

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0157	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 14:16

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

ST. VINCENT CARMEL HOSPITAL 15-0157  
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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ECR ENCRYPTION INFORMATION  
DATE: 11/29/2010 TIME 14:16

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*NOVA Data*  
\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
*Chief FINANCIAL OFFICER*  
\_\_\_\_\_  
TITLE  
*11-29-10*  
\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1 HOSPITAL	0		49,991		1,864,021
100 TOTAL	0		49,991	27,275	1,864,021

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 13500 NORTH MERIDIAN STREET P.O. BOX:  
 1.01 CITY: CARMEL STATE: IN ZIP CODE: 46033- COUNTY: HAMILTON

HOS	AND HOSPITAL-BASED COMPONENT IDENTIFICATION;				PAYMENT SYSTEM		
	COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	(P,T,O OR N)	V XVIII XIX
02.00	HOSPITAL	ST. VINCENT CARMEL HOSPITAL	15-0157	2.01	1/14/2004	N	P 0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010  
 18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER  
 19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION  
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.  
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N  
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).  
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 26900  
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1  
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1  
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER 42 CFR 412.105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N  
 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N  
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N  
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /  
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /  
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /  
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /  
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /  
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /  
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /  
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /  
 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /  
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?  
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N  
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. N  
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N  
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N  
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

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

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

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

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

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4  
 -----  
 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL, BASED FACILITY 0.00 0

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

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.	0.00%	
28.	0.00%	
28.00	0.00%	

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N Y N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

T11 XIX INPATIENT SERVICES  
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y 269008  
 IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS).

40.01 NAME: ST. VINCENT HEALTH FI/CONTRACTOR NAME NAT GOVT SVCS FI/CONTRACTOR #  
 40.02 STREET: 10330 N. MERIDIAN STREET P.O. BOX:  
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46290-

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	OUTPATIENT				
	PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEES
56.01		N	0.00		0
56.02			0.00		0
56.03			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" OR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA  
 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/12/2010

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
ADULTS & PEDIATRICS	1	93	2	2.01	3	4	5
HMO						5,066	1,391
01 HMO - (IRF PPS SUBPROVIDER)						40	
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS		93	33,945			5,066	1,391
INTENSIVE CARE UNIT		10	3,650			528	
SPECIAL CARE NURSERY		4	1,460				
NURSERY							
TOTAL		107	39,055			5,594	1,391
RPCH VISITS							
TOTAL		107					
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	TITLE XVIII / NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
HMO			16,148				
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS			16,148				
INTENSIVE CARE UNIT			1,566				
SPECIAL CARE NURSERY			1,164				
NURSERY			2,328				
TOTAL			21,206				
RPCH VISITS							
TOTAL							
OBSERVATION BED DAYS			2,302	363	1,939		
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
ADULTS & PEDIATRICS	9	10	11	12	13	14	15
HMO					1,334	358	6,137
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS							
INTENSIVE CARE UNIT							
SPECIAL CARE NURSERY							
NURSERY							
TOTAL		705.25			1,334	358	6,137
RPCH VISITS							
TOTAL		705.25					
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET S-3  
 I I TO 6/30/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	45,913,972		45,913,972	1,466,924.51	31.30	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
6 PHYSICIAN - PART B	2,306,275		2,306,275	23,071.05	99.96	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,733,604		1,733,604	52,948.80	32.74	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	9,898		9,898	167.90	58.95	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
9.04 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,976,411		4,976,411	92,911.00	53.56	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	12,152,322		12,152,322			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	503,111		503,111			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B	434,238		434,238			CMS 339
20 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
23 EMPLOYEE BENEFITS	894,455		894,455	11,899.00	75.17	
24 ADMINISTRATIVE & GENERAL	7,696,437		7,696,437	207,075.00	37.17	
22.01 A & G UNDER CONTRACT						
25 MAINTENANCE & REPAIRS						
26 OPERATION OF PLANT	909,589		909,589	37,836.00	24.04	
27 LAUNDRY & LINEN SERVICE		36,078	36,078	2,263.00	15.94	
28 HOUSEKEEPING	904,634	-36,078	868,556	64,687.00	13.43	
26.01 HOUSEKEEPING UNDER CONTRACT						
29 DIETARY	958,957	-535,578	423,379	29,393.00	14.40	
27.01 DIETARY UNDER CONTRACT						
30 CAFETERIA		535,578	535,578	37,183.00	14.40	
31 MAINTENANCE OF PERSONNEL						
32 NURSING ADMINISTRATION	1,561,176		1,561,176	39,274.00	39.75	
33 CENTRAL SERVICE AND SUPPLY	356,545		356,545	20,504.00	17.39	
34 PHARMACY	1,984,337		1,984,337	52,754.00	37.61	
35 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	336,372		336,372	16,176.00	20.79	
36 SOCIAL SERVICE	137,423		137,423	4,610.00	29.81	
37 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	43,607,697		43,607,697	1,443,853.46	30.20	
2 EXCLUDED AREA SALARIES	1,733,604		1,733,604	52,948.80	32.74	
3 SUBTOTAL SALARIES	41,874,093		41,874,093	1,390,904.66	30.11	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,986,309		4,986,309	93,078.90	53.57	
5 SUBTOTAL WAGE-RELATED COSTS	12,152,322		12,152,322		29.02	
6 TOTAL	59,012,724		59,012,724	1,483,983.56	39.77	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	15,739,925		15,739,925	523,654.00	30.06	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	3,528,250
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3,528,250
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.290847
2	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	17,403,877



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0157 I

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

I PREPARED 11/29/2010 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
2	0100 OLD CAP REL COSTS-BLDG & FIXT		240,111	240,111	4,624,022	4,864,133
3	0200 OLD CAP REL COSTS-MVBLE EQUIP				3,069,328	3,069,328
4	0300 NEW CAP REL COSTS-BLDG & FIXT					
5	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	894,455	12,749,560	13,644,015	506,336	14,150,351
6.01	0610 COMMUNICATIONS		243,562	243,562	-14,627	228,935
6.02	0611 DATA PROCESSING	382,998	10,843	393,841	-5,038	388,803
6.03	0612 PURCHASING & RECEIVING	264,949	181,755	446,704	-600	446,104
6.04	0613 IP ADMITTING	1,058,641	398,503	1,457,144	-908,158	548,986
6.05	0614 PATIENT ACCOUNTING	564,576	648,919	1,213,495		1,213,495
6.06	0615 OP REGISTRATION				902,217	902,217
6.07	0660 OTHER ADMINISTRATIVE AND GENERAL	5,425,273	9,770,962	15,196,235	-1,070,567	14,125,668
8	0800 OPERATION OF PLANT	909,589	3,340,338	4,249,927	-1,442,860	2,807,067
9	0900 LAUNDRY & LINEN SERVICE				406,864	406,864
10	1000 HOUSEKEEPING	904,634	847,707	1,752,341	-411,541	1,340,800
11	1100 DIETARY	958,957	694,484	1,653,441	-953,119	700,322
12	1200 CAFETERIA				923,447	923,447
14	1400 NURSING ADMINISTRATION	1,561,176	134,657	1,695,833	-9,998	1,685,835
15	1500 CENTRAL SERVICES & SUPPLY	356,545	400,377	756,922	-25,962	730,960
16	1600 PHARMACY	1,984,337	3,323,454	5,307,791	-2,985,785	2,322,006
17	1700 MEDICAL RECORDS & LIBRARY	336,372	277,253	613,625	-22	613,603
18	1800 SOCIAL SERVICE	137,423	54,969	192,392	-514	191,878
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	11,703,220	2,795,373	14,498,593	-1,970,235	12,528,358
26	2600 INTENSIVE CARE UNIT	1,277,807	593,456	1,871,263	3,003	1,874,266
30	2040 SPECIAL CARE NURSERY	1,775,631	301,966	2,077,597	-12,450	2,065,147
33	3300 NURSERY				897,696	897,696
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,843,587	17,287,140	21,130,727	-8,063,603	13,067,124
37.01	3701 SURGERY-AMBULATORY	641,833	328,006	969,839	-250,371	719,468
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM	1,588,381	1,457,794	3,046,175	-47,505	2,998,670
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	2,958,868	3,398,704	6,357,572	-2,268,812	4,088,760
41.01	4101 CATH LAB		199	199		199
41.02	4102 ULTRASOUND		2	2	690,004	690,006
42	4200 RADIOLOGY-THERAPEUTIC					
44	4400 LABORATORY		2,670,946	2,670,946		2,670,946
49	4900 RESPIRATORY THERAPY	1,147,317	278,104	1,425,421	-42,974	1,382,447
4	4901 SLEEP LAB	78,776	73,776	152,552	-52,533	100,019
50	5000 PHYSICAL THERAPY	352,733	11,707	364,440	-1,396	363,044
50.01	5001 SPORTS MEDICINE					
51	5100 OCCUPATIONAL THERAPY	22,988	545	23,533		23,533
52	5200 SPEECH PATHOLOGY	19,357		19,357		19,357
53	5300 ELECTROCARDIOLOGY		173,184	173,184		173,184
54	5400 ELECTROENCEPHALOGRAPHY	53,622	53,824	107,446	-10,338	97,108
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,601,880	1,601,880
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				5,595,389	5,595,389
56	5600 DRUGS CHARGED TO PATIENTS				2,982,183	2,982,183
59	3020 ENDOSCOPY	767,394	453,397	1,220,791	-137,042	1,083,749
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	2,208,929	465,937	2,674,866	-137,201	2,537,665
61.01	6101 PATIENT SERVICES					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		668,280	668,280	-668,280	
95	SUBTOTALS	44,180,368	64,329,794	108,510,162	710,838	109,221,000
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,965	235,856	289,821		289,821
98	9800 PHYSICIANS' PRIVATE OFFICES	127,490	160,509	287,999	-68,208	219,791
100	7950 MISSION EFFECTIVENESS		130,080	130,080	-10,781	119,299
100.01	7951 MARKETING	2,262	3,014	5,276	-2,984	2,292
100.02	7952 JOINT VENTURES	543,514	24,729,206	25,272,720	-412,402	24,860,318
100.03	7953 FOUNDATION					
100.04	7954 VACANT					
100.05	7955 SEASH					
100.06	7956 SPORTS MEDICINE	1,006,373	266,972	1,273,345	-216,463	1,056,882
101	TOTAL	45,913,972	89,855,431	135,769,403	-0-	135,769,403

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I  
I 15-0157 I  
I I

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

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
0100	OLD CAP REL COSTS-BLDG & FIXT	901,201	5,765,334
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		3,069,328
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
5 0500	EMPLOYEE BENEFITS	167,422	14,317,773
6.01 0610	COMMUNICATIONS	87,953	316,888
6.02 0611	DATA PROCESSING	5,539,797	5,928,600
6.03 0612	PURCHASING & RECEIVING	185,736	631,840
6.04 0613	IP ADMITTING	255,006	803,992
6.05 0614	PATIENT ACCOUNTING	876,584	2,090,079
6.06 0615	OP REGISTRATION	13,982	916,199
6.07 0660	OTHER ADMINISTRATIVE AND GENERAL	-8,898,573	5,227,095
8 0800	OPERATION OF PLANT	-268,325	2,538,742
9 0900	LAUNDRY & LINEN SERVICE		406,864
10 1000	HOUSEKEEPING		1,340,800
11 1100	DIETARY		700,322
12 1200	CAFETERIA	-469,657	453,790
14 1400	NURSING ADMINISTRATION	-54,759	1,631,076
15 1500	CENTRAL SERVICES & SUPPLY	-31,276	699,684
16 1600	PHARMACY	-6,200	2,315,806
17 1700	MEDICAL RECORDS & LIBRARY	347,556	961,159
18 1800	SOCIAL SERVICE		191,878
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-1,770,229	10,758,129
26 2600	INTENSIVE CARE UNIT	-391,248	1,483,018
30 2040	SPECIAL CARE NURSERY	-1,095,511	969,636
33 3300	NURSERY		897,696
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-25,000	13,042,124
37.01 3701	SURGERY-AMBULATORY		719,468
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM	-1,138,396	1,860,274
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC	-7,115	4,081,645
41.01 4101	CATH LAB		199
41.02 4102	ULTRASOUND		690,006
42 4200	RADIOLOGY-THERAPEUTIC		
44 4400	LABORATORY		2,670,946
49 4900	RESPIRATORY THERAPY		1,382,447
4 4901	SLEEP LAB		100,019
50 5000	PHYSICAL THERAPY	-90	362,954
50.01 5001	SPORTS MEDICINE		
51 5100	OCCUPATIONAL THERAPY		23,533
52 5200	SPEECH PATHOLOGY		19,357
53 5300	ELECTROCARDIOLOGY		173,184
54 5400	ELECTROENCEPHALOGRAPHY		97,108
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,601,880
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		5,595,389
56 5600	DRUGS CHARGED TO PATIENTS		2,982,183
59 3020	ENDOSCOPY	-1,853	1,081,896
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
61 6100	EMERGENCY	-43,290	2,494,375
61.01 6101	PATIENT SERVICES		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-5,826,285	103,394,715
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-234,984	54,837
98 9800	PHYSICIANS' PRIVATE OFFICES		219,791
100 7950	MISSION EFFECTIVENESS		119,299
100.01 7951	MARKETING	2,057,438	2,059,730
100.02 7952	JOINT VENTURES		24,860,318
100.03 7953	FOUNDATION		
100.04 7954	VACANT		
100.05 7955	SEASH		
100.06 7956	SPORTS MEDICINE		1,056,882
101	TOTAL	-4,003,831	131,765,572

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150157	7/ 1/2009	11/29/2010
	TO 6/30/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE			
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER
	1	2	3	4 5
1 BENEFITS TRANSFER	A	EMPLOYEE BENEFITS	5	547,930
2				
3				
4 UTILITIES TRANSFER	B	OPERATION OF PLANT	8	96,713
5				
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29				
30 DEPRECIATION TRANSFER - BUILDINGS	C	OLD CAP REL COSTS-BLDG & FIXT	1	2,421,138
31				
32				
33				
34				
35				
1 DEPRECIATION TRANSFER - BUILDINGS	C			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11 PHARMACY - CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56	2,982,183
12 BUSINESS OFFICE	E	OP REGISTRATION	6.06	178,308
13 ENDOSCOPY	F	ENDOSCOPY	59	54,551
14		ADULTS & PEDIATRICS	25	54,551
15		EMERGENCY	61	36,494
16		ADULTS & PEDIATRICS	25	36,483
17 CPD - MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	1,601,880
18		IMPL. DEV. CHARGED TO PATIENT	55.30	5,595,389
19 LAUNDRY	H	LAUNDRY & LINEN SERVICE	9	370,786
20 INSURANCE	I	OLD CAP REL COSTS-BLDG & FIXT	1	71,018
21 NURSERY	J	NURSERY	33	160,228
22 RENT	K	OLD CAP REL COSTS-BLDG & FIXT	1	1,703,697
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35 INTEREST	L	OLD CAP REL COSTS-BLDG & FIXT	1	668,280

