

**St. Vincent Carmel Hospital**

**Provider No. 15-0157 and Aim No. 200473800**

**Hospital Statements of Reimbursable Costs  
(Medicare and Medicaid Programs)**

**June 30, 2013**

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 150157

Period: From 07/01/2012 To 06/30/2013

Worksheet 5 Parts I-III Date/Time Prepared: 11/27/2013 10:03 am

**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically filed cost report Date: 11/27/2013 Time: 10:03 am

2.  Manually submitted cost report

3.  If this is an amended report enter the number of times the provider resubmitted this cost report

4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5.  Cost Report Status

(1) As Submitted

(2) Settled without Audit

(3) Settled with Audit

(4) Reopened

(5) Amended

6. Date Received:

7. Contractor No.

8.  Initial Report for this Provider CCN

9.  Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT CARMEL HOSPITAL ( 150157 ) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 11/27/2013 Time: 10:03 am  
 8YYY1M0qQsqmKpjaBqfu9DTgH7RN00  
 SEaCt0EdLtn.VQHDDwcwXAY0KNNes  
 P:EcLop9Um0gI7oJ  
 PI: Date: 11/27/2013 Time: 10:03 am  
 oC9onOVDaU85CKVDiYQfc2m1kg84B0  
 r1oLr0fnx5nNhedBjyy7M0mFWD.dGv  
 X8Eb0ygSq00Keuqq

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Title V	Title XVIII		HIT	Title XIX	
	Part A	Part B			
1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	-217,814	52,480	1,154,100	0 1.00
2.00 Subprovider - IPF	0	0	0		0 2.00
3.00 Subprovider - IRF	0	0	0		0 3.00
5.00 Swing bed - SNF	0	0	0		0 5.00
6.00 Swing bed - NF	0	0	0		0 6.00
12.00 CMHC I	0	0	0		0 12.00
200.00 Total	0	-217,814	52,480	1,154,100	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 11:02 am
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1.00	Hospital and Hospital Health Care Complex Address:		1.00
2.00	Street: 13500 NORTH MERIDIAN STREET	PO Box:	2.00
	City: CARMEL	State: IN	
		Zip Code: 46033	
		County: HAMILTON	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
						V	XVIII	XIX
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	

<b>Hospital and Hospital-Based Component Identification:</b>										
3.00	Hospital	ST. VINCENT CARMEL HOSPITAL	150157	26900	1	01/14/2004	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

20.00	Cost Reporting Period (mm/dd/yyyy)	From: 07/01/2012	To: 06/30/2013	20.00
21.00	Type of Control (see instructions)	1		21.00

<b>Inpatient PPS Information</b>				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	650	453	0	1	1,225	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

	Urban/Rural S	Date of Geogr	
	1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0	35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 11:02 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1.00		2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				0.00	0.00

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20
				1.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
<b>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</b>					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 64.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000 65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>					
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet 5-2 Part I Date/Time Prepared: 11/26/2013 11:02 am			
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00	
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did 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. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00	
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00	
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	97.00	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N		106.00	

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		V 1.00	XIX 2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	145,443	0		0	118.01
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		269008	140.00

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ST. VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 10330 N. MERIDIAN STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46290		143.00	
						1.00	
144.00	Are provider based physicians' costs included in worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					N	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
<b>Multicampus</b>							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00	169.00
						Beginning	Ending
						1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					04/09/2012	07/09/2012

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 11:02 am
		Y/N 1.00	Date 2.00	
<b>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</b>				
<b>COMPLETED BY ALL HOSPITALS</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "v" for voluntary or "i" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/13/2013
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N 1.00	Legal Oper. 2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N 1.00		
<b>Bad Debts</b>				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
<b>Bed Complement</b>				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Description 0	Part A Y/N 1.00	Date 2.00
			Part B Y/N 3.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/02/2013	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 11:02 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SKANDER	NASSER		41.00
42.00	Enter the employer/company name of the cost report preparer.	BRADLEY ASSOCIATES			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-237-5500	SKANDERN@BRADLEYCPA.COM		43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	10/02/2013		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PARTNER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-2  
Part V  
Date/Time Prepared:  
11/26/2013 11:02 am

1.00

**Cost Report Preparer Contact Information**

1.00	First Name	SKANDER	1.00
2.00	Last Name	NASSER	2.00
3.00	Title	PARTNER	3.00
4.00	Employer	BRADLEY ASSOCIATES	4.00
5.00	Phone Number	(317)237-5500	5.00
6.00	E-mail Address	SKANDERN@BRADLEYCPA.COM	6.00
7.00	Department		7.00
8.00	Mailing Address 1	201 S. CAPITOL AVENUE	8.00
9.00	Mailing Address 2	SUITE 700	9.00
10.00	City	INDIANAPOLIS	10.00
11.00	State	IN	11.00
12.00	Zip	46225	12.00

**Officer or Administrator of Provider Contact Information**

13.00	First Name	JILL	13.00
14.00	Last Name	HILL	14.00
15.00	Title	REIMBURSEMENT MANAGER	15.00
16.00	Employer	ST. VINCENT HEALTH	16.00
17.00	Phone Number	(317)583-3519	17.00
18.00	E-mail Address	JILL.HILL@STVINCENT.ORG	18.00
19.00	Department		19.00
20.00	Mailing Address 1	10330 N. MERIDIAN STREET	20.00
21.00	Mailing Address 2	SUITE 420	21.00
22.00	City	INDIANAPOLIS	22.00
23.00	State	IN	23.00
24.00	Zip	46290	24.00

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-2  
Part IX  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	131	43,444	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		131	43,444	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 SPECIAL CARE NURSERY	35.00	9	3,285	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		150	50,379	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		150				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet 5-3  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,442	479	14,174			1.00
2.00 HMO and other (see instructions)	1,345	967				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,442	479	14,174			7.00
8.00 INTENSIVE CARE UNIT	493	0	1,143			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 SPECIAL CARE NURSERY	0	0	1,460			12.00
13.00 NURSERY		818	2,807			13.00
14.00 Total (see instructions)	4,935	1,297	19,584	0.00	658.25	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	658.25	27.00
28.00 Observation Bed Days		0	2,370			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		65	756			32.00
33.00 LTCH non-covered days	0					33.00

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,282	424	6,149	1.00
2.00 HMO and other (see instructions)			319			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 SPECIAL CARE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,282	424	6,149	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	47,781,455	0	47,781,455	1,365,487.00	34.99
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		2,995,393	0	2,995,393	28,310.00	105.81
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		2,069,165	0	2,069,165	53,911.00	38.38
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,581,715	0	6,581,715	160,536.00	41.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		203,727	0	203,727	3,450.00	59.05
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		7,536,278	0	7,536,278	168,913.00	44.62
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		9,288,776	0	9,288,776		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,600,239	0	1,600,239		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		432,719	0	432,719		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,114,868	0	1,114,868	12,082.00	92.28
27.00	Administrative & General	5.00	5,862,326	0	5,862,326	187,956.00	31.19
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	905,355	0	905,355	34,648.00	26.13
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		1,522,351	0	1,522,351	67,155.00	22.67
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		1,441,448	0	1,441,448	63,271.00	22.78
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,619,106	0	1,619,106	38,862.00	41.66
39.00	Central Services and Supply	14.00	379,466	0	379,466	22,871.00	16.59
40.00	Pharmacy	15.00	2,152,977	0	2,152,977	53,882.00	39.96
41.00	Medical Records & Medical Records Library	16.00	357,387	0	357,387	13,602.00	26.27

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Social Service	17.00	163,018	0	163,018	5,376.00	30.32	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/26/2013 11:02 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	45,680,696	0	45,680,696	1,413,692.00	32.31	1.00
2.00	Excluded area salaries (see instructions)	6,581,715	0	6,581,715	160,536.00	41.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,098,981	0	39,098,981	1,253,156.00	31.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,740,005	0	7,740,005	172,363.00	44.91	4.00
5.00	Subtotal wage-related costs (see inst.)	9,288,776	0	9,288,776	0.00	23.76	5.00
6.00	Total (sum of lines 3 thru 5)	56,127,762	0	56,127,762	1,425,519.00	39.37	6.00
7.00	Total overhead cost (see instructions)	15,518,302	0	15,518,302	499,705.00	31.05	7.00

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-3  
Part IV  
Date/Time Prepared:  
11/26/2013 11:02 am

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	594,359	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	348,469	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	5,220,298	8.00
9.00	Prescription Drug Plan	1,046,944	9.00
10.00	Dental, Hearing and Vision Plan	139,167	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	41,789	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	233,556	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	196,447	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	3,413,937	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	28,200	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	58,577	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,321,743	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-3  
Part V  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Contract Labor	Benefit Cost	
	1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>			
<b>Hospital and Hospital-Based Component Identification:</b>			
1.00 Total facility's contract labor and benefit cost	203,727	9,288,776	1.00
2.00 Hospital	203,727	9,288,776	2.00
3.00 Subprovider - IPF			3.00
4.00 Subprovider - IRF			4.00
5.00 Subprovider - (Other)	0	0	5.00
6.00 Swing Beds - SNF	0	0	6.00
7.00 Swing Beds - NF	0	0	7.00
8.00 Hospital-Based SNF			8.00
9.00 Hospital-Based NF			9.00
10.00 Hospital-Based OLTC			10.00
11.00 Hospital-Based HHA			11.00
12.00 Separately Certified ASC			12.00
13.00 Hospital-Based Hospice			13.00
14.00 Hospital-Based Health Clinic RHC			14.00
15.00 Hospital-Based Health Clinic FQHC			15.00
16.00 Hospital-Based-CMHC	0	0	16.00
17.00 Renal Dialysis			17.00
18.00 Other	0	0	18.00

		1.00	
<b>Uncompensated and indigent care cost computation</b>			
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.256410	1.00
<b>Medicaid (see instructions for each line)</b>			
2.00	Net revenue from Medicaid	1,688,600	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	24,281,741	6.00
7.00	Medicaid cost (line 1 times line 6)	6,226,081	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	4,537,481	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>			
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
<b>Uncompensated care (see instructions for each line)</b>			
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	1,662	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	4,537,481	19.00
		<b>Uninsured patients</b>	<b>Insured patients</b>
		<b>1.00</b>	<b>2.00</b>
		<b>3.00</b>	<b>Total (col. 1 + col. 2)</b>
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,750,739	142,539
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,500,187	36,548
22.00	Partial payment by patients approved for charity care	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,500,187	36,548
		<b>1.00</b>	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	3,307,950	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	81,928	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)	3,226,022	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	827,184	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	3,363,919	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,901,400	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		206,072	206,072	5,053,391	5,259,463	1.00
2.00	00200		0	0	2,419,033	2,419,033	2.00
4.00	00400	1,114,868	11,886,053	13,000,921	579,018	13,579,939	4.00
5.01	00510	0	419,389	419,389	-14,627	404,762	5.01
5.02	00511	139,902	5,063	144,965	0	144,965	5.02
5.03	00512	259,536	496,054	755,590	0	755,590	5.03
5.04	00513	959,308	469,498	1,428,806	-1,030,829	397,977	5.04
5.05	00514	710,268	771,670	1,481,938	0	1,481,938	5.05
5.06	00515	0	0	0	1,030,829	1,030,829	5.06
5.07	00560	3,793,312	13,789,130	17,582,442	-951,273	16,631,169	5.07
7.00	00700	905,355	3,323,748	4,229,103	-1,140,714	3,088,389	7.00
8.00	00800	0	0	0	426,728	426,728	8.00
9.00	00900	0	2,279,242	2,279,242	-525,454	1,753,788	9.00
10.00	01000	0	2,065,364	2,065,364	-1,186,824	878,540	10.00
11.00	01100	0	0	0	1,172,713	1,172,713	11.00
13.00	01300	1,619,106	200,078	1,819,184	-8,389	1,810,795	13.00
14.00	01400	379,466	148,927	528,393	-21,046	507,347	14.00
15.00	01500	2,152,977	2,776,255	4,929,232	-2,460,641	2,468,591	15.00
16.00	01600	357,387	349,568	706,955	0	706,955	16.00
17.00	01700	163,018	62,129	225,147	0	225,147	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	11,429,578	2,852,764	14,282,342	-2,204,031	12,078,311	30.00
31.00	03100	1,071,382	782,211	1,853,593	-9,145	1,844,448	31.00
35.00	02040	2,287,301	170,953	2,458,254	-37,673	2,420,581	35.00
43.00	04300	0	0	0	1,223,704	1,223,704	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,186,007	14,847,717	19,033,724	-6,048,922	12,984,802	50.00
50.01	05001	548,194	325,473	873,667	-232,775	640,892	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	1,840,116	1,677,450	3,517,566	-17,478	3,500,088	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	2,882,771	3,883,768	6,766,539	-2,514,451	4,252,088	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	1,211,357	1,211,357	54.02
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	78,505	2,821,243	2,899,748	0	2,899,748	60.00
65.00	06500	1,241,778	235,958	1,477,736	-24,888	1,452,848	65.00
65.01	06501	5,480	7,811	13,291	-4,335	8,956	65.01
66.00	06600	255,094	6,948	262,042	0	262,042	66.00
67.00	06700	24,358	1,463	25,821	0	25,821	67.00
68.00	06800	15,591	0	15,591	0	15,591	68.00
69.00	06900	13,090	185,184	198,274	0	198,274	69.00
70.00	07000	78,321	41,047	119,368	-8,712	110,656	70.00
71.00	07100	0	0	0	1,150,681	1,150,681	71.00
72.00	07200	0	0	0	3,939,787	3,939,787	72.00
73.00	07300	0	0	0	2,460,641	2,460,641	73.00
76.00	03020	568,035	289,534	857,569	-35,994	821,575	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	2,119,636	566,062	2,685,698	-17,662	2,668,036	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300		742,054	742,054	-742,054	0	113.00
118.00		41,199,740	68,685,880	109,885,620	1,429,965	111,315,585	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	57,377	242,760	300,137	0	300,137	190.00
192.00	19200	0	69,900	69,900	-69,691	209	192.00
194.00	07950	0	11,024	11,024	-6,375	4,649	194.00
194.01	07951	0	120	120	0	120	194.01
194.02	07952	571,194	23,472,748	24,043,942	-369,176	23,674,766	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	5,953,144	2,646,558	8,599,702	-984,723	7,614,979	194.06
194.07	07957	0	0	0	0	0	194.07
200.00		47,781,455	95,128,990	142,910,445	0	142,910,445	200.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	833,144	6,092,607	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,419,033	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,585,703	15,165,642	4.00
5.01	00510	NONPATIENT TELEPHONES	223,644	628,406	5.01
5.02	00511	DATA PROCESSING	4,763,759	4,908,724	5.02
5.03	00512	PURCHASING & RECEIVING	210,973	966,563	5.03
5.04	00513	IP ADMITTING	-123,159	274,818	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	159,226	1,641,164	5.05
5.06	00515	OP REGISTRATION	-174,932	855,897	5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	-10,531,723	6,099,446	5.07
7.00	00700	OPERATION OF PLANT	-260,131	2,828,258	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	426,728	8.00
9.00	00900	HOUSEKEEPING	0	1,753,788	9.00
10.00	01000	DIETARY	1,746	880,286	10.00
11.00	01100	CAFETERIA	-507,548	665,165	11.00
13.00	01300	NURSING ADMINISTRATION	-129,736	1,681,059	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	278	507,625	14.00
15.00	01500	PHARMACY	5	2,468,596	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-64,894	642,061	16.00
17.00	01700	SOCIAL SERVICE	-50	225,097	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,684,168	9,394,143	30.00
31.00	03100	INTENSIVE CARE UNIT	-556,840	1,287,608	31.00
35.00	02040	SPECIAL CARE NURSERY	-1,231,416	1,189,165	35.00
43.00	04300	NURSERY	0	1,223,704	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-812,294	12,172,508	50.00
50.01	05001	SURGERY - AMBULATORY	37	640,929	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,207,571	2,292,517	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-217,766	4,034,322	54.00
54.01	05401	CATH LAB	0	0	54.01
54.02	05402	ULTRASOUND	0	1,211,357	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-21,806	2,877,942	60.00
65.00	06500	RESPIRATORY THERAPY	-1,678	1,451,170	65.00
65.01	06501	SLEEP LAB	40	8,996	65.01
66.00	06600	PHYSICAL THERAPY	21,769	283,811	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,821	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,591	68.00
69.00	06900	ELECTROCARDIOLOGY	-66,274	132,000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	334	110,990	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,150,681	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,939,787	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,460,641	73.00
76.00	03020	ENDOSCOPY	-939	820,636	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-20,117	2,647,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	09900	CMHC	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,812,384	100,503,201	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-201	299,936	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	209	192.00
194.00	07950	MISSION EFFECTIVENESS	0	4,649	194.00
194.01	07951	MARKETING	2,946,645	2,946,765	194.01
194.02	07952	JOINT VENTURES	0	23,674,766	194.02
194.03	07953	FOUNDATION	0	0	194.03
194.04	07954	VACANT	0	0	194.04
194.05	07955	SEASH	0	0	194.05
194.06	07956	SPORTS MEDICINE	-214,265	7,400,714	194.06
194.07	07957	WESTFIELD OB PHYSICIAN OFFICE	0	0	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-8,080,205	134,830,240	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet Non-CMS W  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00510		5.01
5.02	DATA PROCESSING	00511		5.02
5.03	PURCHASING & RECEIVING	00512		5.03
5.04	IP ADMITTING	00513		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00514		5.05
5.06	OP REGISTRATION	00515		5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	00560		5.07
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	SPECIAL CARE NURSERY	02040		35.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
50.01	SURGERY - AMBULATORY	05001		50.01
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	CATH LAB	05401		54.01
54.02	ULTRASOUND	05402		54.02
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	SLEEP LAB	06501		65.01
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	ENDOSCOPY	03020		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.00	CMHC	09900		99.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	MISSION EFFECTIVENESS	07950		194.00
194.01	MARKETING	07951		194.01
194.02	JOINT VENTURES	07952		194.02
194.03	FOUNDATION	07953		194.03
194.04	VACANT	07954		194.04
194.05	SEASH	07955		194.05
194.06	SPORTS MEDICINE	07956		194.06
194.07	WESTFIELD OB PHYSICIAN OFFICE	07957		194.07
200.00	TOTAL (SUM OF LINES 118-199)			200.00

