

**ST. VINCENT HOSPITAL & HEALTH CARE CENTER
INDIANAPOLIS, INDIANA**

**PROVIDER NOS. 15-0084, 15-S084, 15-5748, 15-7083, 15-1507
AND AIM NO. 100268950**

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

JUNE 30, 2011

ST. VINCENT HOSPITAL & HEALTH CARE CENTER

PROVIDER NOS. 15-0084, 15-S084, 15-5748, 15-7083, 15-1507
AND AIM NO. 100268950

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Accountants' Disclaimer

Hospital Statements of Reimbursable Cost

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet 5 Parts I-III Date/Time Prepared: 1/31/2012 12:00 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 1/31/2012 Time: 12:00 pm

2. Manually submitted cost report

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

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

Contractor use only

5. Cost Report Status

(1) As Submitted

(2) Settled without Audit

(3) Settled with Audit

(4) Reopened

(5) Amended

6. Date Received:

7. Contractor No.

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT HOSPITAL & HCC for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and 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 identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 1/31/2012 Time: 12:00 pm
 hYMK2hhkuOnpT359tinrZbNOgzX70
 4NRIT0Bix8KwM7exJKdz9vmDOySOFF
 fg0y2CNly80AIHwn
 PI: Date: 1/31/2012 Time: 12:00 pm
 XOGG8S5dzIS8wXSygnFeCmcBPmId22
 kkUd10EZ2gdfjiwy8fwvSck:2P.BB0
 fjestMF2Sq06LBbn

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,110,639	479,478	0	0	1.00
2.00 Subprovider - IPF	0	80,138	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	990	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	2,191,767	479,478	0	0	200.00

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

Board of Directors
St. Vincent Hospital & Health Care Center
Indianapolis, Indiana

We have compiled the Hospital Statement of Reimbursable Cost (Title XVIII) of St. Vincent Hospital & Health Care Center for the year ended June 30, 2011 in the accompanying prescribed form in accordance with Statements on Standards for Accounting Review Services issued by the American Institute of Certified Public Accountants.

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

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

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

Bradley Associates

January 31, 2012

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-2
Part I
Date/Time Prepared:
1/31/2012 11:59 am

		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2001 WEST 86TH STREET	PO Box:								1.00
2.00	City: INDIANAPOLIS	State: IN		Zip Code: 46260-		County: MARION				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. VINCENT HOSPITAL & HCC	150084	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ST. VINCENT STRESS CENTER	155084	26900	4	07/07/1992	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N	N	N	8.00
9.00	Hospital-Based SNF	ST. VINCENT ORTHO TCU	155748	26900		02/03/2006	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. VINCENT HOME HEALTH AGENCY	157083	26900		10/22/1983	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. VINCENT HOSPICE	151507	26900		02/09/1990				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2010	06/30/2011		20.00	
21.00	Type of Control (see instructions)					2		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					0	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	17,868	5,801	9	202	22,235	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
						1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.							1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/31/2012 11:59 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	Y	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	5.58	46.85	0.106428	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		4.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.12	16.14	0.161994	65.00
65.01		GERIATRIC MEDICINE	1351	0.31	0.68	0.313131	65.01
65.02		INTERNAL MEDICINE	1400	8.40	39.89	0.173949	65.02
65.03		INTERNAL MEDICINE/FAMILY MEDICINE	2755	0.96	7.02	0.120301	65.03
65.04		PEDIATRICS	2000	0.67	10.67	0.059083	65.04
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010

66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		5.48	45.93	0.106594	66.00
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		4.00
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.67	17.33	0.174762	67.00
67.01		GERIATRIC MEDICINE	1351	0.69	0.56	0.552000	67.01
67.02		INTERNAL MEDICINE	1400	8.28	37.72	0.180000	67.02
67.03		INTERNAL MEDICINE/FAMILY MEDICINE	2755	1.53	7.47	0.170000	67.03
67.04		PEDIATRICS	2000	0.75	11.42	0.061627	67.04
			1.00	2.00	3.00		

Inpatient Psychiatric Facility PPS

70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00

Inpatient Rehabilitation Facility PPS

75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/31/2012 11:59 am	
		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(F)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(F)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
		V 1.00	XIX 2.00		
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00	2.00		
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			1	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			Y	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			07/28/1995	126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			07/28/1995	127.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/31/2012 11:59 am
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		1.00	2.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H046	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: ST. VINCENT HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00130
142.00	Street: 10330 N. MERIDIAN ST	PO Box:		
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46290	
		1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00
		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00
		Part A	Part B	
		1.00	2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	155.00
156.00	Subprovider - IPF	N	N	156.00
157.00	Subprovider - IRF	N	N	157.00
158.00	Subprovider - Other	N	N	158.00
159.00	SNF	N	N	159.00
160.00	HHA	N	N	160.00
161.00	CMHC		N	161.00
		1.00		
Multicampus				
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N	165.00
		Name	County	State
		0	1.00	2.00
		Zip Code	CBSA	FTE/Campus
		3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5			0.00
				166.00
			1.00	
Health Information Technology (HIT) Incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00

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		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/13/2011
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Y/N	Date	
		1.00	2.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/01/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

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HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/31/2012 11:59 am
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	Description	Part A		
		Y/N	Date	
	0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
				Y/N
				Date
				1.00
				2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/01/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Available		
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	523	191,260	0.00	1.00
2.00 HMO					2.00
3.00 HMO IPF					3.00
4.00 HMO IRF					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		523	191,260	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	44	14,965	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	24	8,760	0.00	9.01
9.02 RENAL TRANSPLANT	32.02	4	1,095	0.00	9.02
10.00 PEDIATRIC INTENSIVE CARE UNIT	33.00	15	5,475	0.00	10.00
11.00 NEONATAL INTENSIVE CARE UNIT	34.00	75	27,375	0.00	11.00
12.00 NEONATAL INTENSIVE CARE UNIT					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		685	248,930	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	54	19,710		16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	20	7,300		19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE	116.00	24	8,760		24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		783			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	48,240	10,153	122,802		1.00
2.00 HMO		9,449	26,514			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	48,240	10,153	122,802		7.00
8.00 INTENSIVE CARE UNIT	0	6,022	661	12,756		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPLANT	0	3,034	0	6,705		9.01
9.02 RENAL TRANSPLANT	0	116	0	432		9.02
10.00 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	3,182		10.00
11.00 NEONATAL INTENSIVE CARE UNIT	0	0	2,231	22,452		11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY	0		6,556	6,556		13.00
14.00 Total (see instructions)	0	57,412	19,601	174,885		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	3,479	1,967	13,909		16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	2,758	0	4,242		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	38,229	3,127	60,669		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		3,674	0	4,091		24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	9,812		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	10,581	1.00
2.00 HMO					1,654	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPLANT						9.01
9.02 RENAL TRANSPLANT						9.02
10.00 PEDIATRIC INTENSIVE CARE UNIT						10.00
11.00 NEONATAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	138.88	5,037.01	0.00	0	10,581	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	71.44	0.00	0	421	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	21.48	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	115.12	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	91.71	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	138.88	5,336.76	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	4,357	30,193		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPLANT				9.01
9.02 RENAL TRANSPLANT				9.02
10.00 PEDIATRIC INTENSIVE CARE UNIT				10.00
11.00 NEONATAL INTENSIVE CARE UNIT				11.00
12.00 NEONATAL INTENSIVE CARE UNIT				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	4,357	30,193		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	388	2,448		16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
1/31/2012 11:59 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	347,055,952	0	0	347,055,952 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0 3.00
4.00	Physician-Part A		1,264,711	0	0	1,264,711 4.00
4.01	Physicians - Part A - direct teaching		9,130,811	0	0	9,130,811 4.01
5.00	Physician-Part B		0	0	0	0 5.00
6.00	Non-physician-Part B		0	0	0	0 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	7,793,965	7,793,965 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0 7.01
8.00	Home office personnel		0	0	0	0 8.00
9.00	SNF	44.00	970,620	0	0	970,620 9.00
10.00	Excluded area salaries (see instructions)		35,539,120	0	-52,384	35,486,736 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,117,428	0	0	1,117,428 11.00
12.00	Management and administrative services		0	0	0	0 12.00
13.00	Contract labor: physician-Part A		0	0	0	0 13.00
14.00	Home office salaries & wage-related costs		41,378,045	0	0	41,378,045 14.00
15.00	Home office: physician Part A		0	0	0	0 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		86,955,476	0	0	86,955,476 17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	0 18.00
19.00	Excluded areas		10,078,890	0	0	10,078,890 19.00
20.00	Non-physician anesthetist Part A		0	0	0	0 20.00
21.00	Non-physician anesthetist Part B		0	0	0	0 21.00
22.00	Physician Part A		4,527,807	0	0	4,527,807 22.00
23.00	Physician Part B		3,393,879	0	0	3,393,879 23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0 24.00
25.00	Interns & residents (in an approved program)		2,409,093	0	0	2,409,093 25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	7,907,066	0	219,782	8,126,848 26.00
27.00	Administrative & General	5.00	51,380,948	0	-1,165,500	50,215,448 27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0 29.00
30.00	Operation of Plant	7.00	5,597,562	0	0	5,597,562 30.00
31.00	Laundry & Linen Service	8.00	219,466	0	0	219,466 31.00
32.00	Housekeeping	9.00	4,537,211	0	0	4,537,211 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0 33.00
34.00	Dietary	10.00	4,835,581	0	-3,365,081	1,470,500 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0 35.00
36.00	Cafeteria	11.00	0	0	3,365,081	3,365,081 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0 37.00
38.00	Nursing Administration	13.00	7,938,114	0	279,405	8,217,519 38.00
39.00	Central Services and Supply	14.00	2,791,735	0	16,405	2,808,140 39.00
40.00	Pharmacy	15.00	13,385,159	0	-128,632	13,256,527 40.00
41.00	Medical Records & Medical Records Library	16.00	744,019	0	2,110	746,129 41.00
42.00	Social Service	17.00	6,107,413	0	-52,562	6,054,851 42.00
43.00	Other General Service	18.00	0	0	0	0 43.00

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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	10,406,688.00	33.35	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	17,041.00	74.22	4.00
4.01	Physicians - Part A - direct teaching	94,666.00	96.45	4.01
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	294,813.00	26.44	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	41,889.00	23.17	9.00
10.00	Excluded area salaries (see instructions)	1,064,729.00	33.33	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	24,217.00	46.14	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	972,134.00	42.56	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) wkst S-3, Part IV line 24			17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	120,078.67	67.68	26.00
27.00	Administrative & General	1,053,669.96	47.66	27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	243,323.55	23.00	30.00
31.00	Laundry & Linen Service	15,912.69	13.79	31.00
32.00	Housekeeping	373,518.45	12.15	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	101,059.32	14.55	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	231,264.00	14.55	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	219,265.11	37.48	38.00
39.00	Central Services and Supply	148,999.74	18.85	39.00
40.00	Pharmacy	324,130.48	40.90	40.00
41.00	Medical Records & Medical Records Library	34,094.79	21.88	41.00
42.00	Social Service	174,940.45	34.61	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/31/2012 11:59 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	336,660,430	0	-7,793,965	328,866,465	1.00
2.00	Excluded area salaries (see instructions)	36,509,740	0	-52,384	36,457,356	2.00
3.00	Subtotal salaries (line 1 minus line 2)	300,150,690	0	-7,741,581	292,409,109	3.00
4.00	Subtotal other wages & related costs (see inst.)	42,495,473	0	0	42,495,473	4.00
5.00	Subtotal wage-related costs (see inst.)	91,483,283	0	0	91,483,283	5.00
6.00	Total (sum of lines 3 thru 5)	434,129,446	0	-7,741,581	426,387,865	6.00
7.00	Total overhead cost (see instructions)	105,444,274	0	-828,992	104,615,282	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/31/2012 11:59 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	10,017,209.00	32.83	1.00
2.00	Excluded area salaries (see instructions)	1,106,618.00	32.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	8,910,591.00	32.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	996,351.00	42.65	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	31.29	5.00
6.00	Total (sum of lines 3 thru 5)	9,906,942.00	43.04	6.00
7.00	Total overhead cost (see instructions)	3,040,257.21	34.41	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401k Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	27,203,655	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401k/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	62,406	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	29,751,372	8.00
9.00	Prescription Drug Plan	5,990,155	9.00
10.00	Dental, Hearing and Vision Plan	652,248	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	312,227	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	2,417	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	2,098,433	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,927,835	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	20,047,829	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	516,334	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	88,564,911	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part V
Date/Time Prepared:
1/31/2012 11:59 am

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

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 150084 Component CCN: 157083	Period: From 07/01/2010 To 06/30/2011	Worksheet S-4 Date/Time Prepared: 1/31/2012 11:59 am
		Home Health Agency I	PPS

		1.00					0.00	
0.00 County		MARION					0.00	
		Title V 1.00	Title XVIII 2.00	Title XIX 3.00	Other 4.00	Total 5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	6,790	857	1,434	9,081	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	2,190.00	121.00	214.00	2,525.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0	1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00	
5.00	Other Administrative Personnel			14.74	0.00	14.74	5.00	
6.00	Direct Nursing Service			47.25	0.00	47.25	6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service			20.62	0.00	20.62	8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service			4.12	0.00	4.12	10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service			0.84	0.00	0.84	12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00	
14.00	Medical Social Service			1.95	0.00	1.95	14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00	
16.00	Home Health Aide			14.89	0.00	14.89	16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00	
18.00	Other (specify)			0.00	0.00	0.00	18.00	
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		18020				20.00	
20.01			26900				20.01	
20.02			29140				20.02	
20.03			45460				20.03	
20.04			99915				20.04	
20.05			14020				20.05	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers 1.00	With Outliers 2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	15,128	494	563	275	16,460	21.00	
22.00	Skilled Nursing Visit Charges	2,674,658	86,644	104,204	48,690	2,914,196	22.00	
23.00	Physical Therapy Visits	12,219	40	241	173	12,673	23.00	
24.00	Physical Therapy Visit Charges	2,568,421	8,698	55,207	37,235	2,669,561	24.00	
25.00	Occupational Therapy Visits	2,697	19	18	26	2,760	25.00	
26.00	Occupational Therapy Visit Charges	577,189	4,207	4,574	5,804	591,774	26.00	
27.00	Speech Pathology Visits	370	11	4	6	391	27.00	
28.00	Speech Pathology Visit Charges	79,392	2,393	916	1,274	83,975	28.00	
29.00	Medical Social Service Visits	454	10	7	11	482	29.00	
30.00	Medical Social Service Visit Charges	124,573	2,755	1,939	3,041	132,308	30.00	
31.00	Home Health Aide Visits	5,197	168	14	80	5,459	31.00	
32.00	Home Health Aide Visit Charges	578,016	18,972	1,575	8,919	607,482	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	36,065	742	847	571	38,225	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	6,602,249	123,669	168,415	104,963	6,999,296	35.00	
36.00	Total Number of Episodes (standard/non outlier)	2,158		324	56	2,538	36.00	
37.00	Total Number of Outlier Episodes		15		0	15	37.00	
38.00	Total Non-Routine Medical Supply Charges	147,589	7,390	8,395	2,721	166,095	38.00	

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-7

Date/Time Prepared:
1/31/2012 11:59 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	3.00
4.00		RUL	31	0	4.00
5.00		RVX	21	0	5.00
6.00		RVL	535	0	6.00
7.00		RHX	0	0	7.00
8.00		RHL	33	0	8.00
9.00		RMX	24	0	9.00
10.00		RML	144	0	10.00
11.00		RLX	0	0	11.00
12.00		RUC	0	0	12.00
13.00		RUB	9	0	13.00
14.00		RUA	0	0	14.00
15.00		RVC	14	0	15.00
16.00		RVB	432	0	16.00
17.00		RVA	57	0	17.00
18.00		RHC	10	0	18.00
19.00		RHB	645	0	19.00
20.00		RHA	271	0	20.00
21.00		RMC	0	0	21.00
22.00		RMB	346	0	22.00
23.00		RMA	143	0	23.00
24.00		RLB	0	0	24.00
25.00		RLA	0	0	25.00
26.00		ES3	0	0	26.00
27.00		ES2	0	0	27.00
28.00		ES1	0	0	28.00
29.00		HE2	0	0	29.00
30.00		HE1	0	0	30.00
31.00		HD2	0	0	31.00
32.00		HD1	0	0	32.00
33.00		HC2	0	0	33.00
34.00		HC1	0	0	34.00
35.00		HB2	10	0	35.00
36.00		HB1	17	0	36.00
37.00		LE2	0	0	37.00
38.00		LE1	0	0	38.00
39.00		LD2	0	0	39.00
40.00		LD1	0	0	40.00
41.00		LC2	0	0	41.00
42.00		LC1	0	0	42.00
43.00		LB2	0	0	43.00
44.00		LB1	0	0	44.00
45.00		CE2	0	0	45.00
46.00		CE1	0	0	46.00
47.00		CD2	0	0	47.00
48.00		CD1	0	0	48.00
49.00		CC2	0	0	49.00
50.00		CC1	12	0	50.00
51.00		CB2	0	0	51.00
52.00		CB1	2	0	52.00
53.00		CA2	0	0	53.00
54.00		CA1	0	0	54.00
55.00		SE3	0	0	55.00
56.00		SE2	2	0	56.00
57.00		SE1	0	0	57.00
58.00		SSC	0	0	58.00
59.00		SSB	0	0	59.00
60.00		SSA	0	0	60.00
61.00		IB2	0	0	61.00
62.00		IB1	0	0	62.00
63.00		IA2	0	0	63.00
64.00		IA1	0	0	64.00
65.00		BB2	0	0	65.00
66.00		BB1	0	0	66.00
67.00		BA2	0	0	67.00
68.00		BA1	0	0	68.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-7

Date/Time Prepared:
1/31/2012 11:59 am

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	0	0	0	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	0	0	0	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	0	0	0	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	0	0	0	78.00
199.00	AAA	0	0	0	199.00
200.00	TOTAL	2,758	0	2,758	200.00

	CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
	1.00	2.00

SNF SERVICES
201.00 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). 201.00

	Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
	1.00	2.00	3.00

A notice published in the Federal Register Volume 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. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,469,693		207.00

	1.00
1.00	Wage Index Factor

	Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1
	1.00	2.00	3.00	4.00	5.00
3.00	RUX	195.01	195.01	0	269.98
4.00	RUL	174.43	174.43	0	263.50
5.00	RVX	146.09	146.09	0	241.45
6.00	RVL	137.14	137.14	0	215.54
7.00	RHX	122.05	122.05	0	219.66
8.00	RHL	119.37	119.37	0	194.67
9.00	RMX	136.16	136.16	0	201.49
10.00	RML	125.88	125.88	0	184.83
11.00	RLX	96.39	96.39	0	117.63
12.00	RUC	169.51	169.51	0	201.03
13.00	RUB	156.99	156.99	0	201.03
14.00	RUA	150.72	150.72	0	165.39
15.00	RVC	132.66	132.66	0	172.50
16.00	RVB	126.85	126.85	0	147.98
17.00	RVA	116.12	116.12	0	147.51
18.00	RHC	113.11	113.11	0	150.71
19.00	RHB	108.63	108.63	0	134.98
20.00	RHA	101.92	101.92	0	117.85
21.00	RMC	103.51	103.51	0	133.00
22.00	RMB	100.82	100.82	0	123.74
23.00	RMA	99.04	99.04	0	100.60
24.00	RLB	89.24	89.24	0	129.97
25.00	RLA	77.16	77.16	0	80.92
26.00	ES3	195.98	195.98	0	195.98
27.00	ES2	153.87	153.87	0	153.87
28.00	ES1	137.67	137.67	0	137.67

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-7

Date/Time Prepared:
1/31/2012 11:59 am

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
29.00	HE2	133.04	133.04	0	133.04	29.00
30.00	HE1	110.83	110.83	0	110.83	30.00
31.00	HD2	124.71	124.71	0	124.71	31.00
32.00	HD1	104.35	104.35	0	104.35	32.00
33.00	HC2	117.77	117.77	0	117.77	33.00
34.00	HC1	98.80	98.80	0	98.80	34.00
35.00	HB2	116.38	116.38	0	116.38	35.00
36.00	HB1	97.87	97.87	0	97.87	36.00
37.00	LE2	121.01	121.01	0	121.01	37.00
38.00	LE1	101.57	101.57	0	101.57	38.00
39.00	LD2	116.38	116.38	0	116.38	39.00
40.00	LD1	97.87	97.87	0	97.87	40.00
41.00	LC2	102.50	102.50	0	102.50	41.00
42.00	LC1	86.76	86.76	0	86.76	42.00
43.00	LB2	97.41	97.41	0	97.41	43.00
44.00	LB1	83.06	83.06	0	83.06	44.00
45.00	CE2	108.05	108.05	0	108.05	45.00
46.00	CE1	99.72	99.72	0	99.72	46.00
47.00	CD2	102.50	102.50	0	102.50	47.00
48.00	CD1	94.17	94.17	0	94.17	48.00
49.00	CC2	79.84	79.84	0	90.00	49.00
50.00	CC1	73.58	73.58	0	83.53	50.00
51.00	CB2	70.00	70.00	0	83.53	51.00
52.00	CB1	66.87	66.87	0	77.51	52.00
53.00	CA2	66.42	66.42	0	71.03	53.00
54.00	CA1	62.84	62.84	0	66.40	54.00
55.00	SE3	106.23	106.23	0	0.00	55.00
56.00	SE2	91.03	91.03	0	0.00	56.00
57.00	SE1	81.63	81.63	0	0.00	57.00
58.00	SSC	80.29	80.29	0	0.00	58.00
59.00	SSB	76.27	76.27	0	0.00	59.00
60.00	SSA	74.92	74.92	0	0.00	60.00
61.00	IB2	60.16	60.16	0	0.00	61.00
62.00	IB1	59.27	59.27	0	0.00	62.00
63.00	IA2	54.79	54.79	0	0.00	63.00
64.00	IA1	53.00	53.00	0	0.00	64.00
65.00	BB2	59.71	59.71	0	75.20	65.00
66.00	BB1	58.37	58.37	0	71.96	66.00
67.00	BA2	54.35	54.35	0	62.70	67.00
68.00	BA1	50.77	50.77	0	59.93	68.00
69.00	PE2	64.63	64.63	0	99.72	69.00
70.00	PE1	63.74	63.74	0	95.10	70.00
71.00	PD2	61.50	61.50	0	94.17	71.00
72.00	PD1	60.61	60.61	0	89.54	72.00
73.00	PC2	58.82	58.82	0	81.21	73.00
74.00	PC1	58.37	58.37	0	77.51	74.00
75.00	PB2	52.56	52.56	0	69.18	75.00
76.00	PB1	51.66	51.66	0	66.40	76.00
77.00	PA2	51.21	51.21	0	57.61	77.00
78.00	PA1	49.87	49.87	0	55.30	78.00
199.00	AAA	49.87	49.87	0	0.00	199.00
200.00	TOTAL			0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-7

Date/Time Prepared:
1/31/2012 11:59 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
3.00	269.98	0	0	3.00
4.00	263.50	0	0	4.00
5.00	241.45	0	0	5.00
6.00	215.54	0	0	6.00
7.00	219.66	0	0	7.00
8.00	194.67	0	0	8.00
9.00	201.49	0	0	9.00
10.00	184.83	0	0	10.00
11.00	117.63	0	0	11.00
12.00	201.03	0	0	12.00
13.00	201.03	0	0	13.00
14.00	165.39	0	0	14.00
15.00	172.50	0	0	15.00
16.00	147.98	0	0	16.00
17.00	147.51	0	0	17.00
18.00	150.71	0	0	18.00
19.00	134.98	0	0	19.00
20.00	117.85	0	0	20.00
21.00	133.00	0	0	21.00
22.00	123.74	0	0	22.00
23.00	100.60	0	0	23.00
24.00	129.97	0	0	24.00
25.00	80.92	0	0	25.00
26.00	195.98	0	0	26.00
27.00	153.87	0	0	27.00
28.00	137.67	0	0	28.00
29.00	133.04	0	0	29.00
30.00	110.83	0	0	30.00
31.00	124.71	0	0	31.00
32.00	104.35	0	0	32.00
33.00	117.77	0	0	33.00
34.00	98.80	0	0	34.00
35.00	116.38	0	0	35.00
36.00	97.87	0	0	36.00
37.00	121.01	0	0	37.00
38.00	101.57	0	0	38.00
39.00	116.38	0	0	39.00
40.00	97.87	0	0	40.00
41.00	102.50	0	0	41.00
42.00	86.76	0	0	42.00
43.00	97.41	0	0	43.00
44.00	83.06	0	0	44.00
45.00	108.05	0	0	45.00
46.00	99.72	0	0	46.00
47.00	102.50	0	0	47.00
48.00	94.17	0	0	48.00
49.00	90.00	0	0	49.00
50.00	83.53	0	0	50.00
51.00	83.53	0	0	51.00
52.00	77.51	0	0	52.00
53.00	71.03	0	0	53.00
54.00	66.40	0	0	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	75.20	0	0	65.00
66.00	71.96	0	0	66.00
67.00	62.70	0	0	67.00
68.00	59.93	0	0	68.00
69.00	99.72	0	0	69.00
70.00	95.10	0	0	70.00
71.00	94.17	0	0	71.00
72.00	89.54	0	0	72.00
73.00	81.21	0	0	73.00
74.00	77.51	0	0	74.00
75.00	69.18	0	0	75.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-7

Date/Time Prepared:
1/31/2012 11:59 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	66.40	0	0	76.00
77.00	57.61	0	0	77.00
78.00	55.30	0	0	78.00
199.00	0.00	0	0	199.00
200.00 TOTAL		0	0	200.00

		Unduplicated Days				All Other	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
		1.00	2.00	3.00	4.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	30,107	684	0	0	3,597	2.00
3.00	Inpatient Respite Care	212	0	0	0	43	3.00
4.00	General Inpatient Care	2,965	144	0	0	718	4.00
5.00	Total Hospice Days	33,284	828	0	0	4,358	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	1,186	30	0	0	155	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	28.06	27.60	0.00	0.00	28.12	8.00
9.00	Unduplicated Census Count	1,186	30	0	0	155	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 1/31/2012 11:59 am
		Component CCN: 151507	Hospice I	

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	34,388	2.00
3.00	Inpatient Respite Care	255	3.00
4.00	General Inpatient Care	3,827	4.00
5.00	Total Hospice Days	38,470	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	1,371	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	28.06	8.00
9.00	Unduplicated Census Count	1,371	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/31/2012 11:59 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.249041	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		74,750,482	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		4,925,721	5.00	
6.00	Medicaid charges		382,191,836	6.00	
7.00	Medicaid cost (line 1 times line 6)		95,181,437	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		15,505,234	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		169,791	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		15,505,234	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	68,885,318	3,462,597	72,347,915	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	17,155,268	862,329	18,017,597	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	17,155,268	862,329	18,017,597	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			56,477,949	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			2,022,915	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			54,455,034	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			13,561,536	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			31,579,133	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			47,084,367	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/31/2012 11:59 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		4,276,093	4,276,093	13,560,297	17,836,390	1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS		0	0	413,466	413,466	1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE		0	0	334,480	334,480	1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS		0	0	1,959,405	1,959,405	1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE		0	0	306,253	306,253	1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	18,572,448	18,572,448	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	7,907,066	92,261,514	100,168,580	156,727	100,325,307	4.00
5.01 NONPATIENT TELEPHONES	125,032	4,430,233	4,555,265	-20,000	4,535,265	5.01
5.02 DATA PROCESSING	343,170	215,869	559,039	-117,785	441,254	5.02
5.03 PURCHASING, RECEIVING AND STORES	193,656	108,165	301,821	0	301,821	5.03
5.04 ADMITTING	1,819,533	179,998	1,999,531	-891	1,998,640	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	84,326	24,160,078	24,244,404	0	24,244,404	5.05
5.06 OP REGISTRATION	1,484	2,183	3,667	0	3,667	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	48,813,747	110,962,955	159,776,702	-5,613,076	154,163,626	5.07
7.00 OPERATION OF PLANT	5,597,562	19,818,876	25,416,438	-3,603,762	21,812,676	7.00
8.00 LAUNDRY & LINEN SERVICE	219,466	1,989,749	2,209,215	156,188	2,365,403	8.00
9.00 HOUSEKEEPING	4,537,211	2,424,255	6,961,466	-180,687	6,780,779	9.00
10.00 DIETARY	4,835,581	6,274,437	11,110,018	-5,500,191	5,609,827	10.00
11.00 CAFETERIA	0	15	15	5,281,065	5,281,080	11.00
13.00 NURSING ADMINISTRATION	7,938,114	2,856,850	10,794,964	-218,507	10,576,457	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,791,735	2,648,328	5,440,063	-2,409,946	3,030,117	14.00
15.00 PHARMACY	13,385,159	35,148,781	48,533,940	-25,703,110	22,830,830	15.00
16.00 MEDICAL RECORDS & LIBRARY	744,019	3,468,111	4,212,130	193	4,212,323	16.00
17.00 SOCIAL SERVICE	6,107,413	789,325	6,896,738	-77,879	6,818,859	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	7,793,965	7,793,965	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	18,572,912	1,567,496	20,140,408	-7,561,149	12,579,259	22.00
23.00 PARAMED ED PRGM - PHARMACY	164,673	15,913	180,586	45,526	226,112	23.00
23.01 PARAMED ED PRGM - CPE	356,809	26,821	383,630	-215,153	168,477	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	180,997	-9,846	171,151	133,442	304,593	23.02
23.03 PARAMED ED PRGM - EMS	0	0	0	682,298	682,298	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	48,803,580	6,780,771	55,584,351	-4,483,733	51,100,618	30.00
31.00 INTENSIVE CARE UNIT	9,211,902	2,038,044	11,249,946	-353,584	10,896,362	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	5,752,623	757,446	6,510,069	866,807	7,376,876	32.01
32.02 RENAL TRANSPLANT	363,177	3,706	366,883	1,346,687	1,713,570	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	3,941,445	542,138	4,483,583	-347,737	4,135,846	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	16,513,188	1,271,720	17,784,908	-22,577	17,762,331	34.00
40.00 SUBPROVIDER - IPF	3,728,023	225,082	3,953,105	-116,580	3,836,525	40.00
43.00 NURSERY	940,887	88,524	1,029,411	1,938,104	2,967,515	43.00
44.00 SKILLED NURSING FACILITY	970,620	77,079	1,047,699	-2,748	1,044,951	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	22,524,151	72,038,929	94,563,080	-6,543,132	88,019,948	50.00
50.01 AMBULATORY SURGERY	1,053,347	290,665	1,344,012	-391	1,343,621	50.01
52.00 DELIVERY ROOM & LABOR ROOM	4,026,324	580,751	4,607,075	-2,081	4,604,994	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,075,510	14,594,322	29,669,832	-3,188,911	26,480,921	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	901,468	349,527	1,250,995	-173,084	1,077,911	54.01
54.02 ULTRASOUND	1,103,207	175,867	1,279,074	-80,362	1,198,712	54.02
54.03 ECHOCARDIOLOGY	1,256,445	849,195	2,105,640	-214,301	1,891,339	54.03
57.00 CT SCAN	1,714,335	884,083	2,598,418	-357,971	2,240,447	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,014,995	1,007,056	2,022,051	-305,640	1,716,411	58.00
59.00 CARDIAC CATHETERIZATION	3,788,611	22,630,889	26,419,500	-3,631,794	22,787,706	59.00
60.00 LABORATORY	91,224	39,303,663	39,394,887	-250,656	39,144,231	60.00
65.00 RESPIRATORY THERAPY	5,331,901	2,254,441	7,586,342	272,417	7,858,759	65.00
65.01 SLEEP LAB	1,034,234	682,162	1,716,396	-134,389	1,582,007	65.01
66.00 PHYSICAL THERAPY	7,749,312	3,076,859	10,826,171	-337,983	10,488,188	66.00
66.01 SPORTS PERFORMANCE	2,403,951	1,525,055	3,929,006	-62,673	3,866,333	66.01
67.00 OCCUPATIONAL THERAPY	593,654	18,436	612,090	-2,721	609,369	67.00
68.00 SPEECH PATHOLOGY	659,876	392,643	1,052,519	-22,318	1,030,201	68.00
69.00 ELECTROCARDIOLOGY	389,578	483,392	872,970	407,169	1,280,139	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,066,671	368,277	1,434,948	-136,266	1,298,682	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,364,680	2,364,680	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	26,398,653	26,398,653	73.00
74.00 RENAL DIALYSIS	542	1,812,722	1,813,264	-13,074	1,800,190	74.00
75.00 ENDOSCOPY	1,636,523	2,316,860	3,953,383	-431,534	3,521,849	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	529,134	177,504	706,638	-11,786	694,852	76.97

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	3,770,370	2,379,850	6,150,220	-503,966	5,646,254	90.00
90.01 PARTIAL HOSPITALIZATION	917,234	75,782	993,016	-11,385	981,631	90.01
91.00 EMERGENCY	11,974,744	12,492,658	24,467,402	-1,528,648	22,938,754	91.00
91.01 PATIENT SERVICES	1,995,932	499,222	2,495,154	-4,484	2,490,670	91.01
91.02 WOUND CARE	350,856	1,889,015	2,239,871	-7,197	2,232,674	91.02
91.03 LAFAYETTE RD CLINIC	138,335	71,048	209,383	-26,349	183,034	91.03
91.04 ZIONSVILLE CLINIC	393,550	941,935	1,335,485	-427,364	908,121	91.04
91.05 BROWNSBURG CLINIC	431	3,002	3,433	5	3,438	91.05
91.06 OP ANTICOAGULATION CLINIC	853,982	57,019	911,001	16,940	927,941	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	427,287	4,808,782	5,236,069	0	5,236,069	91.07
91.08 FAMILY PRACTICE	6,234,510	1,949,905	8,184,415	-92,602	8,091,813	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	301	1,148,836	1,149,137	-1,135,101	14,036	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	1,144,308	239,019	1,383,327	-25,283	1,358,044	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	102,727	102,727	-338,597	-235,870	98.01
98.02 DIABETES EDUCATION	643,481	151,150	794,631	-15,714	778,917	98.02
101.00 HOME HEALTH AGENCY	6,305,380	1,092,053	7,397,433	49,378	7,446,811	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	804,242	3,764,412	4,568,654	-1,578,692	2,989,962	105.00
106.00 HEART ACQUISITION	562,824	1,469,735	2,032,559	-818,650	1,213,909	106.00
113.00 INTEREST EXPENSE		6,946,701	6,946,701	-6,946,701	0	113.00
116.00 HOSPICE	5,571,879	2,449,553	8,021,432	-213,414	7,808,018	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	330,979,749	533,746,411	864,726,160	-3,067,716	861,658,444	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	474,773	1,169,081	1,643,854	90,794	1,734,648	190.00
191.00 RESEARCH	1,007,837	704,855	1,712,692	3,160	1,715,852	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	12,005,325	9,993,583	21,998,908	-578,830	21,420,078	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 MARKETING	60	27,880	27,940	1,110,517	1,138,457	193.01
193.02 MISSION SERVICES	579,491	640,829	1,220,320	15,348	1,235,668	193.02
193.03 FOUNDATION	745,236	2,132,820	2,878,056	88,577	2,966,633	193.03
193.04 WELLNESS	1,044,708	401,627	1,446,335	38,090	1,484,425	193.04
193.05 NETWORK DEVELOPMENT	0	359	359	0	359	193.05
193.06 JOINT VENTURE	147,091	2,307,848	2,454,939	-181,851	2,273,088	193.06
193.07 BILLING	0	30,362,476	30,362,476	0	30,362,476	193.07
193.08 OCCUPATIONAL HEALTH	0	2,956	2,956	0	2,956	193.08
193.09 LIFELINE	71,682	194,869	266,551	880	267,431	193.09
193.10 MARTEN HOUSE	0	0	0	2,481,031	2,481,031	193.10
193.11 SPN	0	0	0	0	0	193.11
193.12 ST. JOE'S	0	0	0	0	0	193.12
193.13 NEW HOPE	0	0	0	0	0	193.13
193.14 VACANT SPACE	0	0	0	0	0	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 SETON BOARD	0	0	0	0	0	193.16
200.00 TOTAL (SUM OF LINES 118-199)	347,055,952	581,685,594	928,741,546	0	928,741,546	200.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Adjustments	Net Expenses	
	(See A-8) 6.00	For Allocation 7.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	3,839,069	21,675,459	1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS	-210,423	203,043	1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE	0	334,480	1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS	-8,416	1,950,989	1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE	0	306,253	1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP	27,032	18,599,480	2.00
3.00 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00 EMPLOYEE BENEFITS	3,161,476	103,486,783	4.00
5.01 NONPATIENT TELEPHONES	962,243	5,497,508	5.01
5.02 DATA PROCESSING	28,694,441	29,135,695	5.02
5.03 PURCHASING, RECEIVING AND STORES	1,270,656	1,572,477	5.03
5.04 ADMITTING	2,459,567	4,458,207	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	-13,210,813	11,033,591	5.05
5.06 OP REGISTRATION	2,775,032	2,778,699	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	-154,716,786	-553,160	5.07
7.00 OPERATION OF PLANT	-422,738	21,389,938	7.00
8.00 LAUNDRY & LINEN SERVICE	0	2,365,403	8.00
9.00 HOUSEKEEPING	-38	6,780,741	9.00
10.00 DIETARY	-3,548,557	2,061,270	10.00
11.00 CAFETERIA	-2,212,178	3,068,902	11.00
13.00 NURSING ADMINISTRATION	-60,605	10,515,852	13.00
14.00 CENTRAL SERVICES & SUPPLY	18,497	3,048,614	14.00
15.00 PHARMACY	-6,198,214	16,632,616	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,326,895	8,539,218	16.00
17.00 SOCIAL SERVICE	-357,309	6,461,550	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	7,793,965	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	-9,185,194	3,394,065	22.00
23.00 PARAMED ED PRGM - PHARMACY	-20	226,092	23.00
23.01 PARAMED ED PRGM - CPE	-31,408	137,069	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	-86,468	218,125	23.02
23.03 PARAMED ED PRGM - EMS	0	682,298	23.03
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-2,149,071	48,951,547	30.00
31.00 INTENSIVE CARE UNIT	-239,648	10,656,714	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	-38	7,376,838	32.01
32.02 RENAL TRANSPLANT	-491,860	1,221,710	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	-1,525,510	2,610,336	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	-5,917,531	11,844,800	34.00
40.00 SUBPROVIDER - IPF	0	3,836,525	40.00
43.00 NURSERY	0	2,967,515	43.00
44.00 SKILLED NURSING FACILITY	790	1,045,741	44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-9,512,350	78,507,598	50.00
50.01 AMBULATORY SURGERY	0	1,343,621	50.01
52.00 DELIVERY ROOM & LABOR ROOM	-120	4,604,874	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-2,957,832	23,523,089	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	1,077,911	54.01
54.02 ULTRASOUND	0	1,198,712	54.02
54.03 ECHOCARDIOLOGY	0	1,891,339	54.03
57.00 CT SCAN	-32,665	2,207,782	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	-140	1,716,271	58.00
59.00 CARDIAC CATHETERIZATION	-21,927	22,765,779	59.00
60.00 LABORATORY	-948,562	38,195,669	60.00
65.00 RESPIRATORY THERAPY	-20,000	7,838,759	65.00
65.01 SLEEP LAB	-9,202	1,572,805	65.01
66.00 PHYSICAL THERAPY	-22,548	10,465,640	66.00
66.01 SPORTS PERFORMANCE	-42,991	3,823,342	66.01
67.00 OCCUPATIONAL THERAPY	0	609,369	67.00
68.00 SPEECH PATHOLOGY	821	1,031,022	68.00
69.00 ELECTROCARDIOLOGY	0	1,280,139	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,298,682	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,364,680	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	26,398,653	73.00
74.00 RENAL DIALYSIS	-1,503,019	297,171	74.00
75.00 ENDOSCOPY	-356,240	3,165,609	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97 CARDIAC REHABILITATION	0	694,852	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	-268,671	5,377,583	90.00
90.01 PARTIAL HOSPITALIZATION	0	981,631	90.01

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
91.00	EMERGENCY	-10,994,178	11,944,576	91.00
91.01	PATIENT SERVICES	-298,933	2,191,737	91.01
91.02	WOUND CARE	-1,827,193	405,481	91.02
91.03	LAFAYETTE RD CLINIC	0	183,034	91.03
91.04	ZIONSVILLE CLINIC	0	908,121	91.04
91.05	BROWNSBURG CLINIC	0	3,438	91.05
91.06	OP ANTICOAGULATION CLINIC	-25,075	902,866	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	-250,000	4,986,069	91.07
91.08	FAMILY PRACTICE	-4,743,639	3,348,174	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	14,036	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
97.01	FAMILY PRACTICE	0	0	97.01
98.00	GERIATRIC CLINIC	-797,469	560,575	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	-235,870	98.01
98.02	DIABETES EDUCATION	-17,245	761,672	98.02
101.00	HOME HEALTH AGENCY	-358,762	7,088,049	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	-675,314	2,314,648	105.00
106.00	HEART ACQUISITION	-80,544	1,133,365	106.00
113.00	INTEREST EXPENSE	0	0	113.00
116.00	HOSPICE	-388,193	7,419,825	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-189,189,118	672,469,326	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,734,648	190.00
191.00	RESEARCH	-14	1,715,838	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	-50	21,420,028	192.00
193.00	NONPAID WORKERS	0	0	193.00
193.01	MARKETING	10,827,133	11,965,590	193.01
193.02	MISSION SERVICES	0	1,235,668	193.02
193.03	FOUNDATION	-1,863	2,964,770	193.03
193.04	WELLNESS	0	1,484,425	193.04
193.05	NETWORK DEVELOPMENT	1,083,320	1,083,679	193.05
193.06	JOINT VENTURE	0	2,273,088	193.06
193.07	BILLING	0	30,362,476	193.07
193.08	OCCUPATIONAL HEALTH	0	2,956	193.08
193.09	LIFELINE	0	267,431	193.09
193.10	MARTEN HOUSE	0	2,481,031	193.10
193.11	SPN	0	0	193.11
193.12	ST. JOE'S	0	0	193.12
193.13	NEW HOPE	0	0	193.13
193.14	VACANT SPACE	0	0	193.14
193.15	EXTENDED CARE RESIDENTIAL	0	0	193.15
193.16	SETON BOARD	0	0	193.16
200.00	TOTAL (SUM OF LINES 118-199)	-177,280,592	751,460,954	200.00

RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6

Date/Time Prepared:
1/31/2012 11:59 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,258,122		1.00
	TOTALS		0	25,258,122		
B - DRUGS-DIRECTLY ASSIGNED						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,143,570		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
	TOTALS		0	1,143,570		
C - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,679,622		1.00
2.00	NEW CAP REL COSTS-BLDG-STRESS	1.01	0	256,437		2.00
3.00	NEW CAP REL COSTS-BLDG-WOMENS	1.03	0	10,642		3.00
	TOTALS		0	6,946,701		
D - DEPRECIATION-DIRECTLY ASSIGNED						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,632,180		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
TOTALS			0	29,632,180		
E - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,360,224		1.00
	TOTALS		0	2,360,224		
F - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	178,076		1.00
	TOTALS		0	178,076		
G - DEPARTMENTAL DIRECTORS						
1.00	EMPLOYEE BENEFITS	4.00	219,782	0		1.00
2.00	DATA PROCESSING	5.02	794	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	29,049	0		3.00
4.00	NURSING ADMINISTRATION	13.00	280,054	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	16,405	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	2,110	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	14,233	0		7.00
8.00	PARAMED ED PRGM - PHARMACY	23.00	5,663	0		8.00
9.00	PARAMED ED PRGM - RADIOLOGY	23.02	15,732	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	253,355	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	48,168	0		11.00
12.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	35,999	0		12.00
13.00	RENAL TRANSPLANT	32.02	1,725	0		13.00
14.00	OPERATING ROOM	50.00	15,498	0		14.00
15.00	AMBULATORY SURGERY	50.01	7,634	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	1,118	0		16.00
17.00	AMBULATORY CARDIOVASCULAR SVC	54.01	5,987	0		17.00
18.00	ULTRASOUND	54.02	10,052	0		18.00
19.00	ECHOCARDIOLOGY	54.03	3,289	0		19.00
20.00	CT SCAN	57.00	18,600	0		20.00

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	12,000	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	26,957	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	4,679	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	24,346	0		24.00
25.00	ENDOSCOPY	75.00	10,923	0		25.00
26.00	CARDIAC REHABILITATION	76.97	3,797	0		26.00
27.00	CLINIC	90.00	78,306	0		27.00
28.00	EMERGENCY	91.00	67,013	0		28.00
29.00	LAFAYETTE RD CLINIC	91.03	2,165	0		29.00
30.00	ZIONSVILLE CLINIC	91.04	5,975	0		30.00
31.00	BROWNSBURG CLINIC	91.05	5	0		31.00
32.00	OP ANTICOAGULATION CLINIC	91.06	16,940	0		32.00
33.00	AMBULANCE SERVICES	95.00	27	0		33.00
34.00	GERIATRIC CLINIC	98.00	8,367	0		34.00
35.00	ELECTROCONVULSIVE THERAPY	98.01	18,897	0		35.00
36.00	DIABETES EDUCATION	98.02	3,565	0		36.00
37.00	HOME HEALTH AGENCY	101.00	78,011	0		37.00
38.00	KIDNEY ACQUISITION	105.00	5,202	0		38.00
39.00	HEART ACQUISITION	106.00	3,719	0		39.00
40.00	HOSPICE	116.00	62,149	0		40.00
41.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	101,325	0		41.00
42.00	RESEARCH	191.00	6,210	0		42.00
43.00	MISSION SERVICES	193.02	15,348	0		43.00
44.00	FOUNDATION	193.03	114,974	0		44.00
45.00	WELLNESS	193.04	38,090	0		45.00
46.00	JOINT VENTURE	193.06	2,538	0		46.00
47.00	LIFELINE	193.09	880	0		47.00
	TOTALS		1,697,655	0		
H - MED ED DIRECTOR						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	357,494	0		1.00
	TOTALS		357,494	0		
I - DIETARY						
1.00	CAFETERIA	11.00	3,365,081	1,915,984		1.00
	TOTALS		3,365,081	1,915,984		
J - INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	312,572		1.00
2.00	NEW CAP REL COSTS-BLDG-STRESS	1.01	0	11,758		2.00
3.00	NEW CAP REL COSTS-BLDG-WOMENS	1.03	0	45,447		3.00
	TOTALS		0	369,777		
K - NURSERY						
1.00	NURSERY	43.00	1,807,120	130,984		1.00
	TOTALS		1,807,120	130,984		
L - RESIDENT SALARIES						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	7,793,965	0		1.00
	TOTALS		7,793,965	0		
M - CARE 2003/2002						
1.00	OPERATING ROOM	50.00	51,278	7,355		1.00
2.00	RESPIRATORY THERAPY	65.00	406,019	68,007		2.00
3.00	ELECTROCARDIOLOGY	69.00	517,271	71,160		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	542	76		4.00
	TOTALS		975,110	146,598		
N - STRESS BLDG RENT						
1.00	NEW CAP REL COSTS-BLDG-STRESS	1.01	0	6,000		1.00
	TOTALS		0	6,000		
O - MARTEN HOUSE						
1.00	MARTEN HOUSE	193.10	0	2,481,031		1.00
	TOTALS		0	2,481,031		
P - MARTEN HOUSE DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG-MATEN HOUSE	1.02	0	334,480		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	334,480		

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
Q - DEPRECIATION					
1.00	NEW CAP REL	1.01	0	208,525	1.00
2.00	COSTS-BLDG-STRESS				
3.00	NEW CAP REL	1.03	0	1,906,086	2.00
4.00	COSTS-BLDG-WOMENS				
1.00	NEW CAP REL COSTS-BLDG-MCNE	1.04	0	306,253	3.00
4.00	NEW CAP REL COSTS-MVBLE	2.00	0	18,589,115	4.00
	EQUIP				
	TOTALS		0	21,009,979	
R - RENTAL BEDS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,650	1.00
	TOTALS		0	9,650	
S - RADIOLOGY PARAMED					
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	117,710	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		117,710	0	
T - ASCENSION INTEREST					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	1,808,309	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	1,808,309	
U - HOSPICE					
1.00	HOSPICE	116.00	0	87,368	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
	TOTALS		0	87,368	
V - MEDICAL AIR TRANSPORT					
1.00	MARKETING	193.01	301	1,110,624	1.00
	TOTALS		301	1,110,624	
W - EMERGENCY MED SERVICES					
1.00	PARAMED ED PRGM - EMS	23.03	545,068	137,230	1.00
	TOTALS		545,068	137,230	
X - SALARIES FOR TRANSPLANT					
1.00	HEART ACQUISITION	106.00	259,371	0	1.00
2.00	KIDNEY ACQUISITION	105.00	48,508	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		307,879	0	
Y - POST TRANSPLANT EXPENSE					
1.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	500,393	558,702	1.00
2.00	RENAL TRANSPLANT	32.02	247,743	1,097,219	2.00
	TOTALS		748,136	1,655,921	
Z - PHARMACY PARAMED					
1.00	PARAMED ED PRGM - PHARMACY	23.00	39,863	0	1.00
	TOTALS		39,863	0	

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Health Financial Systems
RECLASSIFICATIONS

In Lieu of Form CMS-2552-10

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6

Date/Time Prepared:
1/31/2012 11:59 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
AA - CPE PARAMED						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	196,258	18,895		1.00
	TOTALS		196,258	18,895		
500.00	Grand Total: Increases		17,951,640	96,741,703		500.00

		Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - PHARMACY							
1.00	PHARMACY	15.00	0	25,258,122	0		1.00
	TOTALS		0	25,258,122			
B - DRUGS-DIRECTLY ASSIGNED							
1.00	ADULTS & PEDIATRICS	30.00	0	46,498	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	7,710	0		2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	0	4,426	0		3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	33.00	0	900	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	34.00	0	22,577	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	886	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	98	0		7.00
8.00	OPERATING ROOM	50.00	0	788,931	0		8.00
9.00	AMBULATORY SURGERY	50.01	0	674	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,081	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,237	0		11.00
12.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	1,554	0		12.00
13.00	ULTRASOUND	54.02	0	525	0		13.00
14.00	ECHOCARDIOLOGY	54.03	0	660	0		14.00
15.00	CT SCAN	57.00	0	1,074	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	38	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	8,838	0		17.00
18.00	LABORATORY	60.00	0	122,421	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	6,374	0		19.00
20.00	SLEEP LAB	65.01	0	300	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	2,642	0		21.00
22.00	SPORTS PERFORMANCE	66.01	0	67	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	5	0		23.00
24.00	RENAL DIALYSIS	74.00	0	10,153	0		24.00
25.00	ENDOSCOPY	75.00	0	4,328	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	138	0		26.00
27.00	CLINIC	90.00	0	45,431	0		27.00
28.00	EMERGENCY	91.00	0	16,285	0		28.00
29.00	WOUND CARE	91.02	0	201	0		29.00
30.00	ZIONSVILLE CLINIC	91.04	0	896	0		30.00
31.00	FAMILY PRACTICE	91.08	0	295	0		31.00
32.00	AMBULANCE SERVICES	95.00	0	23,993	0		32.00
33.00	GERIATRIC CLINIC	98.00	0	3,927	0		33.00
34.00	DIABETES EDUCATION	98.02	0	146	0		34.00
35.00	HOME HEALTH AGENCY	101.00	0	1,802	0		35.00
36.00	KIDNEY ACQUISITION	105.00	0	185	0		36.00
37.00	HEART ACQUISITION	106.00	0	274	0		37.00
	TOTALS		0	1,143,570			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	6,946,701	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
	TOTALS		0	6,946,701			
D - DEPRECIATION-DIRECTLY ASSIGNED							
1.00	EMPLOYEE BENEFITS	4.00	0	57,055	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	20,000	0		2.00
3.00	DATA PROCESSING	5.02	0	118,579	0		3.00
4.00	ADMITTING	5.04	0	891	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	3,400,837	0		5.00
6.00	OPERATION OF PLANT	7.00	0	3,603,762	0		6.00
7.00	HOUSEKEEPING	9.00	0	2,611	0		7.00
8.00	DIETARY	10.00	0	219,126	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	496,729	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	56,477	0		10.00
11.00	PHARMACY	15.00	0	316,356	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,917	0		12.00
13.00	SOCIAL SERVICE	17.00	0	25,317	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	26,302	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	1,906,379	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	388,486	0		16.00
17.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	0	112,513	0		17.00
18.00	PEDIATRIC INTENSIVE CARE UNIT	33.00	0	169,821	0		18.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	SUBPROVIDER - IPF	40.00	0	115,694	0	19.00	
20.00	SKILLED NURSING FACILITY	44.00	0	2,650	0	20.00	
21.00	OPERATING ROOM	50.00	0	5,786,811	0	21.00	
22.00	AMBULATORY SURGERY	50.01	0	7,351	0	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,027,255	0	23.00	
24.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	177,517	0	24.00	
25.00	ULTRASOUND	54.02	0	89,751	0	25.00	
26.00	ECHOCARDIOLOGY	54.03	0	216,890	0	26.00	
27.00	CT SCAN	57.00	0	361,282	0	27.00	
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	317,479	0	28.00	
29.00	CARDIAC CATHETERIZATION	59.00	0	3,642,299	0	29.00	
30.00	LABORATORY	60.00	0	122,867	0	30.00	
31.00	RESPIRATORY THERAPY	65.00	0	195,054	0	31.00	
32.00	SLEEP LAB	65.01	0	134,089	0	32.00	
33.00	PHYSICAL THERAPY	66.00	0	335,208	0	33.00	
34.00	SPORTS PERFORMANCE	66.01	0	62,606	0	34.00	
35.00	OCCUPATIONAL THERAPY	67.00	0	2,658	0	35.00	
36.00	SPEECH PATHOLOGY	68.00	0	22,224	0	36.00	
37.00	ELECTROCARDIOLOGY	69.00	0	185,431	0	37.00	
38.00	ELECTROENCEPHALOGRAPHY	70.00	0	160,612	0	38.00	
39.00	RENAL DIALYSIS	74.00	0	2,921	0	39.00	
40.00	ENDOSCOPY	75.00	0	438,075	0	40.00	
41.00	CARDIAC REHABILITATION	76.97	0	15,345	0	41.00	
42.00	CLINIC	90.00	0	536,841	0	42.00	
43.00	PARTIAL HOSPITALIZATION	90.01	0	11,385	0	43.00	
44.00	EMERGENCY	91.00	0	864,985	0	44.00	
45.00	PATIENT SERVICES	91.01	0	4,400	0	45.00	
46.00	WOUND CARE	91.02	0	6,996	0	46.00	
47.00	LAFAYETTE RD CLINIC	91.03	0	27,471	0	47.00	
48.00	ZIONSVILLE CLINIC	91.04	0	432,222	0	48.00	
49.00	FAMILY PRACTICE	91.08	0	92,307	0	49.00	
50.00	AMBULANCE SERVICES	95.00	0	210	0	50.00	
51.00	GERIATRIC CLINIC	98.00	0	29,723	0	51.00	
52.00	DIABETES EDUCATION	98.02	0	19,133	0	52.00	
53.00	HOME HEALTH AGENCY	101.00	0	26,831	0	53.00	
54.00	KIDNEY ACQUISITION	105.00	0	54,688	0	54.00	
55.00	HEART ACQUISITION	106.00	0	13,225	0	55.00	
56.00	HOSPICE	116.00	0	362,931	0	56.00	
57.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	10,531	0	57.00	
58.00	RESEARCH	191.00	0	3,050	0	58.00	
59.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	578,830	0	59.00	
60.00	MARKETING	193.01	0	408	0	60.00	
61.00	FOUNDATION	193.03	0	26,397	0	61.00	
62.00	JOINT VENTURE	193.06	0	184,389	0	62.00	
	TOTALS		0	29,632,180			
E - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,360,224	0	1.00	
	TOTALS		0	2,360,224			
F - LAUNDRY							
1.00	HOUSEKEEPING	9.00	0	178,076	0	1.00	
	TOTALS		0	178,076			
G - DEPARTMENTAL DIRECTORS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	1,391,601	0	0	1.00	
2.00	PHARMACY	15.00	22,603	0	0	2.00	
3.00	SOCIAL SERVICE	17.00	52,562	0	0	3.00	
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	112,609	0	0	4.00	
5.00	OPERATING ROOM	50.00	34,962	0	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	51,335	0	0	6.00	
7.00	EMERGENCY	91.00	31,983	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	

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	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
TOTALS						
			1,697,655	0		
H - MED ED DIRECTOR						
1.00	ELECTROCONVULSIVE THERAPY	98.01	357,494	0	0	1.00
TOTALS						
			357,494	0		
I - DIETARY						
1.00	DIETARY	10.00	3,365,081	1,915,984	0	1.00
TOTALS						
			3,365,081	1,915,984		
J - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	369,777	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
TOTALS						
			0	369,777		
K - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,807,120	130,984	0	1.00
TOTALS						
			1,807,120	130,984		
L - RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	7,793,965	0	0	1.00
TOTALS						
			7,793,965	0		
M - CARE 2003/2002						
1.00	ADULTS & PEDIATRICS	30.00	730,736	101,530	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	1,800	480	0	2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	97,330	12,816	0	3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	33.00	145,244	31,772	0	4.00
TOTALS						
			975,110	146,598		
N - STRESS BLDG RENT						
1.00	EMPLOYEE BENEFITS	4.00	0	6,000	9	1.00
TOTALS						
			0	6,000		
O - MARTEN HOUSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	2,481,031	0	1.00
TOTALS						
			0	2,481,031		
P - MARTEN HOUSE DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	317,813	9	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	16,667	9	2.00
TOTALS						
			0	334,480		

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RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6

Date/Time Prepared:
1/31/2012 11:59 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
Q - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	21,009,979	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	21,009,979			
R - RENTAL BEDS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,650	0		1.00
	TOTALS		0	9,650			
S - RADIOLOGY PARAMED							
1.00	NURSING ADMINISTRATION	13.00	649	0	0		1.00
2.00	OPERATING ROOM	50.00	6,559	0	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	95,022	0	0		3.00
4.00	CT SCAN	57.00	14,162	0	0		4.00
5.00	ENDOSCOPY	75.00	54	0	0		5.00
6.00	LAFAYETTE RD CLINIC	91.03	1,043	0	0		6.00
7.00	ZIONSVILLE CLINIC	91.04	221	0	0		7.00
	TOTALS		117,710	0			
T - ASCENSION INTEREST							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,736,285	11		1.00
2.00	NEW CAP REL COSTS-BLDG-STRESS	1.01	0	69,254	11		2.00
3.00	NEW CAP REL COSTS-BLDG-WOMENS	1.03	0	2,770	11		3.00
	TOTALS		0	1,808,309			
U - HOSPICE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	22,341	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	21,888	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,183	0		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,812	0		4.00
5.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,039	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	13,841	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	3,276	0		7.00
8.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	0	1,202	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	180	0		9.00
10.00	ULTRASOUND	54.02	0	138	0		10.00
11.00	ECHOCARDIOLOGY	54.03	0	40	0		11.00
12.00	CT SCAN	57.00	0	53	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	123	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	7,614	0		14.00
15.00	LABORATORY	60.00	0	5,368	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	181	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	133	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	63	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	89	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	510	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	100	0		21.00
22.00	EMERGENCY	91.00	0	110	0		22.00
23.00	PATIENT SERVICES	91.01	0	84	0		23.00
	TOTALS		0	87,368			
V - MEDICAL AIR TRANSPORT							
1.00	AMBULANCE SERVICES	95.00	301	1,110,624	0		1.00
	TOTALS		301	1,110,624			
W - EMERGENCY MED SERVICES							
1.00	EMERGENCY	91.00	545,068	137,230	0		1.00
	TOTALS		545,068	137,230			
X - SALARIES FOR TRANSPLANT							
1.00	KIDNEY ACQUISITION	105.00	232,567	0	0		1.00
2.00	HEART ACQUISITION	106.00	9,146	0	0		2.00
3.00	PHARMACY	15.00	66,166	0	0		3.00
	TOTALS		307,879	0			
Y - POST TRANSPLANT EXPENSE							
1.00	HEART ACQUISITION	106.00	500,393	558,702	0		1.00
2.00	KIDNEY ACQUISITION	105.00	247,743	1,097,219	0		2.00
	TOTALS		748,136	1,655,921			

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Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6

Date/Time Prepared:
1/31/2012 11:59 am

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
Z - PHARMACY PARAMED							
1.00	PHARMACY	15.00	39,863	0	0		1.00
	TOTALS		39,863	0			
AA - CPE PARAMED							
1.00	PARAMED ED PRGM - CPE	23.01	196,258	18,895	0		1.00
	TOTALS		196,258	18,895			
500.00	Grand Total: Decreases		17,951,640	96,741,703			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/31/2012 11:59 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,193,513	2,453,200	0	2,453,200	0	1.00
2.00	Land Improvements	10,655,430	66,305	0	66,305	0	2.00
3.00	Buildings and Fixtures	423,586,873	3,852,327	0	3,852,327	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	251,441,128	14,871,777	0	14,871,777	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	702,876,944	21,243,609	0	21,243,609	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	702,876,944	21,243,609	0	21,243,609	0	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,276,093	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	0	0	1.03
1.04	NEW CAP REL COSTS-BLDG-MCNE	0	0	0	0	0	1.04
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,276,093	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	0.000000	0	1.03
1.04	NEW CAP REL COSTS-BLDG-MCNE	0	0	0	0.000000	0	1.04
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,646,713	0		1.00		
2.00	Land Improvements	10,721,735	0		2.00		
3.00	Buildings and Fixtures	427,439,200	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	266,312,905	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	724,120,553	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	724,120,553	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	4,276,093		1.00		
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0		1.01		
1.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE	0	0		1.02		
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0		1.03		
1.04	NEW CAP REL COSTS-BLDG-MCNE	0	0		1.04		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	4,276,093		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	21,695,132	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	214,525	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE	0	0	0	334,480	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	1,906,086	0	1.03
1.04	NEW CAP REL COSTS-BLDG-MCNE	0	0	0	306,253	0	1.04
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	18,599,480	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	43,055,956	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	-332,245	312,572	0	0	0	21,675,459	1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS	-23,240	11,758	0	0	0	203,043	1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE	0	0	0	0	0	334,480	1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS	-544	45,447	0	0	0	1,950,989	1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE	0	0	0	0	0	306,253	1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	18,599,480	2.00
3.00 Total (sum of lines 1-2)	-356,029	369,777	0	0	0	43,069,704	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
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				Expense Classification on Worksheet A To/From which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-31,903	NONPATIENT TELEPHONES	5.01 7.00
8.00	Television and radio service (chapter 21)	A	-85,376	OPERATION OF PLANT	7.00 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-58,754,262		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-70,565,055		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	A	-2,212,156	CAFETERIA	11.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts		0		0.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	A	-22	CAFETERIA	11.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - buildings and fixtures		0	0 NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment		0	0 NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	GUEST TRAY OFFSET	A	-27,373	DIETARY	10.00 33.00
34.00	CARRYFORWARD ADJUSTMENT	A	27,032	NEW CAP REL COSTS-MVBLE EQUIP	2.00 34.00
35.00	VISITOR PARKING LOT	A	-126,059	OPERATION OF PLANT	7.00 35.00
36.00	VISITOR PARKING LOT - BENEFITS	A	-3,692	EMPLOYEE BENEFITS	4.00 36.00
37.00	VISITOR PARKING LOT - CAPITAL	A	-28,173	NEW CAP REL COSTS-BLDG & FIXT	1.00 37.00
38.00	MISC INCOME	B	-817,465	EMPLOYEE BENEFITS	4.00 38.00
39.00	MISC INCOME	B	-61,096	CASHIERING/ACCOUNTS RECEIVABLE	5.05 39.00
40.00	MISC INCOME	B	-27,892,042	OTHER ADMINISTRATIVE AND GENERAL	5.07 40.00
41.00	MISC INCOME	B	-330,804	OPERATION OF PLANT	7.00 41.00
42.00	MISC INCOME	B	-38	HOUSEKEEPING	9.00 42.00
43.00	MISC INCOME	B	-3,521,184	DIETARY	10.00 43.00
44.00	MISC INCOME	B	-60,605	NURSING ADMINISTRATION	13.00 44.00
45.00	MISC INCOME	B	-6,197,062	PHARMACY	15.00 45.00
45.01	MISC INCOME	B	-2,436	MEDICAL RECORDS & LIBRARY	16.00 45.01
45.02	MISC INCOME	B	-2,550	SOCIAL SERVICE	17.00 45.02

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				Expense Classification on Worksheet A To/From which the Amount is to be Adjusted		
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
45.03	MISC INCOME	B	-264,041	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	45.03
45.04	MISC INCOME	B	-31,408	PARAMED ED PRGM - CPE	23.01	45.04
45.05	MISC INCOME	B	-86,468	PARAMED ED PRGM - RADIOLOGY	23.02	45.05
45.06	MISC INCOME	B	-44,345	ADULTS & PEDIATRICS	30.00	45.06
45.07	MISC INCOME	B	-506	OPERATING ROOM	50.00	45.07
45.08	MISC INCOME	B	-120	DELIVERY ROOM & LABOR ROOM	52.00	45.08
45.09	MISC INCOME	B	-75,240	RADIOLOGY-DIAGNOSTIC	54.00	45.09
45.10	MISC INCOME	B	-19,926	PHYSICAL THERAPY	66.00	45.10
45.11	MISC INCOME	B	-36,621	SPORTS PERFORMANCE	66.01	45.11
45.12	MISC INCOME	B	992	SPEECH PATHOLOGY	68.00	45.12
45.13	MISC INCOME	B	-131,476	CLINIC	90.00	45.13
45.14	MISC INCOME	B	-2,195,529	EMERGENCY	91.00	45.14
45.15	MISC INCOME	B	-62,074	PATIENT SERVICES	91.01	45.15
45.16	MISC INCOME	B	-7,980	OP ANTICOAGULATION CLINIC	91.06	45.16
45.17	MISC INCOME	B	-183,333	FAMILY PRACTICE	91.08	45.17
45.18	MISC INCOME	B	-164,560	GERIATRIC CLINIC	98.00	45.18
45.19	MISC INCOME	B	-17,245	DIABETES EDUCATION	98.02	45.19
45.20	MISC INCOME	B	-358,762	HOME HEALTH AGENCY	101.00	45.20
45.21	MISC INCOME	B	-7,330	KIDNEY ACQUISITION	105.00	45.21
45.22	MISC INCOME	B	-388,033	HOSPICE	116.00	45.22
45.23	LOBBYING DUES	A	-16,850	OTHER ADMINISTRATIVE AND GENERAL	5.07	45.23
45.24	TCU START-UP COSTS	A	920	SKILLED NURSING FACILITY	44.00	45.24
45.25	SWAP INTEREST	A	250,426	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.25
45.26	SWAP INTEREST	A	384	NEW CAP REL COSTS-BLDG-WOMENS	1.03	45.26
45.27	NON-REIMBURSEABLE ITEMS	A	-309	EMPLOYEE BENEFITS	4.00	45.27
45.28	NON-REIMBURSEABLE ITEMS	A	-18,237	OTHER ADMINISTRATIVE AND GENERAL	5.07	45.28
45.29	NON-REIMBURSEABLE ITEMS	A	-47	PHARMACY	15.00	45.29
45.30	NON-REIMBURSEABLE ITEMS	A	-877	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	45.30
45.31	NON-REIMBURSEABLE ITEMS	A	-20	PARAMED ED PRGM - PHARMACY	23.00	45.31
45.32	NON-REIMBURSEABLE ITEMS	A	-91	ADULTS & PEDIATRICS	30.00	45.32
45.33	NON-REIMBURSEABLE ITEMS	A	-38	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	45.33
45.34	NON-REIMBURSEABLE ITEMS	A	-11	OPERATING ROOM	50.00	45.34
45.35	NON-REIMBURSEABLE ITEMS	A	-24	RADIOLOGY-DIAGNOSTIC	54.00	45.35
45.36	NON-REIMBURSEABLE ITEMS	A	-892	SPORTS PERFORMANCE	66.01	45.36
45.37	NON-REIMBURSEABLE ITEMS	A	-320	EMERGENCY	91.00	45.37
45.38	NON-REIMBURSEABLE ITEMS	A	-4,559	FAMILY PRACTICE	91.08	45.38
45.39	NON-REIMBURSEABLE ITEMS	A	-21	GERIATRIC CLINIC	98.00	45.39
45.40	NON-REIMBURSEABLE ITEMS	A	-160	HOSPICE	116.00	45.40
45.41	NON-REIMBURSEABLE ITEMS	A	-14	RESEARCH	191.00	45.41
45.42	NON-REIMBURSEABLE ITEMS	A	-50	PHYSICIANS' PRIVATE OFFICES	192.00	45.42
45.43	NON-REIMBURSEABLE ITEMS	A	-1,863	FOUNDATION	193.03	45.43
45.44	PARKVIEW'S NICU	A	-3,848	NEONATAL INTENSIVE CARE UNIT	34.00	45.44
45.45	INT INC GREATER THAN INT EXP	A	-2,407,972	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.45
45.46	INT INC GREATER THAN INT EXP	A	-86,056	NEW CAP REL COSTS-BLDG-STRESS	1.01	45.46
45.47	INT INC GREATER THAN INT EXP	A	-3,826	NEW CAP REL COSTS-BLDG-WOMENS	1.03	45.47
45.48	INCENTIVE ADJUSTMENT - SALARY	A	-513,899	OTHER ADMINISTRATIVE AND GENERAL	5.07	45.48
45.49	INCENTIVE ADJUSTMENT - FICA	A	-36,101	EMPLOYEE BENEFITS	4.00	45.49
45.50	RENAL TRANSPLANT START UP COST AMORT	A	330,089	KIDNEY ACQUISITION	105.00	45.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-177,280,592			50.00

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	GUEST TRAY OFFSET	0	33.00
34.00	CARRYFORWARD ADJUSTMENT	9	34.00
35.00	VISITOR PARKING LOT	0	35.00
36.00	VISITOR PARKING LOT - BENEFITS	0	36.00
37.00	VISITOR PARKING LOT - CAPITAL	9	37.00
38.00	MISC INCOME	0	38.00
39.00	MISC INCOME	0	39.00
40.00	MISC INCOME	0	40.00
41.00	MISC INCOME	0	41.00
42.00	MISC INCOME	0	42.00
43.00	MISC INCOME	0	43.00
44.00	MISC INCOME	0	44.00
45.00	MISC INCOME	0	45.00
45.01	MISC INCOME	0	45.01
45.02	MISC INCOME	0	45.02
45.03	MISC INCOME	0	45.03
45.04	MISC INCOME	0	45.04
45.05	MISC INCOME	0	45.05
45.06	MISC INCOME	0	45.06
45.07	MISC INCOME	0	45.07
45.08	MISC INCOME	0	45.08
45.09	MISC INCOME	0	45.09
45.10	MISC INCOME	0	45.10
45.11	MISC INCOME	0	45.11
45.12	MISC INCOME	0	45.12
45.13	MISC INCOME	0	45.13
45.14	MISC INCOME	0	45.14
45.15	MISC INCOME	0	45.15

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ADJUSTMENTS TO EXPENSES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
1/31/2012 11:59 am

		Wkst. A-7 Ref.	
		5.00	
45.16	MISC INCOME	0	45.16
45.17	MISC INCOME	0	45.17
45.18	MISC INCOME	0	45.18
45.19	MISC INCOME	0	45.19
45.20	MISC INCOME	0	45.20
45.21	MISC INCOME	0	45.21
45.22	MISC INCOME	0	45.22
45.23	LOBBYING DUES	0	45.23
45.24	TCU START-UP COSTS	0	45.24
45.25	SWAP INTEREST	11	45.25
45.26	SWAP INTEREST	11	45.26
45.27	NON-REIMBURSEABLE ITEMS	0	45.27
45.28	NON-REIMBURSEABLE ITEMS	0	45.28
45.29	NON-REIMBURSEABLE ITEMS	0	45.29
45.30	NON-REIMBURSEABLE ITEMS	0	45.30
45.31	NON-REIMBURSEABLE ITEMS	0	45.31
45.32	NON-REIMBURSEABLE ITEMS	0	45.32
45.33	NON-REIMBURSEABLE ITEMS	0	45.33
45.34	NON-REIMBURSEABLE ITEMS	0	45.34
45.35	NON-REIMBURSEABLE ITEMS	0	45.35
45.36	NON-REIMBURSEABLE ITEMS	0	45.36
45.37	NON-REIMBURSEABLE ITEMS	0	45.37
45.38	NON-REIMBURSEABLE ITEMS	0	45.38
45.39	NON-REIMBURSEABLE ITEMS	0	45.39
45.40	NON-REIMBURSEABLE ITEMS	0	45.40
45.41	NON-REIMBURSEABLE ITEMS	0	45.41
45.42	NON-REIMBURSEABLE ITEMS	0	45.42
45.43	NON-REIMBURSEABLE ITEMS	0	45.43
45.44	PARKVIEW'S NICU	0	45.44
45.45	INT INC GREATER THAN INT EXP	11	45.45
45.46	INT INC GREATER THAN INT EXP	11	45.46
45.47	INT INC GREATER THAN INT EXP	11	45.47
45.48	INCENTIVE ADJUSTMENT - SALARY	0	45.48
45.49	INCENTIVE ADJUSTMENT - FICA	0	45.49
45.50	RENAL TRANSPLANT START UP COST AMORT	0	45.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 150084

Period: From 07/01/2010 To 06/30/2011

Worksheet A-8-1

Date/Time Prepared: 1/31/2012 11:59 am

	Line No.	Cost Center	Expense Items	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	SVH	1.00
2.00	4.00	EMPLOYEE BENEFITS	SVH	2.00
3.00	5.01	NONPATIENT TELEPHONES	SVH	3.00
4.00	5.02	DATA PROCESSING	SVH	4.00
4.01	5.03	PURCHASING, RECEIVING AND STORES	SVH	4.01
4.02	5.04	ADMITTING	SVH	4.02
4.03	5.05	CASHIERING/ACCOUNTS RECEIVABLE	SVH	4.03
4.04	5.06	OP REGISTRATION	SVH	4.04
4.05	5.07	OTHER ADMINISTRATIVE AND GENERAL	SVH	4.05
4.06	7.00	OPERATION OF PLANT	SVH	4.06
4.07	14.00	CENTRAL SERVICES & SUPPLY	SVH	4.07
4.08	16.00	MEDICAL RECORDS & LIBRARY	SVH	4.08
4.09	193.05	NETWORK DEVELOPMENT	SVH	4.09
4.10	193.01	MARKETING	SVH	4.10
4.11	1.00	NEW CAP REL COSTS-BLDG & FIXT	ASCENSION - INTEREST	4.11
4.12	1.01	NEW CAP REL COSTS-BLDG-STRESS	ASCENSION - INTEREST	4.12
4.13	1.03	NEW CAP REL COSTS-BLDG-WOMENS	ASCENSION - INTEREST	4.13
4.14	5.07	OTHER ADMINISTRATIVE AND GENERAL	ASCENSION - INTEREST	4.14
4.15	5.07	OTHER ADMINISTRATIVE AND GENERAL	ASCENSION - TRIMEDX	4.15
4.16	4.00	EMPLOYEE BENEFITS	ASCENSION - PENSION	4.16
4.17	4.00	EMPLOYEE BENEFITS	SVH - SELF-INSURANCE	4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	G		100.00	6.00
7.00	G		100.00	7.00
8.00	G		100.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE		100.00

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

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

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

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-1

Date/Time Prepared:
1/31/2012 11:59 am

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	4.00	5.00	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	9,142,824	0	9,142,824	9	1.00	
2.00	8,760,837	0	8,760,837	0	2.00	
3.00	994,146	0	994,146	0	3.00	
4.00	28,694,441	0	28,694,441	0	4.00	
4.01	1,270,656	0	1,270,656	0	4.01	
4.02	2,459,567	0	2,459,567	0	4.02	
4.03	0	13,149,717	-13,149,717	0	4.03	
4.04	2,775,032	0	2,775,032	0	4.04	
4.05	13,480,405	131,757,074	-118,276,669	0	4.05	
4.06	119,501	0	119,501	0	4.06	
4.07	18,497	0	18,497	0	4.07	
4.08	4,329,331	0	4,329,331	0	4.08	
4.09	1,083,320	0	1,083,320	0	4.09	
4.10	10,827,133	0	10,827,133	0	4.10	
4.11	1,574,868	4,692,904	-3,118,036	11	4.11	
4.12	62,816	187,183	-124,367	11	4.12	
4.13	2,513	7,487	-4,974	11	4.13	
4.14	606,842	1,808,309	-1,201,467	0	4.14	
4.15	7,845,592	8,432,484	-586,892	0	4.15	
4.16	19,475,540	21,482,424	-2,006,884	0	4.16	
4.17	33,167,469	35,738,803	-2,571,334	0	4.17	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	146,691,330	217,256,385	-70,565,055	0	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	ASCENSION HOME OFFICE	0.00	HOME OFFICE	6.00
7.00	ST VINCENT HEALTH	0.00	HOME OFFICE	7.00
8.00	CATHOLIC HEALTHCARE AUDIT	0.00	HOME OFFICE	8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2
Date/Time Prepared:
1/31/2012 11:59 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total	Professional	
			Remuneration	Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	158,287	158,287	1.00
2.00	5.07	A&G	1,021,749	1,021,749	2.00
3.00	17.00	SOCIAL SERVICES	326,582	326,582	3.00
4.00	22.00	I&R	8,595,943	8,595,943	4.00
5.00	30.00	A&P	2,010,642	2,010,642	5.00
6.00	33.00	PICU	1,525,510	1,525,510	6.00
7.00	34.00	NICU	5,744,683	5,744,683	7.00
8.00	50.00	OR	2,193,780	2,193,780	8.00
9.00	54.00	RADIOLOGY	1,231,899	1,231,899	9.00
10.00	65.01	SLEEP LAB	5,035	5,035	10.00
11.00	66.01	SPORTS PERFORMANCE	5,478	5,478	11.00
12.00	90.00	CLINIC	107,009	107,009	12.00
13.00	91.01	PATIENT SERVICES	236,859	236,859	13.00
14.00	91.06	OP ANTICOAGULATION CLINIC	17,095	17,095	14.00
15.00	91.08	FAMILY PRACTICE	3,720,598	3,720,598	15.00
16.00	98.00	GERIATRIC CLINIC	632,888	632,888	16.00
17.00	4.00	EMPLOYEE BENEFITS	5,289	5,289	17.00
18.00	5.07	A&G	5,188,981	5,188,981	18.00
19.00	15.00	PHARMACY	1,105	1,105	19.00
20.00	17.00	SOCIAL SERVICES	28,177	28,177	20.00
21.00	22.00	I&R	324,333	324,333	21.00
22.00	30.00	A&P	93,993	93,993	22.00
23.00	31.00	ICU	239,648	239,648	23.00
24.00	34.00	NICU	169,000	169,000	24.00
25.00	44.00	SKILLED NURSING FACILITY	130	130	25.00
26.00	50.00	OR	7,318,053	7,318,053	26.00
27.00	54.00	RADIOLOGY	1,650,669	1,650,669	27.00
28.00	57.00	CT SCAN	32,665	32,665	28.00
29.00	58.00	MRI	140	140	29.00
30.00	59.00	CARDIAC CATHERIZATION	21,927	21,927	30.00
31.00	60.00	LABORATORY	948,562	948,562	31.00
32.00	65.00	RESPIRATORY THERAPY	20,000	20,000	32.00
33.00	65.01	SLEEP LAB	4,167	4,167	33.00
34.00	66.00	PT	2,622	2,622	34.00
35.00	68.00	ST	171	171	35.00
36.00	74.00	RENAL DIALYSIS	1,503,019	1,503,019	36.00
37.00	75.00	ENDOSCOPY	356,240	356,240	37.00
38.00	90.00	CLINIC	30,186	30,186	38.00
39.00	91.00	EMERGENCY	8,798,329	8,798,329	39.00
40.00	91.02	WOUND CARE	1,827,193	1,827,193	40.00
41.00	91.07	ST V OUTPATIENT TREATMENT	250,000	250,000	41.00
42.00	91.08	FAMILY PRACTICE	835,149	835,149	42.00
43.00	32.02	KIDNEY ACQUISITION	491,860	491,860	43.00
44.00	105.00	KIDNEY ACQUISITION	1,008,140	0	44.00
46.00	105.00	KIDNEY ACQUISITION	365,700	0	46.00
47.00	106.00	HEART ACQUISITION	205,344	0	47.00
200.00		TOTAL (lines 1.00 through 199.00)	59,254,829	57,675,645	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/31/2012 11:59 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
24.00	0	0	0	0	0	24.00
25.00	0	0	0	0	0	25.00
26.00	0	0	0	0	0	26.00
27.00	0	0	0	0	0	27.00
28.00	0	0	0	0	0	28.00
29.00	0	0	0	0	0	29.00
30.00	0	0	0	0	0	30.00
31.00	0	0	0	0	0	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
35.00	0	0	0	0	0	35.00
36.00	0	0	0	0	0	36.00
37.00	0	0	0	0	0	37.00
38.00	0	0	0	0	0	38.00
39.00	0	0	0	0	0	39.00
40.00	0	0	0	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	0	0	0	0	43.00
44.00	1,008,140	208,000	2,737	273,700	13,685	44.00
46.00	365,700	165,600	1,282	102,067	5,103	46.00
47.00	205,344	208,000	1,248	124,800	6,240	47.00
200.00	1,579,184		5,267	500,567	25,028	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2
Date/Time Prepared:
1/31/2012 11:59 am

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
24.00	0	0	0	0	0	24.00
25.00	0	0	0	0	0	25.00
26.00	0	0	0	0	0	26.00
27.00	0	0	0	0	0	27.00
28.00	0	0	0	0	0	28.00
29.00	0	0	0	0	0	29.00
30.00	0	0	0	0	0	30.00
31.00	0	0	0	0	0	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
35.00	0	0	0	0	0	35.00
36.00	0	0	0	0	0	36.00
37.00	0	0	0	0	0	37.00
38.00	0	0	0	0	0	38.00
39.00	0	0	0	0	0	39.00
40.00	0	0	0	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	0	0	0	0	43.00
44.00	0	0	0	0	0	273,700 44.00
46.00	0	0	0	0	0	102,067 46.00
47.00	0	0	0	0	0	124,800 47.00
200.00	0	0	0	0	0	500,567 200.00