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150157	7/1/2009	11/29/2010
	FROM	WORKSHEET A-6
	TO	6/30/2010

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1) COST CENTER		LINE NO	SALARY	OTHER
	1	2	3	4	5
1 ICU DIRECTOR	M	INTENSIVE CARE UNIT	26	10,839	
2 NURSERY DIRECTOR	N	NURSERY	33	19,579	
3		SPECIAL CARE NURSERY	30	21,107	
4 ULTRASOUND	O	ULTRASOUND	41.02	303,136	386,868
5 DIETARY/CAFETERIA	P	CAFETERIA	12	535,578	387,869
6 DEPRECIATION TRANSFER - EQUIPMENT	Q	OLD CAP REL COSTS-MVBLE EQUIP	2		3,069,328
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
36 TOTAL RECLASSIFICATIONS				2,550,194	20,241,615

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150157	FROM 7/ 1/2009	11/29/2010
	TO 6/30/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 BENEFITS TRANSFER	A	OTHER ADMINISTRATIVE AND GENERAL	6.07		545,660	
2		ADULTS & PEDIATRICS	25		962	
3		PHYSICAL THERAPY	50		1,308	
4 UTILITIES TRANSFER	B	EMPLOYEE BENEFITS	5		473	
5		DATA PROCESSING	6.02		2,215	
6		PURCHASING & RECEIVING	6.03		600	
7		IP ADMITTING	6.04		2,286	
8		OTHER ADMINISTRATIVE AND GENERAL	6.07		23,115	
9		HOUSEKEEPING	10		2,507	
10		DIETARY	11		1,395	
11		NURSING ADMINISTRATION	14		5,352	
12		CENTRAL SERVICES & SUPPLY	15		162	
13		PHARMACY	16		1,182	
14		MEDICAL RECORDS & LIBRARY	17		22	
15		SOCIAL SERVICE	18		514	
16		ADULTS & PEDIATRICS	25		19,665	
17		INTENSIVE CARE UNIT	26		102	
18		SPECIAL CARE NURSERY	30		2,083	
19		OPERATING ROOM	37		9,432	
20		SURGERY-AMBULATORY	37.01		504	
21		DELIVERY ROOM & LABOR ROOM	39		4,428	
22		RADIOLOGY-DIAGNOSTIC	41		2,578	
23		RESPIRATORY THERAPY	49		774	
24		PHYSICAL THERAPY	50		88	
25		ENDOSCOPY	59		2,672	
26		EMERGENCY	61		13,899	
27		PHYSICIANS' PRIVATE OFFICES	98		611	
28		MISSION EFFECTIVENESS	100		3	
29		ELECTROENCEPHALOGRAPHY	54		51	
30 DEPRECIATION TRANSFER - BUILDINGS	C	EMPLOYEE BENEFITS	5		2,030	9
31		COMMUNICATIONS	6.01		14,627	9
32		OTHER ADMINISTRATIVE AND GENERAL	6.07		117,236	
33		OPERATION OF PLANT	8		1,428,190	
34		DIETARY	11		1,291	
35		CENTRAL SERVICES & SUPPLY	15		8,522	
1 DEPRECIATION TRANSFER - BUILDINGS	C	ADULTS & PEDIATRICS	25		390,983	
2		SPECIAL CARE NURSERY	30		2,690	
3		OPERATING ROOM	37		151,989	
4		SURGERY-AMBULATORY	37.01		75,803	
5		DELIVERY ROOM & LABOR ROOM	39		944	
6		RADIOLOGY-DIAGNOSTIC	41		180,608	
7		RESPIRATORY THERAPY	49		37	
8		PHYSICIANS' PRIVATE OFFICES	98		3,937	
9		MISSION EFFECTIVENESS	100		2,884	
10		JOINT VENTURES	100.02		39,367	
11 PHARMACY - CHARGEABLE DRUGS	D	PHARMACY	16		2,982,183	
12 BUSINESS OFFICE	E	IP ADMITTING	6.04	723,909	178,308	
13 ENDOSCOPY	F	EMERGENCY	61	109,102		
14		ENDOSCOPY	59	72,977		
15						
16						
17 CPD - MEDICAL SUPPLIES	G	OPERATING ROOM	37		7,197,269	
18						
19 LAUNDRY	H	HOUSEKEEPING	10	36,078	370,786	
20 INSURANCE	I	OTHER ADMINISTRATIVE AND GENERAL	6.07		71,018	12
21 NURSERY	J	ADULTS & PEDIATRICS	25	717,889	160,228	
22 RENT	K	EMPLOYEE BENEFITS	5		31,697	14
23		DATA PROCESSING	6.02		2,823	
24		OTHER ADMINISTRATIVE AND GENERAL	6.07		260,989	
25		ADULTS & PEDIATRICS	25		330,519	
26		OPERATING ROOM	37		17,044	
27		SURGERY-AMBULATORY	37.01		162,890	
28		RADIOLOGY-DIAGNOSTIC	41		318,261	
29		SLEEP LAB	49.01		34,634	
30		PHYSICIANS' PRIVATE OFFICES	98		63,660	
31		MISSION EFFECTIVENESS	100		4,404	
32		MARKETING	100.01		2,984	
33		JOINT VENTURES	100.02		285,158	
34		SPORTS MEDICINE	100.06		188,634	
35 INTEREST	L	INTEREST EXPENSE	88		668,280	11

RECLASSIFICATIONS

PROVIDER NO: 150157	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 11/29/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE				A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9		
1 ICU DIRECTOR	M	ADULTS & PEDIATRICS	25	10,839			
2 NURSERY DIRECTOR	N	DELIVERY ROOM & LABOR ROOM	39	40,686			
3							
4 ULTRASOUND	O	RADIOLOGY-DIAGNOSTIC	41	303,136	386,868		
5 DIETARY/CAFETERIA	P	DIETARY	11	535,578	387,869		
6 DEPRECIATION TRANSFER - EQUIPMENT	Q	OLD CAP REL COSTS-BLDG & FIXT	1		240,111	9	
7		EMPLOYEE BENEFITS	5		7,394		
8		IP ADMITTING	6.04		3,655		
9		OTHER ADMINISTRATIVE AND GENERAL	6.07		52,549		
10		OPERATION OF PLANT	8		111,383		
11		HOUSEKEEPING	10		2,170		
12		DIETARY	11		26,986		
13		NURSING ADMINISTRATION	14		4,646		
14		CENTRAL SERVICES & SUPPLY	15		17,278		
15		PHARMACY	16		2,420		
16		ADULTS & PEDIATRICS	25		430,184		
17		INTENSIVE CARE UNIT	26		7,734		
18		SPECIAL CARE NURSERY	30		28,784		
19		OPERATING ROOM	37		687,869		
20		SURGERY-AMBULATORY	37.01		11,174		
21		DELIVERY ROOM & LABOR ROOM	39		1,447		
22		RADIOLOGY-DIAGNOSTIC	41		1,077,361		
23		RESPIRATORY THERAPY	49		42,163		
24		SLEEP LAB	49.01		17,899		
25		ELECTROENCEPHALOGRAPHY	54		10,287		
26		ENDOSCOPY	59		115,944		
27		EMERGENCY	61		50,694		
28		MISSION EFFECTIVENESS	100		3,490		
29		JOINT VENTURES	100.02		87,877		
30		SPORTS MEDICINE	100.06		27,829		
36 TOTAL RECLASSIFICATIONS				2,550,194	20,241,615		

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

RECLASSIFICATIONS

PROVIDER NO: 150157  
 PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 WORKSHEET A-6  
 NOT A CMS WORKSHEET

RECLASS CODE: A  
 EXPLANATION : BENEFITS TRANSFER

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	547,930	6.07	OTHER ADMINISTRATIVE AND GENER	545,660
2.00		0	25	ADULTS & PEDIATRICS	962
3.00		0	50	PHYSICAL THERAPY	1,308
TOTAL RECLASSIFICATIONS FOR CODE A		547,930			547,930

RECLASS CODE: B  
 EXPLANATION : UTILITIES TRANSFER

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OPERATION OF PLANT	96,713	5	EMPLOYEE BENEFITS	473
2.00		0	6.02	DATA PROCESSING	2,215
3.00		0	6.03	PURCHASING & RECEIVING	600
4.00		0	6.04	IP ADMITTING	2,286
5.00		0	6.07	OTHER ADMINISTRATIVE AND GENER	23,115
6.00		0	10	HOUSEKEEPING	2,507
7.00		0	11	DIETARY	1,395
8.00		0	14	NURSING ADMINISTRATION	5,352
9.00		0	15	CENTRAL SERVICES & SUPPLY	162
10.00		0	16	PHARMACY	1,182
11.00		0	17	MEDICAL RECORDS & LIBRARY	22
12.00		0	18	SOCIAL SERVICE	514
13.00		0	25	ADULTS & PEDIATRICS	19,665
14.00		0	26	INTENSIVE CARE UNIT	102
15.00		0	30	SPECIAL CARE NURSERY	2,083
16.00		0	37	OPERATING ROOM	9,432
17.00		0	37.01	SURGERY-AMBULATORY	504
18.00		0	39	DELIVERY ROOM & LABOR ROOM	4,428
19.00		0	41	RADIOLOGY-DIAGNOSTIC	2,578
20.00		0	49	RESPIRATORY THERAPY	774
21.00		0	50	PHYSICAL THERAPY	88
22.00		0	59	ENDOSCOPY	2,672
23.00		0	61	EMERGENCY	13,899
24.00		0	98	PHYSICIANS' PRIVATE OFFICES	611
25.00		0	100	MISSION EFFECTIVENESS	3
26.00		0	54	ELECTROENCEPHALOGRAPHY	51
TOTAL RECLASSIFICATIONS FOR CODE B		96,713			96,713

RECLASS CODE: C  
 EXPLANATION : DEPRECIATION TRANSFER - BUILDINGS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	2,421,138	5	EMPLOYEE BENEFITS	2,030
2.00		0	6.01	COMMUNICATIONS	14,627
5.00		0	6.07	OTHER ADMINISTRATIVE AND GENER	117,236
6.00		0	8	OPERATION OF PLANT	1,428,190
8.00		0	11	DIETARY	1,291
10.00		0	15	CENTRAL SERVICES & SUPPLY	8,522
12.00		0	25	ADULTS & PEDIATRICS	390,983
14.00		0	30	SPECIAL CARE NURSERY	2,690
15.00		0	37	OPERATING ROOM	151,989
16.00		0	37.01	SURGERY-AMBULATORY	75,803
17.00		0	39	DELIVERY ROOM & LABOR ROOM	944
18.00		0	41	RADIOLOGY-DIAGNOSTIC	180,608
19.00		0	49	RESPIRATORY THERAPY	37
24.00		0	98	PHYSICIANS' PRIVATE OFFICES	3,937
25.00		0	100	MISSION EFFECTIVENESS	2,884
27.00		0	100.02	JOINT VENTURES	39,367
TOTAL RECLASSIFICATIONS FOR CODE C		2,421,138			2,421,138

RECLASS CODE: D  
 EXPLANATION : PHARMACY - CHARGEABLE DRUGS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	2,982,183	16	PHARMACY	2,982,183
TOTAL RECLASSIFICATIONS FOR CODE D		2,982,183			2,982,183

RECLASS CODE: E  
 EXPLANATION : BUSINESS OFFICE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OP REGISTRATION	902,217	6.04	IP ADMITTING	902,217
TOTAL RECLASSIFICATIONS FOR CODE E		902,217			902,217

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150157	FROM 7/ 1/2009	11/29/2010
	TO 6/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: F  
EXPLANATION : ENDOSCOPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ENDOSCOPY	59	54,551	EMERGENCY	61	109,102	
2.00	ADULTS & PEDIATRICS	25	54,551			0	
3.00	EMERGENCY	61	36,494	ENDOSCOPY	59	72,977	
4.00	ADULTS & PEDIATRICS	25	36,483			0	
TOTAL RECLASSIFICATIONS FOR CODE F			182,079				182,079

RECLASS CODE: G  
EXPLANATION : CPD - MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,601,880	OPERATING ROOM	37	7,197,269	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	5,595,389			0	
TOTAL RECLASSIFICATIONS FOR CODE G			7,197,269				7,197,269

RECLASS CODE: H  
EXPLANATION : LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	406,864	HOUSEKEEPING	10	406,864	
TOTAL RECLASSIFICATIONS FOR CODE H			406,864				406,864

RECLASS CODE: I  
EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	71,018	OTHER ADMINISTRATIVE AND GENER	6.07	71,018	
TOTAL RECLASSIFICATIONS FOR CODE I			71,018				71,018

RECLASS CODE: J  
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	878,117	ADULTS & PEDIATRICS	25	878,117	
TOTAL RECLASSIFICATIONS FOR CODE J			878,117				878,117

RECLASS CODE: K  
EXPLANATION : RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,703,697	EMPLOYEE BENEFITS	5	31,697	
2.00			0	DATA PROCESSING	6.02	2,823	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	260,989	
4.00			0	ADULTS & PEDIATRICS	25	330,519	
5.00			0	OPERATING ROOM	37	17,044	
6.00			0	SURGERY-AMBULATORY	37.01	162,890	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	318,261	
8.00			0	SLEEP LAB	49.01	34,634	
9.00			0	PHYSICIANS' PRIVATE OFFICES	98	63,660	
10.00			0	MISSION EFFECTIVENESS	100	4,404	
11.00			0	MARKETING	100.01	2,984	
12.00			0	JOINT VENTURES	100.02	285,158	
13.00			0	SPORTS MEDICINE	100.06	188,634	
TOTAL RECLASSIFICATIONS FOR CODE K			1,703,697				1,703,697

RECLASS CODE: L  
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	668,280	INTEREST EXPENSE	88	668,280	
TOTAL RECLASSIFICATIONS FOR CODE L			668,280				668,280

RECLASS CODE: M  
EXPLANATION : ICU DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	10,839	ADULTS & PEDIATRICS	25	10,839	
TOTAL RECLASSIFICATIONS FOR CODE M			10,839				10,839

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150157	7/ 1/2009	11/29/2010
	TO	WORKSHEET A-6
	6/30/2010	NOT A CMS WORKSHEET

RECLASS CODE: N  
EXPLANATION : NURSERY DIRECTOR

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	19,579	DELIVERY ROOM & LABOR ROOM	39	40,686
2.00	SPECIAL CARE NURSERY	21,107			0
TOTAL RECLASSIFICATIONS FOR CODE N		40,686			40,686

RECLASS CODE: O  
EXPLANATION : ULTRASOUND

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ULTRASOUND	690,004	RADIOLOGY-DIAGNOSTIC	41	690,004
TOTAL RECLASSIFICATIONS FOR CODE O		690,004			690,004