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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
<b>A - BENEFITS TRANSFER</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	632,899	1.00
	TOTALS			0	632,899	
<b>B - UTILITIES TRANSFER</b>						
1.00	OPERATION OF PLANT	7.00		0	135,640	1.00
2.00		0.00		0	0	2.00
3.00		0.00		0	0	3.00
4.00		0.00		0	0	4.00
5.00		0.00		0	0	5.00
	TOTALS			0	135,640	
<b>C - DEPRECIATION XFER BUILDING</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	2,234,275	1.00
2.00		0.00		0	0	2.00
3.00		0.00		0	0	3.00
4.00		0.00		0	0	4.00
5.00		0.00		0	0	5.00
6.00		0.00		0	0	6.00
7.00		0.00		0	0	7.00
8.00		0.00		0	0	8.00
9.00		0.00		0	0	9.00
10.00		0.00		0	0	10.00
11.00		0.00		0	0	11.00
12.00		0.00		0	0	12.00
13.00		0.00		0	0	13.00
14.00		0.00		0	0	14.00
	TOTALS			0	2,234,275	
<b>D - DEPRECIATION XFER EQUIPMENT</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		0	2,419,033	1.00
2.00		0.00		0	0	2.00
3.00		0.00		0	0	3.00
4.00		0.00		0	0	4.00
5.00		0.00		0	0	5.00
6.00		0.00		0	0	6.00
7.00		0.00		0	0	7.00
8.00		0.00		0	0	8.00
9.00		0.00		0	0	9.00
10.00		0.00		0	0	10.00
11.00		0.00		0	0	11.00
12.00		0.00		0	0	12.00
13.00		0.00		0	0	13.00
14.00		0.00		0	0	14.00
15.00		0.00		0	0	15.00
16.00		0.00		0	0	16.00
17.00		0.00		0	0	17.00
18.00		0.00		0	0	18.00
19.00		0.00		0	0	19.00
20.00		0.00		0	0	20.00
21.00		0.00		0	0	21.00
	TOTALS			0	2,419,033	
<b>E - PHARMACY - CHARGEABLE DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00		0	2,460,641	1.00
	TOTALS			0	2,460,641	
<b>F - BUSINESS OFFICE</b>						
1.00	OP REGISTRATION	5.06		621,035	409,794	1.00
	TOTALS			621,035	409,794	
<b>G - ENDOSCOPY</b>						
1.00	ADULTS & PEDIATRICS	30.00		33,042	0	1.00
2.00		0.00		0	0	2.00
	TOTALS			33,042	0	
<b>H - MEDICAL SUPPLIES - CPD</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0	1,150,681	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0	3,939,787	2.00
	TOTALS			0	5,090,468	
<b>I - LAUNDRY</b>						
1.00	LAUNDRY & LINEN SERVICE	8.00		0	426,728	1.00
	TOTALS			0	426,728	
<b>J - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	66,013	1.00
	TOTALS			0	66,013	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>K - NURSERY</b>					
1.00	NURSERY	43.00	1,029,305	174,362	1.00
	TOTALS		1,029,305	174,362	
<b>L - RENT</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,313,082	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	2,313,082	
<b>M - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	646,093	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	95,961	2.00
	TOTALS		0	742,054	
<b>N - NURSERY DIRECTOR</b>					
1.00	NURSERY	43.00	20,037	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,360	0	2.00
	TOTALS		23,397	0	
<b>O - ULTRASOUND</b>					
1.00	ULTRASOUND	54.02	432,257	779,100	1.00
	TOTALS		432,257	779,100	
<b>P - DIETARY/CAFETERIA</b>					
1.00	CAFETERIA	11.00	0	1,172,713	1.00
	TOTALS		0	1,172,713	
500.00	Grand Total: Increases		2,139,036	19,056,802	500.00

		Decreases				wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - BENEFITS TRANSFER</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	632,899	0		1.00
	TOTALS		0	632,899			
<b>B - UTILITIES TRANSFER</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	600	0		1.00
2.00	HOUSEKEEPING	9.00	0	98,726	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	61	0		3.00
4.00	SURGERY - AMBULATORY	50.01	0	490	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,763	0		5.00
	TOTALS		0	135,640			
<b>C - DEPRECIATION XFER BUILDING</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,030	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	14,627	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	117,236	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,236,721	0		4.00
5.00	DIETARY	10.00	0	1,291	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,632	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	393,228	0		7.00
8.00	SPECIAL CARE NURSERY	35.00	0	2,690	0		8.00
9.00	OPERATING ROOM	50.00	0	179,585	0		9.00
10.00	SURGERY - AMBULATORY	50.01	0	75,803	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,263	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	178,348	0		12.00
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,937	0		13.00
14.00	MISSION EFFECTIVENESS	194.00	0	2,884	0		14.00
	TOTALS		0	2,234,275			
<b>D - DEPRECIATION XFER EQUIPMENT</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	206,072	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	35,306	0		2.00
3.00	OPERATION OF PLANT	7.00	0	39,633	0		3.00
4.00	DIETARY	10.00	0	12,820	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	8,328	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,414	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	283,220	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	9,145	0		8.00
9.00	SPECIAL CARE NURSERY	35.00	0	21,705	0		9.00
10.00	OPERATING ROOM	50.00	0	708,348	0		10.00
11.00	SURGERY - AMBULATORY	50.01	0	9,773	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,575	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	731,817	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	24,888	0		14.00
15.00	SLEEP LAB	65.01	0	4,184	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,712	0		16.00
17.00	ENDOSCOPY	76.00	0	6,191	0		17.00
18.00	EMERGENCY	91.00	0	14,423	0		18.00
19.00	MISSION EFFECTIVENESS	194.00	0	3,491	0		19.00
20.00	JOINT VENTURES	194.02	0	76,433	0		20.00
21.00	SPORTS MEDICINE	194.06	0	198,555	0		21.00
	TOTALS		0	2,419,033			
<b>E - PHARMACY - CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	2,460,641	0		1.00
	TOTALS		0	2,460,641			
<b>F - BUSINESS OFFICE</b>							
1.00	IP ADMITTING	5.04	621,035	409,794	0		1.00
	TOTALS		621,035	409,794			
<b>G - ENDOSCOPY</b>							
1.00	ENDOSCOPY	76.00	29,803	0	0		1.00
2.00	EMERGENCY	91.00	3,239	0	0		2.00
	TOTALS		33,042	0			
<b>H - MEDICAL SUPPLIES - CPD</b>							
1.00	OPERATING ROOM	50.00	0	5,090,468	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	5,090,468			
<b>I - LAUNDRY</b>							
1.00	HOUSEKEEPING	9.00	0	426,728	0		1.00
	TOTALS		0	426,728			
<b>J - INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	66,013	12		1.00
	TOTALS		0	66,013			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>K - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,029,305	174,362	0		1.00
	TOTALS		1,029,305	174,362			
<b>L - RENT</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	51,851	14		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	195,180	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	346,839	0		3.00
4.00	OPERATING ROOM	50.00	0	70,521	0		4.00
5.00	SURGERY - AMBULATORY	50.01	0	146,709	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	357,166	0		6.00
7.00	SLEEP LAB	65.01	0	151	0		7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	65,754	0		8.00
9.00	JOINT VENTURES	194.02	0	292,743	0		9.00
10.00	SPORTS MEDICINE	194.06	0	786,168	0		10.00
	TOTALS		0	2,313,082			
<b>M - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	742,054	11		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	742,054			
<b>N - NURSERY DIRECTOR</b>							
1.00	ADULTS & PEDIATRICS	30.00	10,119	0	0		1.00
2.00	SPECIAL CARE NURSERY	35.00	13,278	0	0		2.00
	TOTALS		23,397	0			
<b>O - ULTRASOUND</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	432,257	779,100	0		1.00
	TOTALS		432,257	779,100			
<b>P - DIETARY/CAFETERIA</b>							
1.00	DIETARY	10.00	0	1,172,713	0		1.00
	TOTALS		0	1,172,713			
500.00	Grand Total: Decreases		2,139,036	19,056,802			500.00

Increases			Decreases		
Cost Center	Line #	Salary	Cost Center	Line #	Salary
2.00	3.00	4.00	6.00	7.00	8.00
<b>A - BENEFITS TRANSFER</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.07
	TOTALS		0	TOTALS	0
<b>B - UTILITIES TRANSFER</b>					
1.00	OPERATION OF PLANT	7.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.07
2.00		0.00	0	HOUSEKEEPING	9.00
3.00		0.00	0	NURSING ADMINISTRATION	13.00
4.00		0.00	0	SURGERY - AMBULATORY	50.01
5.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00
	TOTALS		0	TOTALS	0
<b>C - DEPRECIATION XFER BUILDING</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00
2.00		0.00	0	NONPATIENT TELEPHONES	5.01
3.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.07
4.00		0.00	0	OPERATION OF PLANT	7.00
5.00		0.00	0	DIETARY	10.00
6.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00
7.00		0.00	0	ADULTS & PEDIATRICS	30.00
8.00		0.00	0	SPECIAL CARE NURSERY	35.00
9.00		0.00	0	OPERATING ROOM	50.00
10.00		0.00	0	SURGERY - AMBULATORY	50.01
11.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00
12.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00
13.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00
14.00		0.00	0	MISSION EFFECTIVENESS	194.00
	TOTALS		0	TOTALS	0
<b>D - DEPRECIATION XFER EQUIPMENT</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	CAP REL COSTS-BLDG & FIXT	1.00
2.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.07
3.00		0.00	0	OPERATION OF PLANT	7.00
4.00		0.00	0	DIETARY	10.00
5.00		0.00	0	NURSING ADMINISTRATION	13.00
6.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00
7.00		0.00	0	ADULTS & PEDIATRICS	30.00
8.00		0.00	0	INTENSIVE CARE UNIT	31.00
9.00		0.00	0	SPECIAL CARE NURSERY	35.00
10.00		0.00	0	OPERATING ROOM	50.00
11.00		0.00	0	SURGERY - AMBULATORY	50.01
12.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00
13.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00
14.00		0.00	0	RESPIRATORY THERAPY	65.00
15.00		0.00	0	SLEEP LAB	65.01
16.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00
17.00		0.00	0	ENDOSCOPY	76.00
18.00		0.00	0	EMERGENCY	91.00
19.00		0.00	0	MISSION EFFECTIVENESS	194.00
20.00		0.00	0	JOINT VENTURES	194.02
21.00		0.00	0	SPORTS MEDICINE	194.06
	TOTALS		0	TOTALS	0
<b>E - PHARMACY - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00
	TOTALS		0	TOTALS	0
<b>F - BUSINESS OFFICE</b>					
1.00	OP REGISTRATION	5.06	621,035	IP ADMITTING	5.04
	TOTALS		621,035	TOTALS	621,035
<b>G - ENDOSCOPY</b>					
1.00	ADULTS & PEDIATRICS	30.00	33,042	ENDOSCOPY	76.00
2.00		0.00	0	EMERGENCY	91.00
	TOTALS		33,042	TOTALS	33,042
<b>H - MEDICAL SUPPLIES - CPD</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	OPERATING ROOM	50.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0		0.00
	TOTALS		0	TOTALS	0
<b>I - LAUNDRY</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	HOUSEKEEPING	9.00
	TOTALS		0	TOTALS	0