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	0	158,287	1.00
2.00	0	1,021,749	2.00
3.00	0	326,582	3.00
4.00	0	8,595,943	4.00
5.00	0	2,010,642	5.00
6.00	0	1,525,510	6.00
7.00	0	5,744,683	7.00
8.00	0	2,193,780	8.00
9.00	0	1,231,899	9.00
10.00	0	5,035	10.00
11.00	0	5,478	11.00
12.00	0	107,009	12.00
13.00	0	236,859	13.00
14.00	0	17,095	14.00
15.00	0	3,720,598	15.00
16.00	0	632,888	16.00
17.00	0	5,289	17.00
18.00	0	5,188,981	18.00
19.00	0	1,105	19.00
20.00	0	28,177	20.00
21.00	0	324,333	21.00
22.00	0	93,993	22.00
23.00	0	239,648	23.00
24.00	0	169,000	24.00
25.00	0	130	25.00
26.00	0	7,318,053	26.00
27.00	0	1,650,669	27.00
28.00	0	32,665	28.00
29.00	0	140	29.00
30.00	0	21,927	30.00
31.00	0	948,562	31.00
32.00	0	20,000	32.00
33.00	0	4,167	33.00
34.00	0	2,622	34.00
35.00	0	171	35.00
36.00	0	1,503,019	36.00
37.00	0	356,240	37.00
38.00	0	30,186	38.00
39.00	0	8,798,329	39.00
40.00	0	1,827,193	40.00
41.00	0	250,000	41.00
42.00	0	835,149	42.00
43.00	0	491,860	43.00
44.00	734,440	734,440	44.00
46.00	263,633	263,633	46.00
47.00	80,544	80,544	47.00
200.00	1,078,617	58,754,262	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS				NEW BLDG-WOMENS	
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MATEN HOUSE			
		1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	21,675,459	21,675,459					1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS	203,043	0	203,043				1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE	334,480	0	0	334,480			1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS	1,950,989	0	0	0	1,950,989		1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE	306,253	0	0	0	0		1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP	18,599,480						2.00
4.00 EMPLOYEE BENEFITS	103,486,783	112,798	4,950	0	0	0	4.00
5.01 NONPATIENT TELEPHONES	5,497,508	146,552	1,016	0	0	2,797	5.01
5.02 DATA PROCESSING	29,135,695	224,127	15,703	0	0	3,462	5.02
5.03 PURCHASING, RECEIVING AND STORES	1,572,477	0	0	0	0	0	5.03
5.04 ADMITTING	4,458,207	187,217	702	0	0	17,078	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	11,033,591	27,043	0	0	0	0	5.05
5.06 OP REGISTRATION	2,778,699	707	0	0	0	0	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	-553,160	373,617	18,256	12,107	0	64,035	5.07
7.00 OPERATION OF PLANT	21,389,938	3,895,548	9,972	0	0	166,562	7.00
8.00 LAUNDRY & LINEN SERVICE	2,365,403	0	0	0	0	4,510	8.00
9.00 HOUSEKEEPING	6,780,741	208,365	2,181	0	0	18,396	9.00
10.00 DIETARY	2,061,270	195,814	4,267	0	0	72,487	10.00
11.00 CAFETERIA	3,068,902	231,146	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	10,515,852	264,755	959	0	0	27,921	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,048,614	657,036	298	0	0	46,181	14.00
15.00 PHARMACY	16,632,616	289,985	0	0	0	33,946	15.00
16.00 MEDICAL RECORDS & LIBRARY	8,539,218	196,594	2,283	0	0	0	16.00
17.00 SOCIAL SERVICE	6,461,550	37,726	578	0	0	641	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	7,793,965	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,394,065	286,557	0	0	0	4,522	22.00
23.00 PARAMED ED PRGM - PHARMACY	226,092	0	0	0	0	0	23.00
23.01 PARAMED ED PRGM - CPE	137,069	22,255	0	0	0	0	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	218,125	0	0	0	0	0	23.02
23.03 PARAMED ED PRGM - EMS	682,298	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	48,951,547	4,399,867	0	0	0	428,899	30.00
31.00 INTENSIVE CARE UNIT	10,656,714	561,995	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	7,376,838	383,992	0	0	0	0	32.01
32.02 RENAL TRANSPLANT	1,221,710	53,524	0	0	0	0	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	2,610,336	337,215	0	0	0	0	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	11,844,800	0	0	0	0	334,825	34.00
40.00 SUBPROVIDER - IPF	3,836,525	0	76,814	0	0	0	40.00
43.00 NURSERY	2,967,515	0	0	0	0	157,235	43.00
44.00 SKILLED NURSING FACILITY	1,045,741	223,655	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	78,507,598	1,929,482	0	0	0	170,715	50.00
50.01 AMBULATORY SURGERY	1,343,621	376,356	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	4,604,874	0	0	0	0	253,380	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	23,523,089	770,469	0	0	0	41,326	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	1,077,911	122,719	0	0	0	0	54.01
54.02 ULTRASOUND	1,198,712	35,586	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	1,891,339	4,117	0	0	0	0	54.03
57.00 CT SCAN	2,207,782	39,576	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,716,271	142,925	0	0	0	13,775	58.00
59.00 CARDIAC CATHETERIZATION	22,765,779	352,958	0	0	0	0	59.00
60.00 LABORATORY	38,195,669	258,752	0	0	0	39,392	60.00
65.00 RESPIRATORY THERAPY	7,838,759	82,290	3,429	0	0	2,994	65.00
65.01 SLEEP LAB	1,572,805	2,975	34,861	0	0	0	65.01
66.00 PHYSICAL THERAPY	10,465,640	186,401	0	0	0	0	66.00
66.01 SPORTS PERFORMANCE	3,823,342	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	609,369	6,747	340	0	0	0	67.00
68.00 SPEECH PATHOLOGY	1,031,022	28,748	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,280,139	71,299	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,298,682	12,515	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,364,680	36	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	26,398,653	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	297,171	63,409	0	0	0	0	74.00
75.00 ENDOSCOPY	3,165,609	214,550	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part 1
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS				NEW BLDG-WOMENS	
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MATEN HOUSE			
		1.00	1.01	1.02	1.03		
76.97 CARDIAC REHABILITATION	694,852	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	5,377,583	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	981,631	0	24,961	0	0	0	90.01
91.00 EMERGENCY	11,944,576	676,987	0	0	0	0	91.00
91.01 PATIENT SERVICES	2,191,737	0	0	0	0	37,765	91.01
91.02 WOUND CARE	405,481	91,631	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	183,034	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	908,121	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	3,438	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	902,866	30,743	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	4,986,069	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	3,348,174	0	0	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	14,036	19,607	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	560,575	0	0	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	-235,870	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	761,672	0	0	0	0	0	98.02
101.00 HOME HEALTH AGENCY	7,088,049	95,948	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	2,314,648	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	1,133,365	0	0	0	0	0	106.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00 HOSPICE	7,419,825	411,507	1,473	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	672,469,326	19,346,423	203,043	12,107	1,942,844		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,734,648	54,250	0	0	0	8,145	190.00
191.00 RESEARCH	1,715,838	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	21,420,028	150,524	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01 MARKETING	11,965,590	0	0	0	0	0	193.01
193.02 MISSION SERVICES	1,235,668	47,702	0	0	0	0	193.02
193.03 FOUNDATION	2,964,770	0	0	0	0	0	193.03
193.04 WELLNESS	1,484,425	0	0	0	0	0	193.04
193.05 NETWORK DEVELOPMENT	1,083,679	0	0	0	0	0	193.05
193.06 JOINT VENTURE	2,273,088	0	0	0	0	0	193.06
193.07 BILLING	30,362,476	0	0	0	0	0	193.07
193.08 OCCUPATIONAL HEALTH	2,956	0	0	0	0	0	193.08
193.09 LIFELINE	267,431	0	0	0	0	0	193.09
193.10 MARTEN HOUSE	2,481,031	0	0	322,373	0	0	193.10
193.11 SPN	0	0	0	0	0	0	193.11
193.12 ST. JOE'S	0	0	0	0	0	0	193.12
193.13 NEW HOPE	0	769,562	0	0	0	0	193.13
193.14 VACANT SPACE	0	1,306,998	0	0	0	0	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	0	193.15
193.16 SETON BOARD	0	0	0	0	0	0	193.16
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers		0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	751,460,954	21,675,459	203,043	334,480	1,950,989		202.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	
	NEW BLDG-MCNE	NEW MVBLE EQUIP				
	1.04	2.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE	306,253					1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP		18,599,480				2.00
4.00 EMPLOYEE BENEFITS	0	39,757	103,644,288			4.00
5.01 NONPATIENT TELEPHONES	0	75,753	288,008	6,011,634		5.01
5.02 DATA PROCESSING	0	128,210	3,060,219	28,600	32,596,016	5.02
5.03 PURCHASING, RECEIVING AND STORES	0	0	210,424	0	127,297	5.03
5.04 ADMITTING	0	8,323	1,192,395	35,749	548,969	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,238,195	8,580	1,249,103	5.05
5.06 OP REGISTRATION	0	0	888,170	0	397,803	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	52,275	1,887,892	8,458,205	474,753	3,460,890	5.07
7.00 OPERATION OF PLANT	0	473,998	1,869,202	208,777	883,124	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	72,075	7,150	0	8.00
9.00 HOUSEKEEPING	0	879	1,490,065	38,609	151,165	9.00
10.00 DIETARY	0	57,523	482,927	88,659	222,770	10.00
11.00 CAFETERIA	0	0	1,105,126	0	7,956	11.00
13.00 NURSING ADMINISTRATION	0	611,102	2,698,715	105,818	620,573	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	36,599	927,683	41,469	350,067	14.00
15.00 PHARMACY	2,522	226,161	4,353,576	41,469	636,486	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	698	1,537,694	65,779	1,503,697	16.00
17.00 SOCIAL SERVICE	0	25,413	1,881,221	137,278	334,155	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,559,616	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	11,484	802,017	164,448	525,101	22.00
23.00 PARAMED ED PRGM - PHARMACY	0	0	69,031	0	0	23.00
23.01 PARAMED ED PRGM - CPE	0	0	52,727	2,860	7,956	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	0	0	103,265	2,860	23,868	23.02
23.03 PARAMED ED PRGM - EMS	0	0	179,006	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	431,140	14,617,042	923,767	3,842,787	30.00
31.00 INTENSIVE CARE UNIT	0	344,439	3,040,508	105,818	493,276	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	0	120,909	2,033,411	180,177	652,398	32.01
32.02 RENAL TRANSPLANT	0	0	201,199	0	0	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	0	197,253	745,718	37,179	246,638	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	0	279,192	3,536,485	98,669	1,050,201	34.00
40.00 SUBPROVIDER - IPF	0	17,610	1,224,320	50,049	214,814	40.00
43.00 NURSERY	0	50,524	902,473	0	246,638	43.00
44.00 SKILLED NURSING FACILITY	0	1,586	318,761	20,020	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	3,116,547	6,684,991	396,104	1,193,410	50.00
50.01 AMBULATORY SURGERY	0	3,078	348,437	132,988	254,594	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	197,813	1,322,285	70,069	692,178	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	42,122	2,638,632	4,498,682	456,163	1,973,105	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	147,264	298,017	35,749	55,692	54.01
54.02 ULTRASOUND	0	110,908	365,605	21,450	39,780	54.02
54.03 ECHOCARDIOLOGY	0	275,225	413,709	7,150	63,649	54.03
57.00 CT SCAN	0	424,944	564,462	25,740	55,692	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	164,815	337,275	28,600	47,736	58.00
59.00 CARDIAC CATHETERIZATION	0	2,431,625	1,253,071	74,359	151,165	59.00
60.00 LABORATORY	3,677	99,422	29,959	41,469	151,165	60.00
65.00 RESPIRATORY THERAPY	0	318,436	1,884,390	52,909	151,165	65.00
65.01 SLEEP LAB	10,020	119,595	337,999	38,609	71,605	65.01
66.00 PHYSICAL THERAPY	25,160	261,708	2,544,952	122,978	517,145	66.00
66.01 SPORTS PERFORMANCE	0	66,194	787,683	27,170	175,034	66.01
67.00 OCCUPATIONAL THERAPY	0	0	194,962	14,300	23,868	67.00
68.00 SPEECH PATHOLOGY	5,069	23,097	216,710	17,160	31,824	68.00
69.00 ELECTROCARDIOLOGY	0	235,061	299,355	18,590	55,692	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	181,261	358,301	24,310	39,780	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5	178	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	1,357	178	17,160	23,868	74.00
75.00 ENDOSCOPY	0	335,629	541,020	51,479	47,736	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	19,515	175,020	4,290	7,956	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	7,891	129,797	1,228,801	30,030	1,193,410	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part 1
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	
	NEW BLDG-MCNE	NEW MVBLE EQUIP				
	1.04	2.00	4.00	5.01	5.02	
90.01 PARTIAL HOSPITALIZATION	0	8,158	301,229	41,469	151,165	90.01
91.00 EMERGENCY	47,225	580,731	3,765,124	530,522	1,002,465	91.00
91.01 PATIENT SERVICES	0	6,497	577,697	0	23,868	91.01
91.02 WOUND CARE	0	0	115,225	22,880	87,517	91.02
91.03 LAFAYETTE RD CLINIC	0	31,544	45,799	52,909	7,956	91.03
91.04 ZIONSVILLE CLINIC	0	442,844	131,135	0	47,736	91.04
91.05 BROWNSBURG CLINIC	0	0	143	0	7,956	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	280,405	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	140,325	0	182,990	91.07
91.08 FAMILY PRACTICE	5,284	193,402	708,189	98,669	700,134	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	267	9	0	63,649	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	3,664	21,843	170,703	30,030	190,946	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	6,206	0	0	98.01
98.02 DIABETES EDUCATION	0	8,751	212,496	15,730	71,605	98.02
101.00 HOME HEALTH AGENCY	0	16,161	2,096,369	105,818	962,684	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	68,791	124,021	0	0	105.00
106.00 HEART ACQUISITION	0	14,480	103,901	7,150	23,868	106.00
113.00 INTEREST EXPENSE	0	0	0	0	7,956	113.00
116.00 HOSPICE	0	79,623	1,850,271	122,978	517,145	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	204,909	17,801,465	97,454,768	5,605,518	28,864,621	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,085	189,196	14,300	31,824	190.00
191.00 RESEARCH	0	2,467	333,023	25,740	135,253	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	5,202	711,249	3,942,669	255,966	2,681,195	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 MARKETING	0	0	783,160	24,310	119,341	193.01
193.02 MISSION SERVICES	0	0	195,351	15,730	397,803	193.02
193.03 FOUNDATION	0	28,649	282,502	21,450	95,473	193.03
193.04 WELLNESS	0	45,652	355,602	5,720	95,473	193.04
193.05 NETWORK DEVELOPMENT	0	0	35,047	0	79,561	193.05
193.06 JOINT VENTURE	65,869	913	49,140	0	7,956	193.06
193.07 BILLING	0	0	0	0	0	193.07
193.08 OCCUPATIONAL HEALTH	0	0	0	27,170	23,868	193.08
193.09 LIFELINE	0	0	23,830	4,290	15,912	193.09
193.10 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 SPN	16,965	0	0	4,290	47,736	193.11
193.12 ST. JOE'S	4,300	0	0	0	0	193.12
193.13 NEW HOPE	0	0	0	0	0	193.13
193.14 VACANT SPACE	9,008	0	0	0	0	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	0	7,150	0	193.15
193.16 SETON BOARD	0	0	0	0	0	193.16
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	306,253	18,599,480	103,644,288	6,011,634	32,596,016	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part 1
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Cost Center Description	PURCHASING, RECEIVING AND STORES 5.03	ADMITTING 5.04	CASHIERING/ACC OUNTS RECEIVABLE 5.05	OP REGISTRATION 5.06	Subtotal 5A.06	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES	1,910,198					5.03
5.04 ADMITTING	308	6,448,948				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	4	0	13,556,516			5.05
5.06 OP REGISTRATION	33	0	0	4,065,412		5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	6,696	0	0	0	14,255,566	5.07
7.00 OPERATION OF PLANT	0	0	0	0	28,897,121	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	2,449,138	8.00
9.00 HOUSEKEEPING	7,906	0	0	0	8,698,307	9.00
10.00 DIETARY	62,078	0	0	0	3,247,795	10.00
11.00 CAFETERIA	0	0	0	0	4,413,130	11.00
13.00 NURSING ADMINISTRATION	15,598	0	70,062	0	14,931,355	13.00
14.00 CENTRAL SERVICES & SUPPLY	25,819	0	0	0	5,133,766	14.00
15.00 PHARMACY	360,114	0	0	0	22,576,875	15.00
16.00 MEDICAL RECORDS & LIBRARY	349	0	0	0	11,846,312	16.00
17.00 SOCIAL SERVICE	3,955	0	1,830	0	8,884,347	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	10,353,581	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,607	0	77,179	0	5,269,980	22.00
23.00 PARAMED ED PRGM - PHARMACY	1	0	0	0	295,124	23.00
23.01 PARAMED ED PRGM - CPE	25	0	0	0	222,892	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	142	0	0	0	348,260	23.02
23.03 PARAMED ED PRGM - EMS	0	0	0	0	861,304	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	63,589	4,154,517	1,151,592	0	78,964,747	30.00
31.00 INTENSIVE CARE UNIT	21,346	393,781	241,577	0	15,859,454	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	13,242	206,985	133,952	0	11,101,904	32.01
32.02 RENAL TRANSPLANT	1,651	13,336	3,481	0	1,494,901	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	4,496	98,229	99,415	0	4,376,479	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	11,828	693,099	583,284	0	18,432,383	34.00
40.00 SUBPROVIDER - IPF	607	429,374	110,439	0	5,960,552	40.00
43.00 NURSERY	2,941	202,385	85,274	0	4,614,985	43.00
44.00 SKILLED NURSING FACILITY	877	130,952	13,178	0	1,754,770	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	809,309	0	3,038,838	1,036,710	96,883,704	50.00
50.01 AMBULATORY SURGERY	4,279	0	11,288	8,465	2,483,106	50.01
52.00 DELIVERY ROOM & LABOR ROOM	5,827	0	249,005	10,282	7,405,713	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	56,230	0	1,118,461	808,264	35,926,543	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	1,784	0	31,547	17,076	1,787,759	54.01
54.02 ULTRASOUND	1,251	0	112,447	55,020	1,940,759	54.02
54.03 ECHOCARDIOLOGY	5,330	0	174,096	95,743	2,930,358	54.03
57.00 CT SCAN	7,370	0	478,110	227,174	4,030,850	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,098	0	235,412	137,583	2,828,490	58.00
59.00 CARDIAC CATHETERIZATION	134,049	0	977,339	439,170	28,579,515	59.00
60.00 LABORATORY	151,509	0	1,331,213	287,300	40,589,527	60.00
65.00 RESPIRATORY THERAPY	25,596	0	455,419	39,579	10,854,966	65.00
65.01 SLEEP LAB	1,375	0	62,522	50,025	2,302,391	65.01
66.00 PHYSICAL THERAPY	5,703	0	271,551	154,868	14,556,106	66.00
66.01 SPORTS PERFORMANCE	336	0	7,601	6,175	4,893,535	66.01
67.00 OCCUPATIONAL THERAPY	147	0	26,535	557	876,825	67.00
68.00 SPEECH PATHOLOGY	75	0	21,111	7,809	1,382,625	68.00
69.00 ELECTROCARDIOLOGY	1,039	0	18,896	6,802	1,986,873	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,882	0	58,702	16,974	1,993,407	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1	0	21,896	0	2,386,796	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	1,103,574	0	27,502,227	73.00
74.00 RENAL DIALYSIS	4,410	0	30,032	3,136	440,721	74.00
75.00 ENDOSCOPY	18,830	0	147,852	80,716	4,603,421	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	105	0	9,899	4,998	916,635	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	2,685	0	72,174	58,634	8,101,005	90.00
90.01 PARTIAL HOSPITALIZATION	262	0	37,027	30,081	1,575,983	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part 1
Date/Time Prepared:
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Cost Center Description		PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OP REGISTRATION	Subtotal	
		5.03	5.04	5.05	5.06	5A.06	
91.00	EMERGENCY	23,986	0	574,270	331,243	19,477,129	91.00
91.01	PATIENT SERVICES	1,438	0	483	392	2,839,877	91.01
91.02	WOUND CARE	0	0	51,956	40,794	815,484	91.02
91.03	LAFAYETTE RD CLINIC	30	0	0	0	321,272	91.03
91.04	ZIONSVILLE CLINIC	637	0	0	0	1,530,473	91.04
91.05	BROWNSBURG CLINIC	12	0	0	0	11,549	91.05
91.06	OP ANTICOAGULATION CLINIC	356	0	17,008	13,778	1,245,156	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	1	0	77,622	0	5,387,007	91.07
91.08	FAMILY PRACTICE	1,726	0	0	0	5,055,578	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	605	0	0	0	98,173	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	348	0	0	0	978,109	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	1,713	0	-227,951	98.01
98.02	DIABETES EDUCATION	194	0	2,161	1,753	1,074,362	98.02
101.00	HOME HEALTH AGENCY	3,115	0	55,224	44,865	10,468,233	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	3,090	0	23,808	5,280	2,539,638	105.00
106.00	HEART ACQUISITION	3,607	0	13,556	176	1,300,103	106.00
113.00	INTEREST EXPENSE	0	0	0	0	7,956	113.00
116.00	HOSPICE	9,119	126,290	64,905	43,990	10,647,126	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,900,958	6,448,948	13,556,516	4,065,412	658,574,142	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	192	0	0	0	2,041,640	190.00
191.00	RESEARCH	286	0	0	0	2,212,607	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	5,831	0	0	0	29,172,664	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	MARKETING	76	0	0	0	12,892,477	193.01
193.02	MISSION SERVICES	1,655	0	0	0	1,893,909	193.02
193.03	FOUNDATION	280	0	0	0	3,393,124	193.03
193.04	WELLNESS	205	0	0	0	1,987,077	193.04
193.05	NETWORK DEVELOPMENT	0	0	0	0	1,198,287	193.05
193.06	JOINT VENTURE	693	0	0	0	2,397,659	193.06
193.07	BILLING	0	0	0	0	30,362,476	193.07
193.08	OCCUPATIONAL HEALTH	0	0	0	0	53,994	193.08
193.09	LIFELINE	22	0	0	0	311,485	193.09
193.10	MARTEN HOUSE	0	0	0	0	2,803,404	193.10
193.11	SPN	0	0	0	0	68,991	193.11
193.12	ST. JOE'S	0	0	0	0	4,300	193.12
193.13	NEW HOPE	0	0	0	0	769,562	193.13
193.14	VACANT SPACE	0	0	0	0	1,316,006	193.14
193.15	EXTENDED CARE RESIDENTIAL	0	0	0	0	7,150	193.15
193.16	SETON BOARD	0	0	0	0	0	193.16
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118-201)	1,910,198	6,448,948	13,556,516	4,065,412	751,460,954	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	OTHER	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	
	ADMINISTRATIVE AND GENERAL	PLANT	LINEN SERVICE			
	5.07	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	14,255,566					5.07
7.00 OPERATION OF PLANT	558,610	29,455,731				7.00
8.00 LAUNDRY & LINEN SERVICE	47,344	9,083	2,505,565			8.00
9.00 HOUSEKEEPING	168,147	339,211	0	9,205,665		9.00
10.00 DIETARY	62,783	447,286	0	141,461	3,899,325	10.00
11.00 CAFETERIA	85,310	316,257	0	100,021	0	11.00
13.00 NURSING ADMINISTRATION	288,638	425,993	0	134,727	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	99,241	994,307	0	314,465	0	14.00
15.00 PHARMACY	436,434	484,907	0	153,359	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	229,001	286,825	0	90,713	0	16.00
17.00 SOCIAL SERVICE	171,743	57,400	0	18,154	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	200,145	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	101,874	401,177	0	126,878	0	22.00
23.00 PARAMED ED PRGM - PHARMACY	5,705	0	0	0	0	23.00
23.01 PARAMED ED PRGM - CPE	4,309	30,449	0	9,630	0	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	6,732	0	0	0	0	23.02
23.03 PARAMED ED PRGM - EMS	16,650	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,526,468	6,883,768	865,643	2,177,093	2,586,037	30.00
31.00 INTENSIVE CARE UNIT	306,579	768,927	59,775	243,185	48,495	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	214,611	525,382	5,895	166,160	0	32.01
32.02 RENAL TRANSPLANT	28,898	73,232	12,920	23,161	113,563	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	84,602	461,381	6,983	145,919	16,344	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	356,316	668,670	528,014	211,477	0	34.00
40.00 SUBPROVIDER - IPF	115,223	600,401	86,008	189,886	361,971	40.00
43.00 NURSERY	89,212	316,678	176,595	100,154	0	43.00
44.00 SKILLED NURSING FACILITY	33,921	306,007	4,567	96,779	110,388	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,873,101	2,983,765	123,552	943,661	14,274	50.00
50.01 AMBULATORY SURGERY	48,001	514,934	22,780	162,856	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	143,160	510,319	313,307	161,396	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	694,496	1,467,774	99,534	464,206	348	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	34,559	167,906	0	53,103	0	54.01
54.02 ULTRASOUND	37,517	48,689	0	15,399	0	54.02
54.03 ECHOCARDIOLOGY	56,647	5,633	0	1,782	0	54.03
57.00 CT SCAN	77,920	54,149	4,076	17,125	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	54,678	223,295	0	70,621	0	58.00
59.00 CARDIAC CATHETERIZATION	552,471	482,922	5,149	152,731	0	59.00
60.00 LABORATORY	784,636	462,200	2,746	146,178	0	60.00
65.00 RESPIRATORY THERAPY	209,837	145,422	2,534	45,992	0	65.00
65.01 SLEEP LAB	44,508	355,143	0	112,319	5,096	65.01
66.00 PHYSICAL THERAPY	281,384	452,373	4,720	143,070	0	66.00
66.01 SPORTS PERFORMANCE	94,597	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	16,950	11,887	0	3,759	0	67.00
68.00 SPEECH PATHOLOGY	26,728	79,089	0	25,013	0	68.00
69.00 ELECTROCARDIOLOGY	38,408	97,552	3,705	30,852	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	38,535	17,123	5,021	5,415	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	46,139	50	4	16	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	531,646	0	0	0	0	73.00
74.00 RENAL DIALYSIS	8,520	86,757	0	27,438	0	74.00
75.00 ENDOSCOPY	88,989	293,550	20,353	92,840	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	17,719	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	156,601	61,891	0	19,574	0	90.00
90.01 PARTIAL HOSPITALIZATION	30,465	195,104	0	61,705	0	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.07	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
91.00	EMERGENCY	376,512	1,296,667	148,803	410,090	18,444	91.00
91.01	PATIENT SERVICES	54,898	76,061	0	24,056	0	91.01
91.02	WOUND CARE	15,764	125,371	0	39,650	0	91.02
91.03	LAFAYETTE RD CLINIC	6,211	0	0	0	0	91.03
91.04	ZIONSVILLE CLINIC	29,586	0	0	0	0	91.04
91.05	BROWNSBURG CLINIC	223	0	0	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	24,070	42,063	0	13,303	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	104,136	0	0	0	0	91.07
91.08	FAMILY PRACTICE	97,729	41,443	0	13,107	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,898	26,826	0	8,484	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	18,908	28,737	0	9,089	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	DIABETES EDUCATION	20,768	0	0	0	0	98.02
101.00	HOME HEALTH AGENCY	202,361	131,277	0	41,518	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	49,094	0	0	0	0	105.00
106.00	HEART ACQUISITION	25,132	0	0	0	0	106.00
113.00	INTEREST EXPENSE	154	0	0	0	0	113.00
116.00	HOSPICE	205,820	574,518	0	181,700	256,869	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,459,972	25,457,831	2,502,684	7,941,270	3,531,829	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,467	90,628	0	28,663	0	190.00
191.00	RESEARCH	42,772	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	563,937	246,747	2,881	78,037	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	MARKETING	249,224	0	0	0	0	193.01
193.02	MISSION SERVICES	36,611	65,266	0	20,641	0	193.02
193.03	FOUNDATION	65,592	0	0	0	0	193.03
193.04	WELLNESS	38,412	0	0	0	0	193.04
193.05	NETWORK DEVELOPMENT	23,164	0	0	0	0	193.05
193.06	JOINT VENTURE	46,349	516,647	0	163,397	0	193.06
193.07	BILLING	586,937	0	0	0	0	193.07
193.08	OCCUPATIONAL HEALTH	1,044	0	0	0	0	193.08
193.09	LIFELINE	6,021	0	0	0	0	193.09
193.10	MARTEN HOUSE	54,193	0	0	0	0	193.10
193.11	SPN	1,334	133,064	0	42,083	0	193.11
193.12	ST. JOE'S	83	33,725	0	10,666	0	193.12
193.13	NEW HOPE	14,876	1,052,923	0	333,003	0	193.13
193.14	VACANT SPACE	25,440	1,858,900	0	587,905	0	193.14
193.15	EXTENDED CARE RESIDENTIAL	138	0	0	0	0	193.15
193.16	SETON BOARD	0	0	0	0	367,496	193.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	14,255,566	29,455,731	2,505,565	9,205,665	3,899,325	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	4,914,718					11.00
13.00 NURSING ADMINISTRATION	144,046	15,924,759				13.00
14.00 CENTRAL SERVICES & SUPPLY	97,886	0	6,639,665			14.00
15.00 PHARMACY	212,937	9,392	111,925	23,985,829		15.00
16.00 MEDICAL RECORDS & LIBRARY	22,399	0	0	0	12,475,250	16.00
17.00 SOCIAL SERVICE	114,927	385,542	32	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	193,677	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	115,729	109,597	11,002	439,413	0	22.00
23.00 PARAMED ED PRGM - PHARMACY	6,064	0	0	0	0	23.00
23.01 PARAMED ED PRGM - CPE	6,981	0	0	0	0	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	7,274	1,687	0	0	0	23.02
23.03 PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,012,995	5,376,843	479,947	363,532	2,102,824	30.00
31.00 INTENSIVE CARE UNIT	175,743	1,069,244	190,150	254,876	83,854	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	112,539	635,113	143,798	82,660	2,413	32.01
32.02 RENAL TRANSPLANT	11,200	51,950	69,941	406	7,404	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	52,808	265,134	35,390	7,663	6,463	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	244,105	1,263,644	87,885	117,659	51,826	34.00
40.00 SUBPROVIDER - IPF	91,519	248,480	2,684	3,712	95,962	40.00
43.00 NURSERY	54,138	300,766	18,339	1,148	130,608	43.00
44.00 SKILLED NURSING FACILITY	27,519	113,499	6,470	88	21,802	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	458,824	1,683,376	3,469,825	3,919,935	177,608	50.00
50.01 AMBULATORY SURGERY	23,551	101,256	35,126	2,841	605,225	50.01
52.00 DELIVERY ROOM & LABOR ROOM	84,434	442,933	52,654	27,546	73,506	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	317,447	246,068	92,675	603,811	3,643,742	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	20,342	96,499	13,863	31,313	0	54.01
54.02 ULTRASOUND	17,554	0	12,428	2,179	0	54.02
54.03 ECHOCARDIOLOGY	27,759	18,659	7,300	169,053	0	54.03
57.00 CT SCAN	32,043	8,555	26,067	9,695	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	20,954	0	4,817	4,805	0	58.00
59.00 CARDIAC CATHETERIZATION	79,150	225,570	925,901	156,895	635,085	59.00
60.00 LABORATORY	1,196	0	3,133	2,375,314	436,820	60.00
65.00 RESPIRATORY THERAPY	123,264	44,661	12,584	4,499,669	0	65.00
65.01 SLEEP LAB	24,791	4	6,542	1,676	102,425	65.01
66.00 PHYSICAL THERAPY	177,786	0	52,731	12,301	12,885	66.00
66.01 SPORTS PERFORMANCE	54,373	0	847	281	82	66.01
67.00 OCCUPATIONAL THERAPY	13,918	107	1,559	0	0	67.00
68.00 SPEECH PATHOLOGY	12,288	0	663	21	0	68.00
69.00 ELECTROCARDIOLOGY	24,665	57,633	6,308	4,051	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	23,471	0	29,633	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	12	63	5	4	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	7	45	43,802	151,427	0	74.00
75.00 ENDOSCOPY	33,692	190,180	177,622	53,295	212,540	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	11,148	53,064	422	578	327	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	108,109	280,930	18,839	470,546	0	90.00
90.01 PARTIAL HOSPITALIZATION	24,872	0	6	0	0	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	11.00	ADMINISTRATION 13.00	SERVICES & SUPPLY 14.00	15.00	RECORDS & LIBRARY 16.00	
91.00 EMERGENCY	249,383	1,007,266	185,553	71,151	2,732,632	91.00
91.01 PATIENT SERVICES	71,855	18,753	7,577	4,261	173,395	91.01
91.02 WOUND CARE	7,661	37,005	0	842	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	219	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	1,283	5,472	246,532	91.04
91.05 BROWNSBURG CLINIC	0	0	119	0	205	91.05
91.06 OP ANTICOAGULATION CLINIC	0	53,127	532	0	695	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	56,134	0	0	0	91.07
91.08 FAMILY PRACTICE	0	34,817	8,580	1,475	307,357	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	14	98	2,039	102,476	41	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	18,066	52,366	1,293	16,884	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	79	0	0	0	0	98.01
98.02 DIABETES EDUCATION	13,009	60,689	15	612	38,246	98.02
101.00 HOME HEALTH AGENCY	0	406,970	25,405	10,524	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	7,137	24,275	135,178	570	0	105.00
106.00 HEART ACQUISITION	6,411	28,414	63,952	716	2,454	106.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	388,804	29,170	1,385,389	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,793,751	15,449,212	6,613,830	15,368,765	11,904,958	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,014	0	4	0	0	190.00
191.00 RESEARCH	23,914	28,011	20	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	337,891	18,997	8,510,892	367,691	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 MARKETING	0	0	0	0	0	193.01
193.02 MISSION SERVICES	14,553	371	2,160	99,301	0	193.02
193.03 FOUNDATION	16,509	0	0	0	0	193.03
193.04 WELLNESS	37,882	109,274	812	897	0	193.04
193.05 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 JOINT VENTURE	4,432	0	3,842	5,844	202,601	193.06
193.07 BILLING	0	0	0	130	0	193.07
193.08 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 LIFELINE	1,663	0	0	0	0	193.09
193.10 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 SPN	0	0	0	0	0	193.11
193.12 ST. JOE'S	0	0	0	0	0	193.12
193.13 NEW HOPE	0	0	0	0	0	193.13
193.14 VACANT SPACE	0	0	0	0	0	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 SETON BOARD	0	0	0	0	0	193.16
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,914,718	15,924,759	6,639,665	23,985,829	12,475,250	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	PARAMED ED	
		Y & FRINGES	PRGM COSTS	PRGM - PHARMACY	PRGM - CPE	
	17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	9,632,145					17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	10,747,403				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	6,575,650			22.00
23.00 PARAMED ED PRGM - PHARMACY	0	0	0	306,893		23.00
23.01 PARAMED ED PRGM - CPE	0	0	0	0	274,261	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03 PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,775,873	5,233,795	3,202,224	0	159,501	30.00
31.00 INTENSIVE CARE UNIT	538,193	1,952,339	1,194,512	0	50,561	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	3,431	0	0	0	0	32.01
32.02 RENAL TRANSPLANT	0	0	0	0	0	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	403,537	279,814	171,200	0	499	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	1,658,748	228,939	140,073	0	18,461	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	13,472	40.00
43.00 NURSERY	451,567	120,829	73,927	0	0	43.00
44.00 SKILLED NURSING FACILITY	1,715	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	69,901	610,503	373,528	0	0	50.00
50.01 AMBULATORY SURGERY	30,876	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	270,168	438,799	268,473	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	38,156	23,346	0	1,331	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	165,345	101,164	0	0	66.00
66.01 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	306,893	0	73.00
74.00 RENAL DIALYSIS	0	31,797	19,455	0	0	74.00
75.00 ENDOSCOPY	46,315	76,313	46,691	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	PARAMED ED	
		Y & FRINGES	PRGM COSTS			
17.00	21.00	22.00	23.00	23.01		
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	141,946	279,814	171,200	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	337,049	206,219	0	0	90.01
91.00 EMERGENCY	3,063,193	0	0	0	8,482	91.00
91.01 PATIENT SERVICES	0	203,501	124,509	0	0	91.01
91.02 WOUND CARE	0	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	14,581	559,628	342,401	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	114,469	70,037	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	0	0	0	0	98.02
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	21,954	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,470,044	10,671,090	6,528,959	306,893	274,261	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	76,313	46,691	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	162,101	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 MARKETING	0	0	0	0	0	193.01
193.02 MISSION SERVICES	0	0	0	0	0	193.02
193.03 FOUNDATION	0	0	0	0	0	193.03
193.04 WELLNESS	0	0	0	0	0	193.04
193.05 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 JOINT VENTURE	0	0	0	0	0	193.06
193.07 BILLING	0	0	0	0	0	193.07
193.08 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 LIFELINE	0	0	0	0	0	193.09
193.10 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 SPN	0	0	0	0	0	193.11
193.12 ST. JOE'S	0	0	0	0	0	193.12
193.13 NEW HOPE	0	0	0	0	0	193.13
193.14 VACANT SPACE	0	0	0	0	0	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 SETON BOARD	0	0	0	0	0	193.16
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	9,632,145	10,747,403	6,575,650	306,893	274,261	202.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.02	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00 PARAMED ED PRGM - PHARMACY						23.00
23.01 PARAMED ED PRGM - CPE						23.01
23.02 PARAMED ED PRGM - RADIOLOGY	363,953					23.02
23.03 PARAMED ED PRGM - EMS	0	877,954				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	113,711,290	-8,436,019	105,275,271	30.00
31.00 INTENSIVE CARE UNIT	0	0	22,795,887	-3,146,851	19,649,036	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	0	0	12,993,906	0	12,993,906	32.01
32.02 RENAL TRANSPLANT	0	0	1,887,576	0	1,887,576	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	0	0	6,314,216	-451,014	5,863,202	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	0	0	24,008,200	-369,012	23,639,188	34.00
40.00 SUBPROVIDER - IPF	0	0	7,769,870	0	7,769,870	40.00
43.00 NURSERY	0	0	6,448,946	-194,756	6,254,190	43.00
44.00 SKILLED NURSING FACILITY	0	0	2,477,525	0	2,477,525	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	113,585,557	-984,031	112,601,526	50.00
50.01 AMBULATORY SURGERY	0	0	4,030,552	0	4,030,552	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	10,192,408	-707,272	9,485,136	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	363,953	0	43,983,430	-61,502	43,921,928	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0	2,205,344	0	2,205,344	54.01
54.02 ULTRASOUND	0	0	2,074,525	0	2,074,525	54.02
54.03 ECHOCARDIOLOGY	0	0	3,217,191	0	3,217,191	54.03
57.00 CT SCAN	0	0	4,260,480	0	4,260,480	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,207,660	0	3,207,660	58.00
59.00 CARDIAC CATHETERIZATION	0	0	31,795,389	0	31,795,389	59.00
60.00 LABORATORY	0	0	44,801,750	0	44,801,750	60.00
65.00 RESPIRATORY THERAPY	0	0	15,938,929	0	15,938,929	65.00
65.01 SLEEP LAB	0	0	2,954,895	0	2,954,895	65.01
66.00 PHYSICAL THERAPY	0	0	15,959,865	-266,509	15,693,356	66.00
66.01 SPORTS PERFORMANCE	0	0	5,043,715	0	5,043,715	66.01
67.00 OCCUPATIONAL THERAPY	0	0	925,005	0	925,005	67.00
68.00 SPEECH PATHOLOGY	0	0	1,526,427	0	1,526,427	68.00
69.00 ELECTROCARDIOLOGY	0	0	2,250,047	0	2,250,047	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	2,112,605	0	2,112,605	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,433,089	0	2,433,089	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	28,340,766	0	28,340,766	73.00
74.00 RENAL DIALYSIS	0	0	809,969	-51,252	758,717	74.00
75.00 ENDOSCOPY	0	0	5,935,801	-123,004	5,812,797	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	999,893	0	999,893	76.97