RECLASS CODE: P  
EXPLANATION : DIETARY/CAFETERIA

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	923,447	DIETARY	11	923,447
TOTAL RECLASSIFICATIONS FOR CODE P		923,447			923,447

RECLASS CODE: Q  
EXPLANATION : DEPRECIATION TRANSFER - EQUIPMENT

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	3,069,328	OLD CAP REL COSTS-BLDG & FIXT	1	240,111
2.00		0	EMPLOYEE BENEFITS	5	7,394
3.00		0	IP ADMITTING	6.04	3,655
4.00		0	OTHER ADMINISTRATIVE AND GENER	6.07	52,549
5.00		0	OPERATION OF PLANT	8	111,383
6.00		0	HOUSEKEEPING	10	2,170
7.00		0	DIETARY	11	26,986
8.00		0	NURSING ADMINISTRATION	14	4,646
9.00		0	CENTRAL SERVICES & SUPPLY	15	17,278
10.00		0	PHARMACY	16	2,420
11.00		0	ADULTS & PEDIATRICS	25	430,184
12.00		0	INTENSIVE CARE UNIT	26	7,734
13.00		0	SPECIAL CARE NURSERY	30	28,784
14.00		0	OPERATING ROOM	37	687,869
15.00		0	SURGERY-AMBULATORY	37.01	11,174
16.00		0	DELIVERY ROOM & LABOR ROOM	39	1,447
17.00		0	RADIOLOGY-DIAGNOSTIC	41	1,077,361
18.00		0	RESPIRATORY THERAPY	49	42,163
19.00		0	SLEEP LAB	49.01	17,899
20.00		0	ELECTROENCEPHALOGRAPHY	54	10,287
21.00		0	ENDOSCOPY	59	115,944
22.00		0	EMERGENCY	61	50,694
23.00		0	MISSION EFFECTIVENESS	100	3,490
24.00		0	JOINT VENTURES	100.02	87,877
25.00		0	SPORTS MEDICINE	100.06	27,829
TOTAL RECLASSIFICATIONS FOR CODE Q		3,069,328			3,069,328

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND	5,067,706					5,067,706	
2 LAND IMPROVEMENTS	2,224,113					2,224,113	988,848
3 BUILDINGS & FIXTURE	36,795,425					36,795,425	3,731,729
4 BUILDING IMPROVEMEN	28,382,574	1,974,591		1,974,591		30,357,165	10,249,408
5 FIXED EQUIPMENT	3,488,616					3,488,616	563,642
6 MOVABLE EQUIPMENT	30,218,264	2,181,063		2,181,063		32,399,327	11,742,444
7 SUBTOTAL	106,176,698	4,155,654		4,155,654		110,332,352	27,276,071
8 RECONCILING ITEMS							
9 TOTAL	106,176,698	4,155,654		4,155,654		110,332,352	27,276,071

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS	COMPUTATION OF RATIOS		ALLOCATION OF OTHER CAPITAL			TOTAL	
			CAPITIALIZED ASSETS	LEASES	FOR RATIO	RATIO	INSURANCE		TAXES
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	77,933,024		77,933,024	.706348				
2	OLD CAP REL COSTS-MV	32,399,327		32,399,327	.293652				
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL	110,332,351		110,332,351	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	2,421,138			71,018		3,273,178	5,765,334
2	OLD CAP REL COSTS-MV	3,069,328						3,069,328
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	5,490,466			71,018		3,273,178	8,834,662

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	240,111						240,111
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	240,111						240,111

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 15-0157  
I

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES	A	-668,280	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,715,901			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	4,486,887			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-104,411	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER INCOME - FOUNDATION	B	-9,886	ADULTS & PEDIATRICS	25	
38 OTHER INCOME - FOUNDATION	B	-4,800	SPECIAL CARE NURSERY	30	
3 OTHER INCOME - FOUNDATION	B	-3,000	OTHER ADMINISTRATIVE AND	6.07	
40 NET ASSETS RELEASED FROM RESTRICTION	B	-23,638	EMERGENCY	61	
41 CAFETERIA/VENDING	B	-365,246	CAFETERIA	12	
42 BUILDING RENTAL INCOME	B	-6,725	ADULTS & PEDIATRICS	25	
43 FEE-FOR-SERVICE REVENUE	B	-69,515	ADULTS & PEDIATRICS	25	
44 SALES OF HEALTHCARE DEV	B	-159,252	GIFT, FLOWER, COFFEE SHOP	96	
45 OTHER OPERATING INCOME - RADIOLOGY	B	-375	RADIOLOGY-DIAGNOSTIC	41	
46 CAFETERIA/VENDING	B	-75,732	GIFT, FLOWER, COFFEE SHOP	96	
47 COLLECTION FEES	B	-80	PATIENT ACCOUNTING	6.05	
48 OTHER OPERATING INCOME - MASSAGE THE	B	-90	PHYSICAL THERAPY	50	
49 OTHER OPERATING INCOME - SECURITY	B	-48,935	OPERATION OF PLANT	8	
49.01 OTHER INCOME - FOUNDATION	B	-6,200	PHARMACY	16	
49.02 OTHER OPERATING INCOME - PLANT MAINT	B	-758	OPERATION OF PLANT	8	
49.03 OTHER OPERATING INCOME - LABOR & DEL	B	-7,903	DELIVERY ROOM & LABOR ROO	39	
49.04 OTHER OPERATING INCOME - ADMINISTRAT	B	-163	OTHER ADMINISTRATIVE AND	6.07	
49.05 OTHER OPERATING INCOME - JUBILEE CEN	B	-10,964	OTHER ADMINISTRATIVE AND	6.07	
49.06 OTHER OPERATING INCOME - HIM ADMINIS	B	-125	MEDICAL RECORDS & LIBRARY	17	
49.07 OTHER OPERATING INCOME - OTHER TRANS	B	-4,203	OTHER ADMINISTRATIVE AND	6.07	
49.09 OTHER INCOME - FOUNDATION	B	-1,853	ENDOSCOPY	59	
49.10 NET ASSETS RELEASED FROM RESTRICTION	B	-79,014	OTHER ADMINISTRATIVE AND	6.07	
49.11 OTHER OPERATING INCOME - RESEARCH CA	B	-23,523	ADULTS & PEDIATRICS	25	
49.12 OTHER OPERATING INCOME - FITNESS CEN	B	-20,873	EMPLOYEE BENEFITS	5	
49.13 OTHER OPERATING INCOME - PROPERTY RE	B	-210,620	OLD CAP REL COSTS-BLDG &	1	14
49.14 OTHER OPERATING INCOME - HUMAN RESOU	B	-4,960	EMPLOYEE BENEFITS	5	
49.15 INCENTIVE ACCRUAL	A	-1,074,766	OTHER ADMINISTRATIVE AND	6.07	
49.16 INCENTIVE FICA ACCRUAL	A	-75,234	EMPLOYEE BENEFITS	5	
49.17 PROMPT PAY INTEREST PENALTY	B	-666	PATIENT ACCOUNTING	6.05	
49.18 LATE FEES REVENUE	B	2	IP ADMITTING	6.04	
49.19 LATE FEES REVENUE	B	18	OP REGISTRATION	6.06	
49.20 OTHER INCOME - FOUNDATION	B	-238	NURSING ADMINISTRATION	14	
49.21 NET ASSETS RELEASED FROM RESTRICTION	B	-19,612	EMERGENCY	61	
49.22 RENTAL INCOME - GROUND LEASE	B	-158,584	OPERATION OF PLANT	8	
49.23 OTHER OPERATING REVENUE - VOLUNTEERS	B	-6,000	OTHER ADMINISTRATIVE AND	6.07	
49.24 LOBBYING EXPENSES - ASSOCIATIONS	B	-2,960	OTHER ADMINISTRATIVE AND	6.07	
49.25 UNASSIGNED - BARIATRIC PROGRAM	B	-106,636	ADULTS & PEDIATRICS	25	
49.26 OTHER OPERATING REVENUE - AMR HRT ED	B	-40	EMERGENCY	61	
49.27 CSI SERVICING FEES	B	-418,977	PATIENT ACCOUNTING	6.05	
49.28					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,003,831			

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

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

NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF	AMOUNT	NET*	WKSH T A-7 COL. REF.	
			ALLOWABLE COST		ADJUST- MENTS		
1	2	3	4	5	6		
1	1	OLD CAP REL COSTS-BLDG &	ST. VINCENT HEALTH CAPITA	1,780,101		1,780,101	14
2	5	EMPLOYEE BENEFITS	ST. VINCENT HEALTH SALARI	477,702		477,702	
3	5	EMPLOYEE BENEFITS	ST. VINCENT HEALTH OTHER	1,032,469	544,885	487,584	
4	6 1	COMMUNICATIONS	ST. VINCENT HEALTH SALARI	110,958		110,958	
4.01	6 1	COMMUNICATIONS	ST. VINCENT HEALTH OTHER	-23,005		-23,005	
4.02	6 2	DATA PROCESSING	ST. VINCENT HEALTH SALARI	1,257,579		1,257,579	
4.03	6 2	DATA PROCESSING	ST. VINCENT HEALTH OTHER	4,282,218		4,282,218	
4.04	8	OPERATION OF PLANT	ST. VINCENT HEALTH SALARI	35,829		35,829	
4.05	8	OPERATION OF PLANT	ST. VINCENT HEALTH OTHER	-1,625		-1,625	
4.06	6 4	IP ADMITTING	ST. VINCENT HEALTH SALARI	70,701		70,701	
4.07	6 4	IP ADMITTING	ST. VINCENT HEALTH OTHER	184,303		184,303	
4.08	6 7	OTHER ADMINISTRATIVE AND	ST. VINCENT HEALTH SALARI	1,212,378		1,212,378	
4.09	6 7	OTHER ADMINISTRATIVE AND	ST. VINCENT HEALTH OTHER	860,497	9,327,134	-8,466,637	
4.10	8	OPERATION OF PLANT	ASCENSION OPERAT OF PLANT	1,158,261	1,252,513	-94,252	
4.11	6 3	PURCHASING & RECEIVING	ST. VINCENT HEALTH SALARI	86,866		86,866	
4.12	6 3	PURCHASING & RECEIVING	ST. VINCENT HEALTH OTHER	98,870		98,870	
4.13	6 5	PATIENT ACCOUNTING	ST. VINCENT HEALTH SALARI	314,555		314,555	
4.14	6 5	PATIENT ACCOUNTING	ST. VINCENT HEALTH OTHER	981,752		981,752	
4.15	6 6	OP REGISTRATION	ST. VINCENT HEALTH SALARI	-7,045		-7,045	
4.16	6 6	OP REGISTRATION	ST. VINCENT HEALTH OTHER	21,009		21,009	
4.17	15	CENTRAL SERVICES & SUPPLY	ST. VINCENT HEALTH SALARI	-22,202		-22,202	
4.18	15	CENTRAL SERVICES & SUPPLY	ST. VINCENT HEALTH OTHER	-9,074		-9,074	
4.19	17	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH SALARI	358,648		358,648	
4.20	17	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH OTHER	-10,967		-10,967	
4.21	5	EMPLOYEE BENEFITS	ASCENSION HEALTH PENSION	1,605,242	2,208,651	-603,409	
4.22	100 1	MARKETING	ST. VINCENT HEALTH SALARI	381,551		381,551	
4.23	100 1	MARKETING	ST. VINCENT HEALTH OTHER	1,675,887		1,675,887	
4.24	5	EMPLOYEE BENEFITS	ST. VINCENT HEALTH SELF I	5,076,696	5,170,084	-93,388	
5		TOTALS		22,990,154	18,503,267	4,486,887	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	ST. VINCENT HEALTH	100.00	HOME OFFICE
2	G	100.00	ASCENSION HEALTH	100.00	HOME OFFICE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.  
SV CARMEL HOSPITAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET A-8-2  
 I I TO 6/30/2010 I GROUP 1

LINE NO.	KSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9	
1	25	HOSPITALISTS	1,222,558	1,222,558					
2	6 7	MEDICAL STAFF AFFAIRS	39,000	39,000					
3	26	ICU/CCU	391,248	391,248					
4	37	SURGERY	25,000	25,000					
5	39	LABOR & DELIVERY	1,130,493	1,130,493					
6	30	NEONATOLOGY	1,090,711	1,090,711					
7	41	RADIOLOGY	6,740	6,740					
8	41	DIAGNOSTIC BREAST CENTER							
9	25	BARIATRIC PROGRAM	318,335	318,335					
10	6 7	PLANNING & BUSINESS DEVEL	35,432	35,432					
11	14	NURSING ADMINISTRATION	54,521	54,521					
12	6 7	ADMINISTRATION	105,812	105,812					
13	25	RESEARCH TO CARMEL	13,051	13,051					
14	6 7	FINANCIAL SERVICES	283,000	283,000					
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	4,715,901	4,715,901					



COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS	7	PHONE	LINE	ENTERED
6.02	DATA PROCESSING	8	IS	NODES	ENTERED
6.03	PURCHASING & RECEIVING	9	COSTED	REQS	ENTERED
6.04	IP ADMITTING	10	PATIENT	DAYS	ENTERED
6.05	PATIENT ACCOUNTING	11	PATIENT	REVENUE	ENTERED
6.06	OP REGISTRATION	12	OP	REVENUE	ENTERED
6.07	OTHER ADMINISTRATIVE AND GENERAL	-13	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	15	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	16	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	17	SQUARE	FEET	ENTERED
11	DIETARY	18	MEALS	SERVED	ENTERED
12	CAFETERIA	19	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	21	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	22	COSTED	REQUIS.	ENTERED
16	PHARMACY	23	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	PATIENT	REVENUE	ENTERED
18	SOCIAL SERVICE	24	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	COMMUNICATION S 6.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	5,765,334	5,765,334					
002 OLD CAP REL COSTS-MVBLE E	3,069,328		3,069,328				
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	14,317,773	66,356	8,492			14,392,621	
006 01 COMMUNICATIONS	316,888	20,859					337,747
006 02 DATA PROCESSING	5,928,600					122,444	
006 03 PURCHASING & RECEIVING	631,840	18,478				84,704	2,366
006 04 IP ADMITTING	803,992	17,593		201		107,013	4,732
006 05 PATIENT ACCOUNTING	2,090,079	38,491		1,751		180,494	8,873
006 06 OP REGISTRATION	916,199	28,612		2,245		231,433	6,507
006 07 OTHER ADMINISTRATIVE AND	5,227,095	242,793		45,312		1,734,455	14,788
008 OPERATION OF PLANT	2,538,742	686,542		14,833		290,795	10,056
009 LAUNDRY & LINEN SERVICE	406,864	31,033		2,357		11,534	592
010 HOUSEKEEPING	1,340,800	102,584		136		277,676	2,958
011 DIETARY	700,322	128,520		11,559		135,354	7,690
012 CAFETERIA	453,790	151,288		19,433		171,224	
014 NURSING ADMINISTRATION	1,631,076			5,336		499,106	8,281
015 CENTRAL SERVICES & SUPPLY	699,684	130,311		3,289		113,987	7,098
016 PHARMACY	2,315,806	102,466		2,779		634,391	14,788
017 MEDICAL RECORDS & LIBRARY	961,159	5,884				107,538	1,775
018 SOCIAL SERVICE	191,878	14,818				43,934	1,775
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	10,758,129	1,641,242	513,300			3,537,660	83,394
026 INTENSIVE CARE UNIT	1,483,018	117,461	8,882			411,979	13,013
030 SPECIAL CARE NURSERY	969,636	23,063	33,058			574,415	8,281
033 NURSERY	897,696	93,669	7,069			235,768	13,605
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	13,042,124	518,173	785,543			1,228,696	24,843
038 SURGERY-AMBULATORY	719,468	208,277	12,833			205,193	8,281
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	1,860,274	238,542	1,662			494,797	17,745
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	4,081,645	471,397	1,214,047			849,035	14,788
041 01 CATH LAB	199						
041 02 ULTRASOUND	690,006	44,532	69,647			96,912	2,958
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	2,670,946	93,925					
04 RESPIRATORY THERAPY	1,382,447	54,844	47,849			366,796	13,013
04 SLEEP LAB	100,019	34,122	20,557			25,185	5,324
050 PHYSICAL THERAPY	362,954	40,183				112,768	2,366
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY	23,533					7,349	
052 SPEECH PATHOLOGY	19,357					6,188	
053 ELECTROCARDIOLOGY	173,184						
054 ELECTROENCEPHALOGRAPHY	97,108		11,814			17,143	
055 MEDICAL SUPPLIES CHARGED	1,601,880						
055 30 IMPL. DEV. CHARGED TO PAT	5,595,389						
056 DRUGS CHARGED TO PATIENTS	2,982,183						
059 ENDOSCOPY	1,081,896	102,308	133,076			274,439	9,464
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	2,494,375	264,774	58,304			647,985	24,843
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	103,394,715	5,733,140	3,035,364			13,838,390	334,197
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	54,837	32,194				17,253	1,775
098 PHYSICIANS' PRIVATE OFFIC	219,791					40,758	
100 MISSION EFFECTIVENESS	119,299		3,651				
100 01 MARKETING	2,059,730					723	1,775
100 02 JOINT VENTURES	24,860,318		7,177			173,761	
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE	1,056,882		23,136			321,736	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	131,765,572	5,765,334	3,069,328			14,392,621	337,747

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	PATIENT ACCOUNTING	OP REGISTRATION	SUBTOTAL	OTHER ADMINISTRATIVE AND
	6.02	6.03	6.04	6.05	6.06	6a.06	6.07
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	6,051,044						
006 03 PURCHASING & RECEIVING	16,716	754,104					
006 04 IP ADMITTING	83,578	228	1,017,337				
006 05 PATIENT ACCOUNTING	200,587	499		2,520,774			
006 06 OP REGISTRATION	150,440	371			1,335,807		
006 07 OTHER ADMINISTRATIVE AND	618,477	1,015				7,883,935	7,883,935
008 OPERATION OF PLANT	426,248	1,510				3,968,726	252,574
009 LAUNDRY & LINEN SERVICE	16,716	1,512				470,608	29,950
010 HOUSEKEEPING	41,789	5,000				1,770,943	112,705
011 DIETARY	75,220	32,063				1,090,728	69,415
012 CAFETERIA						795,735	50,641
014 NURSING ADMINISTRATION	75,220	144				2,219,163	141,230
015 CENTRAL SERVICES & SUPPLY	167,156	2,635				1,124,160	71,543
016 PHARMACY	91,936	96,967				3,259,133	207,414
017 MEDICAL RECORDS & LIBRARY	58,505					1,134,861	72,224
018 SOCIAL SERVICE	16,716	10				269,131	17,128
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,195,161	17,315	756,352	167,909		18,670,462	1,188,207
026 INTENSIVE CARE UNIT	417,890	4,114	73,349	32,886	372	2,562,964	163,110
030 SPECIAL CARE NURSERY	468,037	4,270	54,520	25,574		2,160,854	137,519
033 NURSERY	83,578	4,050	109,041	25,911		1,470,387	93,577
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	576,688	526,446		573,430	265,485	17,541,428	1,116,354
037 01 SURGERY-AMBULATORY		1,898		8,618	9,443	1,174,011	74,715
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	108,651	4,608	24,075	79,568	3,035	2,832,957	180,292
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	108,651	13,459		288,945	264,479	7,306,446	464,990
041 01 CATH LAB		6				205	13
041 02 ULTRASOUND	242,376	2,208		19,238	18,533	1,186,410	75,504
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	16,716	8,724		137,084	78,505	3,005,900	191,298
04 RESPIRATORY THERAPY	91,936	5,028		93,926	34,443	2,090,282	133,028
04 SLEEP LAB	16,716	292		6,432	7,135	215,782	13,733
050 PHYSICAL THERAPY	50,147	215		14,743	1,675	585,051	37,233
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY		18		2,037	210	33,147	2,110
052 SPEECH PATHOLOGY				651	288	26,484	1,685
053 ELECTROCARDIOLOGY				1,346		174,530	11,107
054 ELECTROENCEPHALOGRAPHY		56		2,328	2,301	130,750	8,321
055 MEDICAL SUPPLIES CHARGED				247,269	106,944	1,956,093	124,488
055 30 IMPL. DEV. CHARGED TO PAT				151,928		5,747,317	365,765
056 DRUGS CHARGED TO PATIENTS				178,328	50,698	3,211,209	204,365
059 ENDOSCOPY	58,505	8,528		40,677	39,609	1,748,502	111,276
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	493,110	5,873		117,199	111,949	4,218,412	268,464
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,967,466	749,062	1,017,337	2,216,027	995,104	102,036,706	5,991,978
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		34				106,093	6,752
098 PHYSICIANS' PRIVATE OFFIC	33,431	5				293,985	18,709
100 MISSION EFFECTIVENESS	16,716					139,666	8,888
100 01 MARKETING	33,431					2,095,659	133,370
100 02 JOINT VENTURES		4,954		304,747	340,703	25,691,660	1,635,026
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE		49				1,401,803	89,212
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,051,044	754,104	1,017,337	2,520,774	1,335,807	131,765,572	7,883,935

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING & RECEIVING							
006 04 IP ADMITTING							
006 05 PATIENT ACCOUNTING							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	4,221,300						
009 LAUNDRY & LINEN SERVICE	28,199	528,757					
010 HOUSEKEEPING	93,214		1,976,862				
011 DIETARY	116,782	1,057	56,309	1,334,291			
012 CAFETERIA	137,470		66,285		1,050,131		
014 NURSING ADMINISTRATION					38,309	2,398,702	
015 CENTRAL SERVICES & SUPPLY	118,409	20,146	57,094		20,000	5	1,411,357
016 PHARMACY	93,107	106	44,894		51,458		4,436
017 MEDICAL RECORDS & LIBRARY	5,346		2,578		15,778		
018 SOCIAL SERVICE	13,464		6,492		4,497		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,491,337	197,382	719,083	1,138,914	343,907	1,038,485	39,908
026 INTENSIVE CARE UNIT	106,732	24,164	51,464	160,017	34,401	154,337	8,254
030 SPECIAL CARE NURSERY	20,957		10,105		28,815	162,117	3,248
033 NURSERY	85,114	17,293	41,040		22,674	120,877	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	470,845	55,308	227,030		133,471	406,519	671,564
037 01 SURGERY-AMBULATORY	189,254	51,660	91,253		21,887	88,841	3,934
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	216,755	37,595	104,514	35,360	46,526	83,709	20,500
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	428,342	36,431	206,536		95,170	11,316	17,855
041 01 CATH LAB							15
041 02 ULTRASOUND	40,465		19,511		4,321		
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	85,347		41,152				115
04 RESPIRATORY THERAPY	49,835	899	24,029		35,801	27	1,017
045 J1 SLEEP LAB	31,006	1,110	14,950		2,804		536
050 PHYSICAL THERAPY	36,513	53	17,606		11,752		515
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY					826		45
052 SPEECH PATHOLOGY					579		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					1,372		110
055 30 IMPL. DEV. CHARGED TO PAT							133,397
056 DRUGS CHARGED TO PATIENTS							465,956
059 ENDOSCOPY	92,964	38,493	44,825		24,508	100,379	17,256
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	240,590	47,060	116,007		59,627	232,090	11,823
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,192,047	528,757	1,962,757	1,334,291	998,483	2,398,702	1,400,484
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	29,253		14,105		3,075		
098 PHYSICIANS' PRIVATE OFFIC					670		
100 MISSION EFFECTIVENESS							
100 01 MARKETING							
100 02 JOINT VENTURES					55		
100 03 FOUNDATION							10,866
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE					47,848		7
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,221,300	528,757	1,976,862	1,334,291	1,050,131	2,398,702	1,411,357

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING & RECEIVING						
006 04 IP ADMITTING						
006 05 PATIENT ACCOUNTING						
006 06 OP REGISTRATION						
006 07 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	3,660,548					
017 MEDICAL RECORDS & LIBRARY		1,230,787				
018 SOCIAL SERVICE			310,712			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	3,320	82,000	123,418	25,036,423		25,036,423
026 INTENSIVE CARE UNIT	1,524	16,060	42,276	3,325,303		3,325,303
030 SPECIAL CARE NURSERY	240	12,489	16,683	2,553,027		2,553,027
033 NURSERY		12,654		1,863,616		1,863,616
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	247,545	279,786		21,149,850		21,149,850
037 01 SURGERY-AMBULATORY	202	4,209	9,033	1,708,999		1,708,999
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO	2,293	38,857	24,518	3,623,876		3,623,876
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	1,758	141,109		8,709,953		8,709,953
041 01 CATH LAB				233		233
041 02 ULTRASOUND		9,395		1,335,606		1,335,606
042 RADIOLOGY-THERAPEUTIC						
044 LABORATORY	36,531	66,946		3,427,289		3,427,289
04 RESPIRATORY THERAPY	402	45,869		2,381,189		2,381,189
045 .1 SLEEP LAB		3,141		283,062		283,062
050 PHYSICAL THERAPY		7,200		695,923		695,923
050 01 SPORTS MEDICINE						
051 OCCUPATIONAL THERAPY		995		37,123		37,123
052 SPEECH PATHOLOGY		318		29,066		29,066
053 ELECTROCARDIOLOGY		658		186,295		186,295
054 ELECTROENCEPHALOGRAPHY		1,137		141,690		141,690
055 MEDICAL SUPPLIES CHARGED		120,756		2,334,734		2,334,734
055 30 IMPL. DEV. CHARGED TO PAT		74,195		6,653,233		6,653,233
056 DRUGS CHARGED TO PATIENTS	3,343,494	87,088		6,846,156		6,846,156
059 ENDOSCOPY	2,151	19,865	1,260	2,201,479		2,201,479
OUTPAT SERVICE COST CNTRS						
060 CLINIC						
061 EMERGENCY	9,955	57,235	83,723	5,344,986		5,344,986
061 01 PATIENT SERVICES						
062 OBSERVATION BEDS (NON-DIS						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	3,649,415	1,081,962	300,911	99,869,111		99,869,111
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				159,278		159,278
098 PHYSICIANS' PRIVATE OFFIC			9,801	323,165		323,165
100 MISSION EFFECTIVENESS				148,554		148,554
100 01 MARKETING				2,229,084		2,229,084
100 02 JOINT VENTURES	11,133	148,825		27,497,510		27,497,510
100 03 FOUNDATION						
100 04 VACANT						
100 05 SEASH						
100 06 SPORTS MEDICINE				1,538,870		1,538,870
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	3,660,548	1,230,787	310,712	131,765,572		131,765,572

## ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		66,356	8,492			74,848	74,848
006 01 COMMUNICATIONS		20,859				20,859	
006 02 DATA PROCESSING							637
006 03 PURCHASING & RECEIVING		18,478				18,478	441
006 04 IP ADMITTING		17,593		201		17,794	557
006 05 PATIENT ACCOUNTING		38,491		1,751		40,242	939
006 06 OP REGISTRATION		28,612		2,245		30,857	1,204
006 07 OTHER ADMINISTRATIVE AND		242,793		45,312		288,105	9,022
008 OPERATION OF PLANT		686,542		14,833		701,375	1,513
009 LAUNDRY & LINEN SERVICE		31,033		2,357		33,390	60
010 HOUSEKEEPING		102,584		136		102,720	1,444
011 DIETARY		128,520		11,559		140,079	704
012 CAFETERIA		151,288		19,433		170,721	891
014 NURSING ADMINISTRATION				5,336		5,336	2,596
015 CENTRAL SERVICES & SUPPLY		130,311		3,289		133,600	593
016 PHARMACY		102,466		2,779		105,245	3,300
017 MEDICAL RECORDS & LIBRARY		5,884				5,884	559
018 SOCIAL SERVICE		14,818				14,818	229
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,641,242		513,300		2,154,542	18,382
026 INTENSIVE CARE UNIT		117,461		8,882		126,343	2,143
030 SPECIAL CARE NURSERY		23,063		33,058		56,121	2,988
033 NURSERY		93,669		7,069		100,738	1,226
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		518,173		785,543		1,303,716	6,391
037 01 SURGERY-AMBULATORY		208,277		12,833		221,110	1,067
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO		238,542		1,662		240,204	2,574
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		471,397		1,214,047		1,685,444	4,416
041 01 CATH LAB							
041 02 ULTRASOUND		44,532		69,647		114,179	504
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY		93,925				93,925	
04 RESPIRATORY THERAPY		54,844		47,849		102,693	1,908
04 SLEEP LAB		34,122		20,557		54,679	131
050 PHYSICAL THERAPY		40,183				40,183	587
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY							38
052 SPEECH PATHOLOGY							32
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY				11,814		11,814	89
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 ENDOSCOPY		102,308		133,076		235,384	1,428
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY		264,774		58,304		323,078	3,371
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		5,733,140		3,035,364		8,768,504	71,964
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		32,194				32,194	90
098 PHYSICIANS' PRIVATE OFFIC							212
100 MISSION EFFECTIVENESS				3,651		3,651	4
100 01 MARKETING							904
100 02 JOINT VENTURES				7,177		7,177	
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE				23,136		23,136	1,674
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		5,765,334		3,069,328		8,834,662	74,848