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
<b>J - INSURANCE</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	1.00
	TOTALS		0	TOTALS		0	
<b>K - NURSERY</b>							
1.00	NURSERY	43.00	1,029,305	ADULTS & PEDIATRICS	30.00	1,029,305	1.00
	TOTALS		1,029,305	TOTALS		1,029,305	
<b>L - RENT</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	2.00
3.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	3.00
4.00		0.00	0	OPERATING ROOM	50.00	0	4.00
5.00		0.00	0	SURGERY - AMBULATORY	50.01	0	5.00
6.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	6.00
7.00		0.00	0	SLEEP LAB	65.01	0	7.00
8.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	8.00
9.00		0.00	0	JOINT VENTURES	194.02	0	9.00
10.00		0.00	0	SPORTS MEDICINE	194.06	0	10.00
	TOTALS		0	TOTALS		0	
<b>M - INTEREST</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
<b>N - NURSERY DIRECTOR</b>							
1.00	NURSERY	43.00	20,037	ADULTS & PEDIATRICS	30.00	10,119	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,360	SPECIAL CARE NURSERY	35.00	13,278	2.00
	TOTALS		23,397	TOTALS		23,397	
<b>O - ULTRASOUND</b>							
1.00	ULTRASOUND	54.02	432,257	RADIOLOGY-DIAGNOSTIC	54.00	432,257	1.00
	TOTALS		432,257	TOTALS		432,257	
<b>P - DIETARY/CAFETERIA</b>							
1.00	CAFETERIA	11.00	0	DIETARY	10.00	0	1.00
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		2,139,036	Grand Total: Decreases		2,139,036	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,151,823	0	0	0	40,077	1.00
2.00	Land Improvements	2,224,113	0	0	0	0	2.00
3.00	Buildings and Fixtures	35,500,660	0	0	0	0	3.00
4.00	Building Improvements	32,380,390	261,310	0	261,310	19,197	4.00
5.00	Fixed Equipment	3,157,901	0	0	0	0	5.00
6.00	Movable Equipment	31,004,716	489,936	0	489,936	881,289	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	106,419,603	751,246	0	751,246	940,563	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	106,419,603	751,246	0	751,246	940,563	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,111,746	0				1.00
2.00	Land Improvements	2,224,113	1,599,024				2.00
3.00	Buildings and Fixtures	35,500,660	4,910,202				3.00
4.00	Building Improvements	32,622,503	12,382,855				4.00
5.00	Fixed Equipment	3,157,901	1,264,651				5.00
6.00	Movable Equipment	30,613,363	19,269,470				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	106,230,286	39,426,202				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	106,230,286	39,426,202				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	CAP REL COSTS-BLDG & FIXT	206,072	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	206,072	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	206,072				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	206,072				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	72,459,022	0	72,459,022	0.682094	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	33,771,264	0	33,771,264	0.317906	0	2.00
3.00	Total (sum of lines 1-2)	106,230,286	0	106,230,286	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,592,135	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,419,033	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,011,168	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	646,093	66,013	0	3,788,366	6,092,607	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,419,033	2.00
3.00	Total (sum of lines 1-2)	646,093	66,013	0	3,788,366	8,511,640	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted			
			Cost Center	Line #	wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-370,350	CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	A	-55,006	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,930,501			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	3,416,990			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-507,548	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 PROPERTY RENTAL INCOME	B	-173,632	CAP REL COSTS-BLDG & FIXT	1.00	14	33.00

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
34.00 OTHER OPERATING INCOME - FITNESS CEN	B	-8,530	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00 BUSINESS OFFICE	B	-2	IP ADMITTING	5.04	0	35.00
36.00 COLLECTION FEES	B	-375	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	36.00
37.00 BUSINESS OFFICE	B	-23	OP REGISTRATION	5.06	0	37.00
38.00 OTHER OPERATING REVENUE / INCOME	B	-25,205	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	38.00
39.00 OTHER OPERATING REVENUE - RENTAL	B	-260,131	OPERATION OF PLANT	7.00	0	39.00
40.00 CAFETERIA/VENDING REVENUE	B	-650	DIETARY	10.00	0	40.00
41.00 QUALITY MANAGEMENT REVENUE	B	-295	NURSING ADMINISTRATION	13.00	0	41.00
42.00 OTHER OPERATING REVENUE	B	-66	MEDICAL RECORDS & LIBRARY	16.00	0	42.00
43.00 OTHER OPERATING REVENUE / INCOME	B	-278,065	ADULTS & PEDIATRICS	30.00	0	43.00
44.00 OTHER REVENUE - SURGERY	B	-6,591	OPERATING ROOM	50.00	0	44.00
45.00 OTHER OPERATING REVENUE	B	-850	RADIOLOGY-DIAGNOSTIC	54.00	0	45.00
46.00 OTHER REVENUE RESPIRATORY THERAPY	B	-1,396	RESPIRATORY THERAPY	65.00	0	46.00
47.00 OTHER REVENUE MASSAGE THERAPY	B	-70	PHYSICAL THERAPY	66.00	0	47.00
48.00 OTHER REVENUE ENDOSCOPY	B	-308	ENDOSCOPY	76.00	0	48.00
49.00 OTHER OPERATING REVENUE	B	-12,227	EMERGENCY	91.00	0	49.00
49.01 LOBBYING EXPENSE	A	-1,568	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	49.01
49.02 PROVIDER ASSESSMENT OFFSET	B	-3,863,806	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	49.02
49.03		0		0.00	0	49.03
49.04		0		0.00	0	49.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-8,080,205				50.00

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

Provider CCN: 150157

Period: From 07/01/2012 To 06/30/2013

Worksheet A-8-1

Date/Time Prepared: 11/26/2013 11:02 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED</b>						
<b>HOME OFFICE COSTS:</b>						
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ASCENSION PAYMENTS	170,973	170,973	1.00
2.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	ASCENSION PAYMENTS	293,637	293,637	2.00
3.00	194.02	JOINT VENTURES	ASCENSION PAYMENTS	13,488	13,488	3.00
3.01	1.00	CAP REL COSTS-BLDG & FIXT	ST. VINCENT HEALTH CAPITAL	1,648,916	0	3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST. VINCENT HEALTH SALARIES	843,636	0	3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST. VINCENT HEALTH OTHER	909,497	632,899	3.03
4.00	5.01	NONPATIENT TELEPHONES	ST. VINCENT HEALTH SALARIES	103,404	0	4.00
4.01	5.01	NONPATIENT TELEPHONES	ST. VINCENT HEALTH OTHER	376,872	0	4.01
4.02	5.02	DATA PROCESSING	ST. VINCENT HEALTH SALARIES	1,776,800	0	4.02
4.03	5.02	DATA PROCESSING	ST. VINCENT HEALTH OTHER	2,987,409	0	4.03
4.04	5.03	PURCHASING & RECEIVING	ST. VINCENT HEALTH SALARIES	300,456	0	4.04
4.05	5.03	PURCHASING & RECEIVING	ST. VINCENT HEALTH OTHER	232,081	0	4.05
4.06	5.04	IP ADMITTING	ST. VINCENT HEALTH SALARIES	185,877	0	4.06
4.07	5.04	IP ADMITTING	ST. VINCENT HEALTH OTHER	50,135	0	4.07
4.08	5.05	CASHIERING/ACCOUNTS RECEIVABLE	ST. VINCENT HEALTH SALARIES	740,808	0	4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVABLE	ST. VINCENT HEALTH OTHER	898,897	0	4.09
4.10	5.06	OP REGISTRATION	ST. VINCENT HEALTH SALARIES	95,084	0	4.10
4.11	5.06	OP REGISTRATION	ST. VINCENT HEALTH OTHER	1,143	0	4.11
4.12	5.07	OTHER ADMINISTRATIVE AND GENERAL	ST. VINCENT HEALTH SALARIES	1,461,163	0	4.12
4.13	5.07	OTHER ADMINISTRATIVE AND GENERAL	ST. VINCENT HEALTH OTHER	1,825,986	9,507,473	4.13
4.14	16.00	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH SALARIES	479,117	0	4.14
4.15	16.00	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH OTHER	162,822	0	4.15
4.16	194.01	MARKETING	ST. VINCENT HEALTH SALARIES	581,524	0	4.16
4.17	194.01	MARKETING	ST. VINCENT HEALTH OTHER	2,365,121	0	4.17
4.18	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST. VINCENT HLTH SELF INS	7,221,587	5,589,153	4.18
4.19	4.00	EMPLOYEE BENEFITS DEPARTMENT	ASCENSION PENSION	1,352,223	1,599,099	4.19
4.20	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION INTEREST	374,303	646,093	4.20
4.21	5.07	OTHER ADMINISTRATIVE AND GENERAL	ASCENSION INTEREST	55,593	95,961	4.21
4.22	5.07	OTHER ADMINISTRATIVE AND GENERAL	TRIMEDX	-7,757	-7,647	4.22
4.23	14.00	CENTRAL SERVICES & SUPPLY	TRIMEDX	19,496	19,218	4.23
4.24	15.00	PHARMACY	TRIMEDX	13,347	13,157	4.24
4.25	30.00	ADULTS & PEDIATRICS	TRIMEDX	91,414	90,112	4.25
4.26	31.00	INTENSIVE CARE UNIT	TRIMEDX	15,746	15,522	4.26
4.27	50.00	OPERATING ROOM	TRIMEDX	154,250	152,054	4.27
4.28	50.01	SURGERY - AMBULATORY	TRIMEDX	2,569	2,532	4.28
4.29	54.00	RADIOLOGY-DIAGNOSTIC	TRIMEDX	1,446,585	1,425,989	4.29
4.31	65.00	RESPIRATORY THERAPY	TRIMEDX	28,605	28,198	4.31
4.32	65.01	SLEEP LAB	TRIMEDX	2,781	2,741	4.32
4.33	66.00	PHYSICAL THERAPY	TRIMEDX	751	740	4.33
4.34	70.00	ELECTROENCEPHALOGRAPHY	TRIMEDX	23,427	23,093	4.34
4.35	76.00	ENDOSCOPY	TRIMEDX	14,748	14,538	4.35
4.36	91.00	EMERGENCY	TRIMEDX	45,784	45,132	4.36
4.37	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST. VINCENT HLTH CHARGEBACK	0	911,559	4.37
4.38	5.01	NONPATIENT TELEPHONES	ST. VINCENT HLTH CHARGEBACK	0	256,632	4.38
4.39	5.02	DATA PROCESSING	ST. VINCENT HLTH CHARGEBACK	0	450	4.39
4.40	5.03	PURCHASING & RECEIVING	ST. VINCENT HLTH CHARGEBACK	0	321,564	4.40
4.41	5.04	IP ADMITTING	ST. VINCENT HLTH CHARGEBACK	0	359,169	4.41
4.42	5.05	CASHIERING/ACCOUNTS RECEIVABLE	ST. VINCENT HLTH CHARGEBACK	0	1,480,104	4.42
4.43	5.07	OTHER ADMINISTRATIVE AND GENERAL	ST. VINCENT HLTH CHARGEBACK	0	266,227	4.43
4.44	10.00	DIETARY	ST. VINCENT HLTH CHARGEBACK	0	-2,396	4.44
4.45	13.00	NURSING ADMINISTRATION	ST. VINCENT HLTH CHARGEBACK	0	129,441	4.45
4.46	15.00	PHARMACY	ST. VINCENT HLTH CHARGEBACK	0	185	4.46
4.47	16.00	MEDICAL RECORDS & LIBRARY	ST. VINCENT HLTH CHARGEBACK	0	706,767	4.47
4.48	17.00	SOCIAL SERVICE	ST. VINCENT HLTH CHARGEBACK	0	50	4.48
4.49	30.00	ADULTS & PEDIATRICS	ST. VINCENT HLTH CHARGEBACK	0	49,936	4.49
4.50	31.00	INTENSIVE CARE UNIT	ST. VINCENT HLTH CHARGEBACK	0	356,314	4.50
4.51	35.00	SPECIAL CARE NURSERY	ST. VINCENT HLTH CHARGEBACK	0	301	4.51
4.52	50.00	OPERATING ROOM	ST. VINCENT HLTH CHARGEBACK	0	161,413	4.52
4.53	52.00	DELIVERY ROOM & LABOR ROOM	ST. VINCENT HLTH CHARGEBACK	0	471	4.53
4.54	54.00	RADIOLOGY-DIAGNOSTIC	ST. VINCENT HLTH CHARGEBACK	0	32,373	4.54
4.55	60.00	LABORATORY	ST. VINCENT HLTH CHARGEBACK	0	21,806	4.55

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

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:  
11/26/2013 11:02 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
4.56	65.00	RESPIRATORY THERAPY	ST. VINCENT HLTH CHARGEBACK	0	689	4.56
4.57	66.00	PHYSICAL THERAPY	ST. VINCENT HLTH CHARGEBACK	0	-21,828	4.57
4.58	69.00	ELECTROCARDIOLOGY	ST. VINCENT HLTH CHARGEBACK	0	66,274	4.58
4.59	76.00	ENDOSCOPY	ST. VINCENT HLTH CHARGEBACK	0	841	4.59
4.60	91.00	EMERGENCY	ST. VINCENT HLTH CHARGEBACK	0	-14,791	4.60
4.61	190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	ST. VINCENT HLTH CHARGEBACK	0	201	4.61
4.62	194.06	SPORTS MEDICINE	ST. VINCENT HLTH CHARGEBACK	0	214,265	4.62
4.63	5.06	OP REGISTRATION	ST. VINCENT HLTH CHARGEBACK	0	271,136	4.63
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			29,360,298	25,943,308	5.00

