY MGMT
4	B	0.65	ASCENSION	0.00	HEALTH MGMT
5		0.00		0.00	

(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 A 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.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0153
I

I PERIOD:
I FROM 7/ 1/2009 I PREPARED 11/29/2010
I TO 6/30/2010 I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	1,085,421	1,085,421					
2 37	OPERATING ROOM	2,510,111	2,510,111					
3 41	RADIOLOGY-DIAGNOSTIC	1,754,215	1,754,215					
4 49	RESPIRATORY THERAPY	766,915	766,915					
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	6,116,662	6,116,662					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET A-8-2
 I I TO 6/30/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL						1,085,421
2	37	OPERATING ROOM						2,510,111
3	41	RADIOLOGY-DIAGNOSTIC						1,754,215
4	49	RESPIRATORY THERAPY						766,915
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						6,116,662

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	4	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	HOURS		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	11	HOURS		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	NOT ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TOTAL	CHGS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	4,749,528			4,749,528			
005 NEW CAP REL COSTS-MVBLE E	5,071,563				5,071,563		
006 EMPLOYEE BENEFITS	9,559,254					9,559,254	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	17,045,974			802,149	911,940	1,208,043	19,968,106
008 OPERATION OF PLANT	3,331,641			619,991	704,850	181,097	4,837,579
009 LAUNDRY & LINEN SERVICE	461,489			87,436	99,403	10,437	658,765
010 HOUSEKEEPING	868,137			26,075	29,644		923,856
011 DIETARY	530,138			106,593	121,183	8,042	765,956
012 CAFETERIA	1,164,695			104,792	119,135	24,873	1,413,495
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,144,822			72,454	82,371	387,859	1,687,506
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,962,434			72,290	82,184	652,425	2,769,333
017 MEDICAL RECORDS & LIBRARY	2,759,431			85,307	96,983	149,352	3,091,073
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	13,291,435			1,425,537	1,620,654	4,398,205	20,735,831
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	642,176			358,012	407,013	428,861	1,836,062
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	592,953			109,295	124,254	395,126	1,221,628
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	2,564,850			51,987	59,102		2,675,939
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,691,095			10,602	12,053	535,666	2,249,416
050 PHYSICAL THERAPY	270,311					84,046	354,357
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	9,935,301						9,935,301
056 30 IMPL. DEV. CHARGED TO PAT	15,245,108						15,245,108
057 DRUGS CHARGED TO PATIENTS	2,687,832						2,687,832
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART) CARDIAC CATHETERIZATION L	2,094,142			437,342	497,202	628,563	3,657,249
060 OUTPAT SERVICE COST CNTRS CLINIC							
061 EMERGENCY	2,194,444			91,120	103,592	441,773	2,830,929
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 01 PANCREAS ACQUISITION							
087 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	99,858,753			4,460,982	5,071,563	9,534,368	99,545,321
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-MVBLE	C NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-MVBLE	C EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
098 NONREIMBURS COST CENTERS							
099 PHYSICIANS' PRIVATE OFFIC							
099 01 NONPAID WORKERS							
099 02 UNPAID WORKERS				288,546			288,546
101 01 UNPAID WORKERS	2,489,646					24,886	2,514,532
102 02 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	102,348,399			4,749,528	5,071,563	9,559,254	102,348,399

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	19,968,106						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,172,576		6,010,155				
010 LAUNDRY & LINEN SERVICE	159,677		172,928	991,370			
011 HOUSEKEEPING	223,933		51,571		1,199,360		
012 DIETARY	185,659		210,817		43,702	1,206,134	
013 CAFETERIA	342,616		207,255		42,964		2,006,330
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	409,033		143,297		29,705		79,181
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	671,256		142,974		29,638		
020 MEDICAL RECORDS & LIBRARY	749,242		168,719		34,975		56,694
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	5,026,167		2,819,398	356,892	584,458	1,181,151	1,151,485
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	445,041		708,068	49,569	146,782		105,761
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC	296,109		216,161	148,706	44,810		89,388
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY	648,618		102,818		21,314		
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY	545,234		20,968	89,223	4,347		137,915
054 PHYSICAL THERAPY	85,892						6,149
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED	2,408,208						
060 30 IMPL. DEV. CHARGED TO PAT	3,695,246						
061 DRUGS CHARGED TO PATIENTS	651,501						124,861
062 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PART)							
065 CARDIAC CATHETERIZATION L	886,477		864,966	148,706	179,307		133,117
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC							
068 EMERGENCY	686,186		180,215	198,274	37,358	24,983	104,419
069 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
071 HOME PROGRAM DIALYSIS							
072 AMBULANCE SERVICES							
073 DURABLE MEDICAL EQUIP-REN							
074 DURABLE MEDICAL EQUIP-SOL							
075 CORF							
076 I&R SERVICES-NOT APPRVD P							
077 HOME HEALTH AGENCY							
078 LUNG ACQUISITION							
079 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	19,288,671		6,010,155	991,370	1,199,360	1,206,134	1,988,970
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
RESEARCH							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	6	7	8	9	10	11	12
098 NONREIMBURS COST CENTERS							
099 PHYSICIANS' PRIVATE OFFICE							
099 01 NONPAID WORKERS							
099 01 UNUSED SPACE	69,940						
099 02 MARKETING	609,495						17,360
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	19,968,106		6,010,155	991,370	1,199,360	1,206,134	2,006,330

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	13 MAINTENANCE O F PERSONNEL	14 NURSING ADMIN ISTRATION	15 CENTRAL SERVI CES & SUPPLY	16 PHARMACY	17 MEDICAL RECOR DS & LIBRARY	20 NONPHYSICIAN ANESTHETISTS	21 NURSING SCHOO L
001							
002							
003							
004							
005							
006							
007							
008							
009							
010							
011							
012							
013							
014			2,348,722				
015							
016							
017				3,613,201	4,169,799		
020							
021			69,096				
022							
023							
024							
025			1,403,378		661,627		
026							
027							
028							
029							
031							
033							
034							
035							
035 01							
036							
037							
038			128,897		288,280		
039							
040							
041			108,942		393,079		
042							
043							
044					260,302		
045							
046							
047							
048							
049			168,085		158,746		
050			7,494		18,648		
051							
052							
053							
054							
055					361,024		
055 30					534,984		
056			152,175		268,684		
057							
058							
059			162,237		1,158,891		
060							
061			127,261		65,534		
062							
064							
065							
066							
067							
069							
070							
071							
082							
083							
084							
085							
085 01							
086							
092							
093							
095			2,327,565		3,613,201	4,169,799	
096							
097							

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L
	13	14	15	16	17	20	21
098 NONREIMBURS COST CENTERS							
099 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
099 01 UNUSED SPACE							
099 02 MARKETING		21,157					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		2,348,722		3,613,201	4,169,799		