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	PATIENT ACCOUNTING	OP REGISTRATION	OTHER ADMINISTRATIVE AND
	6.01	6.02	6.03	6.04	6.05	6.06	6.07
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	20,859						
006 02 DATA PROCESSING		637					
006 03 PURCHASING & RECEIVING	146	2	19,067				
006 04 IP ADMITTING	292	9	6	18,658			
006 05 PATIENT ACCOUNTING	548	21	13		41,763		
006 06 OP REGISTRATION	402	16	9			32,488	
006 07 OTHER ADMINISTRATIVE AND	913	65	26				298,131
008 OPERATION OF PLANT	621	45	38				9,553
009 LAUNDRY & LINEN SERVICE	37	2	38				1,133
010 HOUSEKEEPING	183	4	126				4,263
011 DIETARY	475	8	811				2,625
012 CAFETERIA							1,915
014 NURSING ADMINISTRATION	511	8	4				5,342
015 CENTRAL SERVICES & SUPPLY	438	18	67				2,706
016 PHARMACY	913	10	2,452				7,845
017 MEDICAL RECORDS & LIBRARY	110	6					2,732
018 SOCIAL SERVICE	110	2					648
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,151	123	438	13,871	2,778		44,940
026 INTENSIVE CARE UNIT	804	44	104	1,345	544	9	6,169
030 SPECIAL CARE NURSERY	511	49	108	1,000	423		5,201
033 NURSERY	840	9	102	2,000	429		3,539
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,534	61	13,311		9,545	6,439	42,222
037 01 SURGERY-AMBULATORY	511		48		143	229	2,826
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	1,096	11	117	442	1,316	74	6,819
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	913	11	340		4,780	6,414	17,587
041 01 CATH LAB							
041 02 ULTRASOUND	183	26	56		318	449	2,856
042 RADIOLOGY-THERAPEUTIC							
042 LABORATORY		2	221		2,268	1,904	7,235
042 RESPIRATORY THERAPY	804	10	127		1,554	835	5,031
042 SLEEP LAB	329	2	7		106	173	519
050 PHYSICAL THERAPY	146	5	5		244	41	1,408
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY					34	5	80
052 SPEECH PATHOLOGY					11	7	64
053 ELECTROCARDIOLOGY					22		420
054 ELECTROENCEPHALOGRAPHY			1		39	56	315
055 MEDICAL SUPPLIES CHARGED					4,091	2,594	4,708
055 30 IMPL. DEV. CHARGED TO PAT					2,514		13,834
056 DRUGS CHARGED TO PATIENTS					2,950	1,230	7,729
059 ENDOSCOPY	584	6	216		673	961	4,209
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	1,534	52	149		1,939	2,715	10,154
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	20,639	627	18,940	18,658	36,721	24,135	226,627
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	110		1				255
098 PHYSICIANS' PRIVATE OFFIC		4					708
100 MISSION EFFECTIVENESS		2					336
100 01 MARKETING	110	4					5,044
100 02 JOINT VENTURES			125		5,042	8,353	61,787
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE			1				3,374
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	20,859	637	19,067	18,658	41,763	32,488	298,131

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING & RECEIVING							
006 04 IP ADMITTING							
006 05 PATIENT ACCOUNTING							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	713,145						
009 LAUNDRY & LINEN SERVICE	4,764	39,424					
010 HOUSEKEEPING	15,748		124,488				
011 DIETARY	19,729	79	3,546	168,056			
012 CAFETERIA	23,224		4,174				
014 NURSING ADMINISTRATION					200,925		
015 CENTRAL SERVICES & SUPPLY	20,004	1,502	3,595		7,330	21,127	
016 PHARMACY	15,729	8	2,827		3,827		166,350
017 MEDICAL RECORDS & LIBRARY	903		162		9,846		523
018 SOCIAL SERVICE	2,275		409		3,019		
025 INPAT ROUTINE SRVC CNTRS					860		
026 ADULTS & PEDIATRICS	251,949	14,716	45,285	143,448	65,800	9,148	4,704
030 INTENSIVE CARE UNIT	18,031	1,802	3,241	20,154	6,582	1,359	973
033 SPECIAL CARE NURSERY	3,540		636		5,513	1,428	383
037 NURSERY	14,379	1,289	2,584		4,338	1,065	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	79,544	4,124	14,297		25,537	3,580	79,155
038 SURGERY-AMBULATORY	31,972	3,852	5,746		4,188	782	464
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	36,618	2,803	6,581	4,454	8,902	737	2,416
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	72,364	2,716	13,006		18,209	100	2,104
041 01 CATH LAB							2
041 02 ULTRASOUND	6,836		1,229		827		
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	14,418		2,591				14
04 RESPIRATORY THERAPY	8,419	67	1,513		6,850		120
04 SLEEP LAB	5,238	83	941		537		63
050 PHYSICAL THERAPY	6,169	4	1,109		2,249		61
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					158		5
053 ELECTROCARDIOLOGY					111		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					263		13
055 30 IMPL. DEV. CHARGED TO PAT							15,722
056 DRUGS CHARGED TO PATIENTS							54,919
059 ENDOSCOPY	15,705	2,870	2,823		4,689	884	2,034
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY	40,645	3,509	7,305		11,409	2,044	1,393
062 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	708,203	39,424	123,600	168,056	191,044	21,127	165,068
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4,942		888		588		
098 PHYSICIANS' PRIVATE OFFIC					128		
100 MISSION EFFECTIVENESS							
100 01 MARKETING							
100 02 JOINT VENTURES					10		
100 03 FOUNDATION							1,281
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE							
101 CROSS FOOT ADJUSTMENTS					9,155		1
102 NEGATIVE COST CENTER							
103 TOTAL	713,145	39,424	124,488	168,056	200,925	21,127	166,350

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	GENERAL SERVICE COST CNTR	16	17	18	25	26	27
001	OLD CAP REL COSTS-BLDG &						
002	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 COMMUNICATIONS						
006	02 DATA PROCESSING						
006	03 PURCHASING & RECEIVING						
006	04 IP ADMITTING						
006	05 PATIENT ACCOUNTING						
006	06 OP REGISTRATION						
006	07 OTHER ADMINISTRATIVE AND OPERATION OF PLANT						
008	LAUNDRY & LINEN SERVICE						
009	HOUSEKEEPING						
010	DIETARY						
011	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY	148,698					
017	MEDICAL RECORDS & LIBRARY		13,375				
018	SOCIAL SERVICE			19,351			
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	135	900	7,687	2,783,997		2,783,997
026	INTENSIVE CARE UNIT	62	176	2,633	192,518		192,518
030	SPECIAL CARE NURSERY	10	137	1,039	79,087		79,087
033	NURSERY		139		132,677		132,677
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	10,056	2,936		1,602,448		1,602,448
037	01 SURGERY-AMBULATORY	8	46	563	273,555		273,555
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR ROO	93	427	1,527	317,211		317,211
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	71	1,549		1,830,024		1,830,024
041	01 CATH LAB				2		2
041	02 ULTRASOUND		103		127,566		127,566
042	RADIOLOGY-THERAPEUTIC						
044	LABORATORY	1,484	735		124,797		124,797
04	RESPIRATORY THERAPY	16	504		130,451		130,451
045	01 SLEEP LAB		34		62,842		62,842
050	PHYSICAL THERAPY		79		52,290		52,290
050	01 SPORTS MEDICINE						
051	OCCUPATIONAL THERAPY		11		331		331
052	SPEECH PATHOLOGY		3		228		228
053	ELECTROCARDIOLOGY		7		449		449
054	ELECTROENCEPHALOGRAPHY		12		12,602		12,602
055	MEDICAL SUPPLIES CHARGED		1,326		28,441		28,441
055	30 IMPL. DEV. CHARGED TO PAT		815		72,082		72,082
056	DRUGS CHARGED TO PATIENTS	135,820	956		148,685		148,685
059	ENDOSCOPY	87	218	78	272,849		272,849
	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
061	EMERGENCY	404	628	5,214	415,543		415,543
061	01 PATIENT SERVICES						
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	148,246	11,741	18,741	8,660,675		8,660,675
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				39,068		39,068
098	PHYSICIANS' PRIVATE OFFIC			610	1,662		1,662
100	MISSION EFFECTIVENESS				3,989		3,989
100	01 MARKETING				5,172		5,172
100	02 JOINT VENTURES	452	1,634		86,755		86,755
100	03 FOUNDATION						
100	04 VACANT						
100	05 SEASH						
100	06 SPORTS MEDICINE				37,341		37,341
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	148,698	13,375	19,351	8,834,662		8,834,662