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

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

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

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

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

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

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

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

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

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:  
11/26/2013 11:02 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	0	0	1.00
2.00	0	0	2.00
3.00	0	0	3.00
3.01	1,648,916	14	3.01
3.02	843,636	0	3.02
3.03	276,598	0	3.03
4.00	103,404	0	4.00
4.01	376,872	0	4.01
4.02	1,776,800	0	4.02
4.03	2,987,409	0	4.03
4.04	300,456	0	4.04
4.05	232,081	0	4.05
4.06	185,877	0	4.06
4.07	50,135	0	4.07
4.08	740,808	0	4.08
4.09	898,897	0	4.09
4.10	95,084	0	4.10
4.11	1,143	0	4.11
4.12	1,461,163	0	4.12
4.13	-7,681,487	0	4.13
4.14	479,117	0	4.14
4.15	162,822	0	4.15
4.16	581,524	0	4.16
4.17	2,365,121	0	4.17
4.18	1,632,434	0	4.18
4.19	-246,876	0	4.19
4.20	-271,790	9	4.20
4.21	-40,368	0	4.21
4.22	-110	0	4.22
4.23	278	0	4.23
4.24	190	0	4.24
4.25	1,302	0	4.25
4.26	224	0	4.26
4.27	2,196	0	4.27
4.28	37	0	4.28
4.29	20,596	0	4.29
4.31	407	0	4.31
4.32	40	0	4.32
4.33	11	0	4.33
4.34	334	0	4.34
4.35	210	0	4.35
4.36	652	0	4.36
4.37	-911,559	0	4.37
4.38	-256,632	0	4.38
4.39	-450	0	4.39
4.40	-321,564	0	4.40
4.41	-359,169	0	4.41
4.42	-1,480,104	0	4.42
4.43	-266,227	0	4.43
4.44	2,396	0	4.44
4.45	-129,441	0	4.45
4.46	-185	0	4.46
4.47	-706,767	0	4.47
4.48	-50	0	4.48
4.49	-49,936	0	4.49
4.50	-356,314	0	4.50
4.51	-301	0	4.51
4.52	-161,413	0	4.52
4.53	-471	0	4.53
4.54	-32,373	0	4.54
4.55	-21,806	0	4.55
4.56	-689	0	4.56
4.57	21,828	0	4.57
4.58	-66,274	0	4.58
4.59	-841	0	4.59
4.60	14,791	0	4.60
4.61	-201	0	4.61
4.62	-214,265	0	4.62
4.63	-271,136	0	4.63
5.00	3,416,990		5.00

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

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:  
11/26/2013 11:02 am

	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	6.00	7.00	

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:  
11/26/2013 11:02 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	59,109	59,109	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,357,469	2,357,469	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	200,750	200,750	0	0	0	4.00
5.00	35.00	SPECIAL CARE NURSERY	1,231,115	1,231,115	0	0	0	5.00
6.00	50.00	OPERATING ROOM	646,486	646,486	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,207,100	1,207,100	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	7,600	7,600	0	0	0	8.00
9.00	91.00	EMERGENCY	23,333	23,333	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	197,539	197,539	0	0	0	10.00
200.00			5,930,501	5,930,501	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	35.00	SPECIAL CARE NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	59,109		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,357,469		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	200,750		4.00
5.00	35.00	SPECIAL CARE NURSERY	0	0	0	1,231,115		5.00
6.00	50.00	OPERATING ROOM	0	0	0	646,486		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,207,100		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	7,600		8.00
9.00	91.00	EMERGENCY	0	0	0	23,333		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	197,539		10.00
200.00			0	0	0	5,930,501		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,092,607	6,092,607			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,419,033		2,419,033		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,165,642	80,177	0	15,245,819	4.00
5.01	00510	NONPATIENT TELEPHONES	628,406	21,740	0	0	5.01
5.02	00511	DATA PROCESSING	4,908,724	0	0	45,706	5.02
5.03	00512	PURCHASING & RECEIVING	966,563	22,744	0	84,790	5.03
5.04	00513	IP ADMITTING	274,818	11,802	0	110,513	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,641,164	43,869	0	232,042	5.05
5.06	00515	OP REGISTRATION	855,897	30,509	0	202,890	5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	6,099,446	256,431	38,302	1,239,264	5.07
7.00	00700	OPERATION OF PLANT	2,828,258	711,614	1,962	295,777	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	426,728	26,350	0	0	8.00
9.00	00900	HOUSEKEEPING	1,753,788	114,416	0	0	9.00
10.00	01000	DIETARY	880,286	133,819	7,474	0	10.00
11.00	01100	CAFETERIA	665,165	156,133	9,497	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,681,059	2,807	11,024	528,957	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	507,625	135,725	0	123,970	14.00
15.00	01500	PHARMACY	2,468,596	106,814	0	703,371	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	642,061	6,208	0	116,757	16.00
17.00	01700	SOCIAL SERVICE	225,097	14,732	0	53,257	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,394,143	1,381,572	372,199	3,405,214	30.00
31.00	03100	INTENSIVE CARE UNIT	1,287,608	141,565	12,106	350,017	31.00
35.00	02040	SPECIAL CARE NURSERY	1,189,165	140,909	28,732	742,916	35.00
43.00	04300	NURSERY	1,223,704	250,468	2,715	342,817	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,172,508	543,228	937,006	1,367,556	50.00
50.01	05001	SURGERY - AMBULATORY	640,929	259,750	12,937	179,093	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,292,517	288,559	2,085	602,258	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,034,322	499,011	596,252	800,576	54.00
54.01	05401	CATH LAB	0	0	0	0	54.01
54.02	05402	ULTRASOUND	1,211,357	42,189	130,000	141,217	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	2,877,942	98,905	0	25,647	60.00
65.00	06500	RESPIRATORY THERAPY	1,451,170	54,298	32,946	405,685	65.00
65.01	06501	SLEEP LAB	8,996	2,971	5,539	1,790	65.01
66.00	06600	PHYSICAL THERAPY	283,811	41,881	0	83,338	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,821	0	0	7,958	67.00
68.00	06800	SPEECH PATHOLOGY	15,591	0	0	5,094	68.00
69.00	06900	ELECTROCARDIOLOGY	132,000	0	0	4,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,990	0	11,533	25,587	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,150,681	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,939,787	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,460,641	0	0	0	73.00
76.00	03020	ENDOSCOPY	820,636	107,797	8,195	175,839	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,647,919	278,970	19,093	691,421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100,503,201	6,007,963	2,239,597	13,095,593	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	299,936	33,890	0	18,745	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	209	0	0	0	192.00
194.00	07950	MISSION EFFECTIVENESS	4,649	0	4,208	0	194.00
194.01	07951	MARKETING	2,946,765	0	0	0	194.01
194.02	07952	JOINT VENTURES	23,674,766	0	0	186,607	194.02
194.03	07953	FOUNDATION	0	0	0	0	194.03
194.04	07954	VACANT	0	18,134	0	0	194.04
194.05	07955	SEASH	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.06 07956 SPORTS MEDICINE	7,400,714	32,620	175,228	1,944,874	9,109	194.06
194.07 07957 WESTFIELD OB PHYSICIAN OFFICE	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	134,830,240	6,092,607	2,419,033	15,245,819	650,146	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OP REGISTRATION	
		5.02	5.03	5.04	5.05	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING	4,954,430				5.02
5.03	00512	PURCHASING & RECEIVING	13,686	1,092,337			5.03
5.04	00513	IP ADMITTING	54,745	239	457,810		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	177,922	890	0	2,115,243	5.05
5.06	00515	OP REGISTRATION	123,176	619	0	0	5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	506,392	0	0	1,226,754	5.07
7.00	00700	OPERATION OF PLANT	349,000	159	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,843	28	0	0	8.00
9.00	00900	HOUSEKEEPING	41,059	124	0	0	9.00
10.00	01000	DIETARY	61,588	714	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	61,588	276	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	136,863	209	0	0	14.00
15.00	01500	PHARMACY	75,274	143,722	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,902	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	13,686	19	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,074,373	27,256	331,342	148,573	30.00
31.00	03100	INTENSIVE CARE UNIT	246,353	6,350	26,720	24,657	31.00
35.00	02040	SPECIAL CARE NURSERY	403,745	11,921	34,130	31,608	35.00
43.00	04300	NURSERY	54,745	8,810	65,618	33,152	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	472,176	770,487	0	496,025	50.00
50.01	05001	SURGERY - AMBULATORY	0	3,400	0	2,703	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	82,118	10,637	0	103,156	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	246,353	21,880	0	238,404	54.00
54.01	05401	CATH LAB	0	0	0	0	54.01
54.02	05402	ULTRASOUND	41,059	2,754	0	17,311	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	13,686	12,921	0	135,256	60.00
65.00	06500	RESPIRATORY THERAPY	75,274	5,689	0	69,771	65.00
65.01	06501	SLEEP LAB	0	11	0	436	65.01
66.00	06600	PHYSICAL THERAPY	41,059	204	0	10,794	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	37	0	993	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	612	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,178	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	507	0	2,438	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	155,250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	87,752	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	121,589	73.00
76.00	03020	ENDOSCOPY	47,902	13,707	0	31,929	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	403,745	14,898	0	141,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,872,312	1,058,468	457,810	1,855,928	930,796
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	155	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,373	0	0	0	192.00
194.00	07950	MISSION EFFECTIVENESS	13,686	0	0	0	194.00
194.01	07951	MARKETING	27,373	0	0	0	194.01
194.02	07952	JOINT VENTURES	0	10,207	0	259,315	194.02
194.03	07953	FOUNDATION	0	0	0	0	194.03
194.04	07954	VACANT	0	0	0	0	194.04
194.05	07955	SEASH	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	13,686	23,507	0	0	194.06
194.07	07957	WESTFIELD OB PHYSICIAN OFFICE	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OP REGISTRATION	
	5.02	5.03	5.04	5.05	5.06	
202.00   TOTAL (sum lines 118-201)	4,954,430	1,092,337	457,810	2,115,243	1,226,754	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING & RECEIVING					5.03
5.04	00513	IP ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00515	OP REGISTRATION					5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	8,168,300	8,168,300			5.07
7.00	00700	OPERATION OF PLANT	4,206,126	271,249	4,477,375		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	461,088	29,735	24,010	514,833	8.00
9.00	00900	HOUSEKEEPING	1,915,080	123,502	104,255	0	2,142,837
10.00	01000	DIETARY	1,098,683	70,853	121,936	1,029	60,079
11.00	01100	CAFETERIA	830,795	53,577	142,268	0	70,096
13.00	01300	NURSING ADMINISTRATION	2,301,652	148,431	2,558	0	1,260
14.00	01400	CENTRAL SERVICES & SUPPLY	918,055	59,204	123,672	19,615	60,934
15.00	01500	PHARMACY	3,526,242	227,404	97,329	103	47,954
16.00	01600	MEDICAL RECORDS & LIBRARY	816,344	52,645	5,657	0	2,787
17.00	01700	SOCIAL SERVICE	310,207	20,005	13,424	0	6,614
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	16,299,770	1,051,156	1,258,888	192,063	620,262
31.00	03100	INTENSIVE CARE UNIT	2,115,871	136,450	128,993	23,528	63,556
35.00	02040	SPECIAL CARE NURSERY	2,604,760	167,978	128,396	0	63,262
43.00	04300	NURSERY	2,004,801	129,288	228,226	16,960	112,449
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,062,705	1,100,357	494,988	53,851	243,884
50.01	05001	SURGERY - AMBULATORY	1,117,607	72,073	236,684	50,299	116,616
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,417,424	220,386	262,935	36,605	129,550
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,694,988	431,753	454,698	35,472	224,033
54.01	05401	CATH LAB	0	0	0	0	0
54.02	05402	ULTRASOUND	1,607,534	103,668	38,442	0	18,941
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	3,250,700	209,634	90,122	0	44,404
65.00	06500	RESPIRATORY THERAPY	2,145,976	138,392	49,476	875	24,377
65.01	06501	SLEEP LAB	21,380	1,379	2,707	90	1,334
66.00	06600	PHYSICAL THERAPY	467,845	30,171	38,162	52	18,803
67.00	06700	OCCUPATIONAL THERAPY	34,871	2,249	0	0	0
68.00	06800	SPEECH PATHOLOGY	21,582	1,392	0	0	0
69.00	06900	ELECTROCARDIOLOGY	139,858	9,019	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	151,420	9,765	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,381,117	89,067	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,050,134	261,189	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,623,518	169,188	0	0	0
76.00	03020	ENDOSCOPY	1,255,510	80,967	98,225	37,480	48,396
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	4,379,751	282,446	254,197	45,820	125,245
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	97,401,694	5,754,572	4,400,248	513,842	2,104,836
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	356,142	22,967	30,881	0	15,215
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,582	1,779	0	0	0
194.00	07950	MISSION EFFECTIVENESS	22,543	1,454	0	0	0
194.01	07951	MARKETING	2,977,554	192,019	0	0	0
194.02	07952	JOINT VENTURES	24,426,853	1,575,262	0	0	0
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	VACANT	18,134	1,169	16,523	0	8,141
194.05	07955	SEASH	0	0	0	0	0
194.06	07956	SPORTS MEDICINE	9,599,738	619,078	29,723	991	14,645
194.07	07957	WESTFIELD OB PHYSICIAN OFFICE	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.06	5.07	7.00	8.00	9.00	
202.00   TOTAL (sum lines 118-201)	134,830,240	8,168,300	4,477,375	514,833	2,142,837	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING & RECEIVING					5.03
5.04	00513	IP ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00515	OP REGISTRATION					5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL					5.07
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	1,352,580				10.00
11.00	01100	CAFETERIA	0	1,096,736			11.00
13.00	01300	NURSING ADMINISTRATION	0	37,567	2,491,468		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,109	2,098	1,205,687	14.00
15.00	01500	PHARMACY	0	52,087	28	3,150	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,149	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,197	0	12	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,219,671	296,153	994,525	38,225	2,801
31.00	03100	INTENSIVE CARE UNIT	69,005	28,426	128,820	8,106	1,269
35.00	02040	SPECIAL CARE NURSERY	0	36,838	190,265	4,966	302
43.00	04300	NURSERY	0	32,596	187,299	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	124,131	411,563	620,518	374,886
50.01	05001	SURGERY - AMBULATORY	0	17,915	77,106	4,167	713
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,904	57,863	93,356	27,648	4,458
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	85,454	10,592	17,522	2,198
54.01	05401	CATH LAB	0	0	0	0	0
54.02	05402	ULTRASOUND	0	5,361	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	3,869	9,098	497	33,104
65.00	06500	RESPIRATORY THERAPY	0	37,070	6	967	3,193
65.01	06501	SLEEP LAB	0	182	0	0	0
66.00	06600	PHYSICAL THERAPY	0	8,995	0	262	29
67.00	06700	OCCUPATIONAL THERAPY	0	851	0	50	0
68.00	06800	SPEECH PATHOLOGY	0	452	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,300	0	93	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	91,779	3,421,384
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	314,241	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	ENDOSCOPY	0	15,436	65,876	16,059	2,990
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	57,548	216,765	18,273	8,609
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,352,580	941,549	2,387,397	1,166,535	3,855,936
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,096	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	MISSION EFFECTIVENESS	0	0	0	0	0
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	JOINT VENTURES	0	0	0	12,089	14,873
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	VACANT	0	0	0	0	0
194.05	07955	SEASH	0	0	0	0	0
194.06	07956	SPORTS MEDICINE	0	152,091	104,071	27,063	83,488
194.07	07957	WESTFIELD OB PHYSICIAN OFFICE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
202.00   TOTAL (sum lines 118-201)	1,352,580	1,096,736	2,491,468	1,205,687	3,954,297	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING & RECEIVING					5.03
5.04	00513	IP ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00515	OP REGISTRATION					5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL					5.07
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	890,582				16.00
17.00	01700	SOCIAL SERVICE	0	355,459			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	75,594	79,784	22,128,892	0	22,128,892
31.00	03100	INTENSIVE CARE UNIT	12,546	36,477	2,753,047	0	2,753,047
35.00	02040	SPECIAL CARE NURSERY	16,082	59,218	3,272,067	0	3,272,067
43.00	04300	NURSERY	16,868	0	2,728,487	0	2,728,487
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	252,228	0	20,739,111	0	20,739,111
50.01	05001	SURGERY - AMBULATORY	1,376	6,983	1,701,539	0	1,701,539
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,486	44,970	4,411,585	0	4,411,585
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	121,300	0	8,078,010	0	8,078,010
54.01	05401	CATH LAB	0	0	0	0	54.01
54.02	05402	ULTRASOUND	8,808	0	1,782,754	0	1,782,754
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	68,818	0	3,710,246	0	3,710,246
65.00	06500	RESPIRATORY THERAPY	35,500	0	2,435,832	0	2,435,832
65.01	06501	SLEEP LAB	222	0	27,294	0	27,294
66.00	06600	PHYSICAL THERAPY	5,492	0	569,811	0	569,811
67.00	06700	OCCUPATIONAL THERAPY	505	0	38,526	0	38,526
68.00	06800	SPEECH PATHOLOGY	311	0	23,737	0	23,737
69.00	06900	ELECTROCARDIOLOGY	1,108	0	149,985	0	149,985
70.00	07000	ELECTROENCEPHALOGRAPHY	1,240	0	164,818	0	164,818
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,983,347	0	4,983,347
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,625,564	0	4,625,564
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,792,706	0	2,792,706
76.00	03020	ENDOSCOPY	16,245	18,622	1,655,806	0	1,655,806
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	71,914	90,757	5,551,325	0	5,551,325
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	758,643	336,811	94,324,489	0	94,324,489
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	428,301	0	428,301
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	18,648	48,009	0	48,009
194.00	07950	MISSION EFFECTIVENESS	0	0	23,997	0	23,997
194.01	07951	MARKETING	0	0	3,169,573	0	3,169,573
194.02	07952	JOINT VENTURES	131,939	0	26,161,016	0	26,161,016
194.03	07953	FOUNDATION	0	0	0	0	194.03
194.04	07954	VACANT	0	0	43,967	0	43,967
194.05	07955	SEASH	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	0	0	10,630,888	0	10,630,888
194.07	07957	WESTFIELD OB PHYSICIAN OFFICE	0	0	0	0	194.07