COST ALLOCATION - GENERAL SERVICE COSTS

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PROVIDER NO:
15-0153

I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010

I PREPARED 11/29/2010
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24		25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
020 MEDICAL RECORDS & LIBRARY							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS					33,920,387		33,920,387
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
035 SUBPROVIDER							
036 NURSERY							
037 SKILLED NURSING FACILITY							
038 NURSING FACILITY							
039 01 ICF/MR							
040 OTHER LONG TERM CARE							
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM					3,708,460		3,708,460
043 RECOVERY ROOM							
044 DELIVERY ROOM & LABOR ROO							
045 ANESTHESIOLOGY							
046 RADIOLOGY-DIAGNOSTIC					2,518,823		2,518,823
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE							
049 LABORATORY					3,708,991		3,708,991
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY					3,373,934		3,373,934
055 PHYSICAL THERAPY					472,540		472,540
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY							
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED					12,704,533		12,704,533
061 30 IMPL. DEV. CHARGED TO PAT					19,475,338		19,475,338
062 DRUGS CHARGED TO PATIENTS					7,498,254		7,498,254
063 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PART)							
065 CARDIAC CATHETERIZATION L					7,190,950		7,190,950
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC							
068 EMERGENCY					4,255,159		4,255,159
069 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
071 HOME PROGRAM DIALYSIS							
072 AMBULANCE SERVICES							
073 DURABLE MEDICAL EQUIP-REN							
074 DURABLE MEDICAL EQUIP-SOL							
075 CORF							
076 I&R SERVICES-NOT APPRVD P							
077 HOME HEALTH AGENCY							
078 LUNG ACQUISITION							
079 SPEC PURPOSE COST CENTERS							
080 KIDNEY ACQUISITION							
081 LIVER ACQUISITION							
082 HEART ACQUISITION							
083 01 PANCREAS ACQUISITION							
084 OTHER ORGAN ACQUISITION							
085 AMBULATORY SURGICAL CENTE							
086 HOSPICE							
087 SUBTOTALS					98,827,369		98,827,369
088 NONREIMBURS COST CENTERS							
089 GIFT, FLOWER, COFFEE SHOP							
090 RESEARCH							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		22	23	24	25	26	27
098	NONREIMBURS COST CENTERS						
099	PHYSICIANS' PRIVATE OFFIC						
099	NONPAID WORKERS						
099	01 UNUSED SPACE				358,486		358,486
099	02 MARKETING				3,162,544		3,162,544
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL				102,348,399		102,348,399

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL					802,149	911,940	1,714,089	
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT					619,991	704,850	1,324,841	
010 LAUNDRY & LINEN SERVICE					87,436	99,403	186,839	
011 HOUSEKEEPING					26,075	29,644	55,719	
012 DIETARY					106,593	121,183	227,776	
013 CAFETERIA					104,792	119,135	223,927	
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION					72,454	82,371	154,825	
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY					72,290	82,184	154,474	
020 MEDICAL RECORDS & LIBRARY					85,307	96,983	182,290	
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS					1,425,537	1,620,654	3,046,191	
028 INTENSIVE CARE UNIT								
029 CORONARY CARE UNIT								
031 BURN INTENSIVE CARE UNIT								
033 SURGICAL INTENSIVE CARE U								
035 SUBPROVIDER								
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
036 01 ICF/MR								
037 OTHER LONG TERM CARE								
038 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM					358,012	407,013	765,025	
040 RECOVERY ROOM								
041 DELIVERY ROOM & LABOR ROO								
042 ANESTHESIOLOGY								
043 RADIOLOGY-DIAGNOSTIC					109,295	124,254	233,549	
044 RADIOLOGY-THERAPEUTIC								
045 RADIOISOTOPE								
046 LABORATORY					51,987	59,102	111,089	
047 PBP CLINICAL LAB SERVICES								
048 WHOLE BLOOD & PACKED RED								
049 BLOOD STORING, PROCESSING								
050 INTRAVENOUS THERAPY								
051 RESPIRATORY THERAPY					10,602	12,053	22,655	
052 PHYSICAL THERAPY								
053 OCCUPATIONAL THERAPY								
054 SPEECH PATHOLOGY								
055 ELECTROCARDIOLOGY								
056 ELECTROENCEPHALOGRAPHY								
057 MEDICAL SUPPLIES CHARGED								
058 30 IMPL. DEV. CHARGED TO PAT								
059 DRUGS CHARGED TO PATIENTS								
060 RENAL DIALYSIS								
061 ASC (NON-DISTINCT PART)								
062 CARDIAC CATHETERIZATION L					437,342	497,202	934,544	
064 OUTPAT SERVICE COST CNTRS								
065 CLINIC								
066 EMERGENCY					91,120	103,592	194,712	
067 OBSERVATION BEDS (NON-DIS								
068 OTHER REIMBURS COST CNTRS								
069 HOME PROGRAM DIALYSIS								
070 AMBULANCE SERVICES								
071 DURABLE MEDICAL EQUIP-REN								
072 DURABLE MEDICAL EQUIP-SOL								
073 CORF								
074 I&R SERVICES-NOT APPRVD P								
075 HOME HEALTH AGENCY								
076 LUNG ACQUISITION								
077 SPEC PURPOSE COST CENTERS								
078 KIDNEY ACQUISITION								
079 LIVER ACQUISITION								
080 HEART ACQUISITION								
081 01 PANCREAS ACQUISITION								
082 OTHER ORGAN ACQUISITION								
083 AMBULATORY SURGICAL CENTE								
084 HOSPICE								
085 SUBTOTALS					4,460,982	5,071,563	9,532,545	
086 NONREIMBURS COST CENTERS								
087 GIFT, FLOWER, COFFEE SHOP								
088 RESEARCH								

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	0	1	2	3	4	4a	5
098 NONREIMBURS COST CENTERS								
099 PHYSICIANS' PRIVATE OFFIC								
099 01 NONPAID WORKERS								
099 02 UNUSED SPACE					288,546		288,546	
101 02 MARKETING								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL					4,749,528	5,071,563	9,821,091	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	1,714,089						
008 OPERATION OF PLANT	100,656		1,425,497				
009 LAUNDRY & LINEN SERVICE	13,707		41,015	241,561			
010 HOUSEKEEPING	19,223		12,232		87,174		
011 DIETARY	15,937		50,002		3,176	296,891	
012 CAFETERIA	29,411		49,157		3,123		305,618
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	35,112		33,987		2,159		12,061
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	57,622		33,911		2,154		
017 MEDICAL RECORDS & LIBRARY	64,316		40,017		2,542		8,636
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	431,451		668,709	86,963	42,481	290,742	175,403
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	38,203		167,940	12,078	10,669		16,110
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	25,418		51,269	36,234	3,257		13,616
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	55,678		24,387		1,549		
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	46,804		4,973	21,740	316		21,008
052 PHYSICAL THERAPY	7,373						937
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED	206,724						
058 30 IMPL. DEV. CHARGED TO PAT	317,205						
059 DRUGS CHARGED TO PATIENTS	55,926						19,020
060 RENAL DIALYSIS							
061 ASC (NON-DISTINCT PART)							
062 CARDIAC CATHETERIZATION L	76,096		205,154	36,234	13,033		20,277
063 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 EMERGENCY	58,903		42,744	48,312	2,715	6,149	15,906
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 01 PANCREAS ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS	1,655,765		1,425,497	241,561	87,174	296,891	302,974
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
098	NONREIMBURS COST CENTERS							
099	PHYSICIANS' PRIVATE OFFICE							
099	NONPAID WORKERS							
099	01 UNUSED SPACE	6,004						
099	02 MARKETING	52,320						2,644
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,714,089		1,425,497	241,561	87,174	296,891	305,618