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR )VALUE	OSTS-BLDG & (SQUARE )FEET	OSTS-MVBLE E (DOLLAR )VALUE	FITS (GROSS )SALARIES	S (PHONE )LINES
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	292,977					
003 OLD CAP REL COSTS-MVB		2,672,518				
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS	3,372	7,394			45,019,220	
006 01 COMMUNICATIONS	1,060					571
006 02 DATA PROCESSING					382,998	
006 03 PURCHASING & RECEIVIN	939				264,949	4
006 04 IP ADMITTING	894	175			334,732	8
006 05 PATIENT ACCOUNTING	1,956	1,525			564,576	15
006 06 OP REGISTRATION	1,454	1,955			723,909	11
006 07 OTHER ADMINISTRATIVE	12,338	39,454			5,425,274	25
008 OPERATION OF PLANT	34,888	12,915			909,589	17
009 LAUNDRY & LINEN SERVI	1,577	2,052			36,078	1
010 HOUSEKEEPING	5,213	118			868,556	5
011 DIETARY	6,531	10,065			423,379	13
012 CAFETERIA	7,688	16,921			535,578	
014 NURSING ADMINISTRATIO		4,646			1,561,176	14
015 CENTRAL SERVICES & SU	6,622	2,864			356,545	12
016 PHARMACY	5,207	2,420			1,984,337	25
017 MEDICAL RECORDS & LIB	299				336,372	3
018 SOCIAL SERVICE	753				137,423	3
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	83,403	446,939			11,065,525	141
030 INTENSIVE CARE UNIT	5,969	7,734			1,288,646	22
033 SPECIAL CARE NURSERY	1,172	28,784			1,796,738	14
037 NURSERY	4,760	6,155			737,468	23
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	26,332	683,986			3,843,290	42
038 SURGERY-AMBULATORY	10,584	11,174			641,833	14
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR	12,122	1,447			1,547,695	30
041 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	23,955	1,057,092			2,655,732	25
041 1 CATH LAB						
041 2 ULTRASOUND	2,263	60,643			303,136	5
042 RADIOLOGY-THERAPEUTIC						
044 LABORATORY	4,773					
049 RESPIRATORY THERAPY	2,787	41,663			1,147,317	22
049 01 SLEEP LAB	1,734	17,899			78,776	9
050 PHYSICAL THERAPY	2,042				352,733	4
050 01 SPORTS MEDICINE						
051 OCCUPATIONAL THERAPY					22,988	
052 SPEECH PATHOLOGY					19,357	
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH		10,287			53,622	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 ENDOSCOPY	5,199	115,872			858,428	16
060 OUTPAT SERVICE COST C						
061 CLINIC						
061 01 EMERGENCY	13,455	50,766			2,026,861	42
062 PATIENT SERVICES						
062 OBSERVATION BEDS (NON						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	291,341	2,642,945			43,285,616	565
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	1,636				53,965	3
100 PHYSICIANS' PRIVATE O					127,490	
100 MISSION EFFECTIVENESS		3,179				
100 01 MARKETING					2,262	3
100 02 JOINT VENTURES		6,249			543,514	
100 03 FOUNDATION						
100 04 VACANT						
100 05 SEASH						
100 06 SPORTS MEDICINE		20,145			1,006,373	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	5,765,334	3,069,328			14,392,621	337,747
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	19.678453	1.148478			.319699	591.500876
(WRKSHT B, PT I)						20,859
105 COST TO BE ALLOCATED					74,848	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.001663	36.530648
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	PATIENT ACCOUNTING	OP REGISTRATION	RECONCILIATION	OTHER ADMINISTRATIVE AND
		(IS NODES)	(COSTED REQS)	(PATIENT DAYS)	(PATIENT REVENUE)	(OP REVENUE)	( )	( ACCUM. COST )
		6.02	6.03	6.04	6.05	6.06	6a.07	6.07
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING	724						
006	03 PURCHASING & RECEIVING	2	22,332,671					
006	04 IP ADMITTING	10	6,752	21,720				
006	05 PATIENT ACCOUNTING	24	14,763		386,122,162			
006	06 OP REGISTRATION	18	10,975			183,035,665		
006	07 OTHER ADMINISTRATIVE	74	30,073				-7,883,935	123,881,637
008	OPERATION OF PLANT	51	44,718					3,968,726
009	LAUNDRY & LINEN SERVICE	2	44,780					470,608
010	HOUSEKEEPING	5	148,083					1,770,943
011	DIETARY	9	949,533					1,090,728
012	CAFETERIA							795,735
014	NURSING ADMINISTRATION	9	4,259					2,219,163
015	CENTRAL SERVICES & SUPPORT	20	78,029					1,124,160
016	PHARMACY	11	2,871,660					3,259,133
017	MEDICAL RECORDS & LIBRARY	7						1,134,861
018	SOCIAL SERVICE	2	282					269,131
	INPAT ROUTINE SRVC CNTR							
025	ADULTS & PEDIATRICS	143	512,782	16,148	25,721,418			18,670,462
026	INTENSIVE CARE UNIT	50	121,822	1,566	5,037,669	51,008		2,562,964
030	SPECIAL CARE NURSERY	56	126,441	1,164	3,917,656			2,160,854
033	NURSERY	10	119,944	2,328	3,969,144			1,470,387
	ANCILLARY SRVC COST CENTER							
037	OPERATING ROOM	69	15,590,667		87,815,807	36,377,740		17,541,428
037	01 SURGERY-AMBULATORY		56,206		1,320,140	1,293,880		1,174,011
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR	13	136,451	514	12,188,658	415,809		2,832,957
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	13	398,596		44,262,431	36,239,861		7,306,446
041	1 CATH LAB		185					205
041	2 ULTRASOUND	29	65,384		2,946,970	2,539,518		1,186,410
042	RADIOLOGY-THERAPEUTIC							
044	LABORATORY	2	258,356		20,999,358	10,756,993		3,005,900
049	RESPIRATORY THERAPY	11	148,908		14,388,111	4,719,552		2,090,282
049	01 SLEEP LAB	2	8,657		985,368	977,612		215,782
050	PHYSICAL THERAPY	6	6,363		2,258,368	229,557		585,051
050	01 SPORTS MEDICINE							
051	OCCUPATIONAL THERAPY		545		312,057	28,752		33,147
052	SPEECH PATHOLOGY				99,700	39,463		26,484
053	ELECTROCARDIOLOGY				206,251			174,530
054	ELECTROENCEPHALOGRAPH		1,650		356,678	315,243		130,750
055	MEDICAL SUPPLIES CHARGED TO				37,878,182	14,653,889		1,956,093
055	30 IMPL. DEV. CHARGED TO				23,273,344			5,747,317
056	DRUGS CHARGED TO PATIENT				27,317,403	6,946,798		3,211,209
059	ENDOSCOPY	7	252,564		6,231,194	5,427,338		1,748,502
	OUTPAT SERVICE COST CENTER							
060	CLINIC							
061	EMERGENCY	59	173,942		17,953,264	15,339,661		4,218,412
061	01 PATIENT SERVICES							
062	OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)							
095	SUBTOTALS	714	22,183,370	21,720	339,439,171	136,352,674	-7,883,935	94,152,771
	NONREIMBURS COST CENTER							
096	GIFT, FLOWER, COFFEE		993					106,093
098	PHYSICIANS' PRIVATE OFFICE	4	145					293,985
100	MISSION EFFECTIVENESS	2						139,666
100	01 MARKETING	4						2,095,659
100	02 JOINT VENTURES		146,713		46,682,991	46,682,991		25,691,660
100	03 FOUNDATION							
100	04 VACANT							
100	05 SEASH							
100	06 SPORTS MEDICINE		1,450					1,401,803
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	6,051,044	754,104	1,017,337	2,520,774	1,335,807		7,883,935
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.033767		.006528			
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	8,357,795580	19,067	46,838720	41,763	.007298		.063641
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000854	.859024	.000108			298,131
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	.879834				.000177		.002407
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS OF SERVICE)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING & RECEIVIN							
006 04 IP ADMITTING							
006 05 PATIENT ACCOUNTING							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT	236,076						
009 LAUNDRY & LINEN SERVI	1,577	748,737					
010 HOUSEKEEPING	5,213		229,286				
011 DIETARY	6,531	1,497	6,531	54,300			
012 CAFETERIA	7,688		7,688		1,076,589		
014 NURSING ADMINISTRATIO					39,274	443,040	
015 CENTRAL SERVICES & SU	6,622	28,527	6,622		20,504	1	16,948,112
016 PHARMACY	5,207	150	5,207		52,754		53,272
017 MEDICAL RECORDS & LIB	299		299		16,176		
018 SOCIAL SERVICE	753		753		4,610		
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	83,403	279,499	83,403	46,349	352,572	191,808	479,226
026 INTENSIVE CARE UNIT	5,969	34,217	5,969	6,512	35,268	28,506	99,120
030 SPECIAL CARE NURSERY	1,172		1,172		29,541	29,943	39,001
033 NURSERY	4,760	24,488	4,760		23,245	22,326	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	26,332	78,318	26,332		136,834	75,084	8,064,396
037 01 SURGERY-AMBULATORY	10,584	73,152	10,584		22,438	16,409	47,238
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	12,122	53,235	12,122	1,439	47,698	15,461	246,171
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	23,955	51,588	23,955		97,568	2,090	214,406
04 1 CATH LAB							185
04 2 ULTRASOUND	2,263		2,263		4,430		
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	4,773		4,773				1,382
049 RESPIRATORY THERAPY	2,787	1,273	2,787		36,703	5	12,213
049 01 SLEEP LAB	1,734	1,572	1,734		2,875		6,439
050 PHYSICAL THERAPY	2,042	75	2,042		12,048		6,179
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY					847		545
052 SPEECH PATHOLOGY					594		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH					1,407		1,319
055 MEDICAL SUPPLIES CHAR							1,601,880
055 30 IMPL. DEV. CHARGED TO							5,595,389
056 DRUGS CHARGED TO PATI							
059 ENDOSCOPY	5,199	54,508	5,199		25,125	18,540	207,217
OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	13,455	66,638	13,455		61,129	42,867	141,970
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON							
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	234,440	748,737	227,650	54,300	1,023,640	443,040	16,817,548
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,636		1,636		3,152		
098 PHYSICIANS' PRIVATE O					687		
100 MISSION EFFECTIVENESS							
100 01 MARKETING					56		
100 02 JOINT VENTURES							
100 03 FOUNDATION							130,481
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE					49,054		83
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	4,221,300	528,757	1,976,862	1,334,291	1,050,131	2,398,702	1,411,357
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.706199		24.572578		5.414188	
(WRKSHT B, PT I)	17.881106		8.621817		.975424		.083275
105 COST TO BE ALLOCATED	713,145	39,424	124,488	168,056	200,925	21,127	166,350
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.052654		3.094954		.047686	
(WRKSHT B, PT II)	3.020828		.542938		.186631		.009815
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECOR DS & LIBRARY (PATIENT )REVENUE	SOCIAL SERVIC E (TIME )SPENT
	16	17	18
GENERAL SERVICE COST			
001 OLD CAP REL COSTS-BLD			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS			
006 02 DATA PROCESSING			
006 03 PURCHASING & RECEIVIN			
006 04 IP ADMITTING			
006 05 PATIENT ACCOUNTING			
006 06 OP REGISTRATION			
006 07 OTHER ADMINISTRATIVE			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIO			
015 CENTRAL SERVICES & SU			
016 PHARMACY	3,033,604		
017 MEDICAL RECORDS & LIB		386,122,162	
018 SOCIAL SERVICE			10,113
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	2,751	25,721,418	4,017
026 INTENSIVE CARE UNIT	1,263	5,037,669	1,376
030 SPECIAL CARE NURSERY	199	3,917,656	543
033 NURSERY		3,969,144	
ANCILLARY SRVC COST C			
037 OPERATING ROOM	205,148	87,815,807	
037 01 SURGERY-AMBULATORY	167	1,320,140	294
038 RECOVERY ROOM			
039 DELIVERY ROOM & LABOR	1,900	12,188,658	798
040 ANESTHESIOLOGY			
041 RADIOLOGY-DIAGNOSTIC	1,457	44,262,431	
041 1 CATH LAB			
041 2 ULTRASOUND		2,946,970	
042 RADIOLOGY-THERAPEUTIC			
044 LABORATORY	30,274	20,999,358	
049 RESPIRATORY THERAPY	333	14,388,111	
049 01 SLEEP LAB		985,368	
050 PHYSICAL THERAPY		2,258,368	
050 01 SPORTS MEDICINE			
051 OCCUPATIONAL THERAPY		312,057	
052 SPEECH PATHOLOGY		99,700	
053 ELECTROCARDIOLOGY		206,251	
054 ELECTROENCEPHALOGRAPH		356,678	
055 MEDICAL SUPPLIES CHAR		37,878,182	
055 30 IMPL. DEV. CHARGED TO		23,273,344	
056 DRUGS CHARGED TO PATI	2,770,853	27,317,403	
059 ENDOSCOPY	1,783	6,231,194	41
OUTPAT SERVICE COST C			
060 CLINIC			
061 EMERGENCY	8,250	17,953,264	2,725
061 01 PATIENT SERVICES			
062 OBSERVATION BEDS (NON			
SPEC PURPOSE COST CEN			
095 SUBTOTALS	3,024,378	339,439,171	9,794
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			319
100 MISSION EFFECTIVENESS			
100 01 MARKETING			
100 02 JOINT VENTURES	9,226	46,682,991	
100 03 FOUNDATION			
100 04 VACANT			
100 05 SEASH			
100 06 SPORTS MEDICINE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	3,660,548	1,230,787	310,712
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER		.003188	
(WRKSHT B, PT I)	1.206666		30.724019
105 COST TO BE ALLOCATED	148,698	13,375	19,351
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER		.000035	
(WRKSHT B, PT II)	.049017		1.913478
107 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER			
(WRKSHT B, PT III)			

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET C  
 I I TO 6/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
2	ADULTS & PEDIATRICS	25,036,423		25,036,423		25,036,423
26	INTENSIVE CARE UNIT	3,325,303		3,325,303		3,325,303
30	SPECIAL CARE NURSERY	2,553,027		2,553,027		2,553,027
33	NURSERY	1,863,616		1,863,616		1,863,616
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,149,850		21,149,850		21,149,850
37	01 SURGERY-AMBULATORY	1,708,999		1,708,999		1,708,999
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	3,623,876		3,623,876		3,623,876
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	8,709,953		8,709,953		8,709,953
41	01 CATH LAB	233		233		233
41	02 ULTRASOUND	1,335,606		1,335,606		1,335,606
42	RADIOLOGY-THERAPEUTIC					
44	LABORATORY	3,427,289		3,427,289		3,427,289
49	RESPIRATORY THERAPY	2,381,189		2,381,189		2,381,189
49	01 SLEEP LAB	283,062		283,062		283,062
50	PHYSICAL THERAPY	695,923		695,923		695,923
50	01 SPORTS MEDICINE					
51	OCCUPATIONAL THERAPY	37,123		37,123		37,123
52	SPEECH PATHOLOGY	29,066		29,066		29,066
53	ELECTROCARDIOLOGY	186,295		186,295		186,295
54	ELECTROENCEPHALOGRAPHY	141,690		141,690		141,690
55	MEDICAL SUPPLIES CHARGED	2,334,734		2,334,734		2,334,734
55	30 IMPL. DEV. CHARGED TO PAT	6,653,233		6,653,233		6,653,233
56	DRUGS CHARGED TO PATIENTS	6,846,156		6,846,156		6,846,156
59	ENDOSCOPY	2,201,479		2,201,479		2,201,479
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	5,344,986		5,344,986		5,344,986
61	01 PATIENT SERVICES					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,123,791		3,123,791		3,123,791
101	SUBTOTAL	102,992,902		102,992,902		102,992,902
102	LESS OBSERVATION BEDS	3,123,791		3,123,791		3,123,791
103	TOTAL	99,869,111		99,869,111		99,869,111

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
1	INPAT ROUTINE SRVC CNTRS						
2	ADULTS & PEDIATRICS	25,721,418		25,721,418			
26	INTENSIVE CARE UNIT	5,037,669		5,037,669			
30	SPECIAL CARE NURSERY	3,917,526		3,917,526			
33	NURSERY	3,969,144		3,969,144			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	51,438,066	36,377,741	87,815,807	.240843	.240843	.240843
37 01	SURGERY-AMBULATORY	26,260	1,293,880	1,320,140	1.294559	1.294559	1.294559
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	11,681,665	415,809	12,097,474	.299556	.299556	.299556
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,022,570	36,239,861	44,262,431	.196780	.196780	.196780
41 01	CATH LAB						
41 02	ULTRASOUND	407,452	2,539,518	2,946,970	.453213	.453213	.453213
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	10,242,365	10,756,993	20,999,358	.163209	.163209	.163209
49	RESPIRATORY THERAPY	9,850,283	4,519,112	14,369,395	.165713	.165713	.165713
49 01	SLEEP LAB	7,756	977,612	985,368	.287265	.287265	.287265
50	PHYSICAL THERAPY	2,028,811	229,557	2,258,368	.308153	.308153	.308153
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	283,305	28,752	312,057	.118962	.118962	.118962
52	SPEECH PATHOLOGY	60,237	39,463	99,700	.291535	.291535	.291535
53	ELECTROCARDIOLOGY	115,711	200,440	316,151	.589260	.589260	.589260
54	ELECTROENCEPHALOGRAPHY	157,661	199,017	356,678	.397249	.397249	.397249
55	MEDICAL SUPPLIES CHARGED	23,224,293	14,653,889	37,878,182	.061638	.061638	.061638
55 30	IMPL. DEV. CHARGED TO PAT	19,338,117	3,935,227	23,273,344	.285874	.285874	.285874
56	DRUGS CHARGED TO PATIENTS	20,370,605	6,946,798	27,317,403	.250615	.250615	.250615
59	ENDOSCOPY	803,856	5,427,338	6,231,194	.353300	.353300	.353300
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,613,603	15,339,661	17,953,264	.297717	.297717	.297717
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	815,160	3,118,979	3,934,139	.794022	.794022	.794022
101	SUBTOTAL	200,133,533	143,239,647	343,373,180			
102	LESS OBSERVATION BEDS						
103	TOTAL	200,133,533	143,239,647	343,373,180			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 15-0157 I FROM 7/ 1/2009 I WORKSHEET C  
I I TO 6/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
2	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	25,036,423		25,036,423		25,036,423
30	INTENSIVE CARE UNIT	3,325,303		3,325,303		3,325,303
33	SPECIAL CARE NURSERY	2,553,027		2,553,027		2,553,027
	NURSERY	1,863,616		1,863,616		1,863,616
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,149,850		21,149,850		21,149,850
37 01	SURGERY-AMBULATORY	1,708,999		1,708,999		1,708,999
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	3,623,876		3,623,876		3,623,876
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	8,709,953		8,709,953		8,709,953
41 01	CATH LAB	233		233		233
41 02	ULTRASOUND	1,335,606		1,335,606		1,335,606
42	RADIOLOGY-THERAPEUTIC					
44	LABORATORY	3,427,289		3,427,289		3,427,289
49	RESPIRATORY THERAPY	2,381,189		2,381,189		2,381,189
49 01	SLEEP LAB	283,062		283,062		283,062
50	PHYSICAL THERAPY	695,923		695,923		695,923
50 01	SPORTS MEDICINE					
51	OCCUPATIONAL THERAPY	37,123		37,123		37,123
52	SPEECH PATHOLOGY	29,066		29,066		29,066
53	ELECTROCARDIOLOGY	186,295		186,295		186,295
54	ELECTROENCEPHALOGRAPHY	141,690		141,690		141,690
55	MEDICAL SUPPLIES CHARGED	2,334,734		2,334,734		2,334,734
55 30	IMPL. DEV. CHARGED TO PAT	6,653,233		6,653,233		6,653,233
56	DRUGS CHARGED TO PATIENTS	6,846,156		6,846,156		6,846,156
59	ENDOSCOPY	2,201,479		2,201,479		2,201,479
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	5,344,986		5,344,986		5,344,986
61 01	PATIENT SERVICES					
62	OBSERVATION BEDS (NON-DIS	3,123,791		3,123,791		3,123,791
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	102,992,902		102,992,902		102,992,902
102	LESS OBSERVATION BEDS	3,123,791		3,123,791		3,123,791
103	TOTAL	99,869,111		99,869,111		99,869,111