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	890,582	355,459	134,830,240	0	134,830,240	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet Non-CMS W

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Statistics Code	Statistics Description	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01 NONPATIENT TELEPHONES	3	PHONE LINES	5.01
5.02 DATA PROCESSING	7	IS NODES	5.02
5.03 PURCHASING & RECEIVING	14	COSTED REQUIS.	5.03
5.04 IP ADMITTING	P	TOTAL PATIENT DAYS	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	9	PATIENT REVENUE	5.05
5.06 OP REGISTRATION	24	OP REVENUE	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.07
7.00 OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00 LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00 HOUSEKEEPING	1	SQUARE FEET	9.00
10.00 DIETARY	10	MEALS SERVED	10.00
11.00 CAFETERIA	11	HOURS OF SERVICE	11.00
13.00 NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00 CENTRAL SERVICES & SUPPLY	15	COSTED REQUIS.	14.00
15.00 PHARMACY	25	COSTED REQUIS.	15.00
16.00 MEDICAL RECORDS & LIBRARY	26	PATIENT REVENUE	16.00
17.00 SOCIAL SERVICE	17	TIME SPENT	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	80,177	0	80,177	80,177 4.00
5.01 00510	NONPATIENT TELEPHONES	0	21,740	0	21,740	0 5.01
5.02 00511	DATA PROCESSING	0	0	0	0	240 5.02
5.03 00512	PURCHASING & RECEIVING	0	22,744	0	22,744	446 5.03
5.04 00513	IP ADMITTING	0	11,802	0	11,802	581 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	43,869	0	43,869	1,220 5.05
5.06 00515	OP REGISTRATION	0	30,509	0	30,509	1,067 5.06
5.07 00560	OTHER ADMINISTRATIVE AND GENERAL	0	256,431	38,302	294,733	6,517 5.07
7.00 00700	OPERATION OF PLANT	0	711,614	1,962	713,576	1,555 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	26,350	0	26,350	0 8.00
9.00 00900	HOUSEKEEPING	0	114,416	0	114,416	0 9.00
10.00 01000	DIETARY	0	133,819	7,474	141,293	0 10.00
11.00 01100	CAFETERIA	0	156,133	9,497	165,630	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	2,807	11,024	13,831	2,782 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	135,725	0	135,725	652 14.00
15.00 01500	PHARMACY	0	106,814	0	106,814	3,699 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	6,208	0	6,208	614 16.00
17.00 01700	SOCIAL SERVICE	0	14,732	0	14,732	280 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,381,572	372,199	1,753,771	17,909 30.00
31.00 03100	INTENSIVE CARE UNIT	0	141,565	12,106	153,671	1,841 31.00
35.00 02040	SPECIAL CARE NURSERY	0	140,909	28,732	169,641	3,907 35.00
43.00 04300	NURSERY	0	250,468	2,715	253,183	1,803 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	543,228	937,006	1,480,234	7,192 50.00
50.01 05001	SURGERY - AMBULATORY	0	259,750	12,937	272,687	942 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	288,559	2,085	290,644	3,167 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	499,011	596,252	1,095,263	4,210 54.00
54.01 05401	CATH LAB	0	0	0	0	0 54.01
54.02 05402	ULTRASOUND	0	42,189	130,000	172,189	743 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	98,905	0	98,905	135 60.00
65.00 06500	RESPIRATORY THERAPY	0	54,298	32,946	87,244	2,133 65.00
65.01 06501	SLEEP LAB	0	2,971	5,539	8,510	9 65.01
66.00 06600	PHYSICAL THERAPY	0	41,881	0	41,881	438 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	42 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	27 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	22 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	11,533	11,533	135 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	ENDOSCOPY	0	107,797	8,195	115,992	925 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	0	278,970	19,093	298,063	3,636 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 09900	CMHC	0	0	0	0	0 99.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,007,963	2,239,597	8,247,560	68,869 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,890	0	33,890	99 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	MISSION EFFECTIVENESS	0	0	4,208	4,208	0 194.00
194.01 07951	MARKETING	0	0	0	0	0 194.01
194.02 07952	JOINT VENTURES	0	0	0	0	981 194.02
194.03 07953	FOUNDATION	0	0	0	0	0 194.03
194.04 07954	VACANT	0	18,134	0	18,134	0 194.04
194.05 07955	SEASH	0	0	0	0	0 194.05
194.06 07956	SPORTS MEDICINE	0	32,620	175,228	207,848	10,228 194.06

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
194.07 07957 WESTFIELD OB PHYSICIAN OFFICE	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	6,092,607	2,419,033	8,511,640	80,177	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	21,740					5.01
5.02	00511	0	240				5.02
5.03	00512	152	1	23,343			5.03
5.04	00513	190	3	5	12,581		5.04
5.05	00514	647	9	19	0	45,764	5.05
5.06	00515	457	6	13	0	0	5.06
5.07	00560	952	25	0	0	0	5.07
7.00	00700	647	17	3	0	0	7.00
8.00	00800	38	0	1	0	0	8.00
9.00	00900	190	2	3	0	0	9.00
10.00	01000	495	3	15	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	533	3	6	0	0	13.00
14.00	01400	457	7	4	0	0	14.00
15.00	01500	952	4	3,071	0	0	15.00
16.00	01600	114	2	0	0	0	16.00
17.00	01700	114	1	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	5,524	48	582	9,106	3,225	30.00
31.00	03100	685	12	136	734	535	31.00
35.00	02040	723	20	255	938	686	35.00
43.00	04300	761	3	188	1,803	720	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,599	23	16,468	0	10,618	50.00
50.01	05001	533	0	73	0	59	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	1,066	4	227	0	2,239	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	990	12	467	0	5,175	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	152	2	59	0	376	54.02
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	1	276	0	2,936	60.00
65.00	06500	838	4	122	0	1,514	65.00
65.01	06501	38	0	0	0	9	65.01
66.00	06600	152	2	4	0	234	66.00
67.00	06700	0	0	1	0	22	67.00
68.00	06800	0	0	0	0	13	68.00
69.00	06900	0	0	0	0	47	69.00
70.00	07000	0	0	11	0	53	70.00
71.00	07100	0	0	0	0	3,370	71.00
72.00	07200	0	0	0	0	1,905	72.00
73.00	07300	0	0	0	0	2,639	73.00
76.00	03020	609	2	293	0	693	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1,599	20	318	0	3,068	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		21,207	236	22,620	12,581	40,136	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	114	0	3	0	0	190.00
192.00	19200	0	1	0	0	0	192.00
194.00	07950	0	1	0	0	0	194.00
194.01	07951	114	1	0	0	0	194.01
194.02	07952	0	0	218	0	5,628	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	305	1	502	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
202.00   TOTAL (sum lines 118-201)	21,740	240	23,343	12,581	45,764	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		OP REGISTRATION	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	5.07	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00515	32,052					5.06
5.07	00560	0	302,227				5.07
7.00	00700	0	10,036	725,834			7.00
8.00	00800	0	1,100	3,892	31,381		8.00
9.00	00900	0	4,569	16,901	0	136,081	9.00
10.00	01000	0	2,621	19,767	63	3,815	10.00
11.00	01100	0	1,982	23,063	0	4,451	11.00
13.00	01300	0	5,492	415	0	80	13.00
14.00	01400	0	2,190	20,049	1,196	3,870	14.00
15.00	01500	0	8,414	15,778	6	3,045	15.00
16.00	01600	0	1,948	917	0	177	16.00
17.00	01700	0	740	2,176	0	420	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	38,891	204,081	11,708	39,391	30.00
31.00	03100	0	5,048	20,911	1,434	4,036	31.00
35.00	02040	0	6,215	20,814	0	4,017	35.00
43.00	04300	0	4,783	36,998	1,034	7,141	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	6,665	40,712	80,243	3,282	15,488	50.00
50.01	05001	74	2,667	38,369	3,066	7,406	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	110	8,154	42,625	2,231	8,227	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	5,954	15,974	73,712	2,162	14,227	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	445	3,836	6,232	0	1,203	54.02
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,249	7,756	14,610	0	2,820	60.00
65.00	06500	680	5,120	8,021	53	1,548	65.00
65.01	06501	13	51	439	5	85	65.01
66.00	06600	57	1,116	6,187	3	1,194	66.00
67.00	06700	2	83	0	0	0	67.00
68.00	06800	7	51	0	0	0	68.00
69.00	06900	37	334	0	0	0	69.00
70.00	07000	10	361	0	0	0	70.00
71.00	07100	1,958	3,295	0	0	0	71.00
72.00	07200	588	9,664	0	0	0	72.00
73.00	07300	1,075	6,260	0	0	0	73.00
76.00	03020	815	2,996	15,923	2,285	3,073	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	3,504	10,450	41,208	2,793	7,954	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		24,243	212,909	713,331	31,321	133,668	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	850	5,006	0	966	190.00
192.00	19200	0	66	0	0	0	192.00
194.00	07950	0	54	0	0	0	194.00
194.01	07951	0	7,104	0	0	0	194.01
194.02	07952	7,809	58,296	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	43	2,679	0	517	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	22,905	4,818	60	930	194.06
194.07	07957	0	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	OP	OTHER	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
	REGISTRATION	ADMINISTRATIVE AND GENERAL	PLANT	LINEN SERVICE		
	5.06	5.07	7.00	8.00	9.00	
202.00   TOTAL (sum lines 118-201)	32,052	302,227	725,834	31,381	136,081	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00515						5.06
5.07	00560						5.07
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	168,072					10.00
11.00	01100	0	195,126				11.00
13.00	01300	0	6,684	29,826			13.00
14.00	01400	0	3,934	25	168,109		14.00
15.00	01500	0	9,267	0	439	151,489	15.00
16.00	01600	0	2,339	0	0	0	16.00
17.00	01700	0	925	0	2	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	151,556	52,693	11,905	5,330	107	30.00
31.00	03100	8,575	5,057	1,542	1,130	49	31.00
35.00	02040	0	6,554	2,278	692	12	35.00
43.00	04300	0	5,799	2,242	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	22,085	4,927	86,519	14,362	50.00
50.01	05001	0	3,187	923	581	27	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	7,941	10,295	1,118	3,855	171	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	15,203	127	2,443	84	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	954	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	688	109	69	1,268	60.00
65.00	06500	0	6,595	0	135	122	65.00
65.01	06501	0	32	0	0	0	65.01
66.00	06600	0	1,600	0	37	1	66.00
67.00	06700	0	151	0	7	0	67.00
68.00	06800	0	80	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	409	0	13	0	70.00
71.00	07100	0	0	0	12,797	131,073	71.00
72.00	07200	0	0	0	43,814	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	2,746	789	2,239	115	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	10,239	2,595	2,548	330	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		168,072	167,516	28,580	162,650	147,721	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	551	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	1,686	570	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	27,059	1,246	3,773	3,198	194.06
194.07	07957	0	0	0	0	0	194.07
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
202.00   TOTAL (sum lines 118-201)	168,072	195,126	29,826	168,109	151,489	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/26/2013 11:02 am
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	16.00	17.00	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00510	NONPATIENT TELEPHONES				5.01
5.02 00511	DATA PROCESSING				5.02
5.03 00512	PURCHASING & RECEIVING				5.03
5.04 00513	IP ADMITTING				5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00515	OP REGISTRATION				5.06
5.07 00560	OTHER ADMINISTRATIVE AND GENERAL				5.07
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,319			16.00
17.00 01700	SOCIAL SERVICE	0	19,390		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	1,046	4,352	2,311,225	30.00
31.00 03100	INTENSIVE CARE UNIT	174	1,990	207,560	31.00
35.00 02040	SPECIAL CARE NURSERY	223	3,230	220,205	35.00
43.00 04300	NURSERY	233	0	316,691	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	3,488	0	1,793,905	50.00
50.01 05001	SURGERY - AMBULATORY	19	381	330,994	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	726	2,453	385,253	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,678	0	1,237,681	54.00
54.01 05401	CATH LAB	0	0	0	54.01
54.02 05402	ULTRASOUND	122	0	186,313	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	952	0	132,774	60.00
65.00 06500	RESPIRATORY THERAPY	491	0	114,620	65.00
65.01 06501	SLEEP LAB	3	0	9,194	65.01
66.00 06600	PHYSICAL THERAPY	76	0	52,982	66.00
67.00 06700	OCCUPATIONAL THERAPY	7	0	315	67.00
68.00 06800	SPEECH PATHOLOGY	4	0	182	68.00
69.00 06900	ELECTROCARDIOLOGY	15	0	455	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	17	0	12,542	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	152,493	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	55,971	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	9,974	73.00
76.00 03020	ENDOSCOPY	225	1,016	150,736	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	0	90.00
91.00 09100	EMERGENCY	995	4,951	394,271	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00 09900	CMHC	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,494	18,373	8,076,336	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	41,479	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,017	1,084	192.00
194.00 07950	MISSION EFFECTIVENESS	0	0	4,263	194.00
194.01 07951	MARKETING	0	0	7,219	194.01
194.02 07952	JOINT VENTURES	1,825	0	77,013	194.02
194.03 07953	FOUNDATION	0	0	0	194.03
194.04 07954	VACANT	0	0	21,373	194.04
194.05 07955	SEASH	0	0	0	194.05
194.06 07956	SPORTS MEDICINE	0	0	282,873	194.06
194.07 07957	WESTFIELD OB PHYSICIAN OFFICE	0	0	0	194.07