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part 1
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.02	23.03	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	9,810,455	-451,014	9,359,441	90.00
90.01 PARTIAL HOSPITALIZATION	0	0	2,431,403	-543,268	1,888,135	90.01
91.00 EMERGENCY	0	877,954	29,923,259	0	29,923,259	91.00
91.01 PATIENT SERVICES	0	0	3,598,743	-328,010	3,270,733	91.01
91.02 WOUND CARE	0	0	1,041,777	0	1,041,777	91.02
91.03 LAFAYETTE RD CLINIC	0	0	327,702	0	327,702	91.03
91.04 ZIONSVILLE CLINIC	0	0	1,813,346	0	1,813,346	91.04
91.05 BROWNSBURG CLINIC	0	0	12,096	0	12,096	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	1,378,946	0	1,378,946	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	5,547,277	0	5,547,277	91.07
91.08 FAMILY PRACTICE	0	0	6,476,696	-902,029	5,574,667	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	240,049	0	240,049	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	0	1,307,958	-184,506	1,123,452	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	-227,872	0	-227,872	98.01
98.02 DIABETES EDUCATION	0	0	1,207,701	0	1,207,701	98.02
101.00 HOME HEALTH AGENCY	0	0	11,286,288	0	11,286,288	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	2,755,892	0	2,755,892	105.00
106.00 HEART ACQUISITION	0	0	1,427,182	0	1,427,182	106.00
113.00 INTEREST EXPENSE	0	0	8,110	0	8,110	113.00
116.00 HOSPICE	0	0	13,691,350	0	13,691,350	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	363,953	877,954	641,051,066	-17,200,049	623,851,017	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,222,416	0	2,222,416	190.00
191.00 RESEARCH	0	0	2,430,328	-123,004	2,307,324	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	39,461,838	0	39,461,838	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 MARKETING	0	0	13,141,701	0	13,141,701	193.01
193.02 MISSION SERVICES	0	0	2,132,812	0	2,132,812	193.02
193.03 FOUNDATION	0	0	3,475,225	0	3,475,225	193.03
193.04 WELLNESS	0	0	2,174,354	0	2,174,354	193.04
193.05 NETWORK DEVELOPMENT	0	0	1,221,451	0	1,221,451	193.05
193.06 JOINT VENTURE	0	0	3,340,771	0	3,340,771	193.06
193.07 BILLING	0	0	30,949,543	0	30,949,543	193.07
193.08 OCCUPATIONAL HEALTH	0	0	55,038	0	55,038	193.08
193.09 LIFELINE	0	0	319,169	0	319,169	193.09
193.10 MARTEN HOUSE	0	0	2,857,597	0	2,857,597	193.10
193.11 SPN	0	0	245,472	0	245,472	193.11
193.12 ST. JOE'S	0	0	48,774	0	48,774	193.12
193.13 NEW HOPE	0	0	2,170,364	0	2,170,364	193.13
193.14 VACANT SPACE	0	0	3,788,251	0	3,788,251	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	7,288	0	7,288	193.15
193.16 SETON BOARD	0	0	367,496	0	367,496	193.16
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	363,953	877,954	751,460,954	-17,323,053	734,137,901	202.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			NEW BLDG-WOMENS	
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MATEN HOUSE		
	0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE					1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS					1.03
1.04	NEW CAP REL COSTS-BLDG-MCNE					1.04
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	112,798	4,950	0	4.00
5.01	NONPATIENT TELEPHONES	0	146,552	1,016	0	5.01
5.02	DATA PROCESSING	0	224,127	15,703	0	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	0	0	0	5.03
5.04	ADMITTING	0	187,217	702	0	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	27,043	0	0	5.05
5.06	OP REGISTRATION	0	707	0	0	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	0	373,617	18,256	12,107	5.07
7.00	OPERATION OF PLANT	0	3,895,548	9,972	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	208,365	2,181	0	9.00
10.00	DIETARY	0	195,814	4,267	0	10.00
11.00	CAFETERIA	0	231,146	0	0	11.00
13.00	NURSING ADMINISTRATION	0	264,755	959	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	657,036	298	0	14.00
15.00	PHARMACY	0	289,985	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	196,594	2,283	0	16.00
17.00	SOCIAL SERVICE	0	37,726	578	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	286,557	0	0	22.00
23.00	PARAMED ED PRGM - PHARMACY	0	0	0	0	23.00
23.01	PARAMED ED PRGM - CPE	0	22,255	0	0	23.01
23.02	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	PARAMED ED PRGM - EMS	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	4,399,867	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	561,995	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	0	383,992	0	0	32.01
32.02	RENAL TRANSPLANT	0	53,524	0	0	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	0	337,215	0	0	33.00
34.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	76,814	0	40.00
43.00	NURSERY	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	223,655	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,929,482	0	0	50.00
50.01	AMBULATORY SURGERY	0	376,356	0	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	770,469	0	0	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	122,719	0	0	54.01
54.02	ULTRASOUND	0	35,586	0	0	54.02
54.03	ECHOCARDIOLOGY	0	4,117	0	0	54.03
57.00	CT SCAN	0	39,576	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	142,925	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	352,958	0	0	59.00
60.00	LABORATORY	0	258,752	0	0	60.00
65.00	RESPIRATORY THERAPY	0	82,290	3,429	0	65.00
65.01	SLEEP LAB	0	2,975	34,861	0	65.01
66.00	PHYSICAL THERAPY	0	186,401	0	0	66.00
66.01	SPORTS PERFORMANCE	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	6,747	340	0	67.00
68.00	SPEECH PATHOLOGY	0	28,748	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	71,299	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	12,515	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	63,409	0	0	74.00
75.00	ENDOSCOPY	0	214,550	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	76.97

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				NEW BLDG-WOMENS	
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MATEN HOUSE			
	0	1.00	1.01	1.02	1.03		
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	0	24,961	0	0	0	90.01
91.00 EMERGENCY	0	676,987	0	0	0	0	91.00
91.01 PATIENT SERVICES	0	0	0	0	37,765	0	91.01
91.02 WOUND CARE	0	91,631	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	30,743	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	0	0	0	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	0	19,607	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	0	0	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	0	0	0	0	0	98.02
101.00 HOME HEALTH AGENCY	0	95,948	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00 HOSPICE	0	411,507	1,473	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	19,346,423	203,043	12,107	1,942,844	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,250	0	0	8,145	0	190.00
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	150,524	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01 MARKETING	0	0	0	0	0	0	193.01
193.02 MISSION SERVICES	0	47,702	0	0	0	0	193.02
193.03 FOUNDATION	0	0	0	0	0	0	193.03
193.04 WELLNESS	0	0	0	0	0	0	193.04
193.05 NETWORK DEVELOPMENT	0	0	0	0	0	0	193.05
193.06 JOINT VENTURE	0	0	0	0	0	0	193.06
193.07 BILLING	0	0	0	0	0	0	193.07
193.08 OCCUPATIONAL HEALTH	0	0	0	0	0	0	193.08
193.09 LIFELINE	0	0	0	0	0	0	193.09
193.10 MARTEN HOUSE	0	0	0	322,373	0	0	193.10
193.11 SPN	0	0	0	0	0	0	193.11
193.12 ST. JOE'S	0	0	0	0	0	0	193.12
193.13 NEW HOPE	0	769,562	0	0	0	0	193.13
193.14 VACANT SPACE	0	1,306,998	0	0	0	0	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	0	193.15
193.16 SETON BOARD	0	0	0	0	0	0	193.16
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	21,675,459	203,043	334,480	1,950,989	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
	NEW BLDG-MCNE	NEW MVBLE EQUIP				
	1.04	2.00				
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE					1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS					1.03
1.04	NEW CAP REL COSTS-BLDG-MCNE					1.04
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	39,757	157,505	157,505	4.00
5.01	NONPATIENT TELEPHONES	0	75,753	226,118	438	226,556
5.02	DATA PROCESSING	0	128,210	371,502	4,650	1,078
5.03	PURCHASING, RECEIVING AND STORES	0	0	0	320	0
5.04	ADMITTING	0	8,323	213,320	1,812	1,347
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	27,043	1,881	323
5.06	OP REGISTRATION	0	0	707	1,350	0
5.07	OTHER ADMINISTRATIVE AND GENERAL	52,275	1,887,892	2,408,182	12,852	17,892
7.00	OPERATION OF PLANT	0	473,998	4,546,080	2,840	7,868
8.00	LAUNDRY & LINEN SERVICE	0	0	4,510	110	269
9.00	HOUSEKEEPING	0	879	229,821	2,264	1,455
10.00	DIETARY	0	57,523	330,091	734	3,341
11.00	CAFETERIA	0	0	231,146	1,679	0
13.00	NURSING ADMINISTRATION	0	611,102	904,737	4,101	3,988
14.00	CENTRAL SERVICES & SUPPLY	0	36,599	740,114	1,410	1,563
15.00	PHARMACY	2,522	226,161	552,614	6,615	1,563
16.00	MEDICAL RECORDS & LIBRARY	0	698	199,575	2,336	2,479
17.00	SOCIAL SERVICE	0	25,413	64,358	2,858	5,173
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,889	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	11,484	302,563	1,219	6,197
23.00	PARAMED ED PRGM - PHARMACY	0	0	0	105	0
23.01	PARAMED ED PRGM - CPE	0	0	22,255	80	108
23.02	PARAMED ED PRGM - RADIOLOGY	0	0	0	157	108
23.03	PARAMED ED PRGM - EMS	0	0	0	272	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	431,140	5,259,906	22,235	34,814
31.00	INTENSIVE CARE UNIT	0	344,439	906,434	4,620	3,988
32.00	CORONARY CARE UNIT	0	0	0	0	0
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	0	120,909	504,901	3,090	6,790
32.02	RENAL TRANSPLANT	0	0	53,524	306	0
33.00	PEDIATRIC INTENSIVE CARE UNIT	0	197,253	534,468	1,133	1,401
34.00	NEONATAL INTENSIVE CARE UNIT	0	279,192	614,017	5,373	3,718
40.00	SUBPROVIDER - IPF	0	17,610	94,424	1,860	1,886
43.00	NURSERY	0	50,524	207,759	1,371	0
44.00	SKILLED NURSING FACILITY	0	1,586	225,241	484	754
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	3,116,547	5,216,744	10,157	14,928
50.01	AMBULATORY SURGERY	0	3,078	379,434	529	5,012
52.00	DELIVERY ROOM & LABOR ROOM	0	197,813	451,193	2,009	2,641
53.00	ANESTHESIOLOGY	0	0	0	0	0
54.00	RADIOLOGY-DIAGNOSTIC	42,122	2,638,632	3,492,549	6,835	17,191
54.01	AMBULATORY CARDIOVASCULAR SVC	0	147,264	269,983	453	1,347
54.02	ULTRASOUND	0	110,908	146,494	556	808
54.03	ECHOCARDIOLOGY	0	275,225	279,342	629	269
57.00	CT SCAN	0	424,944	464,520	858	970
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	164,815	321,515	512	1,078
59.00	CARDIAC CATHETERIZATION	0	2,431,625	2,784,583	1,904	2,802
60.00	LABORATORY	3,677	99,422	401,243	46	1,563
65.00	RESPIRATORY THERAPY	0	318,436	407,149	2,863	1,994
65.01	SLEEP LAB	10,020	119,595	167,451	514	1,455
66.00	PHYSICAL THERAPY	25,160	261,708	473,269	3,867	4,635
66.01	SPORTS PERFORMANCE	0	66,194	66,194	1,197	1,024
67.00	OCCUPATIONAL THERAPY	0	0	7,087	296	539
68.00	SPEECH PATHOLOGY	5,069	23,097	56,914	329	647
69.00	ELECTROCARDIOLOGY	0	235,061	306,360	455	701
70.00	ELECTROENCEPHALOGRAPHY	0	181,261	193,776	544	916
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5	41	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	1,357	64,766	0	647
75.00	ENDOSCOPY	0	335,629	550,179	822	1,940
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	CARDIAC REHABILITATION	0	19,515	19,515	266	162
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	7,891	129,797	137,688	1,867	1,132

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
	NEW BLDG-MCNE	NEW MVBLE EQUIP				
	1.04	2.00	2A	4.00	5.01	
90.01 PARTIAL HOSPITALIZATION	0	8,158	33,119	458	1,563	90.01
91.00 EMERGENCY	47,225	580,731	1,304,943	5,721	19,993	91.00
91.01 PATIENT SERVICES	0	6,497	44,262	878	0	91.01
91.02 WOUND CARE	0	0	91,631	175	862	91.02
91.03 LAFAYETTE RD CLINIC	0	31,544	31,544	70	1,994	91.03
91.04 ZIONSVILLE CLINIC	0	442,844	442,844	199	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	30,743	426	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	213	0	91.07
91.08 FAMILY PRACTICE	5,284	193,402	198,686	1,076	3,718	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	267	19,874	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	3,664	21,843	25,507	259	1,132	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	9	0	98.01
98.02 DIABETES EDUCATION	0	8,751	8,751	323	593	98.02
101.00 HOME HEALTH AGENCY	0	16,161	112,109	3,185	3,988	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	68,791	68,791	188	0	105.00
106.00 HEART ACQUISITION	0	14,480	14,480	158	269	106.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	79,623	492,603	2,811	4,635	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	204,909	17,801,465	39,510,791	148,101	211,251	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,085	71,480	287	539	190.00
191.00 RESEARCH	0	2,467	2,467	506	970	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	5,202	711,249	866,975	5,991	9,646	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 MARKETING	0	0	0	1,190	916	193.01
193.02 MISSION SERVICES	0	0	47,702	297	593	193.02
193.03 FOUNDATION	0	28,649	28,649	429	808	193.03
193.04 WELLNESS	0	45,652	45,652	540	216	193.04
193.05 NETWORK DEVELOPMENT	0	0	0	53	0	193.05
193.06 JOINT VENTURE	65,869	913	66,782	75	0	193.06
193.07 BILLING	0	0	0	0	0	193.07
193.08 OCCUPATIONAL HEALTH	0	0	0	0	1,024	193.08
193.09 LIFELINE	0	0	0	36	162	193.09
193.10 MARTEN HOUSE	0	0	322,373	0	0	193.10
193.11 SPN	16,965	0	16,965	0	162	193.11
193.12 ST. JOE'S	4,300	0	4,300	0	0	193.12
193.13 NEW HOPE	0	0	769,562	0	0	193.13
193.14 VACANT SPACE	9,008	0	1,316,006	0	0	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	0	0	269	193.15
193.16 SETON BOARD	0	0	0	0	0	193.16
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	306,253	18,599,480	43,069,704	157,505	226,556	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OP REGISTRATION	
		5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04	NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	377,230					5.02
5.03	PURCHASING, RECEIVING AND STORES	1,473	1,793				5.03
5.04	ADMITTING	6,353	0	222,832			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	14,456	0	0	43,703		5.05
5.06	OP REGISTRATION	4,604	0	0	0	6,661	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	40,052	6	0	0	0	5.07
7.00	OPERATION OF PLANT	10,220	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	1,749	7	0	0	0	9.00
10.00	DIETARY	2,578	58	0	0	0	10.00
11.00	CAFETERIA	92	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	7,182	15	0	223	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,051	24	0	0	0	14.00
15.00	PHARMACY	7,366	337	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	17,402	0	0	0	0	16.00
17.00	SOCIAL SERVICE	3,867	4	0	6	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,077	4	0	246	0	22.00
23.00	PARAMED ED PRGM - PHARMACY	0	0	0	0	0	23.00
23.01	PARAMED ED PRGM - CPE	92	0	0	0	0	23.01
23.02	PARAMED ED PRGM - RADIOLOGY	276	0	0	0	0	23.02
23.03	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	44,477	60	143,552	3,669	0	30.00
31.00	INTENSIVE CARE UNIT	5,709	20	13,606	770	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	7,550	12	7,152	427	0	32.01
32.02	RENAL TRANSPLANT	0	2	461	11	0	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	2,854	4	3,394	317	0	33.00
34.00	NEONATAL INTENSIVE CARE UNIT	12,154	11	23,949	1,858	0	34.00
40.00	SUBPROVIDER - IPF	2,486	1	14,836	352	0	40.00
43.00	NURSERY	2,854	3	6,993	272	0	43.00
44.00	SKILLED NURSING FACILITY	0	1	4,525	42	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	13,811	763	0	10,192	1,768	50.00
50.01	AMBULATORY SURGERY	2,946	4	0	36	14	50.01
52.00	DELIVERY ROOM & LABOR ROOM	8,010	5	0	793	17	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	22,835	53	0	3,563	1,305	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	645	2	0	101	28	54.01
54.02	ULTRASOUND	460	1	0	358	89	54.02
54.03	ECHOCARDIOLOGY	737	5	0	555	155	54.03
57.00	CT SCAN	645	7	0	1,523	367	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	552	4	0	750	222	58.00
59.00	CARDIAC CATHETERIZATION	1,749	126	0	3,114	709	59.00
60.00	LABORATORY	1,749	142	0	4,241	464	60.00
65.00	RESPIRATORY THERAPY	1,749	24	0	1,451	64	65.00
65.01	SLEEP LAB	829	1	0	199	81	65.01
66.00	PHYSICAL THERAPY	5,985	5	0	865	250	66.00
66.01	SPORTS PERFORMANCE	2,026	0	0	24	10	66.01
67.00	OCCUPATIONAL THERAPY	276	0	0	85	1	67.00
68.00	SPEECH PATHOLOGY	368	0	0	67	13	68.00
69.00	ELECTROCARDIOLOGY	645	1	0	60	11	69.00
70.00	ELECTROENCEPHALOGRAPHY	460	3	0	187	27	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	70	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	3,516	0	73.00
74.00	RENAL DIALYSIS	276	4	0	96	5	74.00
75.00	ENDOSCOPY	552	18	0	471	130	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	92	0	0	32	8	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	13,811	3	0	230	95	90.00
90.01	PARTIAL HOSPITALIZATION	1,749	0	0	118	49	90.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OP REGISTRATION	
		5.02	5.03	5.04	5.05	5.06	
91.00	EMERGENCY	11,601	22	0	1,830	535	91.00
91.01	PATIENT SERVICES	276	1	0	2	1	91.01
91.02	WOUND CARE	1,013	0	0	166	66	91.02
91.03	LAFAYETTE RD CLINIC	92	0	0	0	0	91.03
91.04	ZIONSVILLE CLINIC	552	1	0	0	0	91.04
91.05	BROWNSBURG CLINIC	92	0	0	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0	0	0	54	22	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	2,118	0	0	247	0	91.07
91.08	FAMILY PRACTICE	8,103	2	0	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	737	1	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	2,210	0	0	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	0	5	0	98.01
98.02	DIABETES EDUCATION	829	0	0	7	3	98.02
101.00	HOME HEALTH AGENCY	11,141	3	0	176	72	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	3	0	76	9	105.00
106.00	HEART ACQUISITION	276	3	0	43	0	106.00
113.00	INTEREST EXPENSE	92	0	0	0	0	113.00
116.00	HOSPICE	5,985	9	4,364	207	71	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	334,048	1,785	222,832	43,703	6,661	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	368	0	0	0	0	190.00
191.00	RESEARCH	1,565	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	31,029	5	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	MARKETING	1,381	0	0	0	0	193.01
193.02	MISSION SERVICES	4,604	2	0	0	0	193.02
193.03	FOUNDATION	1,105	0	0	0	0	193.03
193.04	WELLNESS	1,105	0	0	0	0	193.04
193.05	NETWORK DEVELOPMENT	921	0	0	0	0	193.05
193.06	JOINT VENTURE	92	1	0	0	0	193.06
193.07	BILLING	0	0	0	0	0	193.07
193.08	OCCUPATIONAL HEALTH	276	0	0	0	0	193.08
193.09	LIFELINE	184	0	0	0	0	193.09
193.10	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	SPN	552	0	0	0	0	193.11
193.12	ST. JOE'S	0	0	0	0	0	193.12
193.13	NEW HOPE	0	0	0	0	0	193.13
193.14	VACANT SPACE	0	0	0	0	0	193.14
193.15	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	SETON BOARD	0	0	0	0	0	193.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	377,230	1,793	222,832	43,703	6,661	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL 5.07	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	2,386,382					5.07
7.00 OPERATION OF PLANT	93,511	4,660,519				7.00
8.00 LAUNDRY & LINEN SERVICE	7,925	1,437	14,251			8.00
9.00 HOUSEKEEPING	28,148	53,670	0	317,114		9.00
10.00 DIETARY	10,510	70,770	0	4,873	422,955	10.00
11.00 CAFETERIA	14,281	50,038	0	3,445	0	11.00
13.00 NURSING ADMINISTRATION	48,318	67,401	0	4,641	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	16,613	157,320	0	10,833	0	14.00
15.00 PHARMACY	73,059	76,723	0	5,283	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	38,335	45,382	0	3,125	0	16.00
17.00 SOCIAL SERVICE	28,750	9,082	0	625	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	33,504	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	17,054	63,475	0	4,371	0	22.00
23.00 PARAMED ED PRGM - PHARMACY	955	0	0	0	0	23.00
23.01 PARAMED ED PRGM - CPE	721	4,818	0	332	0	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	1,127	0	0	0	0	23.02
23.03 PARAMED ED PRGM - EMS	2,787	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	255,530	1,089,155	4,923	74,995	280,503	30.00
31.00 INTENSIVE CARE UNIT	51,321	121,661	340	8,377	5,260	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	35,926	83,127	34	5,724	0	32.01
32.02 RENAL TRANSPLANT	4,837	11,587	73	798	12,318	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	14,162	73,000	40	5,027	1,773	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	59,647	105,798	3,003	7,285	0	34.00
40.00 SUBPROVIDER - IPF	19,288	94,996	489	6,541	39,263	40.00
43.00 NURSERY	14,934	50,105	1,005	3,450	0	43.00
44.00 SKILLED NURSING FACILITY	5,678	48,417	26	3,334	11,974	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	313,562	472,095	703	32,507	1,548	50.00
50.01 AMBULATORY SURGERY	8,035	81,473	130	5,610	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	23,965	80,743	1,782	5,560	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	116,258	232,233	566	15,991	38	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	5,785	26,566	0	1,829	0	54.01
54.02 ULTRASOUND	6,280	7,704	0	530	0	54.02
54.03 ECHOCARDIOLOGY	9,483	891	0	61	0	54.03
57.00 CT SCAN	13,044	8,567	23	590	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	9,153	35,330	0	2,433	0	58.00
59.00 CARDIAC CATHETERIZATION	92,483	76,408	29	5,261	0	59.00
60.00 LABORATORY	131,348	73,130	16	5,035	0	60.00
65.00 RESPIRATORY THERAPY	35,127	23,009	14	1,584	0	65.00
65.01 SLEEP LAB	7,451	56,191	0	3,869	553	65.01
66.00 PHYSICAL THERAPY	47,104	71,575	27	4,928	0	66.00
66.01 SPORTS PERFORMANCE	15,835	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	2,837	1,881	0	130	0	67.00
68.00 SPEECH PATHOLOGY	4,474	12,514	0	862	0	68.00
69.00 ELECTROCARDIOLOGY	6,430	15,435	21	1,063	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	6,451	2,709	29	187	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,724	8	0	1	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	88,997	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,426	13,727	0	945	0	74.00
75.00 ENDOSCOPY	14,897	46,446	116	3,198	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	2,966	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	26,215	9,793	0	674	0	90.00
90.01 PARTIAL HOSPITALIZATION	5,100	30,870	0	2,126	0	90.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

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Part II
Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.07	7.00	8.00	9.00	10.00	
91.00	EMERGENCY	63,028	205,160	846	14,127	2,001	91.00
91.01	PATIENT SERVICES	9,190	12,035	0	829	0	91.01
91.02	WOUND CARE	2,639	19,836	0	1,366	0	91.02
91.03	LAFAYETTE RD CLINIC	1,040	0	0	0	0	91.03
91.04	ZIONSVILLE CLINIC	4,953	0	0	0	0	91.04
91.05	BROWNSBURG CLINIC	37	0	0	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	4,029	6,655	0	458	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	17,432	0	0	0	0	91.07
91.08	FAMILY PRACTICE	16,360	6,557	0	452	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	318	4,244	0	292	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	3,165	4,547	0	313	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	DIABETES EDUCATION	3,477	0	0	0	0	98.02
101.00	HOME HEALTH AGENCY	33,875	20,771	0	1,430	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	8,218	0	0	0	0	105.00
106.00	HEART ACQUISITION	4,207	0	0	0	0	106.00
113.00	INTEREST EXPENSE	26	0	0	0	0	113.00
116.00	HOSPICE	34,454	90,901	0	6,259	27,862	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,085,799	4,027,966	14,235	273,559	383,093	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,607	14,339	0	987	0	190.00
191.00	RESEARCH	7,160	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	94,403	39,041	16	2,688	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	MARKETING	41,720	0	0	0	0	193.01
193.02	MISSION SERVICES	6,129	10,327	0	711	0	193.02
193.03	FOUNDATION	10,980	0	0	0	0	193.03
193.04	WELLNESS	6,430	0	0	0	0	193.04
193.05	NETWORK DEVELOPMENT	3,878	0	0	0	0	193.05
193.06	JOINT VENTURE	7,759	81,744	0	5,629	0	193.06
193.07	BILLING	98,253	0	0	0	0	193.07
193.08	OCCUPATIONAL HEALTH	175	0	0	0	0	193.08
193.09	LIFELINE	1,008	0	0	0	0	193.09
193.10	MARTEN HOUSE	9,072	0	0	0	0	193.10
193.11	SPN	223	21,054	0	1,450	0	193.11
193.12	ST. JOE'S	14	5,336	0	367	0	193.12
193.13	NEW HOPE	2,490	166,595	0	11,471	0	193.13
193.14	VACANT SPACE	4,259	294,117	0	20,252	0	193.14
193.15	EXTENDED CARE RESIDENTIAL	23	0	0	0	0	193.15
193.16	SETON BOARD	0	0	0	0	39,862	193.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	92,602	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,478,984	4,660,519	14,251	317,114	422,955	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	300,681					11.00
13.00 NURSING ADMINISTRATION	8,813	1,049,419				13.00
14.00 CENTRAL SERVICES & SUPPLY	5,989	0	937,917			14.00
15.00 PHARMACY	13,027	619	15,811	753,017		15.00
16.00 MEDICAL RECORDS & LIBRARY	1,370	0	0	0	310,004	16.00
17.00 SOCIAL SERVICE	7,031	25,407	4	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	11,849	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	7,080	7,222	1,554	13,795	0	22.00
23.00 PARAMED ED PRGM - PHARMACY	371	0	0	0	0	23.00
23.01 PARAMED ED PRGM - CPE	427	0	0	0	0	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	445	111	0	0	0	23.02
23.03 PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	61,974	354,325	67,798	11,413	52,254	30.00
31.00 INTENSIVE CARE UNIT	10,752	70,462	26,861	8,002	2,084	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	6,885	41,853	20,313	2,595	60	32.01
32.02 RENAL TRANSPLANT	685	3,423	9,880	13	184	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	3,231	17,472	4,999	241	161	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	14,934	83,272	12,415	3,694	1,288	34.00
40.00 SUBPROVIDER - IPF	5,599	16,374	379	117	2,385	40.00
43.00 NURSERY	3,312	19,820	2,591	36	3,246	43.00
44.00 SKILLED NURSING FACILITY	1,684	7,479	914	3	542	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	28,071	110,932	490,139	123,064	4,413	50.00
50.01 AMBULATORY SURGERY	1,441	6,673	4,962	89	15,040	50.01
52.00 DELIVERY ROOM & LABOR ROOM	5,166	29,189	7,438	865	1,827	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	19,421	16,216	13,091	18,956	90,542	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	1,245	6,359	1,958	983	0	54.01
54.02 ULTRASOUND	1,074	0	1,756	68	0	54.02
54.03 ECHOCARDIOLOGY	1,698	1,230	1,031	5,307	0	54.03
57.00 CT SCAN	1,960	564	3,682	304	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,282	0	680	151	0	58.00
59.00 CARDIAC CATHETERIZATION	4,842	14,865	130,794	4,926	15,782	59.00
60.00 LABORATORY	73	0	443	74,571	10,855	60.00
65.00 RESPIRATORY THERAPY	7,541	2,943	1,778	141,264	0	65.00
65.01 SLEEP LAB	1,517	0	924	53	2,545	65.01
66.00 PHYSICAL THERAPY	10,877	0	7,449	386	320	66.00
66.01 SPORTS PERFORMANCE	3,327	0	120	9	2	66.01
67.00 OCCUPATIONAL THERAPY	852	7	220	0	0	67.00
68.00 SPEECH PATHOLOGY	752	0	94	1	0	68.00
69.00 ELECTROCARDIOLOGY	1,509	3,798	891	127	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,436	0	4,186	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1	4	1	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	3	6,187	4,754	0	74.00
75.00 ENDOSCOPY	2,061	12,533	25,091	1,673	5,282	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	682	3,497	60	18	8	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	6,614	18,513	2,661	14,772	0	90.00
90.01 PARTIAL HOSPITALIZATION	1,522	0	1	0	0	90.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

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Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
		11.00	ADMINISTRATION 13.00	SERVICES & SUPPLY 14.00	15.00	RECORDS & LIBRARY 16.00	
91.00	EMERGENCY	15,257	66,378	26,212	2,234	67,905	91.00
91.01	PATIENT SERVICES	4,396	1,236	1,070	134	4,309	91.01
91.02	WOUND CARE	469	2,439	0	26	0	91.02
91.03	LAFAYETTE RD CLINIC	0	0	31	0	0	91.03
91.04	ZIONSVILLE CLINIC	0	0	181	172	6,126	91.04
91.05	BROWNSBURG CLINIC	0	0	17	0	5	91.05
91.06	OP ANTICOAGULATION CLINIC	0	3,501	75	0	17	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	3,699	0	0	0	91.07
91.08	FAMILY PRACTICE	0	2,294	1,212	46	7,638	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1	6	288	3,217	1	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	1,105	3,451	183	530	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	5	0	0	0	0	98.01
98.02	DIABETES EDUCATION	796	3,999	2	19	950	98.02
101.00	HOME HEALTH AGENCY	0	26,819	3,589	330	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	437	1,600	19,095	18	0	105.00
106.00	HEART ACQUISITION	392	1,872	9,034	22	61	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	0	25,622	4,121	43,493	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	293,280	1,018,081	934,266	482,491	295,832	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,347	0	1	0	0	190.00
191.00	RESEARCH	1,463	1,846	3	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	22,267	2,684	267,194	9,137	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	MARKETING	0	0	0	0	0	193.01
193.02	MISSION SERVICES	890	24	305	3,117	0	193.02
193.03	FOUNDATION	1,010	0	0	0	0	193.03
193.04	WELLNESS	2,318	7,201	115	28	0	193.04
193.05	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	JOINT VENTURE	271	0	543	183	5,035	193.06
193.07	BILLING	0	0	0	4	0	193.07
193.08	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	LIFELINE	102	0	0	0	0	193.09
193.10	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	SPN	0	0	0	0	0	193.11
193.12	ST. JOE'S	0	0	0	0	0	193.12
193.13	NEW HOPE	0	0	0	0	0	193.13
193.14	VACANT SPACE	0	0	0	0	0	193.14
193.15	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	SETON BOARD	0	0	0	0	0	193.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	300,681	1,049,419	937,917	753,017	310,004	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM - CPE	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	147,165					17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	49,242				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		430,857			22.00
23.00 PARAMED ED PRGM - PHARMACY	0			1,431		23.00
23.01 PARAMED ED PRGM - CPE	0				28,833	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	0					23.02
23.03 PARAMED ED PRGM - EMS	0					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	42,411					30.00
31.00 INTENSIVE CARE UNIT	8,223					31.00
32.00 CORONARY CARE UNIT	0					32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	52					32.01
32.02 RENAL TRANSPLANT	0					32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	6,165					33.00
34.00 NEONATAL INTENSIVE CARE UNIT	25,343					34.00
40.00 SUBPROVIDER - IPF	0					40.00
43.00 NURSERY	6,899					43.00
44.00 SKILLED NURSING FACILITY	26					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,068					50.00
50.01 AMBULATORY SURGERY	472					50.01
52.00 DELIVERY ROOM & LABOR ROOM	4,128					52.00
53.00 ANESTHESIOLOGY	0					53.00
54.00 RADIOLOGY-DIAGNOSTIC	0					54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0					54.01
54.02 ULTRASOUND	0					54.02
54.03 ECHOCARDIOLOGY	0					54.03
57.00 CT SCAN	0					57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 CARDIAC CATHETERIZATION	0					59.00
60.00 LABORATORY	0					60.00
65.00 RESPIRATORY THERAPY	0					65.00
65.01 SLEEP LAB	0					65.01
66.00 PHYSICAL THERAPY	0					66.00
66.01 SPORTS PERFORMANCE	0					66.01
67.00 OCCUPATIONAL THERAPY	0					67.00
68.00 SPEECH PATHOLOGY	0					68.00
69.00 ELECTROCARDIOLOGY	0					69.00
70.00 ELECTROENCEPHALOGRAPHY	0					70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00 DRUGS CHARGED TO PATIENTS	0					73.00
74.00 RENAL DIALYSIS	0					74.00
75.00 ENDOSCOPY	708					75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0					76.00
76.97 CARDIAC REHABILITATION	0					76.97

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ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM - CPE	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	2,169				90.00
90.01	PARTIAL HOSPITALIZATION	0				90.01
91.00	EMERGENCY	46,801				91.00
91.01	PATIENT SERVICES	0				91.01
91.02	WOUND CARE	0				91.02
91.03	LAFAYETTE RD CLINIC	0				91.03
91.04	ZIONSVILLE CLINIC	0				91.04
91.05	BROWNSBURG CLINIC	0				91.05
91.06	OP ANTICOAGULATION CLINIC	0				91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0				91.07
91.08	FAMILY PRACTICE	223				91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0				95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0				97.00
97.01	FAMILY PRACTICE	0				97.01
98.00	GERIATRIC CLINIC	0				98.00
98.01	ELECTROCONVULSIVE THERAPY	0				98.01
98.02	DIABETES EDUCATION	0				98.02
101.00	HOME HEALTH AGENCY	0				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0				105.00
106.00	HEART ACQUISITION	0				106.00
113.00	INTEREST EXPENSE	0				113.00
116.00	HOSPICE	0				116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	144,688	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00
191.00	RESEARCH	0				191.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,477				192.00
193.00	NONPAID WORKERS	0				193.00
193.01	MARKETING	0				193.01
193.02	MISSION SERVICES	0				193.02
193.03	FOUNDATION	0				193.03
193.04	WELLNESS	0				193.04
193.05	NETWORK DEVELOPMENT	0				193.05
193.06	JOINT VENTURE	0				193.06
193.07	BILLING	0				193.07
193.08	OCCUPATIONAL HEALTH	0				193.08
193.09	LIFELINE	0				193.09
193.10	MARTEN HOUSE	0				193.10
193.11	SPN	0				193.11
193.12	ST. JOE'S	0				193.12
193.13	NEW HOPE	0				193.13
193.14	VACANT SPACE	0				193.14
193.15	EXTENDED CARE RESIDENTIAL	0				193.15
193.16	SETON BOARD	0				193.16
200.00	Cross Foot Adjustments		49,242	430,857	1,431	28,833
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	147,165	49,242	430,857	1,431	28,833

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.02	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00 PARAMED ED PRGM - PHARMACY						23.00
23.01 PARAMED ED PRGM - CPE						23.01
23.02 PARAMED ED PRGM - RADIOLOGY	2,224					23.02
23.03 PARAMED ED PRGM - EMS		3,059				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS			7,803,994	0	7,803,994	30.00
31.00 INTENSIVE CARE UNIT			1,248,490	0	1,248,490	31.00
32.00 CORONARY CARE UNIT			0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT			726,491	0	726,491	32.01
32.02 RENAL TRANSPLANT			98,102	0	98,102	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT			669,842	0	669,842	33.00
34.00 NEONATAL INTENSIVE CARE UNIT			977,759	0	977,759	34.00
40.00 SUBPROVIDER - IPF			301,276	0	301,276	40.00
43.00 NURSERY			324,650	0	324,650	43.00
44.00 SKILLED NURSING FACILITY			311,124	0	311,124	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM			6,846,465	0	6,846,465	50.00
50.01 AMBULATORY SURGERY			511,900	0	511,900	50.01
52.00 DELIVERY ROOM & LABOR ROOM			625,331	0	625,331	52.00
53.00 ANESTHESIOLOGY			0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC			4,067,643	0	4,067,643	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC			317,284	0	317,284	54.01
54.02 ULTRASOUND			166,178	0	166,178	54.02
54.03 ECHOCARDIOLOGY			301,393	0	301,393	54.03
57.00 CT SCAN			497,624	0	497,624	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)			373,662	0	373,662	58.00
59.00 CARDIAC CATHETERIZATION			3,140,377	0	3,140,377	59.00
60.00 LABORATORY			704,919	0	704,919	60.00
65.00 RESPIRATORY THERAPY			628,554	0	628,554	65.00
65.01 SLEEP LAB			243,633	0	243,633	65.01
66.00 PHYSICAL THERAPY			631,542	0	631,542	66.00
66.01 SPORTS PERFORMANCE			89,768	0	89,768	66.01
67.00 OCCUPATIONAL THERAPY			14,211	0	14,211	67.00
68.00 SPEECH PATHOLOGY			77,035	0	77,035	68.00
69.00 ELECTROCARDIOLOGY			337,507	0	337,507	69.00
70.00 ELECTROENCEPHALOGRAPHY			210,911	0	210,911	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS			7,850	0	7,850	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS			0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS			92,513	0	92,513	73.00
74.00 RENAL DIALYSIS			92,836	0	92,836	74.00
75.00 ENDOSCOPY			666,117	0	666,117	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS			0	0	0	76.00
76.97 CARDIAC REHABILITATION			27,306	0	27,306	76.97

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	23.03	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC			236,237	0	236,237	90.00
90.01	PARTIAL HOSPITALIZATION			76,675	0	76,675	90.01
91.00	EMERGENCY			1,854,594	0	1,854,594	91.00
91.01	PATIENT SERVICES			78,619	0	78,619	91.01
91.02	WOUND CARE			120,688	0	120,688	91.02
91.03	LAFAYETTE RD CLINIC			34,771	0	34,771	91.03
91.04	ZIONSVILLE CLINIC			455,028	0	455,028	91.04
91.05	BROWNSBURG CLINIC			151	0	151	91.05
91.06	OP ANTICOAGULATION CLINIC			45,980	0	45,980	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT			23,709	0	23,709	91.07
91.08	FAMILY PRACTICE			246,367	0	246,367	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES			28,979	0	28,979	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
97.01	FAMILY PRACTICE			0	0	0	97.01
98.00	GERIATRIC CLINIC			42,402	0	42,402	98.00
98.01	ELECTROCONVULSIVE THERAPY			19	0	19	98.01
98.02	DIABETES EDUCATION			19,749	0	19,749	98.02
101.00	HOME HEALTH AGENCY			217,488	0	217,488	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION			98,435	0	98,435	105.00
106.00	HEART ACQUISITION			30,817	0	30,817	106.00
113.00	INTEREST EXPENSE			118	0	118	113.00
116.00	HOSPICE			743,397	0	743,397	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	37,488,510	0	37,488,510	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN			95,955	0	95,955	190.00
191.00	RESEARCH			15,980	0	15,980	191.00
192.00	PHYSICIANS' PRIVATE OFFICES			1,353,553	0	1,353,553	192.00
193.00	NONPAID WORKERS			0	0	0	193.00
193.01	MARKETING			45,207	0	45,207	193.01
193.02	MISSION SERVICES			74,701	0	74,701	193.02
193.03	FOUNDATION			42,981	0	42,981	193.03
193.04	WELLNESS			63,605	0	63,605	193.04
193.05	NETWORK DEVELOPMENT			4,852	0	4,852	193.05
193.06	JOINT VENTURE			168,114	0	168,114	193.06
193.07	BILLING			98,257	0	98,257	193.07
193.08	OCCUPATIONAL HEALTH			1,475	0	1,475	193.08
193.09	LIFELINE			1,492	0	1,492	193.09
193.10	MARTEN HOUSE			331,445	0	331,445	193.10
193.11	SPN			40,406	0	40,406	193.11
193.12	ST. JOE'S			10,017	0	10,017	193.12
193.13	NEW HOPE			950,118	0	950,118	193.13
193.14	VACANT SPACE			1,634,634	0	1,634,634	193.14
193.15	EXTENDED CARE RESIDENTIAL			292	0	292	193.15
193.16	SETON BOARD			39,862	0	39,862	193.16
200.00	Cross Foot Adjustments	2,224	3,059	515,646	0	515,646	200.00
201.00	Negative Cost Centers	0	0	92,602	0	92,602	201.00
202.00	TOTAL (sum lines 118-201)	2,224	3,059	43,069,704	0	43,069,704	202.00

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Cost Center Description	CAPITAL RELATED COSTS					NEW BLDG-MCNE (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MATEN HOUSE (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,195,054						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS	0	63,952					1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE	0	0	154,793				1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	158,340			1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE	0	0	0	0	96,794		1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS	6,219	1,559	0	0	0	0	4.00
5.01 NONPATIENT TELEPHONES	8,080	320	0	227	0	0	5.01
5.02 DATA PROCESSING	12,357	4,946	0	281	0	0	5.02
5.03 PURCHASING, RECEIVING AND STORES	0	0	0	0	0	0	5.03
5.04 ADMITTING	10,322	221	0	1,386	0	0	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,491	0	0	0	0	0	5.05
5.06 OP REGISTRATON	39	0	0	0	0	0	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	20,599	5,750	5,603	5,197	16,522	0	5.07
7.00 OPERATION OF PLANT	214,777	3,141	0	13,518	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	366	0	0	8.00
9.00 HOUSEKEEPING	11,488	687	0	1,493	0	0	9.00
10.00 DIETARY	10,796	1,344	0	5,883	0	0	10.00
11.00 CAFETERIA	12,744	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	14,597	302	0	2,266	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	36,225	94	0	3,748	0	0	14.00
15.00 PHARMACY	15,988	0	0	2,755	797	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	10,839	719	0	0	0	0	16.00
17.00 SOCIAL SERVICE	2,080	182	0	52	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	15,799	0	0	367	0	0	22.00
23.00 PARAMED ED PRGM - PHARMACY	0	0	0	0	0	0	23.00
23.01 PARAMED ED PRGM - CPE	1,227	0	0	0	0	0	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	0	23.02
23.03 PARAMED ED PRGM - EMS	0	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	242,582	0	0	34,809	0	0	30.00
31.00 INTENSIVE CARE UNIT	30,985	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	21,171	0	0	0	0	0	32.01
32.02 RENAL TRANSPLANT	2,951	0	0	0	0	0	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	18,592	0	0	0	0	0	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	27,174	0	0	34.00
40.00 SUBPROVIDER - IPF	0	24,194	0	0	0	0	40.00
43.00 NURSERY	0	0	0	12,761	0	0	43.00
44.00 SKILLED NURSING FACILITY	12,331	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	106,380	0	0	13,855	0	0	50.00
50.01 AMBULATORY SURGERY	20,750	0	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	20,564	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	42,479	0	0	3,354	13,313	0	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	6,766	0	0	0	0	0	54.01
54.02 ULTRASOUND	1,962	0	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	227	0	0	0	0	0	54.03
57.00 CT SCAN	2,182	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	7,880	0	0	1,118	0	0	58.00
59.00 CARDIAC CATHETERIZATION	19,460	0	0	0	0	0	59.00
60.00 LABORATORY	14,266	0	0	3,197	1,162	0	60.00
65.00 RESPIRATORY THERAPY	4,537	1,080	0	243	0	0	65.00
65.01 SLEEP LAB	164	10,980	0	0	3,167	0	65.01
66.00 PHYSICAL THERAPY	10,277	0	0	0	7,952	0	66.00
66.01 SPORTS PERFORMANCE	0	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	372	107	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	1,585	0	0	0	1,602	0	68.00
69.00 ELECTROCARDIOLOGY	3,931	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	690	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	3,496	0	0	0	0	0	74.00
75.00 ENDOSCOPY	11,829	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97