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 15-0157 I FROM 7/ 1/2009 I WORKSHEET C  
I I TO 6/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
2	ADULTS & PEDIATRICS	25,721,418		25,721,418			
26	INTENSIVE CARE UNIT	5,037,669		5,037,669			
30	SPECIAL CARE NURSERY	3,917,526		3,917,526			
33	NURSERY	3,969,144		3,969,144			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	51,438,066	36,377,741	87,815,807	.240843	.240843	.240843
37 01	SURGERY-AMBULATORY	26,260	1,293,880	1,320,140	1.294559	1.294559	1.294559
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	11,681,665	415,809	12,097,474	.299556	.299556	.299556
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,022,570	36,239,861	44,262,431	.196780	.196780	.196780
41 01	CATH LAB						
41 02	ULTRASOUND	407,452	2,539,518	2,946,970	.453213	.453213	.453213
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	10,242,365	10,756,993	20,999,358	.163209	.163209	.163209
49	RESPIRATORY THERAPY	9,850,283	4,519,112	14,369,395	.165713	.165713	.165713
49 01	SLEEP LAB	7,756	977,612	985,368	.287265	.287265	.287265
50	PHYSICAL THERAPY	2,028,811	229,557	2,258,368	.308153	.308153	.308153
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	283,305	28,752	312,057	.118962	.118962	.118962
52	SPEECH PATHOLOGY	60,237	39,463	99,700	.291535	.291535	.291535
53	ELECTROCARDIOLOGY	115,711	200,440	316,151	.589260	.589260	.589260
54	ELECTROENCEPHALOGRAPHY	157,661	199,017	356,678	.397249	.397249	.397249
55	MEDICAL SUPPLIES CHARGED	23,224,293	14,653,889	37,878,182	.061638	.061638	.061638
55 30	IMPL. DEV. CHARGED TO PAT	19,338,117	3,935,227	23,273,344	.285874	.285874	.285874
56	DRUGS CHARGED TO PATIENTS	20,370,605	6,946,798	27,317,403	.250615	.250615	.250615
59	ENDOSCOPY	803,856	5,427,338	6,231,194	.353300	.353300	.353300
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,613,603	15,339,661	17,953,264	.297717	.297717	.297717
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS	815,160	3,118,979	3,934,139	.794022	.794022	.794022
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	200,133,533	143,239,647	343,373,180			
102	LESS OBSERVATION BEDS						
103	TOTAL	200,133,533	143,239,647	343,373,180			

WKST A LINF NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,149,850	1,602,448	19,547,402			21,149,850
37 01	SURGERY-AMBULATORY	1,708,999	273,555	1,435,444			1,708,999
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	3,623,876	317,211	3,306,665			3,623,876
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,709,953	1,830,024	6,879,929			8,709,953
41 01	CATH LAB	233	2	231			233
41 02	ULTRASOUND	1,335,606	127,566	1,208,040			1,335,606
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	3,427,289	124,797	3,302,492			3,427,289
49	RESPIRATORY THERAPY	2,381,189	130,451	2,250,738			2,381,189
49 01	SLEEP LAB	283,062	62,842	220,220			283,062
50	PHYSICAL THERAPY	695,923	52,290	643,633			695,923
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	37,123	331	36,792			37,123
52	SPEECH PATHOLOGY	29,066	228	28,838			29,066
53	ELECTROCARDIOLOGY	186,295	449	185,846			186,295
54	ELECTROENCEPHALOGRAPHY	141,690	12,602	129,088			141,690
55	MEDICAL SUPPLIES CHARGED	2,334,734	28,441	2,306,293			2,334,734
55 30	IMPL. DEV. CHARGED TO PAT	6,653,233	72,082	6,581,151			6,653,233
56	DRUGS CHARGED TO PATIENTS	6,846,156	148,685	6,697,471			6,846,156
59	ENDOSCOPY	2,201,479	272,849	1,928,630			2,201,479
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	5,344,986	415,543	4,929,443			5,344,986
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,123,791	347,359	2,776,432			3,123,791
101	SUBTOTAL	70,214,533	5,819,755	64,394,778			70,214,533
102	LESS OBSERVATION BEDS	3,123,791	347,359	2,776,432			3,123,791
103	TOTAL	67,090,742	5,472,396	61,618,346			67,090,742

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	87,815,807	.240843	.240843
37 01	SURGERY-AMBULATORY	1,320,140	1.294559	1.294559
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	12,097,474	.299556	.299556
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	44,262,431	.196780	.196780
41 01	CATH LAB			
41 02	ULTRASOUND	2,946,970	.453213	.453213
42	RADIOLOGY-THERAPEUTIC			
44	LABORATORY	20,999,358	.163209	.163209
49	RESPIRATORY THERAPY	14,369,395	.165713	.165713
49 01	SLEEP LAB	985,368	.287265	.287265
50	PHYSICAL THERAPY	2,258,368	.308153	.308153
50 01	SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY	312,057	.118962	.118962
52	SPEECH PATHOLOGY	99,700	.291535	.291535
53	ELECTROCARDIOLOGY	316,151	.589260	.589260
54	ELECTROENCEPHALOGRAPHY	356,678	.397249	.397249
55	MEDICAL SUPPLIES CHARGED	37,878,182	.061638	.061638
55 30	IMPL. DEV. CHARGED TO PAT	23,273,344	.285874	.285874
56	DRUGS CHARGED TO PATIENTS	27,317,403	.250615	.250615
59	ENDOSCOPY	6,231,194	.353300	.353300
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	17,953,264	.297717	.297717
61 01	PATIENT SERVICES			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,934,139	.794022	.794022
101	SUBTOTAL	304,727,423		
102	LESS OBSERVATION BEDS	3,934,139		
103	TOTAL	300,793,284		

WKST A LINF NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,149,850	1,602,448	19,547,402	160,245	1,133,749	19,855,856
37 01	SURGERY-AMBULATORY	1,708,999	273,555	1,435,444	27,356	83,256	1,598,387
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	3,623,876	317,211	3,306,665	31,721	191,787	3,400,368
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,709,953	1,830,024	6,879,929	183,002	399,036	8,127,915
41 01	CATH LAB	233	2	231		13	220
41 02	ULTRASOUND	1,335,606	127,566	1,208,040	12,757	70,066	1,252,783
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	3,427,289	124,797	3,302,492	12,480	191,545	3,223,264
49	RESPIRATORY THERAPY	2,381,189	130,451	2,250,738	13,045	130,543	2,237,601
49 01	SLEEP LAB	283,062	62,842	220,220	6,284	12,773	264,005
50	PHYSICAL THERAPY	695,923	52,290	643,633	5,229	37,331	653,363
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	37,123	331	36,792	33	2,134	34,956
52	SPEECH PATHOLOGY	29,066	228	28,838	23	1,673	27,370
53	ELECTROCARDIOLOGY	186,295	449	185,846	45	10,779	175,471
54	ELECTROENCEPHALOGRAPHY	141,690	12,602	129,088	1,260	7,487	132,943
55	MEDICAL SUPPLIES CHARGED	2,334,734	28,441	2,306,293	2,844	133,765	2,198,125
55 30	IMPL. DEV. CHARGED TO PAT	6,653,233	72,082	6,581,151	7,208	381,707	6,264,318
56	DRUGS CHARGED TO PATIENTS	6,846,156	148,685	6,697,471	14,869	388,453	6,442,834
59	ENDOSCOPY	2,201,479	272,849	1,928,630	27,285	111,861	2,062,333
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	5,344,986	415,543	4,929,443	41,554	285,908	5,017,524
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,123,791	347,359	2,776,432	34,736	161,033	2,928,022
101	SUBTOTAL	70,214,533	5,819,755	64,394,778	581,976	3,734,899	65,897,658
102	LESS OBSERVATION BEDS	3,123,791	347,359	2,776,432	34,736	161,033	2,928,022
103	TOTAL	67,090,742	5,472,396	61,618,346	547,240	3,573,866	62,969,636

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	87,815,807	.226108	.239019
37 01	SURGERY-AMBULATORY	1,320,140	1.210771	1.273837
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	12,097,474	.281081	.296934
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	44,262,431	.183630	.192645
41 01	CATH LAB			
41 02	ULTRASOUND	2,946,970	.425109	.448884
42	RADIOLOGY-THERAPEUTIC			
44	LABORATORY	20,999,358	.153493	.162615
49	RESPIRATORY THERAPY	14,369,395	.155720	.164805
49 01	SLEEP LAB	985,368	.267925	.280888
50	PHYSICAL THERAPY	2,258,368	.289308	.305838
50 01	SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY	312,057	.112018	.118856
52	SPEECH PATHOLOGY	99,700	.274524	.291304
53	ELECTROCARDIOLOGY	316,151	.555023	.589117
54	ELECTROENCEPHALOGRAPHY	356,678	.372726	.393716
55	MEDICAL SUPPLIES CHARGED	37,878,182	.058031	.061563
55 30	IMPL. DEV. CHARGED TO PAT	23,273,344	.269163	.285564
56	DRUGS CHARGED TO PATIENTS	27,317,403	.235851	.250071
59	ENDOSCOPY	6,231,194	.330969	.348921
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	17,953,264	.279477	.295402
61 01	PATIENT SERVICES			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,934,139	.744260	.785192
101	SUBTOTAL	304,727,423		
102	LESS OBSERVATION BEDS	3,934,139		
103	TOTAL	300,793,284		

WKST A LI	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,783,997		2,783,997			
26	INTENSIVE CARE UNIT	192,518		192,518			
30	SPECIAL CARE NURSERY	79,087		79,087			
33	NURSERY	132,677		132,677			
101	TOTAL	3,188,279		3,188,279			



TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,602,448		87,815,807	14,825,679	.018248	270,539
37 01	SURGERY-AMBULATORY	273,555		1,320,140		.207217	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	317,211		12,097,474	22,224	.026221	583
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,830,024		44,262,431	2,547,097	.041345	105,310
41 01	CATH LAB		2				
41 02	ULTRASOUND	127,566		2,946,970	74,584	.043287	3,229
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	124,797		20,999,358	3,659,086	.005943	21,746
49	RESPIRATORY THERAPY	130,451		14,369,395	1,655,808	.009078	15,031
49 01	SLEEP LAB	62,842		985,368		.063775	
50	PHYSICAL THERAPY	52,290		2,258,368	1,013,421	.023154	23,465
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	331		312,057	165,337	.001061	175
52	SPEECH PATHOLOGY	228		99,700	40,768	.002287	93
53	ELECTROCARDIOLOGY	449		316,151	115,711	.001420	164
54	ELECTROENCEPHALOGRAPHY	12,602		356,678	156,402	.035332	5,526
55	MEDICAL SUPPLIES CHARGED	28,441		37,878,182	6,858,788	.000751	5,151
55 30	IMPL. DEV. CHARGED TO PAT	72,082		23,273,344	8,032,582	.003097	24,877
56	DRUGS CHARGED TO PATIENTS	148,685		27,317,403	5,508,605	.005443	29,983
59	ENDOSCOPY	272,849		6,231,194		.043788	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	415,543		17,953,264	1,226,141	.023146	28,380
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS	347,359		3,934,139	295,224	.088294	26,067
	OTHER REIMBURS COST CNTRS						
101	TOTAL	5,819,755		304,727,423	46,197,457		560,319

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37	01 SURGERY-AMBULATORY		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41	01 CATH LAB		
41	02 ULTRASOUND		
42	RADIOLOGY-THERAPEUTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49	01 SLEEP LAB		
50	PHYSICAL THERAPY		
50	01 SPORTS MEDICINE		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	30 IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
59	ENDOSCOPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
61	01 PATIENT SERVICES		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

Health Financial Systems MCRIF32

FOR ST. VINCENT CARMEL HOSPITAL

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

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

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 15-0157 I FROM 7/ 1/2009 I WORKSHEET D  
I I TO 6/30/2010 I PART III  
PPS

WKST A LINF NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					18,450	
26	INTENSIVE CARE UNIT					1,566	
30	SPECIAL CARE NURSERY					1,164	
33	NURSERY					2,328	
101	TOTAL					23,508	

Health Financial Systems MCRIF32

FOR ST. VINCENT CARMEL HOSPITAL

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

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

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 15-0157 I FROM 7/ 1/2009 I WORKSHEET D  
I I TO 6/30/2010 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
2	ADULTS & PEDIATRICS	7	5,066
26	INTENSIVE CARE UNIT		528
30	SPECIAL CARE NURSERY		
33	NURSERY		8
101	TOTAL		5,594

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
37	01 SURGERY-AMBULATORY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CATH LAB						
41	02 ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
50	01 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			87,815,807			14,825,679	
37 01	SURGERY-AMBULATORY			1,320,140				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			12,097,474			22,224	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			44,262,431			2,547,097	
41 01	CATH LAB							
41 02	ULTRASOUND			2,946,970			74,584	
42	RADIOLOGY-THERAPEUTIC							
44	LABORATORY			20,999,358			3,659,086	
49	RESPIRATORY THERAPY			14,369,395			1,655,808	
49 01	SLEEP LAB			985,368				
50	PHYSICAL THERAPY			2,258,368			1,013,421	
50 01	SPORTS MEDICINE							
51	OCCUPATIONAL THERAPY			312,057			165,337	
52	SPEECH PATHOLOGY			99,700			40,768	
53	ELECTROCARDIOLOGY			316,151			115,711	
54	ELECTROENCEPHALOGRAPHY			356,678			156,402	
55	MEDICAL SUPPLIES CHARGED			37,878,182			6,858,788	
55 30	IMPL. DEV. CHARGED TO PAT			23,273,344			8,032,582	
56	DRUGS CHARGED TO PATIENTS			27,317,403			5,508,605	
59	ENDOSCOPY			6,231,194				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			17,953,264			1,226,141	
61 01	PATIENT SERVICES							
62	OBSERVATION BEDS (NON-DIS			3,934,139			295,224	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			304,727,423			46,197,457	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS		8	8.01	8.02		
37	OPERATING ROOM	4,501,771					
37	01 SURGERY-AMBULATORY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	7,362,029					
41	01 CATH LAB						
41	02 ULTRASOUND	233,105					
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	297,542					
49	RESPIRATORY THERAPY	198,665					
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
50	01 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	200,440					
54	ELECTROENCEPHALOGRAPHY	156,507					
55	MEDICAL SUPPLIES CHARGED	1,021,819					
55	30 IMPL. DEV. CHARGED TO PAT	219,686					
56	DRUGS CHARGED TO PATIENTS	608,986					
59	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,685,294					
61	01 PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS	857,392					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	18,343,236					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.240843	.240843			
37 01 SURGERY-AMBULATORY	1.294559	1.294559			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.299556	.299556			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.196780	.196780			
41 01 CATH LAB					
41 02 ULTRASOUND	.453213	.453213			
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY	.163209	.163209			
49 RESPIRATORY THERAPY	.165713	.165713			
49 01 SLEEP LAB	.287265	.287265			
50 PHYSICAL THERAPY	.308153	.308153			
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY	.118962	.118962			
52 SPEECH PATHOLOGY	.291535	.291535			
53 ELECTROCARDIOLOGY	.589260	.589260			
54 ELECTROENCEPHALOGRAPHY	.397249	.397249			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.061638	.061638			
55 30 IMPL. DEV. CHARGED TO PATIENT	.285874	.285874			
56 DRUGS CHARGED TO PATIENTS	.250615	.250615			
59 ENDOSCOPY	.353300	.353300			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.297717	.297717			
61 01 PATIENT SERVICES					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.794022	.794022			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		4,501,771			
37 01 SURGERY-AMBULATORY					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		7,362,029			
41 01 CATH LAB					
41 02 ULTRASOUND		233,105			
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY		297,542			
49 RESPIRATORY THERAPY		198,665			
49 01 SLEEP LAB					
50 PHYSICAL THERAPY					
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		200,440			
54 ELECTROENCEPHALOGRAPHY		156,507			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,021,819			
55 30 IMPL. DEV. CHARGED TO PATIENT		219,686			
56 DRUGS CHARGED TO PATIENTS		608,986			
59 ENDOSCOPY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		2,685,294			
61 01 PATIENT SERVICES					
62 OBSERVATION BEDS (NON-DISTINCT PART)		857,392			
101 SUBTOTAL		18,343,236			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		18,343,236			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,084,220	
37 01 SURGERY-AMBULATORY					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				1,448,700	
41 01 CATH LAB					
41 02 ULTRASOUND				105,646	
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY				48,562	
49 RESPIRATORY THERAPY				32,921	
49 01 SLEEP LAB					
50 PHYSICAL THERAPY					
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				118,111	
54 ELECTROENCEPHALOGRAPHY				62,172	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				62,983	
55 30 IMPL. DEV. CHARGED TO PATIENT				62,803	
56 DRUGS CHARGED TO PATIENTS				152,621	
59 ENDOSCOPY					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				799,458	
61 01 PATIENT SERVICES					
62 OBSERVATION BEDS (NON-DISTINCT PART)				680,788	
101 SUBTOTAL				4,658,985	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS--					
PROGRAM ONLY CHARGES					
104 NET CHARGES				4,658,985	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
37 01 SURGERY-AMBULATORY			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CATH LAB			
41 02 ULTRASOUND			
42 RADIOLOGY-THERAPEUTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
49 01 SLEEP LAB			
50 PHYSICAL THERAPY			
50 01 SPORTS MEDICINE			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
59 ENDOSCOPY			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
61 01 PATIENT SERVICES			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