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	12,319	19,390	8,511,640	0	8,511,640	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (IS NODES)	
		BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	297,347				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,827,399			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,913	0	46,666,587		4.00
5.01	00510	NONPATIENT TELEPHONES	1,061	0	0	571	5.01
5.02	00511	DATA PROCESSING	0	0	139,902	724	5.02
5.03	00512	PURCHASING & RECEIVING	1,110	0	259,536	4	5.03
5.04	00513	IP ADMITTING	576	0	338,273	5	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	2,141	0	710,268	17	5.05
5.06	00515	OP REGISTRATION	1,489	0	621,035	12	5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	12,515	28,934	3,793,312	25	5.07
7.00	00700	OPERATION OF PLANT	34,730	1,482	905,355	17	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	0	0	1	8.00
9.00	00900	HOUSEKEEPING	5,584	0	0	5	9.00
10.00	01000	DIETARY	6,531	5,646	0	13	10.00
11.00	01100	CAFETERIA	7,620	7,174	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	137	8,328	1,619,106	14	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,624	0	379,466	12	14.00
15.00	01500	PHARMACY	5,213	0	2,152,977	25	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	303	0	357,387	3	16.00
17.00	01700	SOCIAL SERVICE	719	0	163,018	3	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	67,427	281,169	10,423,195	145	30.00
31.00	03100	INTENSIVE CARE UNIT	6,909	9,145	1,071,382	18	31.00
35.00	02040	SPECIAL CARE NURSERY	6,877	21,705	2,274,023	19	35.00
43.00	04300	NURSERY	12,224	2,051	1,049,342	20	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	26,512	707,839	4,186,007	42	50.00
50.01	05001	SURGERY - AMBULATORY	12,677	9,773	548,194	14	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,083	1,575	1,843,477	28	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,354	450,424	2,450,514	26	54.00
54.01	05401	CATH LAB	0	0	0	0	54.01
54.02	05402	ULTRASOUND	2,059	98,205	432,257	4	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	4,827	0	78,505	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,650	24,888	1,241,778	22	65.00
65.01	06501	SLEEP LAB	145	4,184	5,480	1	65.01
66.00	06600	PHYSICAL THERAPY	2,044	0	255,094	4	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	24,358	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	15,591	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	13,090	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,712	78,321	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	ENDOSCOPY	5,261	6,191	538,232	16	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	13,615	14,423	2,116,397	42	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	293,216	1,691,848	40,084,872	557	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,654	0	57,377	3	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MISSION EFFECTIVENESS	0	3,179	0	0	194.00
194.01	07951	MARKETING	0	0	0	3	194.01
194.02	07952	JOINT VENTURES	0	0	571,194	0	194.02
194.03	07953	FOUNDATION	0	0	0	0	194.03
194.04	07954	VACANT	885	0	0	0	194.04
194.05	07955	SEASH	0	0	0	0	194.05

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (IS NODES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.06 07956 SPORTS MEDICINE	1,592	132,372	5,953,144	8	2	194.06
194.07 07957 WESTFIELD OB PHYSICIAN OFFICE	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	6,092,607	2,419,033	15,245,819	650,146	4,954,430	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	20.489889	1.323757	0.326697	1,138.609457	6,843.135359	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			80,177	21,740	240	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.001718	38.073555	0.331492	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PURCHASING & RECEIVING (COSTED REQUIS.)	IP ADMITTING (TOTAL PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OP REVENUE)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING & RECEIVING	18,836,494				5.03
5.04	00513	IP ADMITTING	4,123	19,584			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	15,353		413,613,022		5.05
5.06	00515	OP REGISTRATION	10,680			210,198,680	5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	0				5.07
7.00	00700	OPERATION OF PLANT	2,734				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	491				8.00
9.00	00900	HOUSEKEEPING	2,134				9.00
10.00	01000	DIETARY	12,311				10.00
11.00	01100	CAFETERIA	0				11.00
13.00	01300	NURSING ADMINISTRATION	4,752				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,610				14.00
15.00	01500	PHARMACY	2,478,391				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0				16.00
17.00	01700	SOCIAL SERVICE	323				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	470,015	14,174	29,052,210	0	30.00
31.00	03100	INTENSIVE CARE UNIT	109,501	1,143	4,821,515	0	31.00
35.00	02040	SPECIAL CARE NURSERY	205,567	1,460	6,180,739	0	35.00
43.00	04300	NURSERY	151,929	2,807	6,482,539	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	13,286,403	0	96,988,690	43,847,980	50.00
50.01	05001	SURGERY - AMBULATORY	58,637	0	528,643	489,059	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,429	0	20,171,242	721,900	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	377,304	0	46,617,880	39,168,244	54.00
54.01	05401	CATH LAB	0	0	0	0	54.01
54.02	05402	ULTRASOUND	47,495	0	3,385,015	2,928,921	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	222,822	0	26,448,134	14,794,829	60.00
65.00	06500	RESPIRATORY THERAPY	98,098	0	13,643,197	4,471,151	65.00
65.01	06501	SLEEP LAB	188	0	85,326	85,326	65.01
66.00	06600	PHYSICAL THERAPY	3,515	0	2,110,608	377,588	66.00
67.00	06700	OCCUPATIONAL THERAPY	630	0	194,086	10,560	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	119,689	48,783	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	425,894	240,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,745	0	476,651	62,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,357,755	12,883,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	17,159,192	3,871,574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	23,775,616	7,074,774	73.00
76.00	03020	ENDOSCOPY	236,364	0	6,243,460	5,360,974	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	256,902	0	27,637,997	23,053,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,252,446	19,584	362,906,078	159,491,736	-8,168,300
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,676	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MISSION EFFECTIVENESS	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	JOINT VENTURES	176,005	0	50,706,944	50,706,944	194.02
194.03	07953	FOUNDATION	0	0	0	0	194.03
194.04	07954	VACANT	0	0	0	0	194.04
194.05	07955	SEASH	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	405,367	0	0	0	194.06
194.07	07957	WESTFIELD OB PHYSICIAN OFFICE	0	0	0	0	194.07

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		PURCHASING & RECEIVING (COSTED REQUIS.)	IP ADMITTING (TOTAL PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OP REVENUE)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	1,092,337	457,810	2,115,243	1,226,754		202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.057990	23.376736	0.005114	0.005836		203.00
204.00	Cost to be allocated (per wkst. B, Part II)	23,343	12,581	45,764	32,052		204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.001239	0.642412	0.000111	0.000152		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	DIETARY (MEALS SERVED)		
		5.07	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING & RECEIVING					5.03	
5.04	00513	IP ADMITTING					5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00515	OP REGISTRATION					5.06	
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	126,661,940				5.07	
7.00	00700	OPERATION OF PLANT	4,206,126	239,812			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	461,088	1,286	645,148		8.00	
9.00	00900	HOUSEKEEPING	1,915,080	5,584	0	232,942	9.00	
10.00	01000	DIETARY	1,098,683	6,531	1,290	6,531	44,808	10.00
11.00	01100	CAFETERIA	830,795	7,620	0	7,620	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,301,652	137	0	137	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	918,055	6,624	24,580	6,624	0	14.00
15.00	01500	PHARMACY	3,526,242	5,213	129	5,213	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	816,344	303	0	303	0	16.00
17.00	01700	SOCIAL SERVICE	310,207	719	0	719	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	16,299,770	67,427	240,677	67,427	40,405	30.00
31.00	03100	INTENSIVE CARE UNIT	2,115,871	6,909	29,483	6,909	2,286	31.00
35.00	02040	SPECIAL CARE NURSERY	2,604,760	6,877	0	6,877	0	35.00
43.00	04300	NURSERY	2,004,801	12,224	21,253	12,224	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,062,705	26,512	67,482	26,512	0	50.00
50.01	05001	SURGERY - AMBULATORY	1,117,607	12,677	63,031	12,677	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,417,424	14,083	45,870	14,083	2,117	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,694,988	24,354	44,451	24,354	0	54.00
54.01	05401	CATH LAB	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	1,607,534	2,059	0	2,059	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,250,700	4,827	0	4,827	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,145,976	2,650	1,097	2,650	0	65.00
65.01	06501	SLEEP LAB	21,380	145	113	145	0	65.01
66.00	06600	PHYSICAL THERAPY	467,845	2,044	65	2,044	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,871	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	21,582	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	139,858	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,420	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,381,117	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,050,134	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,623,518	0	0	0	0	73.00
76.00	03020	ENDOSCOPY	1,255,510	5,261	46,967	5,261	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,379,751	13,615	57,418	13,615	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.00	09900	CMHC	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	89,233,394	235,681	643,906	228,811	44,808	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	356,142	1,654	0	1,654	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,582	0	0	0	0	192.00
194.00	07950	MISSION EFFECTIVENESS	22,543	0	0	0	0	194.00
194.01	07951	MARKETING	2,977,554	0	0	0	0	194.01
194.02	07952	JOINT VENTURES	24,426,853	0	0	0	0	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	VACANT	18,134	885	0	885	0	194.04
194.05	07955	SEASH	0	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	9,599,738	1,592	1,242	1,592	0	194.06
194.07	07957	WESTFIELD OB PHYSICIAN OFFICE	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.07	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	8,168,300	4,477,375	514,833	2,142,837	1,352,580	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.064489	18.670354	0.798008	9.199015	30.186127	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	302,227	725,834	31,381	136,081	168,072	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.002386	3.026679	0.048642	0.584184	3.750937	205.00

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00515						5.06
5.07	00560						5.07
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,134,537					11.00
13.00	01300	38,862	445,260				13.00
14.00	01400	22,871	375	15,116,191			14.00
15.00	01500	53,882	5	39,495	2,630,188		15.00
16.00	01600	13,602	0	0	0	342,320,459	16.00
17.00	01700	5,376	0	151	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	306,363	177,735	479,248	1,863	29,052,210	30.00
31.00	03100	29,406	23,022	101,628	844	4,821,515	31.00
35.00	02040	38,108	34,003	62,255	201	6,180,739	35.00
43.00	04300	33,719	33,473	0	0	6,482,539	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	128,409	73,552	7,779,670	249,354	96,988,690	50.00
50.01	05001	18,532	13,780	52,239	474	528,643	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	59,857	16,684	346,633	2,965	20,171,242	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	88,399	1,893	219,676	1,462	46,617,880	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	5,546	0	0	0	3,385,015	54.02
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	4,002	1,626	6,237	22,019	26,448,134	60.00
65.00	06500	38,348	1	12,122	2,124	13,643,197	65.00
65.01	06501	188	0	0	0	85,326	65.01
66.00	06600	9,305	0	3,283	19	2,110,608	66.00
67.00	06700	880	0	630	0	194,086	67.00
68.00	06800	468	0	0	0	119,689	68.00
69.00	06900	0	0	0	0	425,894	69.00
70.00	07000	2,379	0	1,161	0	476,651	70.00
71.00	07100	0	0	1,150,681	2,275,723	0	71.00
72.00	07200	0	0	3,939,787	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	15,968	11,773	201,335	1,989	6,243,460	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	59,531	38,739	229,093	5,726	27,637,997	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		974,001	426,661	14,625,324	2,564,763	291,613,515	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	3,203	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	151,567	9,893	50,706,944	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	157,333	18,599	339,300	55,532	0	194.06
194.07	07957	0	0	0	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	1,096,736	2,491,468	1,205,687	3,954,297	890,582	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.966682	5.595535	0.079761	1.503428	0.002602	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	195,126	29,826	168,109	151,489	12,319	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.171987	0.066986	0.011121	0.057596	0.000036	205.00