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L
	13	14	15	16	17	20	21
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		238,144					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				248,161			
020 MEDICAL RECORDS & LIBRARY		7,006			304,807		
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		142,293			48,360		
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		13,069			21,071		
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC		11,046			28,731		
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					19,026		
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY		17,043			11,603		
054 PHYSICAL THERAPY		760			1,363		
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED					26,388		
060 30 IMPL. DEV. CHARGED TO PAT					39,103		
061 DRUGS CHARGED TO PATIENTS		15,429		248,161	19,639		
062 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PART)							
066 CARDIAC CATHETERIZATION L		16,450			84,733		
067 OUTPAT SERVICE COST CNTRS							
068 CLINIC							
069 EMERGENCY		12,903			4,790		
070 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
072 HOME PROGRAM DIALYSIS							
073 AMBULANCE SERVICES							
074 DURABLE MEDICAL EQUIP-REN							
075 DURABLE MEDICAL EQUIP-SOL							
076 CORF							
077 I&R SERVICES-NOT APPRVD P							
078 HOME HEALTH AGENCY							
079 LUNG ACQUISITION							
080 SPEC PURPOSE COST CENTERS							
081 KIDNEY ACQUISITION							
082 LIVER ACQUISITION							
083 HEART ACQUISITION							
084 01 PANCREAS ACQUISITION							
085 OTHER ORGAN ACQUISITION							
086 AMBULATORY SURGICAL CENTE							
087 HOSPICE							
088 SUBTOTALS		235,999		248,161	304,807		
089 NONREIMBURS COST CENTERS							
090 GIFT, FLOWER, COFFEE SHOP							
091 RESEARCH							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L
	13	14	15	16	17	20	21
098 NONREIMBURS COST CENTERS							
099 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
099 01 UNUSED SPACE							
099 02 MARKETING		2,145					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		238,144		248,161	304,807		

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
020 MEDICAL RECORDS & LIBRARY						
021 NONPHYSICIAN ANESTHETISTS						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY & FRI						
024 I&R SERVICES-OTHER PRGM C						
025 PARAMED ED PRGM						
026 INPAT ROUTINE SRVC CNTRS						
027 ADULTS & PEDIATRICS				4,932,593		4,932,593
028 INTENSIVE CARE UNIT						
029 CORONARY CARE UNIT						
031 BURN INTENSIVE CARE UNIT						
033 SURGICAL INTENSIVE CARE U						
034 SUBPROVIDER						
035 NURSERY						
036 SKILLED NURSING FACILITY						
037 NURSING FACILITY						
038 01 ICF/MR						
039 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM				1,044,165		1,044,165
042 RECOVERY ROOM						
043 DELIVERY ROOM & LABOR ROO						
044 ANESTHESIOLOGY						
045 RADIOLOGY-DIAGNOSTIC				403,120		403,120
046 RADIOLOGY-THERAPEUTIC						
047 RADIOISOTOPE						
048 LABORATORY				211,729		211,729
049 PBP CLINICAL LAB SERVICES						
050 WHOLE BLOOD & PACKED RED						
051 BLOOD STORING, PROCESSING						
052 INTRAVENOUS THERAPY						
053 RESPIRATORY THERAPY				146,142		146,142
054 PHYSICAL THERAPY				10,433		10,433
055 OCCUPATIONAL THERAPY						
056 SPEECH PATHOLOGY						
057 ELECTROCARDIOLOGY						
058 ELECTROENCEPHALOGRAPHY						
059 MEDICAL SUPPLIES CHARGED				233,112		233,112
060 30 IMPL. DEV. CHARGED TO PAT				356,308		356,308
061 DRUGS CHARGED TO PATIENTS				358,175		358,175
062 RENAL DIALYSIS						
063 ASC (NON-DISTINCT PART)						
064 CARDIAC CATHETERIZATION L				1,386,521		1,386,521
065 OUTPAT SERVICE COST CNTRS						
066 CLINIC						
067 EMERGENCY				387,134		387,134
068 OBSERVATION BEDS (NON-DIS						
069 OTHER REIMBURS COST CNTRS						
070 HOME PROGRAM DIALYSIS						
071 AMBULANCE SERVICES						
072 DURABLE MEDICAL EQUIP-REN						
073 DURABLE MEDICAL EQUIP-SOL						
074 CORF						
075 I&R SERVICES-NOT APPRVD P						
076 HOME HEALTH AGENCY						
077 LUNG ACQUISITION						
078 SPEC PURPOSE COST CENTERS						
079 KIDNEY ACQUISITION						
080 LIVER ACQUISITION						
081 HEART ACQUISITION						
082 01 PANCREAS ACQUISITION						
083 OTHER ORGAN ACQUISITION						
084 AMBULATORY SURGICAL CENTE						
085 HOSPICE						
086 SUBTOTALS				9,469,432		9,469,432
087 NONREIMBURS COST CENTERS						
088 GIFT, FLOWER, COFFEE SHOP						
089 RESEARCH						

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
NONREIMBURS COST CENTERS	22	23	24	25	26	27
098 PHYSICIANS' PRIVATE OFFIC						
099 NONPAID WORKERS						
099 01 UNUSED SPACE				294,550		294,550
099 02 MARKETING				57,109		57,109
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL				9,821,091		9,821,091