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Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MATEN HOUSE (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	NEW BLDG-MCNE (SQUARE FEET)	
	1.00	1.01	1.02	1.03	1.04	
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	2,494	90.00
90.01 PARTIAL HOSPITALIZATION	0	7,862	0	0	0	90.01
91.00 EMERGENCY	37,325	0	0	0	14,926	91.00
91.01 PATIENT SERVICES	0	0	0	3,065	0	91.01
91.02 WOUND CARE	5,052	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	1,695	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	0	0	0	0	1,670	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,081	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	0	0	0	1,158	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	0	0	0	0	98.02
101.00 HOME HEALTH AGENCY	5,290	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	22,688	464	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,066,645	63,952	5,603	157,679	64,763	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,991	0	0	661	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	8,299	0	0	0	1,644	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 MARKETING	0	0	0	0	0	193.01
193.02 MISSION SERVICES	2,630	0	0	0	0	193.02
193.03 FOUNDATION	0	0	0	0	0	193.03
193.04 WELLNESS	0	0	0	0	0	193.04
193.05 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 JOINT VENTURE	0	0	0	0	20,819	193.06
193.07 BILLING	0	0	0	0	0	193.07
193.08 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 LIFELINE	0	0	0	0	0	193.09
193.10 MARTEN HOUSE	0	0	149,190	0	0	193.10
193.11 SPN	0	0	0	0	5,362	193.11
193.12 ST. JOE'S	0	0	0	0	1,359	193.12
193.13 NEW HOPE	42,429	0	0	0	0	193.13
193.14 VACANT SPACE	72,060	0	0	0	2,847	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 SETON BOARD	0	0	0	0	0	193.16
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	21,675,459	203,043	334,480	1,950,989	306,253	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	18.137640	3.174928	2.160821	12.321517	3.163967	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)						204.00
205.00 Unit cost multiplier (wkst. B, Part II)						205.00

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (NODES)	PURCHASING, RECEIVING AND STORES (COST REQUISITIONS)	
	NEW MVBLE EQUIP (DOLLAR VALUE)					
	2.00	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP	14,625,420					2.00
4.00 EMPLOYEE BENEFITS	31,262	315,594,124				4.00
5.01 NONPATIENT TELEPHONES	59,567	876,978	4,204			5.01
5.02 DATA PROCESSING	100,816	9,318,287	20	4,097		5.02
5.03 PURCHASING, RECEIVING AND STORES	0	640,736	0	16	119,283,795	5.03
5.04 ADMITTING	6,545	3,630,812	25	69	19,255	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	3,770,273	6	157	261	5.05
5.06 OP REGISTRATION	0	2,704,454	0	50	2,050	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	1,484,515	25,755,017	332	435	418,140	5.07
7.00 OPERATION OF PLANT	372,721	5,691,671	146	111	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	219,466	5	0	20	8.00
9.00 HOUSEKEEPING	691	4,537,211	27	19	493,677	9.00
10.00 DIETARY	45,232	1,470,500	62	28	3,876,477	10.00
11.00 CAFETERIA	0	3,365,081	0	1	15	11.00
13.00 NURSING ADMINISTRATION	480,531	8,217,519	74	78	973,997	13.00
14.00 CENTRAL SERVICES & SUPPLY	28,779	2,824,772	29	44	1,612,248	14.00
15.00 PHARMACY	177,838	13,256,527	29	80	22,487,446	15.00
16.00 MEDICAL RECORDS & LIBRARY	549	4,682,238	46	189	21,808	16.00
17.00 SOCIAL SERVICE	19,983	5,728,269	96	42	246,954	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	7,793,965	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	9,030	2,442,122	115	66	287,675	22.00
23.00 PARAMED ED PRGM - PHARMACY	0	210,199	0	0	45	23.00
23.01 PARAMED ED PRGM - CPE	0	160,551	2	1	1,577	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	0	314,439	2	3	8,853	23.02
23.03 PARAMED ED PRGM - EMS	0	545,068	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	339,020	44,508,437	646	483	3,970,852	30.00
31.00 INTENSIVE CARE UNIT	270,844	9,258,270	74	62	1,332,960	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	95,075	6,191,685	126	82	826,875	32.01
32.02 RENAL TRANSPLANT	0	612,645	0	0	103,124	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	155,107	2,270,691	26	31	280,767	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	219,538	10,768,505	69	132	738,634	34.00
40.00 SUBPROVIDER - IPF	13,847	3,728,023	35	27	37,874	40.00
43.00 NURSERY	39,729	2,748,007	0	31	183,670	43.00
44.00 SKILLED NURSING FACILITY	1,247	970,620	14	0	54,759	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,450,652	20,355,626	277	150	50,538,334	50.00
50.01 AMBULATORY SURGERY	2,420	1,060,981	93	32	267,234	50.01
52.00 DELIVERY ROOM & LABOR ROOM	155,547	4,026,324	49	87	363,897	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,074,848	13,698,372	319	248	3,511,296	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	115,799	907,455	25	7	111,413	54.01
54.02 ULTRASOUND	87,211	1,113,259	15	5	78,139	54.02
54.03 ECHOCARDIOLOGY	216,419	1,259,734	5	8	332,838	54.03
57.00 CT SCAN	334,148	1,718,773	18	7	460,228	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	129,600	1,026,995	20	6	255,896	58.00
59.00 CARDIAC CATHETERIZATION	1,912,071	3,815,568	52	19	8,370,724	59.00
60.00 LABORATORY	78,179	91,224	29	19	9,461,065	60.00
65.00 RESPIRATORY THERAPY	250,397	5,737,920	37	19	1,598,329	65.00
65.01 SLEEP LAB	94,042	1,029,199	27	9	85,860	65.01
66.00 PHYSICAL THERAPY	205,790	7,749,312	86	65	356,152	66.00
66.01 SPORTS PERFORMANCE	52,051	2,398,473	19	22	20,969	66.01
67.00 OCCUPATIONAL THERAPY	0	593,654	10	3	9,200	67.00
68.00 SPEECH PATHOLOGY	18,162	659,876	12	4	4,683	68.00
69.00 ELECTROCARDIOLOGY	184,837	911,528	13	7	64,878	69.00
70.00 ELECTROENCEPHALOGRAPHY	142,532	1,091,017	17	5	179,968	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4	542	0	0	42	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,067	542	12	3	275,411	74.00
75.00 ENDOSCOPY	263,917	1,647,392	36	6	1,175,865	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00

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Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (NODES)	PURCHASING, RECEIVING AND STORES (COST REQUISITIONS)	
	NEW MVBLE EQUIP (DOLLAR VALUE)					
	2.00	4.00	5.01	5.02	5.03	
76.97 CARDIAC REHABILITATION	15,345	532,931	3	1	6,554	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	102,064	3,741,668	21	150	167,653	90.00
90.01 PARTIAL HOSPITALIZATION	6,415	917,234	29	19	16,332	90.01
91.00 EMERGENCY	456,649	11,464,706	371	126	1,497,789	91.00
91.01 PATIENT SERVICES	5,109	1,759,074	0	3	89,776	91.01
91.02 WOUND CARE	0	350,858	16	11	0	91.02
91.03 LAFAYETTE RD CLINIC	24,804	139,457	37	1	1,891	91.03
91.04 ZIONSVILLE CLINIC	348,224	399,304	0	6	39,772	91.04
91.05 BROWNSBURG CLINIC	0	436	0	1	756	91.05
91.06 OP ANTICOAGULATION CLINIC	0	853,827	0	0	22,236	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	427,287	0	23	44	91.07
91.08 FAMILY PRACTICE	152,079	2,156,418	69	88	107,788	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	210	27	0	8	37,782	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	17,176	519,787	21	24	21,755	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	18,897	0	0	0	98.01
98.02 DIABETES EDUCATION	6,881	647,046	11	9	12,090	98.02
101.00 HOME HEALTH AGENCY	12,708	6,383,391	74	121	194,520	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	54,093	377,642	0	0	192,972	105.00
106.00 HEART ACQUISITION	11,386	316,375	5	3	225,263	106.00
113.00 INTEREST EXPENSE	0	0	0	1	8	113.00
116.00 HOSPICE	62,610	5,634,028	86	65	569,432	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,997,912	296,747,197	3,920	3,628	118,706,847	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,144	576,098	10	4	12,007	190.00
191.00 RESEARCH	1,940	1,014,047	18	17	17,869	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	559,280	12,005,325	179	337	364,113	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 MARKETING	0	2,384,702	17	15	4,751	193.01
193.02 MISSION SERVICES	0	594,839	11	50	103,355	193.02
193.03 FOUNDATION	22,528	860,210	15	12	17,455	193.03
193.04 WELLNESS	35,898	1,082,798	4	12	12,782	193.04
193.05 NETWORK DEVELOPMENT	0	106,717	0	10	0	193.05
193.06 JOINT VENTURE	718	149,629	0	1	43,247	193.06
193.07 BILLING	0	0	0	0	0	193.07
193.08 OCCUPATIONAL HEALTH	0	0	19	3	0	193.08
193.09 LIFELINE	0	72,562	3	2	1,369	193.09
193.10 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 SPN	0	0	3	6	0	193.11
193.12 ST. JOE'S	0	0	0	0	0	193.12
193.13 NEW HOPE	0	0	0	0	0	193.13
193.14 VACANT SPACE	0	0	0	0	0	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	5	0	0	193.15
193.16 SETON BOARD	0	0	0	0	0	193.16
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	18,599,480	103,644,288	6,011,634	32,596,016	1,910,198	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	1.271723	0.328410	1,429.979543	7,956.069319	0.016014	203.00
204.00 Cost to be allocated (per wkst. B, Part II)		157,505	226,556	377,230	1,793	204.00
205.00 Unit cost multiplier (wkst. B, Part II)		0.000499	53.890580	92.074689	0.000015	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	ADMITTING (PATIENT DAYS)	CASHIERING/ACC OUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OUTPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	
	5.04	5.05	5.06	5A.07	5.07	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING	208,905					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	2,540,545,054				5.05
5.06 OP REGISTRATION	0	0	937,715,828			5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-14,255,566	737,433,339	5.07
7.00 OPERATION OF PLANT	0	0	0	0	28,897,121	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	2,449,138	8.00
9.00 HOUSEKEEPING	0	0	0	0	8,698,307	9.00
10.00 DIETARY	0	0	0	0	3,247,795	10.00
11.00 CAFETERIA	0	0	0	0	4,413,130	11.00
13.00 NURSING ADMINISTRATION	0	13,130,023	0	0	14,931,355	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	5,133,766	14.00
15.00 PHARMACY	0	0	0	0	22,576,875	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	11,846,312	16.00
17.00 SOCIAL SERVICE	0	343,006	0	0	8,884,347	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	10,353,581	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,463,865	0	0	5,269,980	22.00
23.00 PARAMED ED PRGM - PHARMACY	0	0	0	0	295,124	23.00
23.01 PARAMED ED PRGM - CPE	0	0	0	0	222,892	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	0	0	0	0	348,260	23.02
23.03 PARAMED ED PRGM - EMS	0	0	0	0	861,304	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	134,580	215,815,560	0	0	78,964,747	30.00
31.00 INTENSIVE CARE UNIT	12,756	45,273,052	0	0	15,859,454	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	6,705	25,103,465	0	0	11,101,904	32.01
32.02 RENAL TRANSPLANT	432	652,295	0	0	1,494,901	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	3,182	18,631,086	0	0	4,376,479	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	22,452	109,311,148	0	0	18,432,383	34.00
40.00 SUBPROVIDER - IPF	13,909	20,697,021	0	0	5,960,552	40.00
43.00 NURSERY	6,556	15,980,878	0	0	4,614,985	43.00
44.00 SKILLED NURSING FACILITY	4,242	2,469,693	0	0	1,754,770	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	569,465,657	239,053,132	0	96,883,704	50.00
50.01 AMBULATORY SURGERY	0	2,115,533	1,952,737	0	2,483,106	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	46,665,104	2,371,903	0	7,405,713	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	209,606,691	186,450,862	0	35,926,543	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	5,912,175	3,939,142	0	1,787,759	54.01
54.02 ULTRASOUND	0	21,073,353	12,692,071	0	1,940,759	54.02
54.03 ECHOCARDIOLOGY	0	32,626,661	22,085,953	0	2,930,358	54.03
57.00 CT SCAN	0	89,600,875	52,404,675	0	4,030,850	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	44,117,736	31,737,774	0	2,828,490	58.00
59.00 CARDIAC CATHETERIZATION	0	183,159,462	101,307,847	0	28,579,515	59.00
60.00 LABORATORY	0	249,477,606	66,274,516	0	40,589,527	60.00
65.00 RESPIRATORY THERAPY	0	85,348,297	9,130,107	0	10,854,966	65.00
65.01 SLEEP LAB	0	11,717,075	11,539,846	0	2,302,391	65.01
66.00 PHYSICAL THERAPY	0	50,890,400	35,725,096	0	14,556,106	66.00
66.01 SPORTS PERFORMANCE	0	1,424,491	1,424,491	0	4,893,535	66.01
67.00 OCCUPATIONAL THERAPY	0	4,972,804	128,434	0	876,825	67.00
68.00 SPEECH PATHOLOGY	0	3,956,329	1,801,345	0	1,382,625	68.00
69.00 ELECTROCARDIOLOGY	0	3,541,268	1,568,981	0	1,986,873	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	11,001,189	3,915,478	0	1,993,407	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,103,436	0	0	2,386,796	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	206,816,752	0	0	27,502,227	73.00
74.00 RENAL DIALYSIS	0	5,628,152	723,354	0	440,721	74.00
75.00 ENDOSCOPY	0	27,708,449	18,619,648	0	4,603,421	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	1,855,075	1,152,989	0	916,635	76.97

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		ADMITTING (PATIENT DAYS)	CASHIERING/ACC OUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OUTPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	
		5.04	5.05	5.06	5A.07	5.07	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	13,525,828	13,525,828	0	8,101,005	90.00
90.01	PARTIAL HOSPITALIZATION	0	6,939,137	6,939,137	0	1,575,983	90.01
91.00	EMERGENCY	0	107,621,750	76,411,196	0	19,477,129	91.00
91.01	PATIENT SERVICES	0	90,446	90,446	0	2,839,877	91.01
91.02	WOUND CARE	0	9,736,885	9,410,431	0	815,484	91.02
91.03	LAFAYETTE RD CLINIC	0	0	0	0	321,272	91.03
91.04	ZIONSVILLE CLINIC	0	0	0	0	1,530,473	91.04
91.05	BROWNSBURG CLINIC	0	0	0	0	11,549	91.05
91.06	OP ANTICOAGULATION CLINIC	0	3,187,328	3,178,300	0	1,245,156	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	14,546,899	0	0	5,387,007	91.07
91.08	FAMILY PRACTICE	0	0	0	0	5,055,578	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	98,173	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	0	0	0	0	978,109	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	321,017	0	227,951	0	98.01
98.02	DIABETES EDUCATION	0	404,969	404,473	0	1,074,362	98.02
101.00	HOME HEALTH AGENCY	0	10,349,371	10,349,371	0	10,468,233	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	4,461,756	1,218,057	0	2,539,638	105.00
106.00	HEART ACQUISITION	0	2,540,459	40,614	0	1,300,103	106.00
113.00	INTEREST EXPENSE	0	0	0	0	7,956	113.00
116.00	HOSPICE	4,091	12,163,547	10,147,594	0	10,647,126	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	208,905	2,540,545,054	937,715,828	-14,027,615	644,546,527	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,041,640	190.00
191.00	RESEARCH	0	0	0	0	2,212,607	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	29,172,664	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	MARKETING	0	0	0	0	12,892,477	193.01
193.02	MISSION SERVICES	0	0	0	0	1,893,909	193.02
193.03	FOUNDATION	0	0	0	0	3,393,124	193.03
193.04	WELLNESS	0	0	0	0	1,987,077	193.04
193.05	NETWORK DEVELOPMENT	0	0	0	0	1,198,287	193.05
193.06	JOINT VENTURE	0	0	0	0	2,397,659	193.06
193.07	BILLING	0	0	0	0	30,362,476	193.07
193.08	OCCUPATIONAL HEALTH	0	0	0	0	53,994	193.08
193.09	LIFELINE	0	0	0	0	311,485	193.09
193.10	MARTEN HOUSE	0	0	0	0	2,803,404	193.10
193.11	SPN	0	0	0	0	68,991	193.11
193.12	ST. JOE'S	0	0	0	0	4,300	193.12
193.13	NEW HOPE	0	0	0	0	769,562	193.13
193.14	VACANT SPACE	0	0	0	0	1,316,006	193.14
193.15	EXTENDED CARE RESIDENTIAL	0	0	0	0	7,150	193.15
193.16	SETON BOARD	0	0	0	0	0	193.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	6,448,948	13,556,516	4,065,412		14,255,566	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	30.870242	0.005336	0.004335		0.019331	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	222,832	43,703	6,661		2,478,984	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	1.066667	0.000017	0.000007		0.003236	205.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04	NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OP REGISTRATION						5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00	OPERATION OF PLANT	1,186,960					7.00
8.00	LAUNDRY & LINEN SERVICE	366	2,911,007				8.00
9.00	HOUSEKEEPING	13,669	0	1,172,925			9.00
10.00	DIETARY	18,024	0	18,024	391,741		10.00
11.00	CAFETERIA	12,744	0	12,744	0	7,481,112	11.00
13.00	NURSING ADMINISTRATION	17,166	0	17,166	0	219,265	13.00
14.00	CENTRAL SERVICES & SUPPLY	40,067	0	40,067	0	149,000	14.00
15.00	PHARMACY	19,540	0	19,540	0	324,130	15.00
16.00	MEDICAL RECORDS & LIBRARY	11,558	0	11,558	0	34,095	16.00
17.00	SOCIAL SERVICE	2,313	0	2,313	0	174,940	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	294,813	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,166	0	16,166	0	176,161	22.00
23.00	PARAMED ED PRGM - PHARMACY	0	0	0	0	9,231	23.00
23.01	PARAMED ED PRGM - CPE	1,227	0	1,227	0	10,627	23.01
23.02	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	11,072	23.02
23.03	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	277,391	1,005,717	277,391	259,803	1,541,963	30.00
31.00	INTENSIVE CARE UNIT	30,985	69,448	30,985	4,872	267,514	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	21,171	6,849	21,171	0	171,305	32.01
32.02	RENAL TRANSPLANT	2,951	15,011	2,951	11,409	17,049	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	18,592	8,113	18,592	1,642	80,383	33.00
34.00	NEONATAL INTENSIVE CARE UNIT	26,945	613,455	26,945	0	371,573	34.00
40.00	SUBPROVIDER - IPF	24,194	99,926	24,194	36,365	139,309	40.00
43.00	NURSEY	12,761	205,171	12,761	0	82,408	43.00
44.00	SKILLED NURSING FACILITY	12,331	5,306	12,331	11,090	41,889	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	120,235	143,545	120,235	1,434	698,416	50.00
50.01	AMBULATORY SURGERY	20,750	26,466	20,750	0	35,849	50.01
52.00	DELIVERY ROOM & LABOR ROOM	20,564	364,005	20,564	0	128,524	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	59,146	115,640	59,146	35	483,213	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	6,766	0	6,766	0	30,965	54.01
54.02	ULTRASOUND	1,962	0	1,962	0	26,720	54.02
54.03	ECHOCARDIOLOGY	227	0	227	0	42,254	54.03
57.00	CT SCAN	2,182	4,736	2,182	0	48,775	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	8,998	0	8,998	0	31,896	58.00
59.00	CARDIAC CATHETERIZATION	19,460	5,982	19,460	0	120,481	59.00
60.00	LABORATORY	18,625	3,190	18,625	0	1,821	60.00
65.00	RESPIRATORY THERAPY	5,860	2,944	5,860	0	187,630	65.00
65.01	SLEEP LAB	14,311	0	14,311	512	37,736	65.01
66.00	PHYSICAL THERAPY	18,229	5,484	18,229	0	270,624	66.00
66.01	SPORTS PERFORMANCE	0	0	0	0	82,766	66.01
67.00	OCCUPATIONAL THERAPY	479	0	479	0	21,186	67.00
68.00	SPEECH PATHOLOGY	3,187	0	3,187	0	18,704	68.00
69.00	ELECTROCARDIOLOGY	3,931	4,305	3,931	0	37,544	69.00
70.00	ELECTROENCEPHALOGRAPHY	690	5,834	690	0	35,727	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2	5	2	0	18	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	3,496	0	3,496	0	10	74.00
75.00	ENDOSCOPY	11,829	23,646	11,829	0	51,286	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	16,970	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,494	0	2,494	0	164,562	90.00

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Health Financial Systems

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
90.01	PARTIAL HOSPITALIZATION	7,862	0	7,862	0	37,860	90.01
91.00	EMERGENCY	52,251	172,882	52,251	1,853	379,607	91.00
91.01	PATIENT SERVICES	3,065	0	3,065	0	109,376	91.01
91.02	WOUND CARE	5,052	0	5,052	0	11,662	91.02
91.03	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	1,695	0	1,695	0	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	FAMILY PRACTICE	1,670	0	1,670	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,081	0	1,081	0	22	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	1,158	0	1,158	0	27,500	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	0	0	121	98.01
98.02	DIABETES EDUCATION	0	0	0	0	19,802	98.02
101.00	HOME HEALTH AGENCY	5,290	0	5,290	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	10,864	105.00
106.00	HEART ACQUISITION	0	0	0	0	9,759	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	23,151	0	23,151	25,806	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,025,859	2,907,660	1,011,824	354,821	7,296,977	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,652	0	3,652	0	33,509	190.00
191.00	RESEARCH	0	0	0	0	36,402	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	9,943	3,347	9,943	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	MARKETING	0	0	0	0	0	193.01
193.02	MISSION SERVICES	2,630	0	2,630	0	22,153	193.02
193.03	FOUNDATION	0	0	0	0	25,130	193.03
193.04	WELLNESS	0	0	0	0	57,663	193.04
193.05	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	JOINT VENTURE	20,819	0	20,819	0	6,747	193.06
193.07	BILLING	0	0	0	0	0	193.07
193.08	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	LIFELINE	0	0	0	0	2,531	193.09
193.10	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	SPN	5,362	0	5,362	0	0	193.11
193.12	ST. JOE'S	1,359	0	1,359	0	0	193.12
193.13	NEW HOPE	42,429	0	42,429	0	0	193.13
193.14	VACANT SPACE	74,907	0	74,907	0	0	193.14
193.15	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	SETON BOARD	0	0	0	36,920	0	193.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	29,455,731	2,505,565	9,205,665	3,899,325	4,914,718	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.816111	0.860721	7.848469	9.953834	0.656950	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,660,519	14,251	317,114	422,955	300,681	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.926433	0.004896	0.270362	1.079680	0.040192	205.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
	ADMINISTRATION (DIRECT NURS. HRS.)	SERVICES & SUPPLY (COSTED REQUIS.)	(COSTED REQUIS.)	RECORDS & LIBRARY (TIME SPENT)	(TIME SPENT)	
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	3,558,914					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	38,572,405				14.00
15.00 PHARMACY	2,099	650,216	5,725,151			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1	0	304,984		16.00
17.00 SOCIAL SERVICE	86,162	184	0	0	22,461	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	24,493	63,916	104,883	0	0	22.00
23.00 PARAMED ED PRGM - PHARMACY	0	0	0	0	0	23.00
23.01 PARAMED ED PRGM - CPE	0	0	0	0	0	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	377	0	0	0	0	23.02
23.03 PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,201,633	2,788,203	86,771	51,408	6,473	30.00
31.00 INTENSIVE CARE UNIT	238,958	1,104,654	60,836	2,050	1,255	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	141,937	835,377	19,730	59	8	32.01
32.02 RENAL TRANSPLANT	11,610	406,317	97	181	0	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	59,253	205,592	1,829	158	941	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	282,403	510,557	28,084	1,267	3,868	34.00
40.00 SUBPROVIDER - IPF	55,531	15,595	886	2,346	0	40.00
43.00 NURSERY	67,216	106,538	274	3,193	1,053	43.00
44.00 SKILLED NURSING FACILITY	25,365	37,586	21	533	4	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	376,206	20,157,570	935,645	4,342	163	50.00
50.01 AMBULATORY SURGERY	22,629	204,062	678	14,796	72	50.01
52.00 DELIVERY ROOM & LABOR ROOM	98,988	305,888	6,575	1,797	630	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	54,992	538,384	144,123	89,079	0	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	21,566	80,537	7,474	0	0	54.01
54.02 ULTRASOUND	0	72,200	520	0	0	54.02
54.03 ECHOCARDIOLOGY	4,170	42,407	40,351	0	0	54.03
57.00 CT SCAN	1,912	151,433	2,314	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	27,982	1,147	0	0	58.00
59.00 CARDIAC CATHETERIZATION	50,411	5,378,925	37,449	15,526	0	59.00
60.00 LABORATORY	0	18,198	566,961	10,679	0	60.00
65.00 RESPIRATORY THERAPY	9,981	73,107	1,074,021	0	0	65.00
65.01 SLEEP LAB	1	38,005	400	2,504	0	65.01
66.00 PHYSICAL THERAPY	0	306,335	2,936	315	0	66.00
66.01 SPORTS PERFORMANCE	0	4,919	67	2	0	66.01
67.00 OCCUPATIONAL THERAPY	24	9,056	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	3,850	5	0	0	68.00
69.00 ELECTROCARDIOLOGY	12,880	36,646	967	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	172,151	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	14	30	1	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	10	254,461	36,144	0	0	74.00
75.00 ENDOSCOPY	42,502	1,031,878	12,721	5,196	108	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	11,859	2,454	138	8	0	76.97

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	62,783	109,444	112,314	0	331	90.00
90.01	PARTIAL HOSPITALIZATION	0	32	0	0	0	90.01
91.00	EMERGENCY	225,107	1,077,953	16,983	66,805	7,143	91.00
91.01	PATIENT SERVICES	4,191	44,017	1,017	4,239	0	91.01
91.02	WOUND CARE	8,270	0	201	0	0	91.02
91.03	LAFAYETTE RD CLINIC	0	1,270	0	0	0	91.03
91.04	ZIONSVILLE CLINIC	0	7,456	1,306	6,027	0	91.04
91.05	BROWNSBURG CLINIC	0	689	0	5	0	91.05
91.06	OP ANTICOAGULATION CLINIC	11,873	3,093	0	17	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	12,545	0	0	0	0	91.07
91.08	FAMILY PRACTICE	7,781	49,843	352	7,514	34	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	22	11,843	24,460	1	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	11,703	7,514	4,030	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	DIABETES EDUCATION	13,563	85	146	935	0	98.02
101.00	HOME HEALTH AGENCY	90,951	147,587	2,512	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	5,425	785,300	136	0	0	105.00
106.00	HEART ACQUISITION	6,350	371,522	171	60	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	86,891	169,462	330,677	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,452,637	38,422,324	3,668,353	291,042	22,083	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23	0	0	0	190.00
191.00	RESEARCH	6,260	115	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	75,513	110,360	2,031,456	8,989	378	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	MARKETING	0	0	0	0	0	193.01
193.02	MISSION SERVICES	83	12,546	23,702	0	0	193.02
193.03	FOUNDATION	0	0	0	0	0	193.03
193.04	WELLNESS	24,421	4,716	214	0	0	193.04
193.05	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	JOINT VENTURE	0	22,321	1,395	4,953	0	193.06
193.07	BILLING	0	0	31	0	0	193.07
193.08	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	LIFELINE	0	0	0	0	0	193.09
193.10	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	SPN	0	0	0	0	0	193.11
193.12	ST. JOE'S	0	0	0	0	0	193.12
193.13	NEW HOPE	0	0	0	0	0	193.13
193.14	VACANT SPACE	0	0	0	0	0	193.14
193.15	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	SETON BOARD	0	0	0	0	0	193.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	15,924,759	6,639,665	23,985,829	12,475,250	9,632,145	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	4.474612	0.172135	4.189554	40.904605	428.838654	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	1,049,419	937,917	753,017	310,004	147,165	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.294871	0.024316	0.131528	1.016460	6.552024	205.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - CPE (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 NEW CAP REL COSTS-BLDG-MATEN HOUSE						1.02
1.03 NEW CAP REL COSTS-BLDG-WOMENS						1.03
1.04 NEW CAP REL COSTS-BLDG-MCNE						1.04
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,690					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,690				22.00
23.00 PARAMED ED PRGM - PHARMACY			100			23.00
23.01 PARAMED ED PRGM - CPE			0	1,649		23.01
23.02 PARAMED ED PRGM - RADIOLOGY			0	0	100	23.02
23.03 PARAMED ED PRGM - EMS			0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	823	823	0	959	0	30.00
31.00 INTENSIVE CARE UNIT	307	307	0	304	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	0	0	0	0	0	32.01
32.02 RENAL TRANSPLANT	0	0	0	0	0	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	44	44	0	3	0	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	36	36	0	111	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	81	0	40.00
43.00 NURSERY	19	19	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	96	96	0	0	0	50.00
50.01 AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	69	69	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6	6	0	8	100	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	26	26	0	0	0	66.00
66.01 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	100	0	0	73.00
74.00 RENAL DIALYSIS	5	5	0	0	0	74.00
75.00 ENDOSCOPY	12	12	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM - PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - CPE (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	44	44	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	53	53	0	0	0	90.01
91.00 EMERGENCY	0	0	0	51	0	91.00
91.01 PATIENT SERVICES	32	32	0	0	0	91.01
91.02 WOUND CARE	0	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	88	88	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	18	18	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	0	0	0	0	98.02
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	132	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,678	1,678	100	1,649	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	12	12	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 MARKETING	0	0	0	0	0	193.01
193.02 MISSION SERVICES	0	0	0	0	0	193.02
193.03 FOUNDATION	0	0	0	0	0	193.03
193.04 WELLNESS	0	0	0	0	0	193.04
193.05 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 JOINT VENTURE	0	0	0	0	0	193.06
193.07 BILLING	0	0	0	0	0	193.07
193.08 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 LIFELINE	0	0	0	0	0	193.09
193.10 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 SPN	0	0	0	0	0	193.11
193.12 ST. JOE'S	0	0	0	0	0	193.12
193.13 NEW HOPE	0	0	0	0	0	193.13
193.14 VACANT SPACE	0	0	0	0	0	193.14
193.15 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 SETON BOARD	0	0	0	0	0	193.16
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	10,747,403	6,575,650	306,893	274,261	363,953	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	6,359.410059	3,890.917160	3,068.930000	166.319588	3,639.530000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	49,242	430,857	1,431	28,833	2,224	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	29.137278	254.944970	14.310000	17.485143	22.240000	205.00

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Cost Center Description		PARAMED ED PRGM - EMS (ASSIGNED TIME)	
		23.03	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS		1.01
1.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE		1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS		1.03
1.04	NEW CAP REL COSTS-BLDG-MCNE		1.04
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT TELEPHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING, RECEIVING AND STORES		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	OP REGISTRATION		5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL		5.07
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM - PHARMACY		23.00
23.01	PARAMED ED PRGM - CPE		23.01
23.02	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	PARAMED ED PRGM - EMS	100	23.03
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0	30.00
31.00	INTENSIVE CARE UNIT	0	31.00
32.00	CORONARY CARE UNIT	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	0	32.01
32.02	RENAL TRANSPLANT	0	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	0	33.00
34.00	NEONATAL INTENSIVE CARE UNIT	0	34.00
40.00	SUBPROVIDER - IPF	0	40.00
43.00	NURSERY	0	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
50.01	AMBULATORY SURGERY	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	54.01
54.02	ULTRASOUND	0	54.02
54.03	ECHOCARDIOLOGY	0	54.03
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
65.00	RESPIRATORY THERAPY	0	65.00
65.01	SLEEP LAB	0	65.01
66.00	PHYSICAL THERAPY	0	66.00
66.01	SPORTS PERFORMANCE	0	66.01
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	RENAL DIALYSIS	0	74.00
75.00	ENDOSCOPY	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	76.00
76.97	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	90.00