Cost Center Description		SOCIAL SERVICE	
		(TIME SPENT)	
		17.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00510	NONPATIENT TELEPHONES	5.01
5.02	00511	DATA PROCESSING	5.02
5.03	00512	PURCHASING & RECEIVING	5.03
5.04	00513	IP ADMITTING	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00515	OP REGISTRATION	5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	5.07
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
		13,896	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02040	SPECIAL CARE NURSERY	35.00
43.00	04300	NURSERY	43.00
		3,119	
		1,426	
		2,315	
		0	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	SURGERY - AMBULATORY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	CATH LAB	54.01
54.02	05402	ULTRASOUND	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	ENDOSCOPY	76.00
		728	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
		0	
		3,548	
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.00	09900	CMHC	99.00
		0	
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		13,167	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	MISSION EFFECTIVENESS	194.00
194.01	07951	MARKETING	194.01
194.02	07952	JOINT VENTURES	194.02
194.03	07953	FOUNDATION	194.03
194.04	07954	VACANT	194.04
194.05	07955	SEASH	194.05
194.06	07956	SPORTS MEDICINE	194.06
194.07	07957	WESTFIELD OB PHYSICIAN OFFICE	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
		729	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		SOCIAL SERVICE	
		(TIME SPENT)	
		17.00	
202.00	Cost to be allocated (per wkst. B, Part I)	355,459	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	25.579951	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	19,390	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	1.395366	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	22,128,892		22,128,892	0	22,128,892	30.00
31.00	03100	INTENSIVE CARE UNIT	2,753,047		2,753,047	0	2,753,047	31.00
35.00	02040	SPECIAL CARE NURSERY	3,272,067		3,272,067	0	3,272,067	35.00
43.00	04300	NURSERY	2,728,487		2,728,487	0	2,728,487	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,739,111		20,739,111	0	20,739,111	50.00
50.01	05001	SURGERY - AMBULATORY	1,701,539		1,701,539	0	1,701,539	50.01
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,411,585		4,411,585	0	4,411,585	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,078,010		8,078,010	0	8,078,010	54.00
54.01	05401	CATH LAB	0		0	0	0	54.01
54.02	05402	ULTRASOUND	1,782,754		1,782,754	0	1,782,754	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	3,710,246		3,710,246	0	3,710,246	60.00
65.00	06500	RESPIRATORY THERAPY	2,435,832	0	2,435,832	0	2,435,832	65.00
65.01	06501	SLEEP LAB	27,294	0	27,294	0	27,294	65.01
66.00	06600	PHYSICAL THERAPY	569,811	0	569,811	0	569,811	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,526	0	38,526	0	38,526	67.00
68.00	06800	SPEECH PATHOLOGY	23,737	0	23,737	0	23,737	68.00
69.00	06900	ELECTROCARDIOLOGY	149,985		149,985	0	149,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,818		164,818	0	164,818	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,983,347		4,983,347	0	4,983,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,625,564		4,625,564	0	4,625,564	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,792,706		2,792,706	0	2,792,706	73.00
76.00	03020	ENDOSCOPY	1,655,806		1,655,806	0	1,655,806	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	5,551,325		5,551,325	0	5,551,325	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,170,065		3,170,065	0	3,170,065	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.00	09900	CMHC	0		0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	97,494,554	0	97,494,554	0	97,494,554	200.00
201.00		Less Observation Beds	3,170,065		3,170,065		3,170,065	201.00
202.00		Total (see instructions)	94,324,489	0	94,324,489	0	94,324,489	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
					9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	29,052,210		29,052,210		30.00
31.00	03100	INTENSIVE CARE UNIT	4,821,515		4,821,515		31.00
35.00	02040	SPECIAL CARE NURSERY	6,180,739		6,180,739		35.00
43.00	04300	NURSERY	6,482,539		6,482,539		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	53,140,710	43,847,980	96,988,690	0.213830	50.00
50.01	05001	SURGERY - AMBULATORY	39,584	489,059	528,643	3.218692	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,449,342	721,900	20,171,242	0.218707	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,449,636	39,168,244	46,617,880	0.173281	54.00
54.01	05401	CATH LAB	0	0	0	0.000000	54.01
54.02	05402	ULTRASOUND	456,094	2,928,921	3,385,015	0.526661	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,653,305	14,794,829	26,448,134	0.140284	60.00
65.00	06500	RESPIRATORY THERAPY	9,172,047	4,471,150	13,643,197	0.178538	65.00
65.01	06501	SLEEP LAB	0	85,326	85,326	0.319879	65.01
66.00	06600	PHYSICAL THERAPY	1,733,020	377,588	2,110,608	0.269975	66.00
67.00	06700	OCCUPATIONAL THERAPY	183,526	10,560	194,086	0.198500	67.00
68.00	06800	SPEECH PATHOLOGY	70,906	48,783	119,689	0.198322	68.00
69.00	06900	ELECTROCARDIOLOGY	185,289	240,605	425,894	0.352165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	362,465	114,186	476,651	0.345783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,526,349	12,831,406	30,357,755	0.164154	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,287,618	3,871,574	17,159,192	0.269568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,700,842	7,074,774	23,775,616	0.117461	73.00
76.00	03020	ENDOSCOPY	882,486	5,360,974	6,243,460	0.265206	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	4,584,121	23,053,876	27,637,997	0.200858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,033,756	3,925,529	4,959,285	0.639218	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	204,448,099	163,417,264	367,865,363		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	204,448,099	163,417,264	367,865,363		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
35.00	02040 SPECIAL CARE NURSERY				35.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.213830			50.00
50.01	05001 SURGERY - AMBULATORY	3.218692			50.01
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.218707			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.173281			54.00
54.01	05401 CATH LAB	0.000000			54.01
54.02	05402 ULTRASOUND	0.526661			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.140284			60.00
65.00	06500 RESPIRATORY THERAPY	0.178538			65.00
65.01	06501 SLEEP LAB	0.319879			65.01
66.00	06600 PHYSICAL THERAPY	0.269975			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.198500			67.00
68.00	06800 SPEECH PATHOLOGY	0.198322			68.00
69.00	06900 ELECTROCARDIOLOGY	0.352165			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.345783			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.164154			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.269568			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.117461			73.00
76.00	03020 ENDOSCOPY	0.265206			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.200858			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.639218			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	09900 CMHC				99.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	22,128,892		22,128,892	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,753,047		2,753,047	0	0	31.00
35.00	02040	SPECIAL CARE NURSERY	3,272,067		3,272,067	0	0	35.00
43.00	04300	NURSERY	2,728,487		2,728,487	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,739,111		20,739,111	0	0	50.00
50.01	05001	SURGERY - AMBULATORY	1,701,539		1,701,539	0	0	50.01
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,411,585		4,411,585	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,078,010		8,078,010	0	0	54.00
54.01	05401	CATH LAB	0		0	0	0	54.01
54.02	05402	ULTRASOUND	1,782,754		1,782,754	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	3,710,246		3,710,246	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,435,832	0	2,435,832	0	0	65.00
65.01	06501	SLEEP LAB	27,294	0	27,294	0	0	65.01
66.00	06600	PHYSICAL THERAPY	569,811	0	569,811	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,526	0	38,526	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,737	0	23,737	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	149,985		149,985	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,818		164,818	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,983,347		4,983,347	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,625,564		4,625,564	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,792,706		2,792,706	0	0	73.00
76.00	03020	ENDOSCOPY	1,655,806		1,655,806	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	5,551,325		5,551,325	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,170,065		3,170,065	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.00	09900	CMHC	0		0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	97,494,554	0	97,494,554	0	0	200.00
201.00		Less Observation Beds	3,170,065		3,170,065	0	0	201.00
202.00		Total (see instructions)	94,324,489	0	94,324,489	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

			Title XIX			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	29,052,210		29,052,210		30.00
31.00	03100	INTENSIVE CARE UNIT	4,821,515		4,821,515		31.00
35.00	02040	SPECIAL CARE NURSERY	6,180,739		6,180,739		35.00
43.00	04300	NURSERY	6,482,539		6,482,539		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	53,140,710	43,847,980	96,988,690	0.213830	50.00
50.01	05001	SURGERY - AMBULATORY	39,584	489,059	528,643	3.218692	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,449,342	721,900	20,171,242	0.218707	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,449,636	39,168,244	46,617,880	0.173281	54.00
54.01	05401	CATH LAB	0	0	0	0.000000	54.01
54.02	05402	ULTRASOUND	456,094	2,928,921	3,385,015	0.526661	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,653,305	14,794,829	26,448,134	0.140284	60.00
65.00	06500	RESPIRATORY THERAPY	9,172,047	4,471,150	13,643,197	0.178538	65.00
65.01	06501	SLEEP LAB	0	85,326	85,326	0.319879	65.01
66.00	06600	PHYSICAL THERAPY	1,733,020	377,588	2,110,608	0.269975	66.00
67.00	06700	OCCUPATIONAL THERAPY	183,526	10,560	194,086	0.198500	67.00
68.00	06800	SPEECH PATHOLOGY	70,906	48,783	119,689	0.198322	68.00
69.00	06900	ELECTROCARDIOLOGY	185,289	240,605	425,894	0.352165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	362,465	114,186	476,651	0.345783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,526,349	12,831,406	30,357,755	0.164154	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,287,618	3,871,574	17,159,192	0.269568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,700,842	7,074,774	23,775,616	0.117461	73.00
76.00	03020	ENDOSCOPY	882,486	5,360,974	6,243,460	0.265206	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	4,584,121	23,053,876	27,637,997	0.200858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,033,756	3,925,529	4,959,285	0.639218	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	204,448,099	163,417,264	367,865,363		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	204,448,099	163,417,264	367,865,363		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000				30.00
31.00	03100				31.00
35.00	02040				35.00
43.00	04300				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0.000000			50.00
50.01	05001	0.000000			50.01
51.00	05100	0.000000			51.00
52.00	05200	0.000000			52.00
53.00	05300	0.000000			53.00
54.00	05400	0.000000			54.00
54.01	05401	0.000000			54.01
54.02	05402	0.000000			54.02
55.00	05500	0.000000			55.00
57.00	05700	0.000000			57.00
58.00	05800	0.000000			58.00
59.00	05900	0.000000			59.00
60.00	06000	0.000000			60.00
65.00	06500	0.000000			65.00
65.01	06501	0.000000			65.01
66.00	06600	0.000000			66.00
67.00	06700	0.000000			67.00
68.00	06800	0.000000			68.00
69.00	06900	0.000000			69.00
70.00	07000	0.000000			70.00
71.00	07100	0.000000			71.00
72.00	07200	0.000000			72.00
73.00	07300	0.000000			73.00
76.00	03020	0.000000			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0.000000			90.00
91.00	09100	0.000000			91.00
92.00	09200	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	09900				99.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
200.00					200.00
201.00					201.00
202.00					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	2,311,225	0	2,311,225	16,544	139.70	30.00	
31.00	INTENSIVE CARE UNIT	207,560		207,560	1,143	181.59	31.00	
35.00	SPECIAL CARE NURSERY	220,205		220,205	1,460	150.83	35.00	
43.00	NURSERY	316,691		316,691	2,807	112.82	43.00	
200.00	Total (lines 30-199)	3,055,681		3,055,681	21,954		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	4,442	620,547					30.00
31.00	INTENSIVE CARE UNIT	493	89,524					31.00
35.00	SPECIAL CARE NURSERY	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	4,935	710,071					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,793,905	96,988,690	0.018496	17,408,737	321,992	50.00
50.01	05001	SURGERY - AMBULATORY	330,994	528,643	0.626120	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	385,253	20,171,242	0.019099	15,176	290	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,237,681	46,617,880	0.026549	2,678,518	71,112	54.00
54.01	05401	CATH LAB	0	0	0.000000	0	0	54.01
54.02	05402	ULTRASOUND	186,313	3,385,015	0.055041	97,384	5,360	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	132,774	26,448,134	0.005020	4,357,260	21,873	60.00
65.00	06500	RESPIRATORY THERAPY	114,620	13,643,197	0.008401	2,204,751	18,522	65.00
65.01	06501	SLEEP LAB	9,194	85,326	0.107751	0	0	65.01
66.00	06600	PHYSICAL THERAPY	52,982	2,110,608	0.025103	954,997	23,973	66.00
67.00	06700	OCCUPATIONAL THERAPY	315	194,086	0.001623	98,867	160	67.00
68.00	06800	SPEECH PATHOLOGY	182	119,689	0.001521	38,665	59	68.00
69.00	06900	ELECTROCARDIOLOGY	455	425,894	0.001068	146,263	156	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,542	476,651	0.026313	351,200	9,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	152,493	30,357,755	0.005023	5,545,372	27,854	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,971	17,159,192	0.003262	5,877,669	19,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,974	23,775,616	0.000420	4,920,536	2,067	73.00
76.00	03020	ENDOSCOPY	150,736	6,243,460	0.024143	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	394,271	27,637,997	0.014266	2,080,978	29,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	331,094	4,959,285	0.066762	330,913	22,092	92.00
200.00		Total (lines 50-199)	5,351,749	321,328,360		47,107,286	573,611	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/26/2013 11:02 am
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Cost Center Description	Title XVIII			Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
35.00	02040	SPECIAL CARE NURSERY	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,544	0.00	4,442	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,143	0.00	493	0	31.00
35.00	02040	SPECIAL CARE NURSERY	1,460	0.00	0	0	35.00
43.00	04300	NURSERY	2,807	0.00	0	0	43.00
200.00		Total (lines 30-199)	21,954		4,935	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
35.00	02040	SPECIAL CARE NURSERY	0	0		35.00
43.00	04300	NURSERY	0	0		43.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
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Cost Center Description		Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	SURGERY - AMBULATORY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	CATH LAB	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	ENDOSCOPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS	
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	96,988,690	0.000000	0.000000	17,408,737	50.00
50.01	05001	SURGERY - AMBULATORY	0	528,643	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,171,242	0.000000	0.000000	15,176	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,617,880	0.000000	0.000000	2,678,518	54.00
54.01	05401	CATH LAB	0	0	0.000000	0.000000	0	54.01
54.02	05402	ULTRASOUND	0	3,385,015	0.000000	0.000000	97,384	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	26,448,134	0.000000	0.000000	4,357,260	60.00
65.00	06500	RESPIRATORY THERAPY	0	13,643,197	0.000000	0.000000	2,204,751	65.00
65.01	06501	SLEEP LAB	0	85,326	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,110,608	0.000000	0.000000	954,997	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	194,086	0.000000	0.000000	98,867	67.00
68.00	06800	SPEECH PATHOLOGY	0	119,689	0.000000	0.000000	38,665	68.00
69.00	06900	ELECTROCARDIOLOGY	0	425,894	0.000000	0.000000	146,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	476,651	0.000000	0.000000	351,200	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,357,755	0.000000	0.000000	5,545,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,159,192	0.000000	0.000000	5,877,669	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,775,616	0.000000	0.000000	4,920,536	73.00
76.00	03020	ENDOSCOPY	0	6,243,460	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	27,637,997	0.000000	0.000000	2,080,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,959,285	0.000000	0.000000	330,913	92.00
200.00		Total (lines 50-199)	0	321,328,360			47,107,286	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	6,173,069	0	0	0	50.00
50.01	05001	SURGERY - AMBULATORY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	540	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,709,913	0	0	0	54.00
54.01	05401	CATH LAB	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	321,930	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	947,820	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	318,439	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	240,605	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	114,186	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	803,209	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	384,509	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	791,761	0	0	0	73.00
76.00	03020	ENDOSCOPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	4,738,543	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	661,575	0	0	0	92.00
200.00		Total (lines 50-199)	0	24,206,099	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	SURGERY - AMBULATORY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	CATH LAB	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	SLEEP LAB	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03020	ENDOSCOPY	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 11:02 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.213830	6,173,069	0	0	1,319,987	50.00
50.01	05001	SURGERY - AMBULATORY	3.218692	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.218707	540	0	0	118	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173281	8,709,913	0	0	1,509,262	54.00
54.01	05401	CATH LAB	0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.526661	321,930	0	0	169,548	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.140284	947,820	795	0	132,964	60.00
65.00	06500	RESPIRATORY THERAPY	0.178538	318,439	0	0	56,853	65.00
65.01	06501	SLEEP LAB	0.319879	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.269975	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.198500	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.198322	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.352165	240,605	0	0	84,733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.345783	114,186	0	0	39,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.164154	803,209	147	0	131,850	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.269568	384,509	0	0	103,651	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117461	791,761	0	18,371	93,001	73.00
76.00	03020	ENDOSCOPY	0.265206	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.200858	4,738,543	0	0	951,774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.639218	661,575	0	0	422,891	92.00
200.00		Subtotal (see instructions)		24,206,099	942	18,371	5,016,116	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		24,206,099	942	18,371	5,016,116	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D  
Part V  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title XVIII		Hospital	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SURGERY - AMBULATORY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	CATH LAB	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	112	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	SLEEP LAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,158	73.00
76.00	03020	ENDOSCOPY	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	136	2,158	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	136	2,158	202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D-1