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			116,028			
005 NEW CAP REL COSTS-MVB				108,979		
006 EMPLOYEE BENEFITS					27,829,125	
007 ADMINISTRATIVE & GENE			19,596	19,596	3,516,885	-19,968,106
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			15,146	15,146	527,213	
010 LAUNDRY & LINEN SERVI			2,136	2,136	30,384	
011 HOUSEKEEPING			637	637		
012 DIETARY			2,604	2,604	23,412	
013 CAFETERIA			2,560	2,560	72,412	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO			1,770	1,770	1,129,146	
016 CENTRAL SERVICES & SU						
017 PHARMACY			1,766	1,766	1,899,355	
020 MEDICAL RECORDS & LIB			2,084	2,084	434,798	
021 NONPHYSICIAN ANESTHET						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY &						
024 I&R SERVICES-OTHER PR						
025 PARAMED ED PRGM						
026 INPAT ROUTINE SRVC CN			34,825	34,825	12,804,149	
027 ADULTS & PEDIATRICS						
028 INTENSIVE CARE UNIT						
029 CORONARY CARE UNIT						
031 BURN INTENSIVE CARE U						
033 SURGICAL INTENSIVE CA						
034 SUBPROVIDER						
035 NURSERY						
036 SKILLED NURSING FACIL						
037 NURSING FACILITY						
038 01 ICF/MR						
039 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM			8,746	8,746	1,248,510	
042 RECOVERY ROOM						
043 DELIVERY ROOM & LABOR						
044 ANESTHESIOLOGY						
045 RADIOLOGY-DIAGNOSTIC			2,670	2,670	1,150,302	
046 RADIOLOGY-THERAPEUTIC						
047 RADIOISOTOPE						
048 LABORATORY			1,270	1,270		
049 PBP CLINICAL LAB SERV						
050 WHOLE BLOOD & PACKED						
051 BLOOD STORING, PROCES						
052 INTRAVENOUS THERAPY						
053 RESPIRATORY THERAPY			259	259	1,559,443	
054 PHYSICAL THERAPY					244,677	
055 OCCUPATIONAL THERAPY						
056 SPEECH PATHOLOGY						
057 ELECTROCARDIOLOGY						
058 ELECTROENCEPHALOGRAPH						
059 MEDICAL SUPPLIES CHAR						
060 30 IMPL. DEV. CHARGED TO						
061 DRUGS CHARGED TO PATI						
062 RENAL DIALYSIS						
064 ASC (NON-DISTINCT PAR			10,684	10,684	1,829,889	
065 CARDIAC CATHETERIZATI						
066 OUTPAT SERVICE COST C						
067 CLINIC						
068 EMERGENCY			2,226	2,226	1,286,102	
069 OBSERVATION BEDS (NON						
070 OTHER REIMBURS COST C						
071 HOME PROGRAM DIALYSIS						
072 AMBULANCE SERVICES						
073 DURABLE MEDICAL EQUIP						
074 DURABLE MEDICAL EQUIP						
075 CORF						
076 I&R SERVICES-NOT APPR						
077 HOME HEALTH AGENCY						
078 LUNG ACQUISITION						
079 SPEC PURPOSE COST CEN						
080 KIDNEY ACQUISITION						
081 LIVER ACQUISITION						
082 HEART ACQUISITION						
083 01 PANCREAS ACQUISITION						
084 OTHER ORGAN ACQUISITI						
085 AMBULATORY SURGICAL C						
086 HOSPICE						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCIL-) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE) FEET	(SQUARE) FEET	(GROSS)ALARIES	6a.00
	1	2	3	4	5	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS			108,979	108,979	27,756,677	-19,968,106
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
099 01 UNUSED SPACE			7,049			
099 02 MARKETING					72,448	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			4,749,528	5,071,563	9,559,254	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			40.934326		.343498	
(WRKSHT B, PT I)				46.537067		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS)
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	82,380,293						
008 OPERATION OF PLANT	4,837,579		74,237				
009 LAUNDRY & LINEN SERVICE	658,765		2,136	853,492			
010 HOUSEKEEPING	923,856		637		71,464		
011 DIETARY	765,956		2,604		2,604	67,977	
012 CAFETERIA	1,413,495		2,560		2,560		695,285
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,687,506		1,770		1,770		27,440
015 CENTRAL SERVICES & SUPPORT							
016 PHARMACY	2,769,333		1,766		1,766		
017 MEDICAL RECORDS & LIBRARY	3,091,073		2,084		2,084		19,647
020 NONPHYSICIAN ANESTHETIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	20,735,831		34,825	307,257	34,825	66,569	399,042
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SERVICE CENTER COST CENTER							
039 OPERATING ROOM	1,836,062		8,746	42,675	8,746		36,651
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	1,221,628		2,670	128,024	2,670		30,977
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	2,675,939		1,270		1,270		
047 PBP CLINICAL LAB SERVICE							
048 WHOLE BLOOD & PACKED BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	2,249,416		259	76,814	259		47,794
051 PHYSICAL THERAPY	354,357						2,131
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY	9,935,301						
056 30 MEDICAL SUPPLIES CHARGED TO	15,245,108						
057 IMPL. DEV. CHARGED TO PATIENT	2,687,832						43,270
058 DRUGS CHARGED TO PATIENT							
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PARADISE)	3,657,249		10,684	128,024	10,684		46,131
061 CARDIAC CATHETERIZATION							
062 OUTPATIENT SERVICE COST CENTER							
064 CLINIC							
065 EMERGENCY	2,830,929		2,226	170,698	2,226	1,408	36,186
066 OBSERVATION BEDS (NON-REIMBURSABLE)							
067 OTHER REIMBURSABLE COST CENTER							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES							
071 DURABLE MEDICAL EQUIPMENT							
072 DURABLE MEDICAL EQUIPMENT							
073 CORP							
074 I&R SERVICES-NOT APPROPRIATE							
075 HOME HEALTH AGENCY							
076 LUNG ACQUISITION							
077 SPECIFIC PURPOSE COST CENTER							
078 KIDNEY ACQUISITION							
079 LIVER ACQUISITION							
080 HEART ACQUISITION							
081 01 PANCREAS ACQUISITION							
082 OTHER ORGAN ACQUISITION							
083 AMBULATORY SURGICAL CENTER							
084 HOSPICE							

COST ALLOCATION -- STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS)
	6	7	8	9	10	11	12
095 SPEC PURPOSE COST CENTER SUBTOTALS	79,577,215		74,237	853,492	71,464	67,977	689,269
096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
099 01 UNUSED SPACE	288,546						
099 02 MARKETING	2,514,532						6,016
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	19,968,106		6,010,155	991,370	1,199,360	1,206,134	2,006,330
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.242389		80.959023	1.161546	16.782716	17.743266	2.885622
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	1,714,089		1,425,497	241,561	87,174	296,891	305,618
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020807		19.201975	.283027	1.219831	4.367521	.439558

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	(NUMBER HOUSED	(HOURS)	(COSTED)EQUIS.	R(COSTED)EQUIS.	R(TOTAL)CHGS	(ASSIGNED) TIME	(ASSIGNED) TIME
	13	14	15	16	17	20	21
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON		667,845					
015 NURSING ADMINISTRATIO							
016 CENTRAL SERVICES & SU							
017 PHARMACY				100			
018 MEDICAL RECORDS & LIB		19,647			354,381,325		
019 NONPHYSICIAN ANESTHET							
020 NURSING SCHOOL							
021 I&R SERVICES-SALARY &							
022 I&R SERVICES-OTHER PR							
023 PARAMED ED PRGM							
024 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		399,042			56,232,123		
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACIL							
033 NURSING FACILITY							
034 01 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST C							
037 OPERATING ROOM		36,651			24,501,141		
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		30,977			33,408,030		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY					22,123,242		
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		47,794			13,491,955		
050 PHYSICAL THERAPY		2,131			1,584,947		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR					30,683,691		
056 30 IMPL. DEV. CHARGED TO					45,468,673		
057 DRUGS CHARGED TO PATI		43,270		100	22,835,640		
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PAR		46,131			98,482,091		
060 CARDIAC CATHETERIZATI							
061 OUTPAT SERVICE COST C							
062 CLINIC							
063 EMERGENCY		36,186			5,569,792		
064 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
070 CORF							
071 I&R SERVICES-NOT APPR							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CEN							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 HEART ACQUISITION							
078 01 PANCREAS ACQUISITION							
079 OTHER ORGAN ACQUISITI							
080 AMBULATORY SURGICAL C							
081 HOSPICE							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOLS
	(NUMBER HOUSED)	(HOURS)	(COSTED)EQUIS.	R(COSTED)EQUIS.	R(TOTAL)CHGS	(ASSIGNED) TIME	(ASSIGNED) TIME
	13	14	15	16	17	20	21
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS		661,829		100	354,381,325		
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
099 01 UNUSED SPACE							
099 02 MARKETING		6,016					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		2,348,722		3,613,201	4,169,799		
103 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		3.516867		36,132.010000			
104 (WRKSHT B, PT I)					.011766		
105 COST TO BE ALLOCATED							
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		238,144		248,161	304,807		
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.356586		2,481.610000			
108 (WRKSHT B, PT III)					.000860		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B-1
I I TO 6/30/2010 I