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Cost Center Description		PARAMED ED PRGM - EMS (ASSIGNED TIME)	
		23.03	
90.01	PARTIAL HOSPITALIZATION	0	90.01
91.00	EMERGENCY	100	91.00
91.01	PATIENT SERVICES	0	91.01
91.02	WOUND CARE	0	91.02
91.03	LAFAYETTE RD CLINIC	0	91.03
91.04	ZIONSVILLE CLINIC	0	91.04
91.05	BROWNSBURG CLINIC	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	91.07
91.08	FAMILY PRACTICE	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
97.01	FAMILY PRACTICE	0	97.01
98.00	GERIATRIC CLINIC	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	98.01
98.02	DIABETES EDUCATION	0	98.02
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
113.00	INTEREST EXPENSE	0	113.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	NONPAID WORKERS	0	193.00
193.01	MARKETING	0	193.01
193.02	MISSION SERVICES	0	193.02
193.03	FOUNDATION	0	193.03
193.04	WELLNESS	0	193.04
193.05	NETWORK DEVELOPMENT	0	193.05
193.06	JOINT VENTURE	0	193.06
193.07	BILLING	0	193.07
193.08	OCCUPATIONAL HEALTH	0	193.08
193.09	LIFELINE	0	193.09
193.10	MARTEN HOUSE	0	193.10
193.11	SPN	0	193.11
193.12	ST. JOE'S	0	193.12
193.13	NEW HOPE	0	193.13
193.14	VACANT SPACE	0	193.14
193.15	EXTENDED CARE RESIDENTIAL	0	193.15
193.16	SETON BOARD	0	193.16
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per wkst. B, Part I)	877,954	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	8,779.540000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	3,059	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	30.590000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet C
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS
			Total Costs	RCE Disallowance	Total Costs		
							3.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	105,275,271		105,275,271	0	105,275,271	30.00
31.00	INTENSIVE CARE UNIT	19,649,036		19,649,036	0	19,649,036	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	12,993,906		12,993,906	0	12,993,906	32.01
32.02	RENAL TRANSPLANT	1,887,576		1,887,576	0	1,887,576	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	5,863,202		5,863,202	0	5,863,202	33.00
34.00	NEONATAL INTENSIVE CARE UNIT	23,639,188		23,639,188	0	23,639,188	34.00
40.00	SUBPROVIDER - IPF	7,769,870		7,769,870	0	7,769,870	40.00
43.00	NURSERY	6,254,190		6,254,190	0	6,254,190	43.00
44.00	SKILLED NURSING FACILITY	2,477,525		2,477,525	0	2,477,525	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	112,601,526		112,601,526	0	112,601,526	50.00
50.01	AMBULATORY SURGERY	4,030,552		4,030,552	0	4,030,552	50.01
52.00	DELIVERY ROOM & LABOR ROOM	9,485,136		9,485,136	0	9,485,136	52.00
53.00	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	43,921,928		43,921,928	0	43,921,928	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	2,205,344		2,205,344	0	2,205,344	54.01
54.02	ULTRASOUND	2,074,525		2,074,525	0	2,074,525	54.02
54.03	ECHOCARDIOLOGY	3,217,191		3,217,191	0	3,217,191	54.03
57.00	CT SCAN	4,260,480		4,260,480	0	4,260,480	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,207,660		3,207,660	0	3,207,660	58.00
59.00	CARDIAC CATHETERIZATION	31,795,389		31,795,389	0	31,795,389	59.00
60.00	LABORATORY	44,801,750		44,801,750	0	44,801,750	60.00
65.00	RESPIRATORY THERAPY	15,938,929	0	15,938,929	0	15,938,929	65.00
65.01	SLEEP LAB	2,954,895	0	2,954,895	0	2,954,895	65.01
66.00	PHYSICAL THERAPY	15,693,356	0	15,693,356	0	15,693,356	66.00
66.01	SPORTS PERFORMANCE	5,043,715	0	5,043,715	0	5,043,715	66.01
67.00	OCCUPATIONAL THERAPY	925,005	0	925,005	0	925,005	67.00
68.00	SPEECH PATHOLOGY	1,526,427	0	1,526,427	0	1,526,427	68.00
69.00	ELECTROCARDIOLOGY	2,250,047		2,250,047	0	2,250,047	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,112,605		2,112,605	0	2,112,605	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,433,089		2,433,089	0	2,433,089	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	28,340,766		28,340,766	0	28,340,766	73.00
74.00	RENAL DIALYSIS	758,717		758,717	0	758,717	74.00
75.00	ENDOSCOPY	5,812,797		5,812,797	0	5,812,797	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	CARDIAC REHABILITATION	999,893		999,893	0	999,893	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	9,359,441		9,359,441	0	9,359,441	90.00
90.01	PARTIAL HOSPITALIZATION	1,888,135		1,888,135	0	1,888,135	90.01
91.00	EMERGENCY	29,923,259		29,923,259	0	29,923,259	91.00
91.01	PATIENT SERVICES	3,270,733		3,270,733	0	3,270,733	91.01
91.02	WOUND CARE	1,041,777		1,041,777	0	1,041,777	91.02
91.03	LAFAYETTE RD CLINIC	327,702		327,702	0	327,702	91.03
91.04	ZIONSVILLE CLINIC	1,813,346		1,813,346	0	1,813,346	91.04
91.05	BROWNSBURG CLINIC	12,096		12,096	0	12,096	91.05
91.06	OP ANTICOAGULATION CLINIC	1,378,946		1,378,946	0	1,378,946	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	5,547,277		5,547,277	0	5,547,277	91.07
91.08	FAMILY PRACTICE	5,574,667		5,574,667	0	5,574,667	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	7,789,256		7,789,256	0	7,789,256	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	240,049		240,049	0	240,049	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
97.01	FAMILY PRACTICE	0		0	0	0	97.01
98.00	GERIATRIC CLINIC	1,123,452		1,123,452	0	1,123,452	98.00
98.01	ELECTROCONVULSIVE THERAPY	0		0	0	0	98.01
98.02	DIABETES EDUCATION	1,207,701		1,207,701	0	1,207,701	98.02
101.00	HOME HEALTH AGENCY	11,286,288		11,286,288	0	11,286,288	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	2,755,892		2,755,892		3,753,965	105.00
106.00	HEART ACQUISITION	1,427,182		1,427,182		1,507,726	106.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	13,691,350		13,691,350		13,691,350	116.00
200.00	Subtotal (see instructions)	631,868,145	0	631,868,145	1,078,617	632,946,762	200.00
201.00	Less Observation Beds	7,789,256		7,789,256		7,789,256	201.00
202.00	Total (see instructions)	624,078,889	0	624,078,889	1,078,617	625,157,506	202.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CGN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet C
Part I
Date/Time Prepared:
1/31/2012 11:59 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	193,376,378		193,376,378			30.00
31.00	INTENSIVE CARE UNIT	45,273,052		45,273,052			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	25,103,465		25,103,465			32.01
32.02	RENAL TRANSPLANT	652,295		652,295			32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	18,631,086		18,631,086			33.00
34.00	NEONATAL INTENSIVE CARE UNIT	109,311,148		109,311,148			34.00
40.00	SUBPROVIDER - IPF	20,697,021		20,697,021			40.00
43.00	NURSERY	15,980,878		15,980,878			43.00
44.00	SKILLED NURSING FACILITY	2,469,693		2,469,693			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	330,412,525	239,053,132	569,465,657	0.197732	0.000000	50.00
50.01	AMBULATORY SURGERY	162,796	1,952,737	2,115,533	1.905218	0.000000	50.01
52.00	DELIVERY ROOM & LABOR ROOM	44,293,201	2,371,903	46,665,104	0.203260	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,155,830	186,450,862	209,606,692	0.209544	0.000000	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	1,973,033	3,939,142	5,912,175	0.373017	0.000000	54.01
54.02	ULTRASOUND	8,381,282	12,692,071	21,073,353	0.098443	0.000000	54.02
54.03	ECHOCARDIOLOGY	10,540,708	22,085,953	32,626,661	0.098606	0.000000	54.03
57.00	CT SCAN	37,196,200	52,404,675	89,600,875	0.047550	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	12,379,962	31,737,774	44,117,736	0.072707	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	81,851,615	101,307,847	183,159,462	0.173594	0.000000	59.00
60.00	LABORATORY	183,203,090	66,274,516	249,477,606	0.179582	0.000000	60.00
65.00	RESPIRATORY THERAPY	76,218,190	9,130,107	85,348,297	0.186752	0.000000	65.00
65.01	SLEEP LAB	177,229	11,539,846	11,717,075	0.252187	0.000000	65.01
66.00	PHYSICAL THERAPY	15,165,304	35,725,096	50,890,400	0.308376	0.000000	66.00
66.01	SPORTS PERFORMANCE	0	1,424,491	1,424,491	3.540714	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	4,844,370	128,434	4,972,804	0.186013	0.000000	67.00
68.00	SPEECH PATHOLOGY	2,154,984	1,801,345	3,956,329	0.385819	0.000000	68.00
69.00	ELECTROCARDIOLOGY	1,972,287	1,568,981	3,541,268	0.635379	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	7,085,711	3,915,478	11,001,189	0.192034	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,937,774	165,662	4,103,436	0.592939	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	163,692,048	43,124,703	206,816,751	0.137033	0.000000	73.00
74.00	RENAL DIALYSIS	4,904,798	723,354	5,628,152	0.134807	0.000000	74.00
75.00	ENDOSCOPY	9,088,801	18,619,648	27,708,449	0.209784	0.000000	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	CARDIAC REHABILITATION	702,086	1,152,989	1,855,075	0.539004	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	13,525,828	13,525,828	0.691968	0.000000	90.00
90.01	PARTIAL HOSPITALIZATION	0	6,939,137	6,939,137	0.272099	0.000000	90.01
91.00	EMERGENCY	31,210,554	76,411,196	107,621,750	0.278041	0.000000	91.00
91.01	PATIENT SERVICES	0	90,446	90,446	36.162274	0.000000	91.01
91.02	WOUND CARE	326,454	9,410,431	9,736,885	0.106993	0.000000	91.02
91.03	LAFAYETTE RD CLINIC	2,455	1,229,131	1,231,586	0.266081	0.000000	91.03
91.04	ZIONSVILLE CLINIC	49,075	8,217,422	8,266,497	0.219361	0.000000	91.04
91.05	BROWNSBURG CLINIC	0	0	0	0.000000	0.000000	91.05
91.06	OP ANTICOAGULATION CLINIC	9,028	3,178,300	3,187,328	0.432634	0.000000	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	14,546,899	14,546,899	0.381337	0.000000	91.07
91.08	FAMILY PRACTICE	387,640	13,077,137	13,464,777	0.414019	0.000000	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4,395,513	18,043,669	22,439,182	0.347127	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
97.01	FAMILY PRACTICE	0	0	0	0.000000	0.000000	97.01
98.00	GERIATRIC CLINIC	0	1,632,185	1,632,185	0.688312	0.000000	98.00
98.01	ELECTROCONVULSIVE THERAPY	321,017	0	321,017	0.000000	0.000000	98.01
98.02	DIABETES EDUCATION	496	404,473	404,969	2.982206	0.000000	98.02
101.00	HOME HEALTH AGENCY	0	10,349,371	10,349,371			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	3,243,699	1,218,057	4,461,756			105.00
106.00	HEART ACQUISITION	2,499,845	40,614	2,540,459			106.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	2,015,953	10,147,594	12,163,547			116.00
200.00	Subtotal (see instructions)	1,499,450,569	1,037,752,636	2,537,203,205			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,499,450,569	1,037,752,636	2,537,203,205			202.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CGN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet C
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT				32.01
32.02	RENAL TRANSPLANT				32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT				33.00
34.00	NEONATAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.197732			50.00
50.01	AMBULATORY SURGERY	1.905218			50.01
52.00	DELIVERY ROOM & LABOR ROOM	0.203260			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.209544			54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0.373017			54.01
54.02	ULTRASOUND	0.098443			54.02
54.03	ECHOCARDIOLOGY	0.098606			54.03
57.00	CT SCAN	0.047550			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.072707			58.00
59.00	CARDIAC CATHETERIZATION	0.173594			59.00
60.00	LABORATORY	0.179582			60.00
65.00	RESPIRATORY THERAPY	0.186752			65.00
65.01	SLEEP LAB	0.252187			65.01
66.00	PHYSICAL THERAPY	0.308376			66.00
66.01	SPORTS PERFORMANCE	3.540714			66.01
67.00	OCCUPATIONAL THERAPY	0.186013			67.00
68.00	SPEECH PATHOLOGY	0.385819			68.00
69.00	ELECTROCARDIOLOGY	0.635379			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.192034			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592939			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.137033			73.00
74.00	RENAL DIALYSIS	0.134807			74.00
75.00	ENDOSCOPY	0.209784			75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.00
76.97	CARDIAC REHABILITATION	0.539004			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.691968			90.00
90.01	PARTIAL HOSPITALIZATION	0.272099			90.01
91.00	EMERGENCY	0.278041			91.00
91.01	PATIENT SERVICES	36.162274			91.01
91.02	WOUND CARE	0.106993			91.02
91.03	LAFAYETTE RD CLINIC	0.266081			91.03
91.04	ZIONSVILLE CLINIC	0.219361			91.04
91.05	BROWNSBURG CLINIC	0.000000			91.05
91.06	OP ANTICOAGULATION CLINIC	0.432634			91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0.381337			91.07
91.08	FAMILY PRACTICE	0.414019			91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.347127			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.000000			95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
97.01	FAMILY PRACTICE	0.000000			97.01
98.00	GERIATRIC CLINIC	0.688312			98.00
98.01	ELECTROCONVULSIVE THERAPY	0.000000			98.01
98.02	DIABETES EDUCATION	2.982206			98.02
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet C
Part 1
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		Total Costs	Total Costs
			Costs			
			Total Costs	RCE Disallowance		
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	105,275,271		105,275,271	0	0	30.00
31.00 INTENSIVE CARE UNIT	19,649,036		19,649,036	0	0	31.00
32.00 CORONARY CARE UNIT	0		0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	12,993,906		12,993,906	0	0	32.01
32.02 RENAL TRANSPLANT	1,887,576		1,887,576	0	0	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	5,863,202		5,863,202	0	0	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	23,639,188		23,639,188	0	0	34.00
40.00 SUBPROVIDER - IPF	7,769,870		7,769,870	0	0	40.00
43.00 NURSERY	6,254,190		6,254,190	0	0	43.00
44.00 SKILLED NURSING FACILITY	2,477,525		2,477,525	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	112,601,526		112,601,526	0	0	50.00
50.01 AMBULATORY SURGERY	4,030,552		4,030,552	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	9,485,136		9,485,136	0	0	52.00
53.00 ANESTHESIOLOGY	0		0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	43,921,928		43,921,928	0	0	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	2,205,344		2,205,344	0	0	54.01
54.02 ULTRASOUND	2,074,525		2,074,525	0	0	54.02
54.03 ECHOCARDIOLOGY	3,217,191		3,217,191	0	0	54.03
57.00 CT SCAN	4,260,480		4,260,480	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	3,207,660		3,207,660	0	0	58.00
59.00 CARDIAC CATHETERIZATION	31,795,389		31,795,389	0	0	59.00
60.00 LABORATORY	44,801,750		44,801,750	0	0	60.00
65.00 RESPIRATORY THERAPY	15,938,929	0	15,938,929	0	0	65.00
65.01 SLEEP LAB	2,954,895	0	2,954,895	0	0	65.01
66.00 PHYSICAL THERAPY	15,693,356	0	15,693,356	0	0	66.00
66.01 SPORTS PERFORMANCE	5,043,715	0	5,043,715	0	0	66.01
67.00 OCCUPATIONAL THERAPY	925,005	0	925,005	0	0	67.00
68.00 SPEECH PATHOLOGY	1,526,427	0	1,526,427	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,250,047	0	2,250,047	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,112,605	0	2,112,605	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,433,089	0	2,433,089	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	28,340,766	0	28,340,766	0	0	73.00
74.00 RENAL DIALYSIS	758,717	0	758,717	0	0	74.00
75.00 ENDOSCOPY	5,812,797	0	5,812,797	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	999,893	0	999,893	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	9,359,441		9,359,441	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	1,888,135		1,888,135	0	0	90.01
91.00 EMERGENCY	29,923,259		29,923,259	0	0	91.00
91.01 PATIENT SERVICES	3,270,733		3,270,733	0	0	91.01
91.02 WOUND CARE	1,041,777		1,041,777	0	0	91.02
91.03 LAFAYETTE RD CLINIC	327,702		327,702	0	0	91.03
91.04 ZIONSVILLE CLINIC	1,813,346		1,813,346	0	0	91.04
91.05 BROWNSBURG CLINIC	12,096		12,096	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	1,378,946		1,378,946	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	5,547,277		5,547,277	0	0	91.07
91.08 FAMILY PRACTICE	5,574,667		5,574,667	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	7,789,256		7,789,256	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	240,049		240,049	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
97.01 FAMILY PRACTICE	0		0	0	0	97.01
98.00 GERIATRIC CLINIC	1,123,452		1,123,452	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0		0	0	0	98.01
98.02 DIABETES EDUCATION	1,207,701		1,207,701	0	0	98.02
101.00 HOME HEALTH AGENCY	11,286,288		11,286,288	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	2,755,892		2,755,892		0	105.00
106.00 HEART ACQUISITION	1,427,182		1,427,182		0	106.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	13,691,350		13,691,350		0	116.00
200.00 Subtotal (see instructions)	631,868,145	0	631,868,145	0	0	200.00
201.00 Less Observation Beds	7,789,256		7,789,256		0	201.00
202.00 Total (see instructions)	624,078,889	0	624,078,889	0	0	202.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet C
Part I
Date/Time Prepared:
1/31/2012 11:59 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	193,376,378		193,376,378			30.00
31.00	INTENSIVE CARE UNIT	45,273,052		45,273,052			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	25,103,465		25,103,465			32.01
32.02	RENAL TRANSPLANT	652,295		652,295			32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	18,631,086		18,631,086			33.00
34.00	NEONATAL INTENSIVE CARE UNIT	109,311,148		109,311,148			34.00
40.00	SUBPROVIDER - IPF	20,697,021		20,697,021			40.00
43.00	NURSERY	15,980,878		15,980,878			43.00
44.00	SKILLED NURSING FACILITY	2,469,693		2,469,693			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	330,412,525	239,053,132	569,465,657	0.197732	0.000000	50.00
50.01	AMBULATORY SURGERY	162,796	1,952,737	2,115,533	1.905218	0.000000	50.01
52.00	DELIVERY ROOM & LABOR ROOM	44,293,201	2,371,903	46,665,104	0.203260	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,155,830	186,450,862	209,606,692	0.209544	0.000000	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	1,973,033	3,939,142	5,912,175	0.373017	0.000000	54.01
54.02	ULTRASOUND	8,381,282	12,692,071	21,073,353	0.098443	0.000000	54.02
54.03	ECHOCARDIOLOGY	10,540,708	22,085,953	32,626,661	0.098606	0.000000	54.03
57.00	CT SCAN	37,196,200	52,404,675	89,600,875	0.047550	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	12,379,962	31,737,774	44,117,736	0.072707	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	81,851,615	101,307,847	183,159,462	0.173594	0.000000	59.00
60.00	LABORATORY	183,203,090	66,274,516	249,477,606	0.179582	0.000000	60.00
65.00	RESPIRATORY THERAPY	76,218,190	9,130,107	85,348,297	0.186752	0.000000	65.00
65.01	SLEEP LAB	177,229	11,539,846	11,717,075	0.252187	0.000000	65.01
66.00	PHYSICAL THERAPY	15,165,304	35,725,096	50,890,400	0.308376	0.000000	66.00
66.01	SPORTS PERFORMANCE	0	1,424,491	1,424,491	3.540714	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	4,844,370	128,434	4,972,804	0.186013	0.000000	67.00
68.00	SPEECH PATHOLOGY	2,154,984	1,801,345	3,956,329	0.385819	0.000000	68.00
69.00	ELECTROCARDIOLOGY	1,972,287	1,568,981	3,541,268	0.635379	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	7,085,711	3,915,478	11,001,189	0.192034	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,937,774	165,662	4,103,436	0.592939	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	163,692,048	43,124,703	206,816,751	0.137033	0.000000	73.00
74.00	RENAL DIALYSIS	4,904,798	723,354	5,628,152	0.134807	0.000000	74.00
75.00	ENDOSCOPY	9,088,801	18,619,648	27,708,449	0.209784	0.000000	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	CARDIAC REHABILITATION	702,086	1,152,989	1,855,075	0.539004	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	13,525,828	13,525,828	0.691968	0.000000	90.00
90.01	PARTIAL HOSPITALIZATION	0	6,939,137	6,939,137	0.272099	0.000000	90.01
91.00	EMERGENCY	31,210,554	76,411,196	107,621,750	0.278041	0.000000	91.00
91.01	PATIENT SERVICES	0	90,446	90,446	36.162274	0.000000	91.01
91.02	WOUND CARE	326,454	9,410,431	9,736,885	0.106993	0.000000	91.02
91.03	LAFAYETTE RD CLINIC	2,455	1,229,131	1,231,586	0.266081	0.000000	91.03
91.04	ZIONSVILLE CLINIC	49,075	8,217,422	8,266,497	0.219361	0.000000	91.04
91.05	BROWNSBURG CLINIC	0	0	0	0.000000	0.000000	91.05
91.06	OP ANTICOAGULATION CLINIC	9,028	3,178,300	3,187,328	0.432634	0.000000	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	14,546,899	14,546,899	0.381337	0.000000	91.07
91.08	FAMILY PRACTICE	387,640	13,077,137	13,464,777	0.414019	0.000000	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4,395,513	18,043,669	22,439,182	0.347127	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
97.01	FAMILY PRACTICE	0	0	0	0.000000	0.000000	97.01
98.00	GERIATRIC CLINIC	0	1,632,185	1,632,185	0.688312	0.000000	98.00
98.01	ELECTROCONVULSIVE THERAPY	321,017	0	321,017	0.000000	0.000000	98.01
98.02	DIABETES EDUCATION	496	404,473	404,969	2.982206	0.000000	98.02
101.00	HOME HEALTH AGENCY	0	10,349,371	10,349,371			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	3,243,699	1,218,057	4,461,756			105.00
106.00	HEART ACQUISITION	2,499,845	40,614	2,540,459			106.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	2,015,953	10,147,594	12,163,547			116.00
200.00	Subtotal (see instructions)	1,499,450,569	1,037,752,636	2,537,203,205			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,499,450,569	1,037,752,636	2,537,203,205			202.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet C
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT				32.01
32.02	RENAL TRANSPLANT				32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT				33.00
34.00	NEONATAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
50.01	AMBULATORY SURGERY	0.000000			50.01
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0.000000			54.01
54.02	ULTRASOUND	0.000000			54.02
54.03	ECHOCARDIOLOGY	0.000000			54.03
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
65.01	SLEEP LAB	0.000000			65.01
66.00	PHYSICAL THERAPY	0.000000			66.00
66.01	SPORTS PERFORMANCE	0.000000			66.01
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ENDOSCOPY	0.000000			75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.00
76.97	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000			90.00
90.01	PARTIAL HOSPITALIZATION	0.000000			90.01
91.00	EMERGENCY	0.000000			91.00
91.01	PATIENT SERVICES	0.000000			91.01
91.02	WOUND CARE	0.000000			91.02
91.03	LAFAYETTE RD CLINIC	0.000000			91.03
91.04	ZIONSVILLE CLINIC	0.000000			91.04
91.05	BROWNSBURG CLINIC	0.000000			91.05
91.06	OP ANTICOAGULATION CLINIC	0.000000			91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0.000000			91.07
91.08	FAMILY PRACTICE	0.000000			91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.000000			95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
97.01	FAMILY PRACTICE	0.000000			97.01
98.00	GERIATRIC CLINIC	0.000000			98.00
98.01	ELECTROCONVULSIVE THERAPY	0.000000			98.01
98.02	DIABETES EDUCATION	0.000000			98.02
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,803,994	0	7,803,994	132,614	58.85	30.00
31.00	INTENSIVE CARE UNIT	1,248,490		1,248,490	12,756	97.87	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	726,491		726,491	6,705	108.35	32.01
32.02	RENAL TRANSPLANT	98,102		98,102	432	227.09	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	669,842		669,842	3,182	210.51	33.00
34.00	NEONATAL INTENSIVE CARE UNIT	977,759		977,759	22,452	43.55	34.00
40.00	SUBPROVIDER - IPF	301,276	0	301,276	13,909	21.66	40.00
43.00	NURSERY	324,650		324,650	6,556	49.52	43.00
44.00	SKILLED NURSING FACILITY	311,124		311,124	4,242	73.34	44.00
200.00	Total (lines 30-199)	12,461,728		12,461,728	202,848		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	48,240	2,838,924			30.00
31.00 INTENSIVE CARE UNIT	6,022	589,373			31.00
32.00 CORONARY CARE UNIT	0	0			32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	3,034	328,734			32.01
32.02 RENAL TRANSPLANT	116	26,342			32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	0	0			33.00
34.00 NEONATAL INTENSIVE CARE UNIT	0	0			34.00
40.00 SUBPROVIDER - IPF	3,479	75,355			40.00
43.00 NURSERY	0	0			43.00
44.00 SKILLED NURSING FACILITY	2,758	202,272			44.00
200.00 Total (lines 30-199)	63,649	4,061,000			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Capital Related Cost (From Wkst. B, Part II, col. 26)	Total Charges (From Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS	
					1.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,846,465	569,465,657	0.012023	116,790,307	1,404,170	50.00
50.01 AMBULATORY SURGERY	511,900	2,115,533	0.241972	61,219	14,813	50.01
52.00 DELIVERY ROOM & LABOR ROOM	625,331	46,665,104	0.013400	119,733	1,604	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,067,643	209,606,692	0.019406	9,299,204	180,460	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	317,284	5,912,175	0.053666	880,947	47,277	54.01
54.02 ULTRASOUND	166,178	21,073,353	0.007886	3,586,673	28,285	54.02
54.03 ECHOCARDIOLOGY	301,393	32,626,661	0.009238	4,896,750	45,236	54.03
57.00 CT SCAN	497,624	89,600,875	0.005554	16,332,474	90,711	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	373,662	44,117,736	0.008470	4,643,030	39,326	58.00
59.00 CARDIAC CATHETERIZATION	3,140,377	183,159,462	0.017146	34,255,502	587,345	59.00
60.00 LABORATORY	704,919	249,477,606	0.002826	57,611,860	162,811	60.00
65.00 RESPIRATORY THERAPY	628,554	85,348,297	0.007365	28,419,496	209,310	65.00
65.01 SLEEP LAB	243,633	11,717,075	0.020793	19,714	410	65.01
66.00 PHYSICAL THERAPY	631,542	50,890,400	0.012410	6,233,990	77,364	66.00
66.01 SPORTS PERFORMANCE	89,768	1,424,491	0.063018	0	0	66.01
67.00 OCCUPATIONAL THERAPY	14,211	4,972,804	0.002858	1,824,714	5,215	67.00
68.00 SPEECH PATHOLOGY	77,035	3,956,329	0.019471	1,170,126	22,784	68.00
69.00 ELECTROCARDIOLOGY	337,507	3,541,268	0.095307	111,611	10,637	69.00
70.00 ELECTROENCEPHALOGRAPHY	210,911	11,001,189	0.019172	1,954,942	37,480	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,850	4,103,436	0.001913	393,298	752	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	92,513	206,816,751	0.000447	55,419,465	24,773	73.00
74.00 RENAL DIALYSIS	92,836	5,628,152	0.016495	2,738,092	45,165	74.00
75.00 ENDOSCOPY	666,117	27,708,449	0.024040	4,297,329	103,308	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97 CARDIAC REHABILITATION	27,306	1,855,075	0.014720	356,258	5,244	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	236,237	13,525,828	0.017466	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	76,675	6,939,137	0.011050	0	0	90.01
91.00 EMERGENCY	1,854,594	107,621,750	0.017233	14,325,391	246,869	91.00
91.01 PATIENT SERVICES	78,619	90,446	0.869237	0	0	91.01
91.02 WOUND CARE	120,688	9,736,885	0.012395	191,671	2,376	91.02
91.03 LAFAYETTE RD CLINIC	34,771	1,231,586	0.028233	1,577	45	91.03
91.04 ZIONSVILLE CLINIC	455,028	8,266,497	0.055045	19,619	1,080	91.04
91.05 BROWNSBURG CLINIC	151	0	0.000000	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	45,980	3,187,328	0.014426	6,329	91	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	23,709	14,546,899	0.001630	0	0	91.07
91.08 FAMILY PRACTICE	246,367	13,464,777	0.018297	1,364	25	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	577,410	22,439,182	0.025732	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00 GERIATRIC CLINIC	42,402	1,632,185	0.025979	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	19	321,017	5.9E-5	0	0	98.01
98.02 DIABETES EDUCATION	19,749	404,969	0.048767	0	0	98.02
200.00 Total (lines 50-199)	24,484,958	2,076,193,056		365,962,685	3,394,966	200.00

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	159,501	0	0	159,501	30.00
31.00	INTENSIVE CARE UNIT	0	50,561	0	0	50,561	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	0	0	0	0	0	32.01
32.02	RENAL TRANSPLANT	0	0	0	0	0	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	0	499	0	0	499	33.00
34.00	NEONATAL INTENSIVE CARE UNIT	0	18,461	0	0	18,461	34.00
40.00	SUBPROVIDER - IPF	0	13,472	0	0	13,472	40.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	242,494	0	0	242,494	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Hospital		PSA Adj. Nursing School	PPS
				Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	132,614	1.20	48,240	57,888		0	30.00
31.00 INTENSIVE CARE UNIT	12,756	3.96	6,022	23,847		0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0		0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	6,705	0.00	3,034	0		0	32.01
32.02 RENAL TRANSPLANT	432	0.00	116	0		0	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	3,182	0.16	0	0		0	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	22,452	0.82	0	0		0	34.00
40.00 SUBPROVIDER - IPF	13,909	0.97	3,479	3,375		0	40.00
43.00 NURSERY	6,556	0.00	0	0		0	43.00
44.00 SKILLED NURSING FACILITY	4,242	0.00	2,758	0		0	44.00
200.00 Total (lines 30-199)	202,848		63,649	85,110		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Title XVIII		Hospital	PPS
	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	0	0	32.01
32.02	RENAL TRANSPLANT	0	0	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	0	0	33.00
34.00	NEONATAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	AMBULATORY SURGERY	0	0	0	0	0	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	365,284	0	0	365,284	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	0	54.01
54.02	ULTRASOUND	0	0	0	0	0	0	54.02
54.03	ECHOCARDIOLOGY	0	0	0	0	0	0	54.03
57.00	CT SCAN	0	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	SLEEP LAB	0	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	SPORTS PERFORMANCE	0	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	306,893	0	0	306,893	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	ENDOSCOPY	0	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	PARTIAL HOSPITALIZATION	0	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	886,436	0	0	886,436	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	0	91.01
91.02	WOUND CARE	0	0	0	0	0	0	91.02
91.03	LAFAYETTE RD CLINIC	0	0	0	0	0	0	91.03
91.04	ZIONSVILLE CLINIC	0	0	0	0	0	0	91.04
91.05	BROWNSBURG CLINIC	0	0	0	0	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0	0	0	0	0	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0	91.07
91.08	FAMILY PRACTICE	0	0	0	0	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	11,801	0	0	11,801	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	0	0	0	0	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0	98.01
98.02	DIABETES EDUCATION	0	0	0	0	0	0	98.02
200.00	Total (lines 50-199)	0	0	1,570,414	0	0	1,570,414	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	569,465,657	0.000000	0.000000	116,790,307	50.00
50.01 AMBULATORY SURGERY	0	2,115,533	0.000000	0.000000	61,219	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	46,665,104	0.000000	0.000000	119,733	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	365,284	209,606,692	0.001743	0.001743	9,299,204	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	5,912,175	0.000000	0.000000	880,947	54.01
54.02 ULTRASOUND	0	21,073,353	0.000000	0.000000	3,586,673	54.02
54.03 ECHOCARDIOLOGY	0	32,626,661	0.000000	0.000000	4,896,750	54.03
57.00 CT SCAN	0	89,600,875	0.000000	0.000000	16,332,474	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	44,117,736	0.000000	0.000000	4,643,030	58.00
59.00 CARDIAC CATHETERIZATION	0	183,159,462	0.000000	0.000000	34,255,502	59.00
60.00 LABORATORY	0	249,477,606	0.000000	0.000000	57,611,860	60.00
65.00 RESPIRATORY THERAPY	0	85,348,297	0.000000	0.000000	28,419,496	65.00
65.01 SLEEP LAB	0	11,717,075	0.000000	0.000000	19,714	65.01
66.00 PHYSICAL THERAPY	0	50,890,400	0.000000	0.000000	6,233,990	66.00
66.01 SPORTS PERFORMANCE	0	1,424,491	0.000000	0.000000	0	66.01
67.00 OCCUPATIONAL THERAPY	0	4,972,804	0.000000	0.000000	1,824,714	67.00
68.00 SPEECH PATHOLOGY	0	3,956,329	0.000000	0.000000	1,170,126	68.00
69.00 ELECTROCARDIOLOGY	0	3,541,268	0.000000	0.000000	111,611	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	11,001,189	0.000000	0.000000	1,954,942	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,103,436	0.000000	0.000000	393,298	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	306,893	206,816,751	0.001484	0.001484	55,419,465	73.00
74.00 RENAL DIALYSIS	0	5,628,152	0.000000	0.000000	2,738,092	74.00
75.00 ENDOSCOPY	0	27,708,449	0.000000	0.000000	4,297,329	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	1,855,075	0.000000	0.000000	356,258	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	13,525,828	0.000000	0.000000	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	6,939,137	0.000000	0.000000	0	90.01
91.00 EMERGENCY	886,436	107,621,750	0.008237	0.008237	14,325,391	91.00
91.01 PATIENT SERVICES	0	90,446	0.000000	0.000000	0	91.01
91.02 WOUND CARE	0	9,736,885	0.000000	0.000000	191,671	91.02
91.03 LAFAYETTE RD CLINIC	0	1,231,586	0.000000	0.000000	1,577	91.03
91.04 ZIONSVILLE CLINIC	0	8,266,497	0.000000	0.000000	19,619	91.04
91.05 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	3,187,328	0.000000	0.000000	6,329	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	14,546,899	0.000000	0.000000	0	91.07
91.08 FAMILY PRACTICE	0	13,464,777	0.000000	0.000000	1,364	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	11,801	22,439,182	0.000526	0.000526	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00 GERIATRIC CLINIC	0	1,632,185	0.000000	0.000000	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	321,017	0.000000	0.000000	0	98.01
98.02 DIABETES EDUCATION	0	404,969	0.000000	0.000000	0	98.02
200.00 Total (lines 50-199)	1,570,414	2,076,193,056			365,962,685	200.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Title XVIII			Hospital	PPS		
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
	11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	41,735,120	0	0	0	0	50.00
50.01 AMBULATORY SURGERY	0	200,814	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	12,566	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	16,209	60,333,732	105,162	0	0	0	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	1,218,746	0	0	0	0	54.01
54.02 ULTRASOUND	0	2,404,414	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	0	9,371,643	0	0	0	0	54.03
57.00 CT SCAN	0	12,800,907	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	5,499,754	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	45,051,719	0	0	0	0	59.00
60.00 LABORATORY	0	13,691,737	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	2,382,953	0	0	0	0	65.00
65.01 SLEEP LAB	0	1,495,981	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	256,960	0	0	0	0	66.00
66.01 SPORTS PERFORMANCE	0	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	541	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	58,225	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	40,160	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	480,033	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,854	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	82,242	2,389,016	3,545	0	0	0	73.00
74.00 RENAL DIALYSIS	0	327,692	0	0	0	0	74.00
75.00 ENDOSCOPY	0	5,158,966	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	454,243	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	90.01
91.00 EMERGENCY	117,998	12,242,503	100,841	0	0	0	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	0	91.01
91.02 WOUND CARE	0	5,111,932	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	193,332	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	1,689,354	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	1,417,528	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	2,571,610	0	0	0	0	91.07
91.08 FAMILY PRACTICE	0	88,399	0	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,219,528	2,219	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	0	0	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	17	0	0	0	0	98.02
200.00 Total (lines 50-199)	216,449	232,929,979	211,767	0	0	0	200.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0			50.00
50.01	AMBULATORY SURGERY	0	0			50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	0			54.01
54.02	ULTRASOUND	0	0			54.02
54.03	ECHOCARDIOLOGY	0	0			54.03
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
65.00	RESPIRATORY THERAPY	0	0			65.00
65.01	SLEEP LAB	0	0			65.01
66.00	PHYSICAL THERAPY	0	0			66.00
66.01	SPORTS PERFORMANCE	0	0			66.01
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
75.00	ENDOSCOPY	0	0			75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0			76.00
76.97	CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0			90.00
90.01	PARTIAL HOSPITALIZATION	0	0			90.01
91.00	EMERGENCY	0	0			91.00
91.01	PATIENT SERVICES	0	0			91.01
91.02	WOUND CARE	0	0			91.02
91.03	LAFAYETTE RD CLINIC	0	0			91.03
91.04	ZIONSVILLE CLINIC	0	0			91.04
91.05	BROWNSBURG CLINIC	0	0			91.05
91.06	OP ANTICOAGULATION CLINIC	0	0			91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	0			91.07
91.08	FAMILY PRACTICE	0	0			91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0			95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
97.01	FAMILY PRACTICE	0	0			97.01
98.00	GERIATRIC CLINIC	0	0			98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0			98.01
98.02	DIABETES EDUCATION	0	0			98.02
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	Hospital	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.197732	41,735,120	-3,991	0		50.00
50.01 AMBULATORY SURGERY	1.905218	200,814	0	0		50.01
52.00 DELIVERY ROOM & LABOR ROOM	0.203260	12,566	0	0		52.00
53.00 ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.209544	60,333,732	-78,137	0		54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0.373017	1,218,746	0	0		54.01
54.02 ULTRASOUND	0.098443	2,404,414	0	0		54.02
54.03 ECHOCARDIOLOGY	0.098606	9,371,643	0	0		54.03
57.00 CT SCAN	0.047550	12,800,907	-3	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.072707	5,499,754	-2	0		58.00
59.00 CARDIAC CATHETERIZATION	0.173594	45,051,719	-17,449	0		59.00
60.00 LABORATORY	0.179582	13,691,737	-12,900	0		60.00
65.00 RESPIRATORY THERAPY	0.186752	2,382,953	-1	0		65.00
65.01 SLEEP LAB	0.252187	1,495,981	0	0		65.01
66.00 PHYSICAL THERAPY	0.308376	256,960	-510	0		66.00
66.01 SPORTS PERFORMANCE	3.540714	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0.186013	541	-714	0		67.00
68.00 SPEECH PATHOLOGY	0.385819	58,225	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.635379	40,160	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.192034	480,033	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592939	29,854	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.137033	2,389,016	0	84,310		73.00
74.00 RENAL DIALYSIS	0.134807	327,692	0	0		74.00
75.00 ENDOSCOPY	0.209784	5,158,966	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0.539004	454,243	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.691968	0	0	0		90.00
90.01 PARTIAL HOSPITALIZATION	0.272099	0	0	0		90.01
91.00 EMERGENCY	0.278041	12,242,503	-2,051	0		91.00
91.01 PATIENT SERVICES	36.162274	0	0	0		91.01
91.02 WOUND CARE	0.106993	5,111,932	-3,264	0		91.02
91.03 LAFAYETTE RD CLINIC	0.266081	193,332	0	0		91.03
91.04 ZIONSVILLE CLINIC	0.219361	1,689,354	-1	0		91.04
91.05 BROWNSBURG CLINIC	0.000000	0	0	0		91.05
91.06 OP ANTICOAGULATION CLINIC	0.432634	1,417,528	0	0		91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0.381337	2,571,610	-1	0		91.07
91.08 FAMILY PRACTICE	0.414019	88,399	0	0		91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.347127	4,219,528	-2	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0.000000	0	0	0		95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
97.01 FAMILY PRACTICE	0.000000	0	0	0		97.01
98.00 GERIATRIC CLINIC	0.688312	0	0	0		98.00
98.01 ELECTROCONVULSIVE THERAPY	0.000000	0	0	0		98.01
98.02 DIABETES EDUCATION	2.982206	17	0	0		98.02
200.00 Subtotal (see instructions)		232,929,979	-119,026	84,310		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		232,929,979	-119,026	84,310		202.00

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	8,252,369	-789	0		50.00
50.01 AMBULATORY SURGERY	382,594	0	0		50.01
52.00 DELIVERY ROOM & LABOR ROOM	2,554	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	12,642,572	-16,373	0		54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	454,613	0	0		54.01
54.02 ULTRASOUND	236,698	0	0		54.02
54.03 ECHOCARDIOLOGY	924,100	0	0		54.03
57.00 CT SCAN	608,683	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	399,871	0	0		58.00
59.00 CARDIAC CATHETERIZATION	7,820,708	-3,029	0		59.00
60.00 LABORATORY	2,458,790	-2,317	0		60.00
65.00 RESPIRATORY THERAPY	445,021	0	0		65.00
65.01 SLEEP LAB	377,267	0	0		65.01
66.00 PHYSICAL THERAPY	79,240	-157	0		66.00
66.01 SPORTS PERFORMANCE	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	101	-133	0		67.00
68.00 SPEECH PATHOLOGY	22,464	0	0		68.00
69.00 ELECTROCARDIOLOGY	25,517	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	92,183	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,702	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	327,374	0	11,553		73.00
74.00 RENAL DIALYSIS	44,175	0	0		74.00
75.00 ENDOSCOPY	1,082,269	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	244,839	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 PARTIAL HOSPITALIZATION	0	0	0		90.01
91.00 EMERGENCY	3,403,918	-570	0		91.00
91.01 PATIENT SERVICES	0	0	0		91.01
91.02 WOUND CARE	546,941	-349	0		91.02
91.03 LAFAYETTE RD CLINIC	51,442	0	0		91.03
91.04 ZIONSVILLE CLINIC	370,578	0	0		91.04
91.05 BROWNSBURG CLINIC	0	0	0		91.05
91.06 OP ANTICOAGULATION CLINIC	613,271	0	0		91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	980,650	0	0		91.07
91.08 FAMILY PRACTICE	36,599	0	0		91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,464,712	-1	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0	0	0		95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
97.01 FAMILY PRACTICE	0	0	0		97.01
98.00 GERIATRIC CLINIC	0	0	0		98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0		98.01
98.02 DIABETES EDUCATION	51	0	0		98.02
200.00 Subtotal (see instructions)	44,409,866	-23,718	11,553		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	44,409,866	-23,718	11,553		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	6,846,465	569,465,657	0.012023	20,622	248	50.00
50.01	AMBULATORY SURGERY	511,900	2,115,533	0.241972	0	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	625,331	46,665,104	0.013400	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,067,643	209,606,692	0.019406	48,796	947	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	317,284	5,912,175	0.053666	0	0	54.01
54.02	ULTRASOUND	166,178	21,073,353	0.007886	4,635	37	54.02
54.03	ECHOCARDIOLOGY	301,393	32,626,661	0.009238	1,724	16	54.03
57.00	CT SCAN	497,624	89,600,875	0.005554	92,360	513	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	373,662	44,117,736	0.008470	52,842	448	58.00
59.00	CARDIAC CATHETERIZATION	3,140,377	183,159,462	0.017146	1,120	19	59.00
60.00	LABORATORY	704,919	249,477,606	0.002826	481,314	1,360	60.00
65.00	RESPIRATORY THERAPY	628,554	85,348,297	0.007365	16,780	124	65.00
65.01	SLEEP LAB	243,633	11,717,075	0.020793	0	0	65.01
66.00	PHYSICAL THERAPY	631,542	50,890,400	0.012410	86,539	1,074	66.00
66.01	SPORTS PERFORMANCE	89,768	1,424,491	0.063018	0	0	66.01
67.00	OCCUPATIONAL THERAPY	14,211	4,972,804	0.002858	47,542	136	67.00
68.00	SPEECH PATHOLOGY	77,035	3,956,329	0.019471	4,943	96	68.00
69.00	ELECTROCARDIOLOGY	337,507	3,541,268	0.095307	15,203	1,449	69.00
70.00	ELECTROENCEPHALOGRAPHY	210,911	11,001,189	0.019172	20,654	396	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,850	4,103,436	0.001913	27,767	53	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	92,513	206,816,751	0.000447	528,648	236	73.00
74.00	RENAL DIALYSIS	92,836	5,628,152	0.016495	11,001	181	74.00
75.00	ENDOSCOPY	666,117	27,708,449	0.024040	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	27,306	1,855,075	0.014720	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	236,237	13,525,828	0.017466	0	0	90.00
90.01	PARTIAL HOSPITALIZATION	76,675	6,939,137	0.011050	0	0	90.01
91.00	EMERGENCY	1,854,594	107,621,750	0.017233	212,569	3,663	91.00
91.01	PATIENT SERVICES	78,619	90,446	0.869237	0	0	91.01
91.02	WOUND CARE	120,688	9,736,885	0.012395	0	0	91.02
91.03	LAFAYETTE RD CLINIC	34,771	1,231,586	0.028233	0	0	91.03
91.04	ZIONSVILLE CLINIC	455,028	8,266,497	0.055045	0	0	91.04
91.05	BROWNSBURG CLINIC	151	0	0.000000	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	45,980	3,187,328	0.014426	0	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	23,709	14,546,899	0.001630	0	0	91.07
91.08	FAMILY PRACTICE	246,367	13,464,777	0.018297	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	577,410	22,439,182	0.025732	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	GERIATRIC CLINIC	42,402	1,632,185	0.025979	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	19	321,017	5.9E-5	212,009	13	98.01
98.02	DIABETES EDUCATION	19,749	404,969	0.048767	0	0	98.02
200.00	Total (lines 50-199)	24,484,958	2,076,193,056		1,887,068	11,009	200.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	365,284	0	365,284	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	ULTRASOUND	0	0	0	0	0	54.02
54.03	ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	SLEEP LAB	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	306,893	0	306,893	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ENDOSCOPY	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	886,436	0	886,436	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
91.02	WOUND CARE	0	0	0	0	0	91.02
91.03	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	11,801	0	11,801	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00	Total (lines 50-199)	0	0	1,570,414	0	1,570,414	200.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084
Component CCN: 15S084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	569,465,657	0.000000	0.000000	20,622	50.00
50.01	AMBULATORY SURGERY	0	2,115,533	0.000000	0.000000	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	46,665,104	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	365,284	209,606,692	0.001743	0.001743	48,796	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	5,912,175	0.000000	0.000000	0	54.01
54.02	ULTRASOUND	0	21,073,353	0.000000	0.000000	4,635	54.02
54.03	ECHOCARDIOLOGY	0	32,626,661	0.000000	0.000000	1,724	54.03
57.00	CT SCAN	0	89,600,875	0.000000	0.000000	92,360	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	44,117,736	0.000000	0.000000	52,842	58.00
59.00	CARDIAC CATHETERIZATION	0	183,159,462	0.000000	0.000000	1,120	59.00
60.00	LABORATORY	0	249,477,606	0.000000	0.000000	481,314	60.00
65.00	RESPIRATORY THERAPY	0	85,348,297	0.000000	0.000000	16,780	65.00
65.01	SLEEP LAB	0	11,717,075	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	50,890,400	0.000000	0.000000	86,539	66.00
66.01	SPORTS PERFORMANCE	0	1,424,491	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	4,972,804	0.000000	0.000000	47,542	67.00
68.00	SPEECH PATHOLOGY	0	3,956,329	0.000000	0.000000	4,943	68.00
69.00	ELECTROCARDIOLOGY	0	3,541,268	0.000000	0.000000	15,203	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	11,001,189	0.000000	0.000000	20,654	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,103,436	0.000000	0.000000	27,767	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	306,893	206,816,751	0.001484	0.001484	528,648	73.00
74.00	RENAL DIALYSIS	0	5,628,152	0.000000	0.000000	11,001	74.00
75.00	ENDOSCOPY	0	27,708,449	0.000000	0.000000	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0	1,855,075	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	13,525,828	0.000000	0.000000	0	90.00
90.01	PARTIAL HOSPITALIZATION	0	6,939,137	0.000000	0.000000	0	90.01
91.00	EMERGENCY	886,436	107,621,750	0.008237	0.008237	212,569	91.00
91.01	PATIENT SERVICES	0	90,446	0.000000	0.000000	0	91.01
91.02	WOUND CARE	0	9,736,885	0.000000	0.000000	0	91.02
91.03	LAFAYETTE RD CLINIC	0	1,231,586	0.000000	0.000000	0	91.03
91.04	ZIONSVILLE CLINIC	0	8,266,497	0.000000	0.000000	0	91.04
91.05	BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0	3,187,328	0.000000	0.000000	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	14,546,899	0.000000	0.000000	0	91.07
91.08	FAMILY PRACTICE	0	13,464,777	0.000000	0.000000	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	11,801	22,439,182	0.000526	0.000526	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	GERIATRIC CLINIC	0	1,632,185	0.000000	0.000000	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	321,017	0.000000	0.000000	212,009	98.01
98.02	DIABETES EDUCATION	0	404,969	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	1,570,414	2,076,193,056			1,887,068	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/31/2012 11:59 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	85	686	1	0	0	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	785	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ENDOSCOPY	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00 EMERGENCY	1,751	0	0	0	0	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	91.01
91.02 WOUND CARE	0	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	0	0	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	0	0	0	0	98.02
200.00 Total (lines 50-199)	2,621	686	1	0	0	200.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/31/2012 11:59 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health	Other Medical		
	23.00	24.00	Education Cost	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
50.01 AMBULATORY SURGERY	0	0		50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02 ULTRASOUND	0	0		54.02
54.03 ECHOCARDIOLOGY	0	0		54.03
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0		65.00
65.01 SLEEP LAB	0	0		65.01
66.00 PHYSICAL THERAPY	0	0		66.00
66.01 SPORTS PERFORMANCE	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ENDOSCOPY	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0		90.00
90.01 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 EMERGENCY	0	0		91.00
91.01 PATIENT SERVICES	0	0		91.01
91.02 WOUND CARE	0	0		91.02
91.03 LAFAYETTE RD CLINIC	0	0		91.03
91.04 ZIONSVILLE CLINIC	0	0		91.04
91.05 BROWNSBURG CLINIC	0	0		91.05
91.06 OP ANTICOAGULATION CLINIC	0	0		91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08 FAMILY PRACTICE	0	0		91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	0	0		95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
97.01 FAMILY PRACTICE	0	0		97.01
98.00 GERIATRIC CLINIC	0	0		98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02 DIABETES EDUCATION	0	0		98.02
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/31/2012 11:59 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.197732	0	0	0	0	50.00
50.01 AMBULATORY SURGERY	1.905218	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0.203260	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.209544	686	0	0	0	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0.373017	0	0	0	0	54.01
54.02 ULTRASOUND	0.098443	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	0.098606	0	0	0	0	54.03
57.00 CT SCAN	0.047550	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.072707	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.173594	0	0	0	0	59.00
60.00 LABORATORY	0.179582	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0.186752	0	0	0	0	65.00
65.01 SLEEP LAB	0.252187	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0.308376	0	0	0	0	66.00
66.01 SPORTS PERFORMANCE	3.540714	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0.186013	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.385819	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.635379	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.192034	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592939	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.137033	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0.134807	0	0	0	0	74.00
75.00 ENDOSCOPY	0.209784	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0.539004	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.691968	0	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	0.272099	0	0	0	0	90.01
91.00 EMERGENCY	0.278041	0	0	0	0	91.00
91.01 PATIENT SERVICES	36.162274	0	0	0	0	91.01
91.02 WOUND CARE	0.106993	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0.266081	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0.219361	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0.432634	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0.381337	0	0	0	0	91.07
91.08 FAMILY PRACTICE	0.414019	0	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.347127	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0.000000	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0.688312	0	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02 DIABETES EDUCATION	2.982206	0	0	0	0	98.02
200.00 Subtotal (see instructions)		686	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		686	0	0	0	202.00