Health Financial Systems      MCRIF32      FOR ST. VINCENT CARMEL HOSPITAL      IN LIEU OF FORM CMS-2552-96(08/2000) CONTD  
I PROVIDER NO:      I PERIOD:      I PREPARED 11/29/2010  
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST      I 15-0157      I FROM 7/ 1/2009      I WORKSHEET D  
I COMPONENT NO:      I TO 6/30/2010      I PART VI  
I 15-0157      I

TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.250615
2	PROGRAM VACCINE CHARGES		12,838
3	PROGRAM COSTS		3,217

TITLE XVIII PART A HOSPITAL PPS

PA. - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,450
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,450
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,450
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,066
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25,036,423
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	25,036,423

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	25,721,418
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,721,418
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.973369
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,394.11
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	25,036,423

TITLE XVIII PART A HOSPITAL PPS

PA I - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,356.99  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,874,511  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,874,511

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,325,303	1,566	2,123.44	528	1,121,176
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 SPECIAL CARE NURSERY	2,553,027	1,164	2,193.32		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					10,157,145
49 TOTAL PROGRAM INPATIENT COSTS					18,152,832

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 829,321  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 560,319  
 52 TOTAL PROGRAM EXCLUDABLE COST 1,389,640  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 16,763,192

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

PA. II - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 2,302
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,356.99
- 85 OBSERVATION BED COST 3,123,791

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	2,783,997	25,036,423	.111198	3,123,791	347,359
87 NEW CAPITAL-RELATED COST		25,036,423		3,123,791	
88 NON PHYSICIAN ANESTHETIST		25,036,423		3,123,791	
89 MEDICAL EDUCATION		25,036,423		3,123,791	
90 MEDICAL EDUCATION - ALLIED HEA					
91 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER

PA. - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,450
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,450
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,450
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,391
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,328
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25,036,423
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	25,036,423

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	25,721,418
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,721,418
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.973369
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,394.11
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	25,036,423

TITLE XIX - I/P HOSPITAL OTHER  
 PA I - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,356.99  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,887,573  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,887,573

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1,863,616	2,328	800.52		
43 INTENSIVE CARE UNIT	3,325,303	1,566	2,123.44		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 SPECIAL CARE NURSERY	2,553,027	1,164	2,193.32		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST				1	1,386,463
49 TOTAL PROGRAM INPATIENT COSTS					3,274,036

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

PA II - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST		1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		
68	PROGRAM ROUTINE SERVICE COST		
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		
72	PER DIEM CAPITAL-RELATED COSTS		
73	PROGRAM CAPITAL-RELATED COSTS		
74	INPATIENT ROUTINE SERVICE COST		
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		
80	PROGRAM INPATIENT ANCILLARY SERVICES		
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS		2,302
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM		1,356.99
85	OBSERVATION BED COST		3,123,791

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		6,909,853	
26	INTENSIVE CARE UNIT		1,750,122	
30	SPECIAL CARE NURSERY			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.240843	14,825,679	3,570,661
37 01	SURGERY-AMBULATORY	1.294559		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.299556	22,224	6,657
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.196780	2,547,097	501,218
41 01	CATH LAB			
41 02	ULTRASOUND	.453213	74,584	33,802
42	RADIOLOGY-THERAPEUTIC			
44	LABORATORY	.163209	3,659,086	597,196
49	RESPIRATORY THERAPY	.165713	1,655,808	274,389
49 01	SLEEP LAB	.287265		
50	PHYSICAL THERAPY	.308153	1,013,421	312,289
50 01	SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY	.118962	165,337	19,669
52	SPEECH PATHOLOGY	.291535	40,768	11,885
53	ELECTROCARDIOLOGY	.589260	115,711	68,184
54	ELECTROENCEPHALOGRAPHY	.397249	156,402	62,131
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.061638	6,858,788	422,762
55 30	IMPL. DEV. CHARGED TO PATIENT	.285874	8,032,582	2,296,306
56	DRUGS CHARGED TO PATIENTS	.250615	5,508,605	1,380,539
59	ENDOSCOPY	.353300		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.297717	1,226,141	365,043
61 01	PATIENT SERVICES			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.794022	295,224	234,414
	OTHER REIMBURS COST CNTRS			
101	TOTAL		46,197,457	10,157,145
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		46,197,457	

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		1,645,019	
26	INTENSIVE CARE UNIT		194,522	
30	SPECIAL CARE NURSERY		297,038	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.240843	1,884,247	453,808
37 01	SURGERY-AMBULATORY	1.294559	1,605	2,078
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.299556	1,150,686	344,695
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.196780	527,515	103,804
41 01	CATH LAB			
41 02	ULTRASOUND	.453213		
42	RADIOLOGY-THERAPEUTIC			
44	LABORATORY	.163209	577,661	94,279
49	RESPIRATORY THERAPY	.165713	427,647	70,867
49 01	SLEEP LAB	.287265		
50	PHYSICAL THERAPY	.308153	54,076	16,664
50 01	SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY	.118962	4,073	485
52	SPEECH PATHOLOGY	.291535		
53	ELECTROCARDIOLOGY	.589260		
54	ELECTROENCEPHALOGRAPHY	.397249	1,259	500
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.061638	52,536	3,238
55 30	IMPL. DEV. CHARGED TO PATIENT	.285874		
56	DRUGS CHARGED TO PATIENTS	.250615	1,016,484	254,746
59	ENDOSCOPY	.353300	21,800	7,702
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.297717	112,849	33,597
61 01	PATIENT SERVICES			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.794022		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,832,438	1,386,463
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,832,438	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,665,912	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,861,453	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	6,086,532	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	118,352	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	662,402	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	101.69	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
7 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		E-3 PT 6 LN 15 PLUS LN 3.06
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		



PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,217
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,658,985
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,018,477
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,217
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	12,838
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	12,838
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	12,838
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	9,621
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,217
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,018,477
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	752,921
19	SUBTOTAL (SEE INSTRUCTIONS)	2,268,773
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,268,773
24	PRIMARY PAYER PAYMENTS	1,247
25	SUBTOTAL	2,267,526
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	35,362
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24,753
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	23,816
28	SUBTOTAL	2,292,279
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-131
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,292,410
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,265,135
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	27,275
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B  
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT  
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		13,195,241	NONE	2,265,135
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	ADJUSTMENTS TO PROVIDER	.01			
	ADJUSTMENTS TO PROVIDER	.02			
	ADJUSTMENTS TO PROVIDER	.03			
	ADJUSTMENTS TO PROVIDER	.04			
	ADJUSTMENTS TO PROVIDER	.05			
	ADJUSTMENTS TO PROGRAM	.50			
	ADJUSTMENTS TO PROGRAM	.51			
	ADJUSTMENTS TO PROGRAM	.52			
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	SUBTOTAL	.99		NONE	NONE
4	TOTAL INTERIM PAYMENTS		13,195,241		2,265,135
	TO BE COMPLETED BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	TENTATIVE TO PROVIDER	.01			
	TENTATIVE TO PROVIDER	.02			
	TENTATIVE TO PROVIDER	.03			
	TENTATIVE TO PROGRAM	.50			
	TENTATIVE TO PROGRAM	.51			
	TENTATIVE TO PROGRAM	.52			
	SUBTOTAL	.99		NONE	NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		49,991		27,275
	SETTLEMENT TO PROVIDER	.01			
	SETTLEMENT TO PROGRAM	.02			
7	TOTAL MEDICARE PROGRAM LIABILITY		13,245,232		2,292,410

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET E-3  
 I COMPONENT NO: I TO 6/30/2010 I PART III  
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1			3,274,036	
2				
3				
4				
5				
6			3,274,036	
7				
8				
9			3,274,036	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10			2,136,579	
11			5,832,438	
12				
13				
14				
15				
16			7,969,017	
	CUSTOMARY CHARGES			
17				
18				
19				
20			7,969,017	
21			4,694,981	
22				
23			3,274,036	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			3,274,036	
31				
32			3,274,036	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			3,274,036	
36				
37				
38				
38.01				
38.02				
38.03				
39				
40			3,274,036	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			3,274,036	
53				
54				
55			3,274,036	
56				
57			1,410,015	
57.01				
58			1,864,021	
59				

Health Financial Systems MCRIF32 FOR ST. VINCENT CARMEL HOSPITAL IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 15-0157 I FROM 7/ 1/2009 I WORKSHEET E-3  
I COMPONENT NO: I TO 6/30/2010 I PART III  
I - I I

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,275,147			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	16,426,971			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	925,190			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	3,426,472			
10	DUE FROM OTHER FUNDS	869			
11	TOTAL CURRENT ASSETS	24,054,649			
FIXED ASSETS					
12	LAND	5,067,706			
12.01					
13	LAND IMPROVEMENTS	2,224,113			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	98,369,478			
18.01	LESS ACCUMULATED DEPRECIATION	-54,390,365			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	51,270,932			
OTHER ASSETS					
22	INVESTMENTS	381,771,566			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	253,253			
26	TOTAL OTHER ASSETS	382,024,819			
27	TOTAL ASSETS	457,350,400			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>LIABILITIES AND FUND BALANCE</b>				
<b>CURRENT LIABILITIES</b>				
28	ACCOUNTS PAYABLE			
29	SALARIES, WAGES & FEES PAYABLE			
30	PAYROLL TAXES PAYABLE			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
32	DEFERRED INCOME			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
35	OTHER CURRENT LIABILITIES			
36	TOTAL CURRENT LIABILITIES			
	LONG TERM LIABILITIES			
37	MORTGAGE PAYABLE			
38	NOTES PAYABLE			
39	UNSECURED LOANS			
40.01	LOANS PRIOR TO 7/1/66			
40.02	ON OR AFTER 7/1/66			
41	OTHER LONG TERM LIABILITIES			
42	TOTAL LONG-TERM LIABILITIES			
43	TOTAL LIABILITIES			
<b>CAPITAL ACCOUNTS</b>				
44	GENERAL FUND BALANCE			
45	SPECIFIC PURPOSE FUND			
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT			
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE			
49	PLANT FUND BALANCE-INVESTED IN PLANT			
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION			
51	TOTAL FUND BALANCES			
52	TOTAL LIABILITIES AND FUND BALANCES			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
FUND BALANCE AT BEGINNING OF PERIOD		314,980,587		
NET INCOME (LOSS)		96,725,345		
TOTAL		411,705,932		
ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
ADDITIONS (CREDIT ADJUSTM				
TOTAL ADDITIONS				
SUBTOTAL		411,705,932		
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
BEG BALANCE ADJUSTMENT -	8,874,192			
TOTAL DEDUCTIONS	8,874,192			
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		402,831,740		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
FUND BALANCE AT BEGINNING OF PERIOD				
NET INCOME (LOSS)				
TOTAL				
ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
ADDITIONS (CREDIT ADJUSTM				
TOTAL ADDITIONS				
SUBTOTAL				
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
BEG BALANCE ADJUSTMENT -				
TOTAL DEDUCTIONS				
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: 15-0157 I PERIOD: 7/ 1/2009 I PREPARED 11/29/2010  
I TO 6/30/2010 I WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	25,721,418		25,721,418
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	25,721,418		25,721,418
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,037,669		5,037,669
14 00 SPECIAL CARE NURSERY	3,917,526		3,917,526
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,955,195		8,955,195
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	34,676,613		34,676,613
17 00 ANCILLARY SERVICES	165,456,920	143,019,508	308,476,428
18 00 OUTPATIENT SERVICES		46,682,991	46,682,991
24 00 PROFESSIONAL FEES		3,655,392	3,655,392
25 00 TOTAL PATIENT REVENUES	200,133,533	193,357,891	393,491,424

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		135,769,403	
ADD (SPECIFY)			
27 00 BAD DEBT	3,988,626		
28 00 OTHER DEDUCTIONS			
29 00 OTHER EXPENSES			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,988,626	
DEDUCT (SPECIFY)			
34 00 ADJUST BEG BALANCE			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		139,758,029	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET G-3  
 I TO 6/30/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	393,491,424
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	209,281,648
3	NET PATIENT REVENUES	184,209,776
4	LESS: TOTAL OPERATING EXPENSES	139,758,029
5	NET INCOME FROM SERVICE TO PATIENTS	44,451,747
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	41,952,733
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	RENTAL INCOME AND OTHER	10,683,578
24.01		
25	TOTAL OTHER INCOME	52,636,311
26	TOTAL	97,088,058
	OTHER EXPENSES	
27	OTHER NON-OPERATING EXPENSES	362,713
28	OTHER EXPENSE	
29		
30	TOTAL OTHER EXPENSES	362,713
31	NET INCOME (OR LOSS) FOR THE PERIOD	96,725,345

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0157 I FROM 7/ 1/2009 I WORKSHEET L  
 I COMPONENT NO: I TO 6/30/2010 I PARTS I-IV  
 I 15-0157 I I  
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,036,385
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	54,872
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	51.72
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	2.81
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	6.45
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	9.26
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.89
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	19,588
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,110,845

PART II - HOLD HARMLESS METHOD

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

PART III - PAYMENT UNDER REASONABLE COST

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

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

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