Table with columns: COST CENTER DESCRIPTION, I&R SERVICES- SALARY & FRI, I&R SERVICES- OTHER PRGM, PARAMED ED PRGM. Includes rows for GENERAL SERVICE COST, 001 OLD CAP REL COSTS-BLD, 002 OLD CAP REL COSTS-MVB, etc.

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET B-1
 I TO 6/30/2010 I

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	22	23	24
095 SPEC PURPOSE COST CEN			
095 SUBTOTALS			
096 NONREIMBURS COST CEN			
096 GIFT, FLOWER, COFFEE			
097 RESEARCH			
098 PHYSICIANS' PRIVATE O			
099 NONPAID WORKERS			
099 01 UNUSED SPACE			
099 02 MARKETING			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER			
(WRKSHT B, PT I)			
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER			
(WRKSHT B, PT III)			

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0153
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	33,920,387		33,920,387		33,920,387
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,708,460		3,708,460		3,708,460
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2,518,823		2,518,823		2,518,823
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,708,991		3,708,991		3,708,991
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,373,934		3,373,934		3,373,934
50	PHYSICAL THERAPY	472,540		472,540		472,540
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	12,704,533		12,704,533		12,704,533
55	30 IMPL. DEV. CHARGED TO PAT	19,475,338		19,475,338		19,475,338
56	DRUGS CHARGED TO PATIENTS	7,498,254		7,498,254		7,498,254
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	7,190,950		7,190,950		7,190,950
60	CLINIC					
61	EMERGENCY	4,255,159		4,255,159		4,255,159
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,688,489		1,688,489		1,688,489
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	100,515,858		100,515,858		100,515,858
102	LESS OBSERVATION BEDS	1,688,489		1,688,489		1,688,489
103	TOTAL	98,827,369		98,827,369		98,827,369

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	54,575,931		54,575,931			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	20,547,702	3,953,439	24,501,141	.151359	.151359	.151359
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	16,605,785	16,802,245	33,408,030	.075396	.075396	.075396
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	18,395,247	3,727,995	22,123,242	.167651	.167651	.167651
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	8,531,007	4,960,948	13,491,955	.250070	.250070	.250070
51	PHYSICAL THERAPY	1,559,584	25,363	1,584,947	.298142	.298142	.298142
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
55	30 MEDICAL SUPPLIES CHARGED	23,073,644	7,610,047	30,683,691	.414048	.414048	.414048
56	IMPL. DEV. CHARGED TO PAT	34,196,989	11,271,684	45,468,673	.428324	.428324	.428324
57	DRUGS CHARGED TO PATIENTS	21,323,209	1,512,431	22,835,640	.328358	.328358	.328358
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	CARDIAC CATHETERIZATION L	68,128,771	30,353,320	98,482,091	.073018	.073018	.073018
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	2,380,608	3,189,184	5,569,792	.763971	.763971	.763971
64	OBSERVATION BEDS (NON-DIS		1,656,192	1,656,192	1.019501	1.019501	1.019501
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	269,318,477	85,062,848	354,381,325			
104	LESS OBSERVATION BEDS						
105	TOTAL	269,318,477	85,062,848	354,381,325			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	33,920,387		33,920,387		33,920,387
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01. ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,708,460		3,708,460		3,708,460
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2,518,823		2,518,823		2,518,823
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,708,991		3,708,991		3,708,991
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,373,934		3,373,934		3,373,934
50	PHYSICAL THERAPY	472,540		472,540		472,540
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	12,704,533		12,704,533		12,704,533
55	30 IMPL. DEV. CHARGED TO PAT	19,475,338		19,475,338		19,475,338
56	DRUGS CHARGED TO PATIENTS	7,498,254		7,498,254		7,498,254
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	7,190,950		7,190,950		7,190,950
60	CLINIC					
61	EMERGENCY	4,255,159		4,255,159		4,255,159
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,688,489		1,688,489		1,688,489
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	100,515,858		100,515,858		100,515,858
102	LESS OBSERVATION BEDS	1,688,489		1,688,489		1,688,489
103	TOTAL	98,827,369		98,827,369		98,827,369

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	54,575,931		54,575,931			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	20,547,702	3,953,439	24,501,141	.151359	.151359	.151359
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	16,605,785	16,802,245	33,408,030	.075396	.075396	.075396
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	18,395,247	3,727,995	22,123,242	.167651	.167651	.167651
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	8,531,007	4,960,948	13,491,955	.250070	.250070	.250070
50	PHYSICAL THERAPY	1,559,584	25,363	1,584,947	.298142	.298142	.298142
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	23,073,644	7,610,047	30,683,691	.414048	.414048	.414048
55	30 IMPL. DEV. CHARGED TO PAT	34,196,989	11,271,684	45,468,673	.428324	.428324	.428324
56	DRUGS CHARGED TO PATIENTS	21,323,209	1,512,431	22,835,640	.328358	.328358	.328358
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	68,128,771	30,353,320	98,482,091	.073018	.073018	.073018
60	CLINIC						
61	EMERGENCY	2,380,608	3,189,184	5,569,792	.763971	.763971	.763971
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,656,192	1,656,192	1.019501	1.019501	1.019501
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	269,318,477	85,062,848	354,381,325			
102	LESS OBSERVATION BEDS						
103	TOTAL	269,318,477	85,062,848	354,381,325			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	3,708,460	1,044,165	2,664,295			3,708,460
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	2,518,823	403,120	2,115,703			2,518,823
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	3,708,991	211,729	3,497,262			3,708,991
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	3,373,934	146,142	3,227,792			3,373,934
51	PHYSICAL THERAPY	472,540	10,433	462,107			472,540
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	12,704,533	233,112	12,471,421			12,704,533
55	30 IMPL. DEV. CHARGED TO PAT	19,475,338	356,308	19,119,030			19,475,338
56	DRUGS CHARGED TO PATIENTS	7,498,254	358,175	7,140,079			7,498,254
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L	7,190,950	1,386,521	5,804,429			7,190,950
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	4,255,159	387,134	3,868,025			4,255,159
62	OBSERVATION BEDS (NON-DIS	1,688,489	245,535	1,442,954			1,688,489
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	66,595,471	4,782,374	61,813,097			66,595,471
102	LESS OBSERVATION BEDS	1,688,489	245,535	1,442,954			1,688,489
103	TOTAL	64,906,982	4,536,839	60,370,143			64,906,982