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/31/2012 11:59 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
50.01 AMBULATORY SURGERY	0	0	0		50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	144	0	0		54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0	0		54.01
54.02 ULTRASOUND	0	0	0		54.02
54.03 ECHOCARDIOLOGY	0	0	0		54.03
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
65.01 SLEEP LAB	0	0	0		65.01
66.00 PHYSICAL THERAPY	0	0	0		66.00
66.01 SPORTS PERFORMANCE	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ENDOSCOPY	0	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 PARTIAL HOSPITALIZATION	0	0	0		90.01
91.00 EMERGENCY	0	0	0		91.00
91.01 PATIENT SERVICES	0	0	0		91.01
91.02 WOUND CARE	0	0	0		91.02
91.03 LAFAYETTE RD CLINIC	0	0	0		91.03
91.04 ZIONSVILLE CLINIC	0	0	0		91.04
91.05 BROWNSBURG CLINIC	0	0	0		91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	0		91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0		91.07
91.08 FAMILY PRACTICE	0	0	0		91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
97.01 FAMILY PRACTICE	0	0	0		97.01
98.00 GERIATRIC CLINIC	0	0	0		98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0		98.01
98.02 DIABETES EDUCATION	0	0	0		98.02
200.00 Subtotal (see instructions)	144	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	144	0	0		202.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084
Component CCN: 155748

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

		Title XVIII			Skilled Nursing Facility	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 AMBULATORY SURGERY	0	0	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	365,284	0	365,284	0	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	0	0	0	0	0	0	54.03
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 SPORTS PERFORMANCE	0	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	306,893	0	306,893	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ENDOSCOPY	0	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	886,436	0	886,436	0	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	0	91.01
91.02 WOUND CARE	0	0	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	0	0	0	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	0	0	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	0	0	0	0	0	98.02
200.00 Total (lines 50-199)	0	0	1,558,613	0	1,558,613	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 155748	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	569,465,657	0.000000	0.000000	0	50.00
50.01	AMBULATORY SURGERY	0	2,115,533	0.000000	0.000000	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	46,665,104	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	365,284	209,606,692	0.001743	0.001743	43,332	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	5,912,175	0.000000	0.000000	0	54.01
54.02	ULTRASOUND	0	21,073,353	0.000000	0.000000	1,233	54.02
54.03	ECHOCARDIOLOGY	0	32,626,661	0.000000	0.000000	6,068	54.03
57.00	CT SCAN	0	89,600,875	0.000000	0.000000	8,863	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	44,117,736	0.000000	0.000000	4,267	58.00
59.00	CARDIAC CATHETERIZATION	0	183,159,462	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	249,477,606	0.000000	0.000000	397,289	60.00
65.00	RESPIRATORY THERAPY	0	85,348,297	0.000000	0.000000	27,823	65.00
65.01	SLEEP LAB	0	11,717,075	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	50,890,400	0.000000	0.000000	1,259,893	66.00
66.01	SPORTS PERFORMANCE	0	1,424,491	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	4,972,804	0.000000	0.000000	658,861	67.00
68.00	SPEECH PATHOLOGY	0	3,956,329	0.000000	0.000000	1,985	68.00
69.00	ELECTROCARDIOLOGY	0	3,541,268	0.000000	0.000000	2,820	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	11,001,189	0.000000	0.000000	659	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,103,436	0.000000	0.000000	70,962	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	306,893	206,816,751	0.001484	0.001484	616,451	73.00
74.00	RENAL DIALYSIS	0	5,628,152	0.000000	0.000000	0	74.00
75.00	ENDOSCOPY	0	27,708,449	0.000000	0.000000	2,341	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0	1,855,075	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	13,525,828	0.000000	0.000000	0	90.00
90.01	PARTIAL HOSPITALIZATION	0	6,939,137	0.000000	0.000000	0	90.01
91.00	EMERGENCY	886,436	107,621,750	0.008237	0.008237	0	91.00
91.01	PATIENT SERVICES	0	90,446	0.000000	0.000000	0	91.01
91.02	WOUND CARE	0	9,736,885	0.000000	0.000000	0	91.02
91.03	LAFAYETTE RD CLINIC	0	1,231,586	0.000000	0.000000	0	91.03
91.04	ZIONSVILLE CLINIC	0	8,266,497	0.000000	0.000000	0	91.04
91.05	BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0	3,187,328	0.000000	0.000000	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	14,546,899	0.000000	0.000000	0	91.07
91.08	FAMILY PRACTICE	0	13,464,777	0.000000	0.000000	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,439,182	0.000000	0.000000	11,300	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	GERIATRIC CLINIC	0	1,632,185	0.000000	0.000000	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	321,017	0.000000	0.000000	0	98.01
98.02	DIABETES EDUCATION	0	404,969	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	1,558,613	2,076,193,056			3,114,147	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN:155748	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/31/2012 11:59 am
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		Title XVIII			Skilled Nursing Facility	PPS	
Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
	11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	76	0	0	0	0	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	ULTRASOUND	0	0	0	0	0	54.02
54.03	ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	SLEEP LAB	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	915	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ENDOSCOPY	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
91.02	WOUND CARE	0	0	0	0	0	91.02
91.03	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00	Total (lines 50-199)	991	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084
Component CCN: 155748

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health	Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
50.01 AMBULATORY SURGERY	0	0		50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02 ULTRASOUND	0	0		54.02
54.03 ECHOCARDIOLOGY	0	0		54.03
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0		65.00
65.01 SLEEP LAB	0	0		65.01
66.00 PHYSICAL THERAPY	0	0		66.00
66.01 SPORTS PERFORMANCE	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ENDOSCOPY	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0		90.00
90.01 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 EMERGENCY	0	0		91.00
91.01 PATIENT SERVICES	0	0		91.01
91.02 WOUND CARE	0	0		91.02
91.03 LAFAYETTE RD CLINIC	0	0		91.03
91.04 ZIONSVILLE CLINIC	0	0		91.04
91.05 BROWNSBURG CLINIC	0	0		91.05
91.06 OP ANTICOAGULATION CLINIC	0	0		91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08 FAMILY PRACTICE	0	0		91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
97.01 FAMILY PRACTICE	0	0		97.01
98.00 GERIATRIC CLINIC	0	0		98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02 DIABETES EDUCATION	0	0		98.02
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Title XIX			Hospital	Cost	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,803,994	0	7,803,994	132,614	58.85	30.00
31.00 INTENSIVE CARE UNIT	1,248,490		1,248,490	12,756	97.87	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	726,491		726,491	6,705	108.35	32.01
32.02 RENAL TRANSPLANT	98,102		98,102	432	227.09	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	669,842		669,842	3,182	210.51	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	977,759		977,759	22,452	43.55	34.00
40.00 SUBPROVIDER - IPF	301,276	0	301,276	13,909	21.66	40.00
43.00 NURSERY	324,650		324,650	6,556	49.52	43.00
44.00 SKILLED NURSING FACILITY	311,124		311,124	4,242	73.34	44.00
200.00 Total (lines 30-199)	12,461,728		12,461,728	202,848		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	10,153	597,504			30.00
31.00 INTENSIVE CARE UNIT	661	64,692			31.00
32.00 CORONARY CARE UNIT	0	0			32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	0	0			32.01
32.02 RENAL TRANSPLANT	0	0			32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	0	0			33.00
34.00 NEONATAL INTENSIVE CARE UNIT	2,231	97,160			34.00
40.00 SUBPROVIDER - IPF	1,967	42,605			40.00
43.00 NURSERY	6,556	324,653			43.00
44.00 SKILLED NURSING FACILITY	0	0			44.00
200.00 Total (lines 30-199)	21,568	1,126,614			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
				Inpatient Program Charges	Cost		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	6,846,465	569,465,657	0.012023	29,549,524	355,274	50.00	
50.01 AMBULATORY SURGERY	511,900	2,115,533	0.241972	13,231	3,202	50.01	
52.00 DELIVERY ROOM & LABOR ROOM	625,331	46,665,104	0.013400	18,620,240	249,511	52.00	
53.00 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	4,067,643	209,606,692	0.019406	3,650,197	70,836	54.00	
54.01 AMBULATORY CARDIOVASCULAR SVC	317,284	5,912,175	0.053666	124,173	6,664	54.01	
54.02 ULTRASOUND	166,178	21,073,353	0.007886	1,286,637	10,146	54.02	
54.03 ECHOCARDIOLOGY	301,393	32,626,661	0.009238	1,524,584	14,084	54.03	
57.00 CT SCAN	497,624	89,600,875	0.005554	3,475,361	19,302	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	373,662	44,117,736	0.008470	1,413,522	11,973	58.00	
59.00 CARDIAC CATHETERIZATION	3,140,377	183,159,462	0.017146	4,496,377	77,095	59.00	
60.00 LABORATORY	704,919	249,477,606	0.002826	32,235,767	91,098	60.00	
65.00 RESPIRATORY THERAPY	628,554	85,348,297	0.007365	15,154,728	111,615	65.00	
65.01 SLEEP LAB	243,633	11,717,075	0.020793	81,045	1,685	65.01	
66.00 PHYSICAL THERAPY	631,542	50,890,400	0.012410	1,872,951	23,243	66.00	
66.01 SPORTS PERFORMANCE	89,768	1,424,491	0.063018	0	0	66.01	
67.00 OCCUPATIONAL THERAPY	14,211	4,972,804	0.002858	626,463	1,790	67.00	
68.00 SPEECH PATHOLOGY	77,035	3,956,329	0.019471	282,127	5,493	68.00	
69.00 ELECTROCARDIOLOGY	337,507	3,541,268	0.095307	35,147	3,350	69.00	
70.00 ELECTROENCEPHALOGRAPHY	210,911	11,001,189	0.019172	859,467	16,478	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,850	4,103,436	0.001913	1,424,358	2,725	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	92,513	206,816,751	0.000447	28,070,173	12,547	73.00	
74.00 RENAL DIALYSIS	92,836	5,628,152	0.016495	523,936	8,642	74.00	
75.00 ENDOSCOPY	666,117	27,708,449	0.024040	750,825	18,050	75.00	
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00	
76.97 CARDIAC REHABILITATION	27,306	1,855,075	0.014720	41,272	608	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	236,237	13,525,828	0.017466	0	0	90.00	
90.01 PARTIAL HOSPITALIZATION	76,675	6,939,137	0.011050	0	0	90.01	
91.00 EMERGENCY	1,854,594	107,621,750	0.017233	3,507,741	60,449	91.00	
91.01 PATIENT SERVICES	78,619	90,446	0.869237	0	0	91.01	
91.02 WOUND CARE	120,688	9,736,885	0.012395	14,333	178	91.02	
91.03 LAFAYETTE RD CLINIC	34,771	1,231,586	0.028233	0	0	91.03	
91.04 ZIONSVILLE CLINIC	455,028	8,266,497	0.055045	7,724	425	91.04	
91.05 BROWNSBURG CLINIC	151	0	0.000000	0	0	91.05	
91.06 OP ANTICOAGULATION CLINIC	45,980	3,187,328	0.014426	1,000	14	91.06	
91.07 ST VINCENT OUTPATIENT TREATMENT	23,709	14,546,899	0.001630	0	0	91.07	
91.08 FAMILY PRACTICE	246,367	13,464,777	0.018297	223,284	4,085	91.08	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	22,439,182	0.000000	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00	
97.01 FAMILY PRACTICE	0	0	0.000000	0	0	97.01	
98.00 GERIATRIC CLINIC	42,402	1,632,185	0.025979	0	0	98.00	
98.01 ELECTROCONVULSIVE THERAPY	19	321,017	5.9E-5	0	0	98.01	
98.02 DIABETES EDUCATION	19,749	404,969	0.048767	312	15	98.02	
200.00 Total (lines 50-199)	23,907,548	2,076,193,056		149,866,499	1,180,577	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Nursing School	Title XIX		Hospital	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	159,501	0	0	159,501	30.00
31.00 INTENSIVE CARE UNIT	0	50,561	0	0	50,561	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	0	0	0	0	0	32.01
32.02 RENAL TRANSPLANT	0	0	0	0	0	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	0	499	0	0	499	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	0	18,461	0	0	18,461	34.00
40.00 SUBPROVIDER - IPF	0	13,472	0	0	13,472	40.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00 Total (lines 30-199)	0	242,494	0	0	242,494	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 150084 Period: From 07/01/2010 To 06/30/2011 Worksheet D Part III Date/Time Prepared: 1/31/2012 11:59 am

Cost Center Description	Total Patient Days	Title XIX		Hospital		PSA Adj. Nursing School	
		Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	132,614	1.20	10,153	12,184	0	30.00	
31.00 INTENSIVE CARE UNIT	12,756	3.96	661	2,618	0	31.00	
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	32.00	
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	6,705	0.00	0	0	0	32.01	
32.02 RENAL TRANSPLANT	432	0.00	0	0	0	32.02	
33.00 PEDIATRIC INTENSIVE CARE UNIT	3,182	0.16	0	0	0	33.00	
34.00 NEONATAL INTENSIVE CARE UNIT	22,452	0.82	2,231	1,829	0	34.00	
40.00 SUBPROVIDER - IPF	13,909	0.97	1,967	1,908	0	40.00	
43.00 NURSERY	6,556	0.00	6,556	0	0	43.00	
44.00 SKILLED NURSING FACILITY	4,242	0.00	0	0	0	44.00	
200.00 Total (lines 30-199)	202,848		21,568	18,539	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Title XIX		Hospital	Cost
	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT	0	0	32.01
32.02	RENAL TRANSPLANT	0	0	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT	0	0	33.00
34.00	NEONATAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description	Title XIX				Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	Hospital All Other Medical Education Cost		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	365,284	0	365,284	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	306,893	0	306,893	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ENDOSCOPY	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	886,436	0	886,436	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	91.01
91.02 WOUND CARE	0	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	0	0	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	0	0	0	0	98.02
200.00 Total (lines 50-199)	0	0	1,558,613	0	1,558,613	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Title XIX					Inpatient Program Charges
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Hospital	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	569,465,657	0.000000	0.000000	29,549,524	50.00
50.01 AMBULATORY SURGERY	0	2,115,533	0.000000	0.000000	13,231	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	46,665,104	0.000000	0.000000	18,620,240	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	365,284	209,606,692	0.001743	0.001743	3,650,197	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	5,912,175	0.000000	0.000000	124,173	54.01
54.02 ULTRASOUND	0	21,073,353	0.000000	0.000000	1,286,637	54.02
54.03 ECHOCARDIOLOGY	0	32,626,661	0.000000	0.000000	1,524,584	54.03
57.00 CT SCAN	0	89,600,875	0.000000	0.000000	3,475,361	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	44,117,736	0.000000	0.000000	1,413,522	58.00
59.00 CARDIAC CATHETERIZATION	0	183,159,462	0.000000	0.000000	4,496,377	59.00
60.00 LABORATORY	0	249,477,606	0.000000	0.000000	32,235,767	60.00
65.00 RESPIRATORY THERAPY	0	85,348,297	0.000000	0.000000	15,154,728	65.00
65.01 SLEEP LAB	0	11,717,075	0.000000	0.000000	81,045	65.01
66.00 PHYSICAL THERAPY	0	50,890,400	0.000000	0.000000	1,872,951	66.00
66.01 SPORTS PERFORMANCE	0	1,424,491	0.000000	0.000000	0	66.01
67.00 OCCUPATIONAL THERAPY	0	4,972,804	0.000000	0.000000	626,463	67.00
68.00 SPEECH PATHOLOGY	0	3,956,329	0.000000	0.000000	282,127	68.00
69.00 ELECTROCARDIOLOGY	0	3,541,268	0.000000	0.000000	35,147	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	11,001,189	0.000000	0.000000	859,467	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,103,436	0.000000	0.000000	1,424,358	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	306,893	206,816,751	0.001484	0.001484	28,070,173	73.00
74.00 RENAL DIALYSIS	0	5,628,152	0.000000	0.000000	523,936	74.00
75.00 ENDOSCOPY	0	27,708,449	0.000000	0.000000	750,825	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	1,855,075	0.000000	0.000000	41,272	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	13,525,828	0.000000	0.000000	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	6,939,137	0.000000	0.000000	0	90.01
91.00 EMERGENCY	886,436	107,621,750	0.008237	0.008237	3,507,741	91.00
91.01 PATIENT SERVICES	0	90,446	0.000000	0.000000	0	91.01
91.02 WOUND CARE	0	9,736,885	0.000000	0.000000	14,333	91.02
91.03 LAFAYETTE RD CLINIC	0	1,231,586	0.000000	0.000000	0	91.03
91.04 ZIONSVILLE CLINIC	0	8,266,497	0.000000	0.000000	7,724	91.04
91.05 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	3,187,328	0.000000	0.000000	1,000	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	14,546,899	0.000000	0.000000	0	91.07
91.08 FAMILY PRACTICE	0	13,464,777	0.000000	0.000000	223,284	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	22,439,182	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00 GERIATRIC CLINIC	0	1,632,185	0.000000	0.000000	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	321,017	0.000000	0.000000	0	98.01
98.02 DIABETES EDUCATION	0	404,969	0.000000	0.000000	312	98.02
200.00 Total (lines 50-199)	1,558,613	2,076,193,056			149,866,499	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Title XIX			Hospital	Cost		
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
ANCILLARY SERVICE COST CENTERS	11.00	12.00	13.00	21.00	22.00		
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 AMBULATORY SURGERY	0	0	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,362	0	0	0	0	0	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	0	0	0	0	0	0	54.03
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 SPORTS PERFORMANCE	0	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	41,656	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ENDOSCOPY	0	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	90.01
91.00 EMERGENCY	28,893	0	0	0	0	0	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	0	91.01
91.02 WOUND CARE	0	0	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	0	0	0	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	0	0	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	0	0	0	0	0	98.02
200.00 Total (lines 50-199)	76,911	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Title XIX		Hospital	Cost
	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
50.01 AMBULATORY SURGERY	0	0		50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02 ULTRASOUND	0	0		54.02
54.03 ECHOCARDIOLOGY	0	0		54.03
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0		65.00
65.01 SLEEP LAB	0	0		65.01
66.00 PHYSICAL THERAPY	0	0		66.00
66.01 SPORTS PERFORMANCE	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ENDOSCOPY	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0		90.00
90.01 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 EMERGENCY	0	0		91.00
91.01 PATIENT SERVICES	0	0		91.01
91.02 WOUND CARE	0	0		91.02
91.03 LAFAYETTE RD CLINIC	0	0		91.03
91.04 ZIONSVILLE CLINIC	0	0		91.04
91.05 BROWNSBURG CLINIC	0	0		91.05
91.06 OP ANTICOAGULATION CLINIC	0	0		91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08 FAMILY PRACTICE	0	0		91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
97.01 FAMILY PRACTICE	0	0		97.01
98.00 GERIATRIC CLINIC	0	0		98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02 DIABETES EDUCATION	0	0		98.02
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	6,846,465	569,465,657	0.012023	0	0	50.00
50.01	AMBULATORY SURGERY	511,900	2,115,533	0.241972	0	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	625,331	46,665,104	0.013400	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,067,643	209,606,692	0.019406	21,175	411	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	317,284	5,912,175	0.053666	0	0	54.01
54.02	ULTRASOUND	166,178	21,073,353	0.007886	0	0	54.02
54.03	ECHOCARDIOLOGY	301,393	32,626,661	0.009238	0	0	54.03
57.00	CT SCAN	497,624	89,600,875	0.005554	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	373,662	44,117,736	0.008470	0	0	58.00
59.00	CARDIAC CATHETERIZATION	3,140,377	183,159,462	0.017146	0	0	59.00
60.00	LABORATORY	704,919	249,477,606	0.002826	170,872	483	60.00
65.00	RESPIRATORY THERAPY	628,554	85,348,297	0.007365	6,451	48	65.00
65.01	SLEEP LAB	243,633	11,717,075	0.020793	0	0	65.01
66.00	PHYSICAL THERAPY	631,542	50,890,400	0.012410	12,695	158	66.00
66.01	SPORTS PERFORMANCE	89,768	1,424,491	0.063018	0	0	66.01
67.00	OCCUPATIONAL THERAPY	14,211	4,972,804	0.002858	3,514	10	67.00
68.00	SPEECH PATHOLOGY	77,035	3,956,329	0.019471	542	11	68.00
69.00	ELECTROCARDIOLOGY	337,507	3,541,268	0.095307	677	65	69.00
70.00	ELECTROENCEPHALOGRAPHY	210,911	11,001,189	0.019172	2,991	57	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,850	4,103,436	0.001913	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	92,513	206,816,751	0.000447	249,948	112	73.00
74.00	RENAL DIALYSIS	92,836	5,628,152	0.016495	0	0	74.00
75.00	ENDOSCOPY	666,117	27,708,449	0.024040	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	27,306	1,855,075	0.014720	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	236,237	13,525,828	0.017466	0	0	90.00
90.01	PARTIAL HOSPITALIZATION	76,675	6,939,137	0.011050	0	0	90.01
91.00	EMERGENCY	1,854,594	107,621,750	0.017233	0	0	91.00
91.01	PATIENT SERVICES	78,619	90,446	0.869237	0	0	91.01
91.02	WOUND CARE	120,688	9,736,885	0.012395	0	0	91.02
91.03	LAFAYETTE RD CLINIC	34,771	1,231,586	0.028233	0	0	91.03
91.04	ZIONSVILLE CLINIC	455,028	8,266,497	0.055045	0	0	91.04
91.05	BROWNSBURG CLINIC	151	0	0.000000	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	45,980	3,187,328	0.014426	0	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	23,709	14,546,899	0.001630	0	0	91.07
91.08	FAMILY PRACTICE	246,367	13,464,777	0.018297	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,439,182	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	GERIATRIC CLINIC	42,402	1,632,185	0.025979	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	19	321,017	5.9E-5	11,638	1	98.01
98.02	DIABETES EDUCATION	19,749	404,969	0.048767	0	0	98.02
200.00	Total (lines 50-199)	23,907,548	2,076,193,056		480,503	1,356	200.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084
Component CCN: 15S084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/31/2012 11:59 am

		Title XIX			Subprovider - IPF	Cost	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	AMBULATORY SURGERY	0	0	0	0	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	365,284	0	365,284	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	ULTRASOUND	0	0	0	0	0	54.02
54.03	ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	SLEEP LAB	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	306,893	0	306,893	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ENDOSCOPY	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	886,436	0	886,436	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
91.02	WOUND CARE	0	0	0	0	0	91.02
91.03	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00	Total (lines 50-199)	0	0	1,558,613	0	1,558,613	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	569,465,657	0.000000	0.000000	0	50.00
50.01	AMBULATORY SURGERY	0	2,115,533	0.000000	0.000000	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0	46,665,104	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	365,284	209,606,692	0.001743	0.001743	21,175	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0	5,912,175	0.000000	0.000000	0	54.01
54.02	ULTRASOUND	0	21,073,353	0.000000	0.000000	0	54.02
54.03	ECHOCARDIOLOGY	0	32,626,661	0.000000	0.000000	0	54.03
57.00	CT SCAN	0	89,600,875	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	44,117,736	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	183,159,462	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	249,477,606	0.000000	0.000000	170,872	60.00
65.00	RESPIRATORY THERAPY	0	85,348,297	0.000000	0.000000	6,451	65.00
65.01	SLEEP LAB	0	11,717,075	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	50,890,400	0.000000	0.000000	12,695	66.00
66.01	SPORTS PERFORMANCE	0	1,424,491	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	4,972,804	0.000000	0.000000	3,514	67.00
68.00	SPEECH PATHOLOGY	0	3,956,329	0.000000	0.000000	542	68.00
69.00	ELECTROCARDIOLOGY	0	3,541,268	0.000000	0.000000	677	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	11,001,189	0.000000	0.000000	2,991	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,103,436	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	306,893	206,816,751	0.001484	0.001484	249,948	73.00
74.00	RENAL DIALYSIS	0	5,628,152	0.000000	0.000000	0	74.00
75.00	ENDOSCOPY	0	27,708,449	0.000000	0.000000	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0	1,855,075	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	13,525,828	0.000000	0.000000	0	90.00
90.01	PARTIAL HOSPITALIZATION	0	6,939,137	0.000000	0.000000	0	90.01
91.00	EMERGENCY	886,436	107,621,750	0.008237	0.008237	0	91.00
91.01	PATIENT SERVICES	0	90,446	0.000000	0.000000	0	91.01
91.02	WOUND CARE	0	9,736,885	0.000000	0.000000	0	91.02
91.03	LAFAYETTE RD CLINIC	0	1,231,586	0.000000	0.000000	0	91.03
91.04	ZIONSVILLE CLINIC	0	8,266,497	0.000000	0.000000	0	91.04
91.05	BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0	3,187,328	0.000000	0.000000	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0	14,546,899	0.000000	0.000000	0	91.07
91.08	FAMILY PRACTICE	0	13,464,777	0.000000	0.000000	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,439,182	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	GERIATRIC CLINIC	0	1,632,185	0.000000	0.000000	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0	321,017	0.000000	0.000000	11,638	98.01
98.02	DIABETES EDUCATION	0	404,969	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	1,558,613	2,076,193,056			480,503	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Title XIX					Subprovider - IPF	Cost
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
	11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 AMBULATORY SURGERY	0	0	0	0	0	0	50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	37	0	0	0	0	0	54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 ECHOCARDIOLOGY	0	0	0	0	0	0	54.03
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 SPORTS PERFORMANCE	0	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	371	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ENDOSCOPY	0	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	0	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	0	91.01
91.02 WOUND CARE	0	0	0	0	0	0	91.02
91.03 LAFAYETTE RD CLINIC	0	0	0	0	0	0	91.03
91.04 ZIONSVILLE CLINIC	0	0	0	0	0	0	91.04
91.05 BROWNSBURG CLINIC	0	0	0	0	0	0	91.05
91.06 OP ANTICOAGULATION CLINIC	0	0	0	0	0	0	91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0	91.07
91.08 FAMILY PRACTICE	0	0	0	0	0	0	91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
97.01 FAMILY PRACTICE	0	0	0	0	0	0	97.01
98.00 GERIATRIC CLINIC	0	0	0	0	0	0	98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0	98.01
98.02 DIABETES EDUCATION	0	0	0	0	0	0	98.02
200.00 Total (lines 50-199)	408	0	0	0	0	0	200.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 155084	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/31/2012 11:59 am
	Title XIX	Subprovider - IPF	Cost

Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health	Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
50.01 AMBULATORY SURGERY	0	0		50.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02 ULTRASOUND	0	0		54.02
54.03 ECHOCARDIOLOGY	0	0		54.03
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0		65.00
65.01 SLEEP LAB	0	0		65.01
66.00 PHYSICAL THERAPY	0	0		66.00
66.01 SPORTS PERFORMANCE	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ENDOSCOPY	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0		90.00
90.01 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 EMERGENCY	0	0		91.00
91.01 PATIENT SERVICES	0	0		91.01
91.02 WOUND CARE	0	0		91.02
91.03 LAFAYETTE RD CLINIC	0	0		91.03
91.04 ZIONSVILLE CLINIC	0	0		91.04
91.05 BROWNSBURG CLINIC	0	0		91.05
91.06 OP ANTICOAGULATION CLINIC	0	0		91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08 FAMILY PRACTICE	0	0		91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
97.01 FAMILY PRACTICE	0	0		97.01
98.00 GERIATRIC CLINIC	0	0		98.00
98.01 ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02 DIABETES EDUCATION	0	0		98.02
200.00 Total (lines 50-199)	0	0		200.00

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Title XVIII	Hospital	PPS
1.00			
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		132,614 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		132,614 2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		132,614 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		48,240 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0 14.00
15.00	Total nursery days (title V or XIX only)		0 15.00
16.00	Nursery days (title V or XIX only)		0 16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)		105,275,271 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0 25.00
26.00	Total swing-bed cost (see instructions)		0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		105,275,271 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)		193,376,378 28.00
29.00	Private room charges (excluding swing-bed charges)		0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.544406 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		105,275,271 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		793.85 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		38,295,324 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		38,295,324 41.00

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COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet D-1

Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Title XVIII				Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	19,649,036	12,756	1,540.38	6,022	9,276,168	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01 CARDIOTHORACIC VASCULAR TRANSPLANT	12,993,906	6,705	1,937.94	3,034	5,879,710	44.01	
44.02 RENAL TRANSPLANT	1,887,576	432	4,369.39	116	506,849	44.02	
45.00 PEDIATRIC INTENSIVE CARE UNIT	5,863,202	3,182	1,842.62	0	0	45.00	
46.00 NEONATAL INTENSIVE CARE UNIT	23,639,188	22,452	1,052.88	0	0	46.00	
47.00 NEONATAL INTENSIVE CARE UNIT						47.00	
Cost Center Description							
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					65,527,797	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					119,485,848	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					3,865,108	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					3,611,415	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,476,523	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					112,009,325	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					9,812	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					793.85	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,789,256	89.00	

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COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/31/2012 11:59 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Hospital Observation Bed Cost (from line 89)	PPS Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,803,994	105,275,271	0.074129	7,789,256	577,410	90.00
91.00	Nursing School cost	0	105,275,271	0.000000	7,789,256	0	91.00
92.00	Allied health cost	159,501	105,275,271	0.001515	7,789,256	11,801	92.00
93.00	All other Medical Education	0	105,275,271	0.000000	7,789,256	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/31/2012 11:59 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description			
		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,909	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,909	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	13,909	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,479	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	7,769,870	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	7,769,870	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	20,697,021	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.375410	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,769,870	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	558.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,943,439	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,943,439	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN: 15S084		Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPLANT	0	0	0.00	0	0	44.01
44.02 RENAL TRANSPLANT	0	0	0.00	0	0	44.02
45.00 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 NEONATAL INTENSIVE CARE UNIT						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					313,481	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,256,920	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					78,730	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					13,630	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					92,360	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,164,560	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						0 54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/31/2012 11:59 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	301,276	7,769,870	0.038775	0	0	90.00
91.00 Nursing School cost	0	7,769,870	0.000000	0	0	91.00
92.00 Allied health cost	13,472	7,769,870	0.001734	0	0	92.00
93.00 All other Medical Education	0	7,769,870	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150084 Component CCN: 155748	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/31/2012 11:59 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,242	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,242	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,242	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,758	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,477,525	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,477,525	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	2,469,693	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.003171	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,477,525	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

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COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1	
		Component CCN: 155748		Date/Time Prepared: 1/31/2012 11:59 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPLANT				44.01
44.02	RENAL TRANSPLANT				44.02
45.00	PEDIATRIC INTENSIVE CARE UNIT				45.00
46.00	NEONATAL INTENSIVE CARE UNIT				46.00
47.00	NEONATAL INTENSIVE CARE UNIT				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable inpatient cost plus incentive payment (see instructions)				63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				2,477,525
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				584.05
72.00	Program routine service cost (line 9 x line 71)				1,610,810
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,610,810
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00
77.00	Program capital-related costs (line 9 x line 76)				0
78.00	Inpatient routine service cost (line 74 minus line 77)				0
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0
81.00	Inpatient routine service cost per diem limitation				0.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0
83.00	Reasonable inpatient routine service costs (see instructions)				1,610,810
84.00	Program inpatient ancillary services (see instructions)				731,799
85.00	Utilization review - physician compensation (see instructions)				0
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				2,342,609
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0

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COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN:155748		Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Skilled Nursing Facility	PPS

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			132,614 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			132,614 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			132,614 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			10,153 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			6,556 15.00
16.00	Nursery days (title V or XIX only)			6,556 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			105,275,271 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			105,275,271 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			193,376,378 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.544406 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			105,275,271 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			793.85 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,059,959 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			8,059,959 41.00

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COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1	
Date/Time Prepared: 1/31/2012 11:59 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	6,254,190	6,556	953.96	6,556	6,254,162		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	19,649,036	12,756	1,540.38	661	1,018,191		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPLANT	12,993,906	6,705	1,937.94	0	0		44.01
44.02 RENAL TRANSPLANT	1,887,576	432	4,369.39	0	0		44.02
45.00 PEDIATRIC INTENSIVE CARE UNIT	5,863,202	3,182	1,842.62	0	0		45.00
46.00 NEONATAL INTENSIVE CARE UNIT	23,639,188	22,452	1,052.88	2,231	2,348,975		46.00
47.00 NEONATAL INTENSIVE CARE UNIT							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,433,328		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					45,114,615		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					9,812		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					793.85		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,789,256		89.00

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Title XIX		Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)		
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/31/2012 11:59 am
	Title XIX	Subprovider - IPF	Cost

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,909	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,909	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	13,909	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,967	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	6,556	15.00
16.00	Nursery days (title V or XIX only)	6,556	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	7,769,870	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	7,769,870	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	20,697,021	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.375410	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,769,870	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	558.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,098,806	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,098,806	41.00

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COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1	
		Component CCN: 155084		Date/Time Prepared: 1/31/2012 11:59 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
44.01 CARDIOTHORACIC VASCULAR TRANSPLANT	0	0	0.00	0	0
44.02 RENAL TRANSPLANT	0	0	0.00	0	0
45.00 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 NEONATAL INTENSIVE CARE UNIT					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					76,361
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,175,167
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/31/2012 11:59 am
	Title XIX	Subprovider - IPF	Cost

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Title XVIII		Hospital		PPS	
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
	1.00	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS		81,695,697				30.00
31.00 INTENSIVE CARE UNIT		21,747,895				31.00
32.00 CORONARY CARE UNIT		0				32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT		11,270,495				32.01
32.02 RENAL TRANSPLANT		187,403				32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT		0				33.00
34.00 NEONATAL INTENSIVE CARE UNIT		0				34.00
40.00 SUBPROVIDER - IPF		0				40.00
43.00 NURSERY		0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.197732	116,790,307	23,093,181			50.00
50.01 AMBULATORY SURGERY	1.905218	61,219	116,636			50.01
52.00 DELIVERY ROOM & LABOR ROOM	0.203260	119,733	24,337			52.00
53.00 ANESTHESIOLOGY	0.000000	0	0			53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.209544	9,299,204	1,948,592			54.00
54.01 AMBULATORY CARDIOVASCULAR SVC	0.373017	880,947	328,608			54.01
54.02 ULTRASOUND	0.098443	3,586,673	353,083			54.02
54.03 ECHOCARDIOLOGY	0.098606	4,896,750	482,849			54.03
57.00 CT SCAN	0.047550	16,332,474	776,609			57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.072707	4,643,030	337,581			58.00
59.00 CARDIAC CATHETERIZATION	0.173594	34,255,502	5,946,550			59.00
60.00 LABORATORY	0.179582	57,611,860	10,346,053			60.00
65.00 RESPIRATORY THERAPY	0.186752	28,419,496	5,307,398			65.00
65.01 SLEEP LAB	0.252187	19,714	4,972			65.01
66.00 PHYSICAL THERAPY	0.308376	6,233,990	1,922,413			66.00
66.01 SPORTS PERFORMANCE	3.540714	0	0			66.01
67.00 OCCUPATIONAL THERAPY	0.186013	1,824,714	339,421			67.00
68.00 SPEECH PATHOLOGY	0.385819	1,170,126	451,457			68.00
69.00 ELECTROCARDIOLOGY	0.635379	111,611	70,915			69.00
70.00 ELECTROENCEPHALOGRAPHY	0.192034	1,954,942	375,415			70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592939	393,298	233,202			71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0			72.00
73.00 DRUGS CHARGED TO PATIENTS	0.137033	55,419,465	7,594,296			73.00
74.00 RENAL DIALYSIS	0.134807	2,738,092	369,114			74.00
75.00 ENDOSCOPY	0.209784	4,297,329	901,511			75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0			76.00
76.97 CARDIAC REHABILITATION	0.539004	356,258	192,024			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.691968	0	0			90.00
90.01 PARTIAL HOSPITALIZATION	0.272099	0	0			90.01
91.00 EMERGENCY	0.278041	14,325,391	3,983,046			91.00
91.01 PATIENT SERVICES	36.162274	0	0			91.01
91.02 WOUND CARE	0.106993	191,671	20,507			91.02
91.03 LAFAYETTE RD CLINIC	0.266081	1,577	420			91.03
91.04 ZIONSVILLE CLINIC	0.219361	19,619	4,304			91.04
91.05 BROWNSBURG CLINIC	0.000000	0	0			91.05
91.06 OP ANTICOAGULATION CLINIC	0.432634	6,329	2,738			91.06
91.07 ST VINCENT OUTPATIENT TREATMENT	0.381337	0	0			91.07
91.08 FAMILY PRACTICE	0.414019	1,364	565			91.08
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.347127	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES		0	0			95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0			97.00
97.01 FAMILY PRACTICE	0.000000	0	0			97.01
98.00 GERIATRIC CLINIC	0.688312	0	0			98.00
98.01 ELECTROCONVULSIVE THERAPY	0.000000	0	0			98.01
98.02 DIABETES EDUCATION	2.982206	0	0			98.02
200.00 Total (sum of lines 50-94 and 96-98)		365,962,685	65,527,797			200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0			201.00
202.00 Net Charges (line 200 minus line 201)		365,962,685				202.00

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/31/2012 11:59 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT		0		32.01
32.02	RENAL TRANSPLANT		0		32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT		0		33.00
34.00	NEONATAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		5,388,212		40.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.197732	20,622	4,078	50.00
50.01	AMBULATORY SURGERY	1.905218	0	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0.203260	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.209544	48,796	10,225	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0.373017	0	0	54.01
54.02	ULTRASOUND	0.098443	4,635	456	54.02
54.03	ECHOCARDIOLOGY	0.098606	1,724	170	54.03
57.00	CT SCAN	0.047550	92,360	4,392	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.072707	52,842	3,842	58.00
59.00	CARDIAC CATHETERIZATION	0.173594	1,120	194	59.00
60.00	LABORATORY	0.179582	481,314	86,435	60.00
65.00	RESPIRATORY THERAPY	0.186752	16,780	3,134	65.00
65.01	SLEEP LAB	0.252187	0	0	65.01
66.00	PHYSICAL THERAPY	0.308376	86,539	26,687	66.00
66.01	SPORTS PERFORMANCE	3.540714	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.186013	47,542	8,843	67.00
68.00	SPEECH PATHOLOGY	0.385819	4,943	1,907	68.00
69.00	ELECTROCARDIOLOGY	0.635379	15,203	9,660	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.192034	20,654	3,966	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592939	27,767	16,464	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.137033	528,648	72,442	73.00
74.00	RENAL DIALYSIS	0.134807	11,001	1,483	74.00
75.00	ENDOSCOPY	0.209784	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.539004	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.691968	0	0	90.00
90.01	PARTIAL HOSPITALIZATION	0.272099	0	0	90.01
91.00	EMERGENCY	0.278041	212,569	59,103	91.00
91.01	PATIENT SERVICES	36.162274	0	0	91.01
91.02	WOUND CARE	0.106993	0	0	91.02
91.03	LAFAYETTE RD CLINIC	0.266081	0	0	91.03
91.04	ZIONSVILLE CLINIC	0.219361	0	0	91.04
91.05	BROWNSBURG CLINIC	0.000000	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0.432634	0	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0.381337	0	0	91.07
91.08	FAMILY PRACTICE	0.414019	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.347127	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
97.01	FAMILY PRACTICE	0.000000	0	0	97.01
98.00	GERIATRIC CLINIC	0.688312	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0.000000	212,009	0	98.01
98.02	DIABETES EDUCATION	2.982206	0	0	98.02
200.00	Total (sum of lines 50-94 and 96-98)		1,887,068	313,481	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,887,068		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150084
Component CCN: 155748