Date/Time Prepared:  
11/26/2013 11:02 am

Title XVIII		Hospital	PPS
Cost Center Description			1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	16,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	16,544	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	14,174	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,442	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
<b>SWING BED ADJUSTMENT</b>			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	22,128,892	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	22,128,892	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	22,128,892	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,337.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,941,530	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	5,941,530	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00 INTENSIVE CARE UNIT	2,753,047	1,143	2,408.62	493	1,187,450	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 SPECIAL CARE NURSERY	3,272,067	1,460	2,241.14	0	0	47.00
<b>Cost Center Description</b>						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					9,406,409	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,535,389	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					710,071	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					573,611	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,283,682	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,251,707	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
87.00 Total observation bed days (see instructions)					2,370	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,337.58	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,170,065	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	2,311,225	22,128,892	0.104444	3,170,065	331,094	90.00
91.00 Nursing School cost	0	22,128,892	0.000000	3,170,065	0	91.00
92.00 Allied health cost	0	22,128,892	0.000000	3,170,065	0	92.00
93.00 All other Medical Education	0	22,128,892	0.000000	3,170,065	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D-1

Date/Time Prepared:  
11/26/2013 11:02 am

Title XIX		Hospital	Cost	
Cost Center Description			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,544	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		14,174	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		479	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,807	15.00
16.00	Nursery days (title V or XIX only)		818	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		22,128,892	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		22,128,892	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		22,128,892	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,337.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		640,701	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		640,701	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Title XIX			Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	2,728,487	2,807	972.03	818	795,121	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00 INTENSIVE CARE UNIT	2,753,047	1,143	2,408.62	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 SPECIAL CARE NURSERY	3,272,067	1,460	2,241.14	0	0	47.00
<b>Cost Center Description</b>						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,738,374	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,174,196	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
87.00 Total observation bed days (see instructions)					2,370	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,337.58	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,170,065	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet D-1

Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description	Title XIX			Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Cost		
	1.00	2.00	3.00	4.00	5.00		
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00 Capital-related cost	0	0	0.000000	0	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		8,033,929	30.00
31.00	03100	INTENSIVE CARE UNIT		2,163,623	31.00
35.00	02040	SPECIAL CARE NURSERY		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.213830	17,408,737	50.00
50.01	05001	SURGERY - AMBULATORY	3.218692	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.218707	15,176	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173281	2,678,518	54.00
54.01	05401	CATH LAB	0.000000	0	54.01
54.02	05402	ULTRASOUND	0.526661	97,384	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.140284	4,357,260	60.00
65.00	06500	RESPIRATORY THERAPY	0.178538	2,204,751	65.00
65.01	06501	SLEEP LAB	0.319879	0	65.01
66.00	06600	PHYSICAL THERAPY	0.269975	954,997	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.198500	98,867	67.00
68.00	06800	SPEECH PATHOLOGY	0.198322	38,665	68.00
69.00	06900	ELECTROCARDIOLOGY	0.352165	146,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.345783	351,200	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.164154	5,545,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.269568	5,877,669	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117461	4,920,536	73.00
76.00	03020	ENDOSCOPY	0.265206	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.200858	2,080,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.639218	330,913	92.00
200.00		Total (sum of lines 50-94 and 96-98)		47,107,286	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		47,107,286	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/26/2013 11:02 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		2,430,761		30.00
31.00	03100 INTENSIVE CARE UNIT		474,951		31.00
35.00	02040 SPECIAL CARE NURSERY		1,268,471		35.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.213830	3,874,974	828,586	50.00
50.01	05001 SURGERY - AMBULATORY	3.218692	2,063	6,640	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.218707	1,715,962	375,293	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.173281	468,973	81,264	54.00
54.01	05401 CATH LAB	0.000000	0	0	54.01
54.02	05402 ULTRASOUND	0.526661	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.140284	756,298	106,097	60.00
65.00	06500 RESPIRATORY THERAPY	0.178538	642,582	114,725	65.00
65.01	06501 SLEEP LAB	0.319879	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.269975	69,029	18,636	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.198500	14,384	2,855	67.00
68.00	06800 SPEECH PATHOLOGY	0.198322	6,182	1,226	68.00
69.00	06900 ELECTROCARDIOLOGY	0.352165	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.345783	11,265	3,895	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.164154	603	99	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.269568	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.117461	1,173,967	137,895	73.00
76.00	03020 ENDOSCOPY	0.265206	55,656	14,760	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.200858	231,024	46,403	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.639218	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		9,022,962	1,738,374	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		9,022,962		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet E  
Part A  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
		0	1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		12,026,778	1.00
2.00	Outlier payments for discharges. (see instructions)		370,462	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		131.53	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) if the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		11.45	31.00
32.00	Sum of lines 30 and 31		11.45	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		1,282	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0 41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet E  
Part A  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
			1.00	1.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		12,397,240		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		12,397,240		49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		1,017,062		50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,414,302		59.00
60.00	Primary payer payments		18,024		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,396,278		61.00
62.00	Deductibles billed to program beneficiaries		1,211,560		62.00
63.00	Coinsurance billed to program beneficiaries		42,463		63.00
64.00	Allowable bad debts (see instructions)		45,911		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		32,138		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,708		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,174,393		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00			0		70.00
70.01	OTHER ADJUSTMENTS		10,690		70.01
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-8,468		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-1,818		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,174,797		71.00
71.01	Sequestration adjustment (see instructions)		60,874		71.01
72.00	Interim payments		12,331,737		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		-217,814		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet E  
Part A  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses (see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet DSH  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title XVIII		Hospital		PPS	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	11.45	0.00			11.45	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	11.45	0.00			11.45	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	131.53	0.00			131.53	5.00
6.00	Disproportionate Share Payment Percentage (transfer to worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	2.76	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	650	0			650	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	453	0			453	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	1	0			1	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,225	0			1,225	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,329	0			2,329	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	19,584	0			19,584	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	756	0			756	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total swing-bed SNF and NF patient days (Worksheet S-3, Part I, column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	20,340	0			20,340	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	11.45	0.00			11.45	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 11:02 am
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		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	

CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	4.81		0.00	True	29.00
30.00	Line 28 or 29 as applicable		4.81		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value
		1.00	2.00	3.00	4.00	5.00

DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 11:02 am
		Title XVIII	Hospital	PPS

		Revised Percentage	
		6.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	4.81	29.00
30.00	Line 28 or 29 as applicable	4.81	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

Provider CCN: 150157

Period:  
 From 07/01/2012  
 To 06/30/2013

Worksheet E  
 Part A Exhibit 4  
 Date/Time Prepared:  
 11/26/2013 11:02 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00	12,026,778	0	0	12,026,778	1.00	
2.00	Outlier payments for discharges (see instructions)	2.00	370,462	0	0	370,462	2.00	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	12,397,240	0	0	12,397,240	13.00	
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	12,397,240	0	0	12,397,240	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,017,062	0	0	1,017,062	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	0	13,414,302	19.00	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	958,426	0	0	958,426	20.00	
21.00	Capital DRG outlier payments	2.00	30,650	0	0	30,650	21.00	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	22.00	
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0292	0.0292	0.0292	0.0292	24.00	
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	27,986	0	0	27,986	25.00	
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,017,062	0	0	1,017,062	26.00	
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00		
27.00	Low volume adjustment factor				0.018571	0.009821	27.00	
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		28.00	
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				131,742	29.00	
100.00	Transfer low volume adjustments to W/S E Part A.		Y				100.00	

Provider CCN: 150157

Period:  
 From 07/01/2012  
 To 06/30/2013

Worksheet E  
 Part A Exhibit 4  
 Date/Time Prepared:  
 11/26/2013 11:02 am

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
1.00	DRG amounts other than outlier payments	12,026,778			1.00
2.00	Outlier payments for discharges (see instructions)	370,462			2.00
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	0			4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	0			6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
7.00	Amount from Worksheet E Part A, line 27 (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
9.00	Total IME payment (sum of lines 6 and 8)	0			9.00
<b>Disproportionate Share Adjustment</b>					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	0			11.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	12,397,240			13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	12,397,240			15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	1,017,062			16.00
17.00	Special add-on payments for new technologies	0			17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	13,414,302			19.00
		5.00			
20.00	Capital DRG other than outlier	958,426			20.00
21.00	Capital DRG outlier payments	30,650			21.00
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	0			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	27,986			25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	1,017,062			26.00
		5.00			
27.00	Low volume adjustment factor				27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	0			28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	131,742			29.00
100.00	Transfer low volume adjustments to W/S E Part A.				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/26/2013 11:02 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		2,294	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		5,016,116	2.00
3.00	PPS payments		3,592,678	3.00
4.00	Outlier payment (see instructions)		87,260	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,294	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		19,313	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		19,313	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		19,313	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		17,019	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		2,294	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		3,679,938	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		29	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		881,099	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		2,801,104	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,801,104	30.00
31.00	Primary payer payments		449	31.00
32.00	Subtotal (line 30 minus line 31)		2,800,655	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		71,129	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		49,790	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		44,425	36.00
37.00	Subtotal (see instructions)		2,850,445	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-34	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,850,479	40.00
40.01	Sequestration adjustment (see instructions)		14,252	40.01
41.00	Interim payments		2,783,747	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		52,480	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
112.00	Worksheet Override Values			
112.00	override of Ancillary service charges (line 12)			0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/26/2013 11:02 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		12,331,737		2,783,747	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		12,331,737		2,783,747	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		66,732	6.01
6.02	SETTLEMENT TO PROGRAM		156,940		0	6.02
7.00	Total Medicare program liability (see instructions)		12,174,797		2,850,479	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/26/2013 11:02 am

Title XVIII		Hospital	PPS
			1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>			
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>			
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14		6,149 1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12		4,935 2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2		1,345 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		16,777 4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200		367,865,363 5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20		9,893,278 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168		0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,154,100 8.00
9.00	Sequestration adjustment amount (see instructions)		0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,154,100 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)		0 30.00
31.00	Other Adjustment (specify)		0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		1,154,100 32.00
			Overrides
			1.00
<b>CONTRACTOR OVERRIDES</b>			
108.00	Override of HIT payment		0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2013 11:02 am
		Title XIX	Hospital	Cost
		Inpatient	Outpatient	
		1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	3,174,196		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,174,196	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,174,196	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	4,174,183		8.00
9.00	Ancillary service charges	9,022,962	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	13,197,145	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	13,197,145	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	10,022,949	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	3,174,196	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	3,174,196	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	3,174,196	0	31.00
32.00	Deductibles	0		32.00
33.00	Coinsurance	0		33.00
34.00	Allowable bad debts (see instructions)	0		34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,174,196	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		37.00
38.00	Subtotal (line 36 ± line 37)	3,174,196	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	3,174,196	0	40.00
41.00	Interim payments	3,174,196	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 150157 Period: From 07/01/2012 To 06/30/2013 Worksheet G Date/Time Prepared: 11/26/2013 11:02 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	973,267	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	20,872,333	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,198,291	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,889,038	0	0	0	9.00
10.00	Due from other funds	125,745	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	27,058,674	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,111,746	0	0	0	12.00
13.00	Land improvements	2,224,113	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	119,505,869	0	0	0	19.00
20.00	Accumulated depreciation	-67,502,345	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	56,339,383	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	552,618,445	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,500,084	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	559,118,529	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	642,516,586	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	13,212,362	0	0	0	37.00
38.00	Salaries, wages, and fees payable	265,981	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	307,333	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	1,508,625	0	0	0	43.00
44.00	Other current liabilities	2,380,217	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,674,518	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	146,730	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	21,043,143	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	21,189,873	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	38,864,391	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	603,652,195	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	603,652,195	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	642,516,586	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet G-1

Date/Time Prepared:  
11/26/2013 11:02 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		530,001,423			0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		91,221,027				2.00
3.00	Total (sum of line 1 and line 2)		621,222,450			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		621,222,450			0	11.00
12.00	BEG BALANCE ADJUSTMENT	17,570,255		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		17,570,255			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		603,652,195			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	BEG BALANCE ADJUSTMENT		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/26/2013 11:02 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	31,564,184		31,564,184	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	31,564,184		31,564,184	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	4,853,141		4,853,141	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	SPECIAL CARE NURSERY	6,179,908		6,179,908	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,033,049		11,033,049	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	42,597,233		42,597,233	17.00
18.00	Ancillary services	159,291,049	0	159,291,049	18.00
19.00	Outpatient services	0	216,728,209	216,728,209	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PROFESSIONAL FEES	0	17,298,679	17,298,679	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	201,888,282	234,026,888	435,915,170	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		142,910,445		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		142,910,445		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150157

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet G-3

Date/Time Prepared:  
11/26/2013 11:02 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	435,915,170	1.00
2.00	Less contractual allowances and discounts on patients' accounts	253,472,280	2.00
3.00	Net patient revenues (line 1 minus line 2)	182,442,890	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	142,910,445	4.00
5.00	Net income from service to patients (line 3 minus line 4)	39,532,445	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	39,816,192	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	11,872,390	24.00
25.00	Total other income (sum of lines 6-24)	51,688,582	25.00
26.00	Total (line 5 plus line 25)	91,221,027	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	91,221,027	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150157	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/26/2013 11:02 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		958,426	1.00
2.00	Capital DRG outlier payments		30,650	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		45.96	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.76	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		11.45	8.00
9.00	Sum of lines 7 and 8		14.21	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.92	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		27,986	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,017,062	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00