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	24,501,141	.151359	.151359
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	33,408,030	.075396	.075396
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	22,123,242	.167651	.167651
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	13,491,955	.250070	.250070
50	PHYSICAL THERAPY	1,584,947	.298142	.298142
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	30,683,691	.414048	.414048
55	30 IMPL. DEV. CHARGED TO PAT	45,468,673	.428324	.428324
56	DRUGS CHARGED TO PATIENTS	22,835,640	.328358	.328358
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION L	98,482,091	.073018	.073018
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	5,569,792	.763971	.763971
62	OBSERVATION BEDS (NON-DIS	1,656,192	1.019501	1.019501
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	299,805,394		
102	LESS OBSERVATION BEDS	1,656,192		
103	TOTAL	298,149,202		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	3,708,460	1,044,165	2,664,295	104,417	154,529	3,449,514
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	2,518,823	403,120	2,115,703	40,312	122,711	2,355,800
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	3,708,991	211,729	3,497,262	21,173	202,841	3,484,977
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	3,373,934	146,142	3,227,792	14,614	187,212	3,172,108
51	PHYSICAL THERAPY	472,540	10,433	462,107	1,043	26,802	444,695
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	12,704,533	233,112	12,471,421	23,311	723,342	11,957,880
57	30 IMPL. DEV. CHARGED TO PAT	19,475,338	356,308	19,119,030	35,631	1,108,904	18,330,803
58	DRUGS CHARGED TO PATIENTS	7,498,254	358,175	7,140,079	35,818	414,125	7,048,311
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	CARDIAC CATHETERIZATION L	7,190,950	1,386,521	5,804,429	138,652	336,657	6,715,641
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC						
64	EMERGENCY	4,255,159	387,134	3,868,025	38,713	224,345	3,992,101
65	OBSERVATION BEDS (NON-DIS	1,688,489	245,535	1,442,954	24,554	83,691	1,580,244
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	66,595,471	4,782,374	61,813,097	478,238	3,585,159	62,532,074
102	LESS OBSERVATION BEDS	1,688,489	245,535	1,442,954	24,554	83,691	1,580,244
103	TOTAL	64,906,982	4,536,839	60,370,143	453,684	3,501,468	60,951,830

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	24,501,141	.140790	.147097
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	33,408,030	.070516	.074189
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	22,123,242	.157526	.166694
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	13,491,955	.235111	.248987
51	PHYSICAL THERAPY	1,584,947	.280574	.297484
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	30,683,691	.389715	.413289
56	30 IMPL. DEV. CHARGED TO PAT	45,468,673	.403152	.427541
57	DRUGS CHARGED TO PATIENTS	22,835,640	.308654	.326789
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
60	CARDIAC CATHETERIZATION L	98,482,091	.068191	.071610
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
63	EMERGENCY	5,569,792	.716741	.757020
64	OBSERVATION BEDS (NON-DIS	1,656,192	.954143	1.004675
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	299,805,394		
104	LESS OBSERVATION BEDS	1,656,192		
105	TOTAL	298,149,202		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0153
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II)	OLD CAPITAL SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, III)	NEW CAPITAL SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
LINE NO.		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				4,932,593		4,932,593
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				4,932,593		4,932,593

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0153
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	21,857	11,867			225.68	2,678,145
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	21,857	11,867				2,678,145

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-0153 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,044,165	24,501,141	14,891,794		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		403,120	33,408,030	8,607,302		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY		211,729	22,123,242	12,254,090		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		146,142	13,491,955	4,606,031		
51	PHYSICAL THERAPY		10,433	1,584,947	979,791		
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY		233,112	30,683,691	12,286,956		
56	MEDICAL SUPPLIES CHARGED		356,308	45,468,673	17,465,525		
57	30 IMPL. DEV. CHARGED TO PAT		358,175	22,835,640	11,563,844		
58	DRUGS CHARGED TO PATIENTS						
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	CARDIAC CATHETERIZATION L		1,386,521	98,482,091	31,859,080		
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC						
64	EMERGENCY		387,134	5,569,792	1,402,729		
65	OBSERVATION BEDS (NON-DIS		245,535	1,656,192			
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		4,782,374	299,805,394	115,917,142		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-0153 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.042617	634,644
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.012067	103,864
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.009570	117,272
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.010832	49,893
50	PHYSICAL THERAPY	.006583	6,450
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.007597	93,344
55	30 IMPL. DEV. CHARGED TO PAT	.007836	136,860
56	DRUGS CHARGED TO PATIENTS	.015685	181,379
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	CARDIAC CATHETERIZATION L	.014079	448,544
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.069506	97,498
62	OBSERVATION BEDS (NON-DIS	.148253	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		1,869,748

Health Financial Systems MCRIF32

FOR ST. VINCENT HEART CENTER

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I
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I

PROVIDER NO:
15-0153

I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010

I PREPARED 11/29/2010
I WORKSHEET D
I PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					21,857	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					21,857	

Health Financial Systems MCRIF32 FOR ST. VINCENT HEART CENTER

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I PROVIDER NO: 15-0153 I PERIOD: FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/29/2010 I WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	11,867	

Health Financial Systems MCRIF32 FOR ST. VINCENT HEART CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009)
 I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART IV
 I 15-0153 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

WKST A	COST CENTER	DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.			3	3.01	4	5	5.01	6	7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			24,501,141			14,891,794	
38		RECOVERY ROOM							
39		DELIVERY ROOM & LABOR ROO							
40		ANESTHESIOLOGY							
41		RADIOLOGY-DIAGNOSTIC			33,408,030			8,607,302	
42		RADIOLOGY-THERAPEUTIC							
43		RADIOISOTOPE							
44		LABORATORY			22,123,242			12,254,090	
45		PBP CLINICAL LAB SERVICES							
46		WHOLE BLOOD & PACKED RED							
47		BLOOD STORING, PROCESSING							
48		INTRAVENOUS THERAPY							
49		RESPIRATORY THERAPY			13,491,955			4,606,031	
50		PHYSICAL THERAPY			1,584,947			979,791	
51		OCCUPATIONAL THERAPY							
52		SPEECH PATHOLOGY							
53		ELECTROCARDIOLOGY							
54		ELECTROENCEPHALOGRAPHY							
55		MEDICAL SUPPLIES CHARGED			30,683,691			12,286,956	
55	30	IMPL. DEV. CHARGED TO PAT			45,468,673			17,465,525	
56		DRUGS CHARGED TO PATIENTS			22,835,640			11,563,844	
57		RENAL DIALYSIS							
58		ASC (NON-DISTINCT PART)							
59		CARDIAC CATHETERIZATION L			98,482,091			31,859,080	
		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
61		EMERGENCY			5,569,792			1,402,729	
62		OBSERVATION BEDS (NON-DIS			1,656,192				
		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS							
65		AMBULANCE SERVICES							
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL			299,805,394			115,917,142	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,908,963					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,298,580					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	24,703					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	68,597					
50	PHYSICAL THERAPY	2,151					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,625,951					
55	30 IMPL. DEV. CHARGED TO PAT	8,383,880					
56	DRUGS CHARGED TO PATIENTS	1,075,767					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L	12,340,321					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,324,626					
62	OBSERVATION BEDS (NON-DIS	727,833					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	37,781,372					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.151359	.151359			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.075396	.075396			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.167651	.167651			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.250070	.250070			
50 PHYSICAL THERAPY	.298142	.298142			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.414048	.414048			
55 30 IMPL. DEV. CHARGED TO PATIENT	.428324	.428324			
56 DRUGS CHARGED TO PATIENTS	.328358	.328358			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY	.073018	.073018			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.763971	.763971			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.019501	1.019501			
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		3,908,963			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		8,298,580			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		24,703			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		68,597			
50 PHYSICAL THERAPY		2,151			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,625,951			
55 30 IMPL. DEV. CHARGED TO PATIENT		8,383,880			
56 DRUGS CHARGED TO PATIENTS		1,075,767			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY		12,340,321			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		1,324,626			
62 OBSERVATION BEDS (NON-DISTINCT PART)		727,833			
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		37,781,372			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		37,781,372			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				591,657	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				625,680	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				4,141	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				17,154	
50 PHYSICAL THERAPY				641	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				673,222	
55 30 IMPL. DEV. CHARGED TO PATIENT				3,591,017	
56 DRUGS CHARGED TO PATIENTS				353,237	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY				901,066	
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				1,011,976	
62 OBSERVATION BEDS (NON-DISTINCT PART)				742,026	
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				8,511,817	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				8,511,817	

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
59 CARDIAC CATHETERIZATION LABORATORY			
60 OUTPAT SERVICE COST CNTRS			
61 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 OTHER REIMBURS COST CNTRS			
64 HOME PROGRAM DIALYSIS			
65 AMBULANCE SERVICES			
66 DURABLE MEDICAL EQUIP-RENTED			
67 DURABLE MEDICAL EQUIP-SOLD			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO: 15-0153
PERIOD: FROM 7/1/2009 TO 6/30/2010
COMPONENT NO: 15-0153
PREPARED 11/29/2010
WORKSHEET D
PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.328358
2	PROGRAM VACCINE CHARGES		1,182
3	PROGRAM COSTS		388

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.140790				44,476
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.070516				366,196
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.157526				81,734
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.235111				117,762
50 PHYSICAL THERAPY	.280574				1,102
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.389715				
55 30 IMPL. DEV. CHARGED TO PATIENT	.403152				
56 DRUGS CHARGED TO PATIENTS	.308654				62,957
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY	.068191				1,288,051
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY	.716741				32,395
62 OBSERVATION BEDS (NON-DISTINCT PART)	.954143				
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					1,994,673
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					1,994,673

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description		8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		6,262			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		25,823			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY		12,875			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		27,687			
50	PHYSICAL THERAPY		309			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55	30 IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS		19,432			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION LABORATORY		87,833			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		23,219			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		203,440			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		203,440			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,857
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,857
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,857
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,867
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	33,920,387
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	33,920,387

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	56,571,516
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	56,571,516
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.599602
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,588.26
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	33,920,387

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,551.92
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 18,416,635
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 18,416,635

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					26,164,625
49 TOTAL PROGRAM INPATIENT COSTS					44,581,260

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,678,145
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,869,748
 52 TOTAL PROGRAM EXCLUDABLE COST 4,547,893
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 40,033,367

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2010 I PART III
 I 15-0153 I I

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 68 PROGRAM ROUTINE SERVICE COST
- 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- 72 PER DIEM CAPITAL-RELATED COSTS
- 73 PROGRAM CAPITAL-RELATED COSTS
- 74 INPATIENT ROUTINE SERVICE COST
- 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
- 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
- 78 INPATIENT ROUTINE SERVICE COST LIMITATION
- 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
- 80 PROGRAM INPATIENT ANCILLARY SERVICES
- 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
- 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,088
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,551.92
- 85 OBSERVATION BED COST 1,688,489

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		33,920,387		1,688,489	
87 NEW CAPITAL-RELATED COST	4,932,593	33,920,387	.145417	1,688,489	245,535
88 NON PHYSICIAN ANESTHETIST		33,920,387		1,688,489	
89 MEDICAL EDUCATION		33,920,387		1,688,489	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,857
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,857
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,857
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	616
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	56,571,516
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	56,571,516
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,588.26
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

- 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
- 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
- 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					483,613
49 TOTAL PROGRAM INPATIENT COSTS					483,613

PASS THROUGH COST ADJUSTMENTS

- 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
- 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
- 52 TOTAL PROGRAM EXCLUDABLE COST
- 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
ANESTHETIST, AND MEDICAL EDUCATION COSTS

483,613

TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- 58 BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
- 59.03 PROGRAM DISCHARGES AFTER JULY 1
- 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
- 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

156

PROGRAM INPATIENT ROUTINE SWING BED COST

- 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
- 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
- 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
- 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
- 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 68 PROGRAM ROUTINE SERVICE COST
- 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- 72 PER DIEM CAPITAL-RELATED COSTS
- 73 PROGRAM CAPITAL-RELATED COSTS
- 74 INPATIENT ROUTINE SERVICE COST
- 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
- 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
- 78 INPATIENT ROUTINE SERVICE COST LIMITATION
- 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
- 80 PROGRAM INPATIENT ANCILLARY SERVICES
- 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
- 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

1,088

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		27,474,852	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.151359	14,891,794	2,254,007
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.075396	8,607,302	648,956
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.167651	12,254,090	2,054,410
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.250070	4,606,031	1,151,830
50	PHYSICAL THERAPY	.298142	979,791	292,117
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.414048	12,286,956	5,087,390
55	30 IMPL. DEV. CHARGED TO PATIENT	.428324	17,465,525	7,480,904
56	DRUGS CHARGED TO PATIENTS	.328358	11,563,844	3,797,081
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	.073018	31,859,080	2,326,286
60	CLINIC			
61	EMERGENCY	.763971	1,402,729	1,071,644
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.019501		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		115,917,142	26,164,625
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		115,917,142	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			974,532	
26	INTENSIVE CARE UNIT				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.151359	406,809	61,574
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.075396	319,939	24,122
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.167651	338,532	56,755
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY		.250070	212,514	53,143
50	PHYSICAL THERAPY		.298142	20,925	6,239
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY				
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.414048		
55	30 IMPL. DEV. CHARGED TO PATIENT		.428324		
56	DRUGS CHARGED TO PATIENTS		.328358	384,451	126,238
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
59	CARDIAC CATHETERIZATION LABORATORY		.073018	1,910,253	139,483
60	OUTPAT SERVICE COST CNTRS				
61	CLINIC				
61	EMERGENCY		.763971	21,020	16,059
62	OBSERVATION BEDS (NON-DISTINCT PART)		1.019501		
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			3,614,443	483,613
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			3,614,443	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2010 I PART A
 I 15-0153 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	8,437,623	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8,049,429	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	17,792,585	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	19,436	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	411,048	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	104.03	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2010 I PART A
 I 15-0153 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	34,690,685	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	34,690,685	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,907,614	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	37,598,299	
17 PRIMARY PAYER PAYMENTS	15,785	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	37,582,514	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,515,328	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	8,090	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	161,678	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	113,175	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	143,427	
22 SUBTOTAL	35,172,271	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	35,172,271	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	35,227,067	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-54,796	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2010 I PART B
 I 15-0153 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 388
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 8,511,817
 2001 (SEE INSTRUCTIONS).
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 9,510,028
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9,
 9.01, 9.02) LINE 101.
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS) 388

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES 1,182
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES 1,182
 CUSTOMARY CHARGES
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
 PAYMENT FOR SERVICES ON A CHARGE BASIS
 12 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).
 13 RATIO OF LINE 11 TO LINE 12
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 1,182
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST 794
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 388
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 9,510,028

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON 1,465,885
 LINE 17.01 (SEE INSTRUCTIONS)
 19 SUBTOTAL (SEE INSTRUCTIONS) 8,044,531
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
 22 ESRD DIRECT MEDICAL EDUCATION COSTS
 23 SUBTOTAL 8,044,531
 24 PRIMARY PAYER PAYMENTS 48
 25 SUBTOTAL 8,044,483

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 114,368
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 80,058
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 109,971
 28 SUBTOTAL 8,124,541
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER
 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
 30 OTHER ADJUSTMENTS (SPECIFY)
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING
 FROM DISPOSITION OF DEPRECIABLE ASSETS.
 32 SUBTOTAL 8,124,541
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 8,045,516
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM 79,025
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2010 I
 I 15-0153 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		35,186,968		8,061,987
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 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)				
ADJUSTMENTS TO PROVIDER .01	2/ 4/2010	40,099		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			2/ 4/2010	16,471
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		40,099		-16,471
4 TOTAL INTERIM PAYMENTS		35,227,067		8,045,516
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				79,025
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		54,796		
7 TOTAL MEDICARE PROGRAM LIABILITY		35,172,271		8,124,541

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0153
 PERIOD: FROM 7/ 1/2009 TO 6/30/2010
 COMPONENT NO: -
 PREPARED 11/29/2010
 WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE				
1	INPATIENT HOSPITAL/SNF/NF SERVICES		483,613	
2	MEDICAL AND OTHER SERVICES		203,440	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		687,053	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		687,053	
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
10	ROUTINE SERVICE CHARGES		974,532	
11	ANCILLARY SERVICE CHARGES		5,609,116	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		6,583,648	
CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		6,583,648	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		5,896,595	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		687,053	
PROSPECTIVE PAYMENT AMOUNT				
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		687,053	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		687,053	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		687,053	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		687,053	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		687,053	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		687,053	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		687,053	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I
I
I
I

PROVIDER NO: 15-0153
PERIOD: FROM 7/1/2009 TO 6/30/2010
I PREPARED 11/29/2010
I WORKSHEET E-3
I PART III
I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

- 1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE
- 1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)
- 2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY
- 2.01 UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)
- 3 AGGREGATE APPROVED AMOUNT
- 3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96
- 3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)
- 3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03
- 3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 3.11 WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.12 SEE INSTRUCTIONS
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 11,867
- 5 TOTAL INPATIENT DAYS 20,769
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .571380
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 3
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 20,769
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) PRIOR TO 422 E-3,6 LN 12 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

Health Financial Systems MCRIF32 FOR ST. VINCENT HEART CENTER
 DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL
 EDUCATION COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET E-3
 I I TO 6/30/2010 I PART IV

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 44,581,260
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 15,785
- 16 TOTAL PART A REASONABLE COST 44,565,475

PART B REASONABLE COST

- 17 REASONABLE COST 8,512,205
- 18 PRIMARY PAYER PAYMENTS 48
- 19 TOTAL PART B REASONABLE COST 8,512,157
- 20 TOTAL REASONABLE COST 53,077,632
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .839628
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .160372

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

ASSETS		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	11,971,935			
2	TEMPORARY INVESTMENTS	29,229,981			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	26,023,987			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11,890,165			
7	INVENTORY	911,804			
8	PREPAID EXPENSES	978,238			
9	OTHER CURRENT ASSETS	1,056,132			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	58,281,912			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	69,567,094			
14	LESS ACCUMULATED DEPRECIATION	-40,858,646			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT				
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	28,708,448			
OTHER ASSETS					
22	INVESTMENTS	5,808			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	5,808			
27	TOTAL ASSETS	86,996,168			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,101,897			
29 SALARIES, WAGES & FEES PAYABLE	5,551,566			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,594,103			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,101,027			
36 TOTAL CURRENT LIABILITIES	16,348,593			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	42,733,846			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	42,733,846			
43 TOTAL LIABILITIES	59,082,439			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	27,913,729			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	27,913,729			
52 TOTAL LIABILITIES AND FUND BALANCES	86,996,168			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET G-1
 I I TO 6/30/2010 I

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		29,103,339		
2 NET INCOME (LOSS)		22,788,107		
3 TOTAL		51,891,446		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 INCREASE IN TEMP RESTR. N	5,808			
6				
7				
8				
9				
10 TOTAL ADDITIONS		5,808		
11 SUBTOTAL		51,897,254		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 TRANSFERS TO AFFILIATES	15,577,726			
14 OTHER UNRESTRICTED ACTIVI	8,405,799			
15				
16				
17				
18 TOTAL DEDUCTIONS		23,983,525		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		27,913,729		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 INCREASE IN TEMP RESTR. N				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 TRANSFERS TO AFFILIATES				
14 OTHER UNRESTRICTED ACTIVI				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET G-2
 I I TO 6/30/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	56,571,516		56,571,516
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	56,571,516		56,571,516
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	56,571,516		56,571,516
17 00 ANCILLARY SERVICES	217,020,047	80,789,763	297,809,810
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	273,591,563	80,789,763	354,381,326

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		104,325,464	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	7,410,432		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		7,410,432	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		111,735,896	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0153
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	354,381,326
2	LESS: ALLOWANCES AND DISCOUNTS ON	220,789,675
3	NET PATIENT REVENUES	133,591,651
4	LESS: TOTAL OPERATING EXPENSES	111,735,896
5	NET INCOME FROM SERVICE TO PATIENT	21,855,755
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	410,427
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	474,985
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	9,436
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	3
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	15,335
24.01		
24.02		
24.03		
24.04	NET ASSETS RELEASED FROM RESTRICTION	18,118
24.05	RESEARCH/SPONSOR REVENUE	4,048
24.06		
24.07		
24.08		
25	TOTAL OTHER INCOME	932,352
26	TOTAL	22,788,107
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	22,788,107

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0153 I FROM 7/ 1/2009 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2010 I PARTS I-IV
 I 15-0153 I I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,815,581
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	74,858
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	56.90
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.02
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	2.97
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	2.99
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.61
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	17,175
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,907,614

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	