Period:
From 07/01/2010
To 06/30/2011

Worksheet D-3
Date/Time Prepared:
1/31/2012 11:59 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT		0		32.01
32.02	RENAL TRANSPLANT		0		32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT		0		33.00
34.00	NEONATAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.197732	0	0	50.00
50.01	AMBULATORY SURGERY	1.905218	0	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0.203260	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.209544	43,332	9,080	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0.373017	0	0	54.01
54.02	ULTRASOUND	0.098443	1,233	121	54.02
54.03	ECHOCARDIOLOGY	0.098606	6,068	598	54.03
57.00	CT SCAN	0.047550	8,863	421	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.072707	4,267	310	58.00
59.00	CARDIAC CATHETERIZATION	0.173594	0	0	59.00
60.00	LABORATORY	0.179582	397,289	71,346	60.00
65.00	RESPIRATORY THERAPY	0.186752	27,823	5,196	65.00
65.01	SLEEP LAB	0.252187	0	0	65.01
66.00	PHYSICAL THERAPY	0.308376	1,259,893	388,521	66.00
66.01	SPORTS PERFORMANCE	3.540714	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.186013	658,861	122,557	67.00
68.00	SPEECH PATHOLOGY	0.385819	1,985	766	68.00
69.00	ELECTROCARDIOLOGY	0.635379	2,820	1,792	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.192034	659	127	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592939	70,962	42,076	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.137033	616,451	84,474	73.00
74.00	RENAL DIALYSIS	0.134807	0	0	74.00
75.00	ENDOSCOPY	0.209784	2,341	491	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.539004	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.691968	0	0	90.00
90.01	PARTIAL HOSPITALIZATION	0.272099	0	0	90.01
91.00	EMERGENCY	0.278041	0	0	91.00
91.01	PATIENT SERVICES	36.162274	0	0	91.01
91.02	WOUND CARE	0.106993	0	0	91.02
91.03	LAFAYETTE RD CLINIC	0.266081	0	0	91.03
91.04	ZIONSVILLE CLINIC	0.219361	0	0	91.04
91.05	BROWNSBURG CLINIC	0.000000	0	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0.432634	0	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0.381337	0	0	91.07
91.08	FAMILY PRACTICE	0.414019	0	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.347127	11,300	3,923	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
97.01	FAMILY PRACTICE	0.000000	0	0	97.01
98.00	GERIATRIC CLINIC	0.688312	0	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0.000000	0	0	98.01
98.02	DIABETES EDUCATION	2.982206	0	0	98.02
200.00	Total (sum of lines 50-94 and 96-98)		3,114,147	731,799	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,114,147		202.00

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	Title XIX			Hospital	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	Ratio of Cost To Charges		Cost				
	1.00		2.00			3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS			33,923,055			30.00
31.00	INTENSIVE CARE UNIT			4,879,024			31.00
32.00	CORONARY CARE UNIT			0			32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT			2,903,077			32.01
32.02	RENAL TRANSPLANT			15,111			32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT			7,167,589			33.00
34.00	NEONATAL INTENSIVE CARE UNIT			52,847,370			34.00
40.00	SUBPROVIDER - IPF			0			40.00
43.00	NURSERY			3,925,968			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.197732		29,549,524		5,842,886	50.00
50.01	AMBULATORY SURGERY	1.905218		13,231		25,208	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0.203260		18,620,240		3,784,750	52.00
53.00	ANESTHESIOLOGY	0.000000		0		0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.209544		3,650,197		764,877	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0.373017		124,173		46,319	54.01
54.02	ULTRASOUND	0.098443		1,286,637		126,660	54.02
54.03	ECHOCARDIOLOGY	0.098606		1,524,584		150,333	54.03
57.00	CT SCAN	0.047550		3,475,361		165,253	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.072707		1,413,522		102,773	58.00
59.00	CARDIAC CATHETERIZATION	0.173594		4,496,377		780,544	59.00
60.00	LABORATORY	0.179582		32,235,767		5,788,964	60.00
65.00	RESPIRATORY THERAPY	0.186752		15,154,728		2,830,176	65.00
65.01	SLEEP LAB	0.252187		81,045		20,438	65.01
66.00	PHYSICAL THERAPY	0.308376		1,872,951		577,573	66.00
66.01	SPORTS PERFORMANCE	3.540714		0		0	66.01
67.00	OCCUPATIONAL THERAPY	0.186013		626,463		116,530	67.00
68.00	SPEECH PATHOLOGY	0.385819		282,127		108,850	68.00
69.00	ELECTROCARDIOLOGY	0.635379		35,147		22,332	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.192034		859,467		165,047	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592939		1,424,358		844,557	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		0		0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.137033		28,070,173		3,846,540	73.00
74.00	RENAL DIALYSIS	0.134807		523,936		70,630	74.00
75.00	ENDOSCOPY	0.209784		750,825		157,511	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		0		0	76.00
76.97	CARDIAC REHABILITATION	0.539004		41,272		22,246	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0.691968		0		0	90.00
90.01	PARTIAL HOSPITALIZATION	0.272099		0		0	90.01
91.00	EMERGENCY	0.278041		3,507,741		975,296	91.00
91.01	PATIENT SERVICES	36.162274		0		0	91.01
91.02	WOUND CARE	0.106993		14,333		1,534	91.02
91.03	LAFAYETTE RD CLINIC	0.266081		0		0	91.03
91.04	ZIONSVILLE CLINIC	0.219361		7,724		1,694	91.04
91.05	BROWNSBURG CLINIC	0.000000		0		0	91.05
91.06	OP ANTICOAGULATION CLINIC	0.432634		1,000		433	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0.381337		0		0	91.07
91.08	FAMILY PRACTICE	0.414019		223,284		92,444	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.347127		0		0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		0		0	97.00
97.01	FAMILY PRACTICE	0.000000		0		0	97.01
98.00	GERIATRIC CLINIC	0.688312		0		0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0.000000		0		0	98.01
98.02	DIABETES EDUCATION	2.982206		312		930	98.02
200.00	Total (sum of lines 50-94 and 96-98)			149,866,499		27,433,328	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0		0	201.00
202.00	Net Charges (line 200 minus line 201)			149,866,499			202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/31/2012 11:59 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
32.00	CORONARY CARE UNIT		0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPLANT		0	32.01
32.02	RENAL TRANSPLANT		0	32.02
33.00	PEDIATRIC INTENSIVE CARE UNIT		0	33.00
34.00	NEONATAL INTENSIVE CARE UNIT		0	34.00
40.00	SUBPROVIDER - IPF		3,478,992	40.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.197732	0	50.00
50.01	AMBULATORY SURGERY	1.905218	0	50.01
52.00	DELIVERY ROOM & LABOR ROOM	0.203260	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.209544	21,175	54.00
54.01	AMBULATORY CARDIOVASCULAR SVC	0.373017	0	54.01
54.02	ULTRASOUND	0.098443	0	54.02
54.03	ECHOCARDIOLOGY	0.098606	0	54.03
57.00	CT SCAN	0.047550	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.072707	0	58.00
59.00	CARDIAC CATHETERIZATION	0.173594	0	59.00
60.00	LABORATORY	0.179582	170,872	60.00
65.00	RESPIRATORY THERAPY	0.186752	6,451	65.00
65.01	SLEEP LAB	0.252187	0	65.01
66.00	PHYSICAL THERAPY	0.308376	12,695	66.00
66.01	SPORTS PERFORMANCE	3.540714	0	66.01
67.00	OCCUPATIONAL THERAPY	0.186013	3,514	67.00
68.00	SPEECH PATHOLOGY	0.385819	542	68.00
69.00	ELECTROCARDIOLOGY	0.635379	677	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.192034	2,991	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592939	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.137033	249,948	73.00
74.00	RENAL DIALYSIS	0.134807	0	74.00
75.00	ENDOSCOPY	0.209784	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0.539004	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.691968	0	90.00
90.01	PARTIAL HOSPITALIZATION	0.272099	0	90.01
91.00	EMERGENCY	0.278041	0	91.00
91.01	PATIENT SERVICES	36.162274	0	91.01
91.02	WOUND CARE	0.106993	0	91.02
91.03	LAFAYETTE RD CLINIC	0.266081	0	91.03
91.04	ZIONSVILLE CLINIC	0.219361	0	91.04
91.05	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	OP ANTICOAGULATION CLINIC	0.432634	0	91.06
91.07	ST VINCENT OUTPATIENT TREATMENT	0.381337	0	91.07
91.08	FAMILY PRACTICE	0.414019	0	91.08
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.347127	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	FAMILY PRACTICE	0.000000	0	97.01
98.00	GERIATRIC CLINIC	0.688312	0	98.00
98.01	ELECTROCONVULSIVE THERAPY	0.000000	11,638	98.01
98.02	DIABETES EDUCATION	2.982206	0	98.02
200.00	Total (sum of lines 50-94 and 96-98)		480,503	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		480,503	202.00

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

Provider CCN: 150084
Component CCN:

Period:
From 07/01/2010
To 06/30/2011

Worksheet D-4
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Kidney			Hospital	PPS	
	D	Inpatient Routine Organ Charges	Per Diem Costs (from wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	793.85	8	6,351
2.00	INTENSIVE CARE UNIT	43.00	0	1,540.38	0	0
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0
3.01	CARDIOTHORACIC VASCULAR TRANSPLANT	44.01	0	1,937.94	0	0
3.02	RENAL TRANSPLANT	44.02	0	4,369.39	0	0
4.00	PEDIATRIC INTENSIVE CARE UNIT	45.00	0	1,842.62	0	0
5.00	NEONATAL INTENSIVE CARE UNIT	46.00	0	1,052.88	0	0
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	0.00	0	0
7.00	TOTAL (sum of lines 1-6)		0		0	0
Cost Center Description	C	Ratio of Cost/Charges (from wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
	0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.197732	610,844		120,783
8.01	AMBULATORY SURGERY	50.01	1.905218	0		0
9.00	RECOVERY ROOM	51.00	0.000000	0		0
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.203260	0		0
11.00	ANESTHESIOLOGY	53.00	0.000000	0		0
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.209544	144,117		30,199
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.373017	1,543		576
12.02	ULTRASOUND	54.02	0.098443	13,338		1,313
12.03	ECHOCARDIOLOGY	54.03	0.098606	86,168		8,497
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0		0
14.00	RADIOISOTOPE	56.00	0.000000	0		0
15.00	CT SCAN	57.00	0.047550	340,786		16,204
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.072707	0		0
17.00	CARDIAC CATHETERIZATION	59.00	0.173594	109,993		19,094
18.00	LABORATORY	60.00	0.179582	2,696,667		484,273
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0		0
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0		0
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0		0
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0		0
23.00	RESPIRATORY THERAPY	65.00	0.186752	17,370		3,244
23.01	SLEEP LAB	65.01	0.252187	0		0
24.00	PHYSICAL THERAPY	66.00	0.308376	241		74
24.01	SPORTS PERFORMANCE	66.01	3.540714	0		0
25.00	OCCUPATIONAL THERAPY	67.00	0.186013	0		0
26.00	SPEECH PATHOLOGY	68.00	0.385819	0		0
27.00	ELECTROCARDIOLOGY	69.00	0.635379	72,233		45,895
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.192034	0		0
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.592939	94,209		55,860
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.000000	0		0
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.137033	81,271		11,137
32.00	RENAL DIALYSIS	74.00	0.134807	0		0
33.00	ENDOSCOPY	75.00	0.209784	4,850		1,017
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0		0
34.97	CARDIAC REHABILITATION	76.97	0.539004	0		0
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0		0
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0		0
37.00	CLINIC	90.00	0.691968	0		0
37.01	PARTIAL HOSPITALIZATION	90.01	0.272099	0		0
38.00	EMERGENCY	91.00	0.278041	0		0
38.01	PATIENT SERVICES	91.01	36.162274	0		0
38.02	WOUND CARE	91.02	0.106993	0		0
38.03	LAFAYETTE RD CLINIC	91.03	0.266081	0		0
38.04	ZIONSVILLE CLINIC	91.04	0.219361	0		0
38.05	BROWNSBURG CLINIC	91.05	0.000000	0		0
38.06	OP ANTICOAGULATION CLINIC	91.06	0.432634	0		0
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.381337	0		0
38.08	FAMILY PRACTICE	91.08	0.414019	0		0
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.347127	3,422		1,188
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0		0
41.00	TOTAL (sum of lines 8-40)			0		0

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

Provider CCN: 150084
Component CCN:

Period:
From 07/01/2010
To 06/30/2011

Worksheet D-4
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Kidney		Hospital	PPS	
	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	8	0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0 43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0 44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPLANT	4.01	0.00	0	0 44.01
44.02	RENAL TRANSPLANT	4.02	0.00	0	0 44.02
45.00	PEDIATRIC INTENSIVE CARE UNIT	5.00	0.00	0	0 45.00
46.00	NEONATAL INTENSIVE CARE UNIT	6.00	0.00	0	0 46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0 47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0 48.00
Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	0	0.000000	0 51.00
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0 51.01
52.00	EMERGENCY	24.00	0	0.000000	0 52.00
52.01	PATIENT SERVICES	24.01	0	0.000000	0 52.01
52.02	WOUND CARE	24.02	0	0.000000	0 52.02
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0 52.03
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0 52.04
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0 52.05
52.06	OP ANTICOAGULATION CLINIC	24.06	0	0.000000	0 52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0 52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0 52.08
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	3,422	0.000000	0 53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
55.00	TOTAL (sum of lines 49 through 52)		0	0.000000	0 55.00
Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	805,705		4,277,052	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	2,755,892		3,239,825	59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	3,561,597		7,516,877	61.00
62.00	Total Usable Organs (see instructions)		59		62.00
63.00	Medicare Usable Organs (see instructions)		40		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.677966		64.00
65.00	Medicare Cost/Charges (see instructions)	2,414,642		5,096,187	65.00
66.00	Revenue for Organs Sold	102,877		0	66.00
67.00	Subtotal (line 65 minus line 66)	2,311,765		5,096,187	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,311,765	0	5,096,187	69.00

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

Provider CCN: 150084
Component CCN:

Period:
From 07/01/2010
To 06/30/2011

Worksheet D-4
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Kidney		Hospital	PPS	
	Living Related	Cadaveric		Revenue	
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)	8	16		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	35		73.00
74.00	Total (sum of lines 70 thru 73)	8	51		74.00
75.00	Organs Transplanted	8	35	1,619,913	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	16	1,619,912	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	8	51		84.00

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

Provider CCN: 150084
Component CCN:

Period:
From 07/01/2010
To 06/30/2011

Worksheet D-4
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	D	Heart		Hospital	PPS	
		Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	793.85	10	7,939
2.00	INTENSIVE CARE UNIT	43.00	0	1,540.38	0	0
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0
3.01	CARDIOTHORACIC VASCULAR TRANSPLANT	44.01	0	1,937.94	0	0
3.02	RENAL TRANSPLANT	44.02	0	4,369.39	0	0
4.00	PEDIATRIC INTENSIVE CARE UNIT	45.00	0	1,842.62	0	0
5.00	NEONATAL INTENSIVE CARE UNIT	46.00	0	1,052.88	0	0
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	0.00	0	0
7.00	TOTAL (sum of lines 1-6)		0		0	0
Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
	0	1.00		2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.197732	227,274	44,939	
8.01	AMBULATORY SURGERY	50.01	1.905218	0	0	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.203260	0	0	
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.209544	2,496	523	
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.373017	0	0	
12.02	ULTRASOUND	54.02	0.098443	0	0	
12.03	ECHOCARDIOLOGY	54.03	0.098606	9,681	955	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	
15.00	CT SCAN	57.00	0.047550	6,050	288	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.072707	0	0	
17.00	CARDIAC CATHETERIZATION	59.00	0.173594	35,678	6,193	
18.00	LABORATORY	60.00	0.179582	59,346	10,657	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	
23.00	RESPIRATORY THERAPY	65.00	0.186752	11,417	2,132	
23.01	SLEEP LAB	65.01	0.252187	0	0	
24.00	PHYSICAL THERAPY	66.00	0.308376	0	0	
24.01	SPORTS PERFORMANCE	66.01	3.540714	0	0	
25.00	OCCUPATIONAL THERAPY	67.00	0.186013	0	0	
26.00	SPEECH PATHOLOGY	68.00	0.385819	0	0	
27.00	ELECTROCARDIOLOGY	69.00	0.635379	1,091	693	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.192034	0	0	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.592939	14,634	8,677	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.000000	0	0	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.137033	21,608	2,961	
32.00	RENAL DIALYSIS	74.00	0.134807	0	0	
33.00	ENDOSCOPY	75.00	0.209784	0	0	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	
34.97	CARDIAC REHABILITATION	76.97	0.539004	0	0	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	
37.00	CLINIC	90.00	0.691968	0	0	
37.01	PARTIAL HOSPITALIZATION	90.01	0.272099	0	0	
38.00	EMERGENCY	91.00	0.278041	0	0	
38.01	PATIENT SERVICES	91.01	36.162274	0	0	
38.02	WOUND CARE	91.02	0.106993	0	0	
38.03	LAFAYETTE RD CLINIC	91.03	0.266081	0	0	
38.04	ZIONSVILLE CLINIC	91.04	0.219361	0	0	
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	
38.06	OP ANTICOAGULATION CLINIC	91.06	0.432634	0	0	
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.381337	0	0	
38.08	FAMILY PRACTICE	91.08	0.414019	0	0	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.347127	3,422	1,188	
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	
41.00	TOTAL (sum of lines 8-40)			0	0	

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

Provider CCN: 150084
Component CCN:

Period:
From 07/01/2010
To 06/30/2011

Worksheet D-4
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Heart		Hospital	PPS	
	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	10	0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0 43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0 44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPLANT	4.01	0.00	0	0 44.01
44.02	RENAL TRANSPLANT	4.02	0.00	0	0 44.02
45.00	PEDIATRIC INTENSIVE CARE UNIT	5.00	0.00	0	0 45.00
46.00	NEONATAL INTENSIVE CARE UNIT	6.00	0.00	0	0 46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0 47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0 48.00
Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	0	0.000000	0 51.00
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0 51.01
52.00	EMERGENCY	24.00	0	0.000000	0 52.00
52.01	PATIENT SERVICES	24.01	0	0.000000	0 52.01
52.02	WOUND CARE	24.02	0	0.000000	0 52.02
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0 52.03
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0 52.04
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0 52.05
52.06	OP ANTICOAGULATION CLINIC	24.06	0	0.000000	0 52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0 52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0 52.08
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	3,422	0.000000	0 53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
55.00	TOTAL (sum of lines 49 through 52)		0	0.000000	0 55.00
Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	87,145		392,697	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	1,427,182		2,022,500	59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	1,514,327		2,415,197	61.00
62.00	Total Usable Organs (see instructions)		23		62.00
63.00	Medicare Usable Organs (see instructions)		10		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.434783		64.00
65.00	Medicare Cost/Charges (see instructions)	658,404		1,050,087	65.00
66.00	Revenue for Organs Sold	72,120		72,120	66.00
67.00	Subtotal (line 65 minus line 66)	586,284		977,967	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	586,284	0	977,967	69.00

Health Financial Systems

In Lieu of Form CMS-2552-10

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

Provider CCN: 150084
Component CCN:

Period:
From 07/01/2010
To 06/30/2011

Worksheet D-4
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Heart		Hospital	PPS
	Living Related	Cadaveric	Revenue	
	1.00	2.00	3.00	
PART IV - STATISTICS				
70.00 Organs Excised in Provider (1)	0		4	70.00
71.00 Organs Purchased from Other Transplant Hospitals (2)	0		0	71.00
72.00 Organs Purchased from Non-Transplant Hospitals	0		0	72.00
73.00 Organs Purchased from OPOs	0		19	73.00
74.00 Total (sum of lines 70 thru 73)	0		23	74.00
75.00 Organs Transplanted	0		19	2,022,500
76.00 Organs Sold to Other Hospitals	0		0	76.00
77.00 Organs Sold to OPOs	0		4	77.00
78.00 Organs Sold to Transplant Hospitals	0		0	78.00
79.00 Organs Sold to Military or VA Hospitals	0		0	79.00
80.00 Organs Sold Outside the U.S.	0		0	80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0		0	81.00
82.00 Organs Used for Research	0		0	82.00
83.00 Unusable/Discarded Organs	0		0	83.00
84.00 Total (sum of lines 75 thru 83 should equal line 74)	0		23	84.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments	97,127,962		1.00
2.00	Outlier payments for discharges. (see instructions)	3,080,775		2.00
3.00	Managed Care Simulated Payments	15,667,483		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	655.12		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	92.11		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	12.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	18.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	122.11		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	135.88		10.00
11.00	FTE count for residents in dental and podiatric programs.	3.00		11.00
12.00	Current year allowable FTE (see instructions)	125.11		12.00
13.00	Total allowable FTE count for the prior year.	106.53		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	100.03		14.00
15.00	Sum of lines 12 through 14 divided by 3.	110.56		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	110.56		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.168763		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.159172		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.159172		21.00
22.00	IME payment adjustment (see instructions)	9,387,063		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).	0.02		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	13.77		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.02		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	3.1E-5		26.00
27.00	IME payments adjustment. (see instructions)	9E-6		27.00
28.00	IME Adjustment (see instructions)	1,015		28.00
29.00	Total IME payment (sum of lines 22 and 28)	9,388,078		29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.66		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	26.37		31.00
32.00	Sum of lines 30 and 31	30.03		32.00
33.00	Allowable disproportionate share percentage (see instructions)	13.99		33.00
34.00	Disproportionate share adjustment (see instructions)	13,588,202		34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions).	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0		46.00
47.00	Subtotal (see instructions)	123,185,017		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	123,185,017		49.00

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Health Financial Systems

In Lieu of Form CMS-2552-10

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		9,148,705	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		2,722,448	52.00
53.00	Nursing and Allied Health Managed Care payment		31,827	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		2,898,049	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		81,735	57.00
58.00	Ancillary service other pass through costs (Worksheet D, Part IV, col. 11 line 200)		216,449	58.00
59.00	Total (sum of amounts on lines 49 through 58)		138,284,230	59.00
60.00	Primary payer payments		145,406	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		138,138,824	61.00
62.00	Deductibles billed to program beneficiaries		8,194,345	62.00
63.00	Coinsurance billed to program beneficiaries		424,733	63.00
64.00	Allowable bad debts (see instructions)		1,477,312	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,034,118	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,021,575	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		130,553,864	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		130,553,864	71.00
72.00	Interim payments		128,443,225	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		2,110,639	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		1,418,068	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		-12,165	1.00
2.00	Medical and other services reimbursed under OPPIs (see instructions)		44,198,099	2.00
3.00	PPS payments		44,492,732	3.00
4.00	Outlier payment (see instructions)		345,810	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		211,767	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		-12,165	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		-34,716	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		-34,716	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		-34,716	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		22,551	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		-34,716	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		45,050,309	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		22	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,794,658	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		35,220,913	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		949,381	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		36,170,294	30.00
31.00	Primary payer payments		22,411	31.00
32.00	Subtotal (line 30 minus line 31)		36,147,883	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,306,649	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		914,654	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		898,111	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		37,062,537	37.00
38.00	MSP-LCC reconciliation amount from PS&R		994	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		37,061,543	40.00
41.00	Interim payments		36,582,065	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		479,478	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/31/2012 11:59 am
		Component CCN: 15S084	Title XVIII	Subprovider - IPF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPps (see instructions)		143	2.00
3.00	PPS payments		107	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		108	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		108	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/31/2012 11:59 am
	Title XVIII	Subprovider - IPF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084 Component CCN: 155748	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150084 Component CCN: 155748	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/31/2012 11:59 am
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00 override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
1/31/2012 11:59 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		126,301,088		36,378,029	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	01/14/2011	1,787,567	01/14/2011	153,306	3.01	
3.02		05/17/2011	354,570	05/17/2011	50,730	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		2,142,137		204,036	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		128,443,225		36,582,065	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		2,110,639		479,478	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		130,553,864		37,061,543	7.00	
			0	Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/31/2012 11:59 am	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		2,339,666		0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,339,666		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		80,138		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,419,804		0
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150084
Component CCN: 155748

Period:
From 07/01/2010
To 06/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,149,561		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,149,561		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		990		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,150,551		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084 Component CCN:15S084	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part II Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,651,299 1.00
2.00	Net IPF PPS Outlier Payments			12,100 2.00
3.00	Net IPF PPS ECT Payments			47,492 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			38.106849 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,710,891 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,710,891 16.00
17.00	Primary payer payments			12,984 17.00
18.00	Subtotal (line 16 less line 17).			2,697,907 18.00
19.00	Deductibles			330,732 19.00
20.00	Subtotal (line 18 minus line 19)			2,367,175 20.00
21.00	Coinsurance			27,510 21.00
22.00	Subtotal (line 20 minus line 21)			2,339,665 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			105,918 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			74,143 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,150 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,413,808 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			5,996 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,419,804 31.00
32.00	Interim payments			2,339,666 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			80,138 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084 Component CCN:155748	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,160,578	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		991	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,161,569	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of w/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		7,449	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,154,120	12.00
13.00	Inpatient primary payer payments		3,569	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,150,551	15.00
16.00	Interim payments		1,149,561	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		990	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/31/2012 11:59 am
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		45,114,615	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		45,114,615	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		45,114,615	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		149,866,499	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		149,866,499	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		149,866,499	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		104,751,884	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		45,114,615	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		95,450	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		45,114,615	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		45,114,615	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		45,114,615	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		45,114,615	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		45,114,615	40.00
41.00	Interim payments		45,114,615	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/31/2012 11:59 am
		Component CCN: 15S084	Title XIX	Subprovider - IPF
				Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		1,175,167	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,175,167	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,175,167	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		480,503	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		480,503	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		480,503	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		694,664	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		480,503	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		18,947	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		480,503	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		694,664	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		480,503	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		480,503	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		480,503	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		480,503	40.00
41.00	Interim payments		480,503	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/31/2012 11:59 am
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		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			98.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			12.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			18.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			128.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			140.74	6.00
7.00	Enter the lesser of line 5 or line 6			128.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	106.10	27.65	133.75	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	97.19	25.33	122.52	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00		10.00
11.00	Total weighted FTE count	97.19	28.33		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	89.69	23.47		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	83.20	31.70		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	90.03	27.83		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	90.03	27.83		17.00
18.00	Per resident amount	74,394.00	72,459.00		18.00
19.00	Approved amount for resident costs	6,697,692	2,016,534	8,714,226	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			12.89	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			11.82	21.00
22.00	Allowable additional direct GME FTE Resident count (see instructions)			11.23	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			87,521.56	23.00
24.00	Multiply line 22 time line 23			982,867	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			9,697,093	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	60,891	9,449		26.00
27.00	Total Inpatient Days	182,238	182,238		27.00
28.00	Ratio of inpatient days to total inpatient days	0.334129	0.051850		28.00
29.00	Program direct GME amount	3,240,080	502,794		29.00
30.00	Reduction for nursing/allied health		71,045		30.00
31.00	Net Program direct GME amount			3,671,829	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		5,628,152	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		124,515,147	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		2,898,049	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		161,959	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		127,251,237	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		44,397,845	42.00
43.00	Primary payer payments (see instructions)		22,411	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		44,375,434	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		171,626,671	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.741442	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.258558	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,671,829	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		2,722,448	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)		949,381	50.00

Health Financial Systems

In Lieu of Form CMS-2552-10

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

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet G

Date/Time Prepared:
1/31/2012 11:59 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00	Cash on hand in banks	36,354,380	0	0	0 1.00
2.00	Temporary investments	0	0	0	0 2.00
3.00	Notes receivable	0	0	0	0 3.00
4.00	Accounts receivable	307,094,145	0	0	0 4.00
5.00	Other receivable	10,248,101	0	0	0 5.00
6.00	Allowances for uncollectible notes and accounts receivable	-171,916,917	0	0	0 6.00
7.00	Inventory	10,495,204	0	0	0 7.00
8.00	Prepaid expenses	3,125,146	0	0	0 8.00
9.00	Other current assets	9,494,367	0	0	0 9.00
10.00	Due from other funds	1,746,113	0	0	0 10.00
11.00	Total current assets (sum of lines 1-10)	206,640,539	0	0	0 11.00
FIXED ASSETS					
12.00	Land	19,646,713	0	0	0 12.00
13.00	Land improvements	10,721,735	0	0	0 13.00
14.00	Accumulated depreciation	0	0	0	0 14.00
15.00	Buildings	427,439,200	0	0	0 15.00
16.00	Accumulated depreciation	-493,198,461	0	0	0 16.00
17.00	Leasehold improvements	4,869,225	0	0	0 17.00
18.00	Accumulated depreciation	0	0	0	0 18.00
19.00	Fixed equipment	0	0	0	0 19.00
20.00	Accumulated depreciation	0	0	0	0 20.00
21.00	Automobiles and trucks	0	0	0	0 21.00
22.00	Accumulated depreciation	0	0	0	0 22.00
23.00	Major movable equipment	266,312,905	0	0	0 23.00
24.00	Accumulated depreciation	0	0	0	0 24.00
25.00	Minor equipment depreciable	0	0	0	0 25.00
26.00	Accumulated depreciation	0	0	0	0 26.00
27.00	HIT designated Assets	0	0	0	0 27.00
28.00	Accumulated depreciation	0	0	0	0 28.00
29.00	Minor equipment-nondepreciable	0	0	0	0 29.00
30.00	Total fixed assets (sum of lines 12-29)	235,791,317	0	0	0 30.00
OTHER ASSETS					
31.00	Investments	898,413,354	0	0	0 31.00
32.00	Deposits on leases	0	0	0	0 32.00
33.00	Due from owners/officers	0	0	0	0 33.00
34.00	Other assets	44,851,971	0	0	0 34.00
35.00	Total other assets (sum of lines 31-34)	943,265,325	0	0	0 35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,385,697,181	0	0	0 36.00
CURRENT LIABILITIES					
37.00	Accounts payable	43,823,390	0	0	0 37.00
38.00	Salaries, wages, and fees payable	61,303,584	0	0	0 38.00
39.00	Payroll taxes payable	0	0	0	0 39.00
40.00	Notes and loans payable (short term)	1,256,447	0	0	0 40.00
41.00	Deferred income	0	0	0	0 41.00
42.00	Accelerated payments	0	0	0	0 42.00
43.00	Due to other funds	1,624,242	0	0	0 43.00
44.00	Other current liabilities	21,196,163	0	0	0 44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	129,203,826	0	0	0 45.00
LONG TERM LIABILITIES					
46.00	Mortgage payable	176,706,228	0	0	0 46.00
47.00	Notes payable	0	0	0	0 47.00
48.00	Unsecured loans	0	0	0	0 48.00
49.00	Other long term liabilities	13,770,563	0	0	0 49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	190,476,791	0	0	0 50.00
51.00	Total liabilities (sum of lines 45 and 50)	319,680,617	0	0	0 51.00
CAPITAL ACCOUNTS					
52.00	General fund balance	1,066,016,564	0	0	0 52.00
53.00	Specific purpose fund	0	0	0	0 53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0 54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0 55.00
56.00	Governing body created - endowment fund balance	0	0	0	0 56.00
57.00	Plant fund balance - invested in plant	0	0	0	0 57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0 58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,066,016,564	0	0	0 59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,385,697,181	0	0	0 60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
1/31/2012 11:59 am

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period	853,547,721			0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)	262,073,780				2.00
3.00	Total (sum of line 1 and line 2)	1,115,621,501			0	3.00
4.00	REST CONTRIBUTIONS USED FOR PROPERTY	1,420,313		0		4.00
5.00	CONTRIBUTIONS	727,882		0		5.00
6.00	UNREALIZED GAIN/(LOSS) ON INVESTMENT	182,658		0		6.00
7.00	RESTRICTED INVESTMENT INCOME	221,208		0		7.00
8.00	GRANT REVENUE	40,000		0		8.00
9.00	OTHER RESTRICTED ACTIVITY	3,302,919		0		9.00
10.00	Total additions (sum of line 4-9)	5,894,980			0	10.00
11.00	Subtotal (line 3 plus line 10)	1,121,516,481			0	11.00
12.00	TRANSFERS TO AFFILIATES	45,775,564		0		12.00
13.00	TRANSFER TO SPONSOR	2,577,973		0		13.00
14.00	OTHER UNRESTRD ACTIVITY, CONTROL INT	3,493,526		0		14.00
15.00	NET ASSETS RELEASED FROM RESTRICTION	3,652,861		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)	55,499,924			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	1,066,016,557			0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
1/31/2012 11:59 am

	Endowment Fund		Plant Fund		
	5.00	6.00	7.00	8.00	
1.00 Fund balances at beginning of period		0		0	1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00 Total (sum of line 1 and line 2)		0		0	3.00
4.00 REST CONTRIBUTIONS USED FOR PROPERTY	0		0		4.00
5.00 CONTRIBUTIONS	0		0		5.00
6.00 UNREALIZED GAIN/(LOSS) ON INVESTMENT	0		0		6.00
7.00 RESTRICTED INVESTMENT INCOME	0		0		7.00
8.00 GRANT REVENUE	0		0		8.00
9.00 OTHER RESTRICTED ACTIVITY	0		0		9.00
10.00 Total additions (sum of line 4-9)		0		0	10.00
11.00 Subtotal (line 3 plus line 10)		0		0	11.00
12.00 TRANSFERS TO AFFILIATES	0		0		12.00
13.00 TRANSFER TO SPONSOR	0		0		13.00
14.00 OTHER UNRESTRD ACTIVITY, CONTROL INT	0		0		14.00
15.00 NET ASSETS RELEASED FROM RESTRICTION	0		0		15.00
16.00	0		0		16.00
17.00	0		0		17.00
18.00 Total deductions (sum of lines 12-17)		0		0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0	19.00

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	193,376,378		193,376,378	1.00
2.00	SUBPROVIDER - IPF	20,697,021		20,697,021	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,469,693		2,469,693	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	216,543,092		216,543,092	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	45,273,052		45,273,052	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPLANT	25,103,465		25,103,465	12.01
12.02	RENAL TRANSPLANT	652,295		652,295	12.02
13.00	PEDIATRIC INTENSIVE CARE UNIT	18,631,086		18,631,086	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	109,311,148		109,311,148	14.00
15.00	NEONATAL INTENSIVE CARE UNIT				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	198,971,046		198,971,046	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	415,514,138		415,514,138	17.00
18.00	Ancillary services	1,081,920,550	1,017,331,892	2,099,252,442	18.00
19.00	Outpatient services	8,230,965	60,975,026	69,205,991	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		10,349,371	10,349,371	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	2,015,953	10,147,594	12,163,547	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	1,507,681,606	1,098,803,883	2,606,485,489	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		928,741,546		29.00
30.00	BAD DEBT - EXCLUDING COLLECTION FEES	56,443,056			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		56,443,056		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		985,184,602		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-3

Date/Time Prepared:
1/31/2012 11:59 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,606,485,489	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,549,800,292	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,056,685,197	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	985,184,602	4.00
5.00	Net income from service to patients (line 3 minus line 4)	71,500,595	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	63,623,232	24.00
24.01	NONOPERATING GAINS	126,949,953	24.01
25.00	Total other income (sum of lines 6-24)	190,573,185	25.00
26.00	Total (line 5 plus line 25)	262,073,780	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	262,073,780	29.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H
Date/Time Prepared:
1/31/2012 11:59 am

		Home Health Agency I		PPS		
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures			0		0
2.00	Capital Related - Movable Equipment			0		0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	651,995	0	0	0	516,251
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	3,223,800	0	183,250	0	0
7.00	Physical Therapy	1,584,313	0	137,210	0	0
8.00	Occupational Therapy	284,746	0	26,478	0	0
9.00	Speech Pathology	66,395	0	4,256	0	0
10.00	Medical Social Services	104,517	0	5,511	0	0
11.00	Home Health Aide	389,614	0	57,095	0	0
12.00	Supplies (see instructions)	0	0	0	0	159,490
13.00	Drugs	0	0	0	0	2,512
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
24.00	Total (sum of lines 1-23)	6,305,380	0	413,800	0	678,253

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H
Date/Time Prepared:
1/31/2012 11:59 am

		Total (sum of cols. 1 thru 5)	Reclassificati on	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,168,246	49,378	1,217,624	-358,762	858,862	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,407,050	0	3,407,050	0	3,407,050	6.00
7.00	Physical Therapy	1,721,523	0	1,721,523	0	1,721,523	7.00
8.00	Occupational Therapy	311,224	0	311,224	0	311,224	8.00
9.00	Speech Pathology	70,651	0	70,651	0	70,651	9.00
10.00	Medical Social Services	110,028	0	110,028	0	110,028	10.00
11.00	Home Health Aide	446,709	0	446,709	0	446,709	11.00
12.00	Supplies (see instructions)	159,490	0	159,490	0	159,490	12.00
13.00	Drugs	2,512	0	2,512	0	2,512	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	7,397,433	49,378	7,446,811	-358,762	7,088,049	24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.
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COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-1
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Home Health
Agency I

PPS

	Net Expenses For Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0		3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	858,862	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	3,407,050	0	0	0	6.00
7.00	Physical Therapy	1,721,523	0	0	0	7.00
8.00	Occupational Therapy	311,224	0	0	0	8.00
9.00	Speech Pathology	70,651	0	0	0	9.00
10.00	Medical Social Services	110,028	0	0	0	10.00
11.00	Home Health Aide	446,709	0	0	0	11.00
12.00	Supplies (see instructions)	159,490	0	0	0	12.00
13.00	Drugs	2,512	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	7,088,049	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-1
Part I
Date/Time Prepared:
1/31/2012 11:59 am

HHA CCN: 157083

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		Subtotal (cols. 0-4) 4A.00	Administrative & General 5.00	Total (cols. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	858,862	858,862		5.00
HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	3,407,050	469,755	3,876,805	6.00
7.00	Physical Therapy	1,721,523	237,358	1,958,881	7.00
8.00	Occupational Therapy	311,224	42,911	354,135	8.00
9.00	Speech Pathology	70,651	9,741	80,392	9.00
10.00	Medical Social Services	110,028	15,170	125,198	10.00
11.00	Home Health Aide	446,709	61,591	508,300	11.00
12.00	Supplies (see instructions)	159,490	21,990	181,480	12.00
13.00	Drugs	2,512	346	2,858	13.00
14.00	DME	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	6,229,187		7,088,049	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-1
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Home Health
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	Capital Related Costs				Reconciliation	
	Bldgs & Fixtures (SQARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQARE FEET)	Transportation (MILEAGE)		
	1.00	2.00	3.00	4.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0			0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation (see instructions)	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	5.00
						-858,862
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	24.00
						-858,862
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	26.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150084	Period: From 07/01/2010	Worksheet H-1
		HHA CCN: 157083	To 06/30/2011	Part II
				Date/Time Prepared: 1/31/2012 11:59 am
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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	6,229,187	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	3,407,050	6.00
7.00	Physical Therapy	1,721,523	7.00
8.00	Occupational Therapy	311,224	8.00
9.00	Speech Pathology	70,651	9.00
10.00	Medical Social Services	110,028	10.00
11.00	Home Health Aide	446,709	11.00
12.00	Supplies (see instructions)	159,490	12.00
13.00	Drugs	2,512	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	6,229,187	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	858,862	25.00
26.00	Unit Cost Multiplier	0.137877	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
1/31/2012 11:59 am

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	HHA Trial Balance (1)	CAPITAL RELATED COSTS			NEW BLDG-WOMENS	
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MATEN HOUSE		
	0	1.00	1.01	1.02	1.03	
1.00 Administrative and General	0	95,948	0	0	0	1.00
2.00 Skilled Nursing Care	3,876,805	0	0	0	0	2.00
3.00 Physical Therapy	1,958,881	0	0	0	0	3.00
4.00 Occupational Therapy	354,135	0	0	0	0	4.00
5.00 Speech Pathology	80,392	0	0	0	0	5.00
6.00 Medical Social Services	125,198	0	0	0	0	6.00
7.00 Home Health Aide	508,300	0	0	0	0	7.00
8.00 Supplies (see instructions)	181,480	0	0	0	0	8.00
9.00 Drugs	2,858	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	7,088,049	95,948	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

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Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
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		CAPITAL RELATED COSTS					
		NEW BLDG-MCNE	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	
		1.04	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	16,161	2,096,369	105,818	962,684	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	16,161	2,096,369	105,818	962,684	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

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In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
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		PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OP REGISTRATION	Subtotal	
		5.03	5.04	5.05	5.06	5A.06	
1.00	Administrative and General	3,115	0	55,224	44,865	3,380,184	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,876,805	2.00
3.00	Physical Therapy	0	0	0	0	1,958,881	3.00
4.00	Occupational Therapy	0	0	0	0	354,135	4.00
5.00	Speech Pathology	0	0	0	0	80,392	5.00
6.00	Medical Social Services	0	0	0	0	125,198	6.00
7.00	Home Health Aide	0	0	0	0	508,300	7.00
8.00	Supplies (see instructions)	0	0	0	0	181,480	8.00
9.00	Drugs	0	0	0	0	2,858	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,115	0	55,224	44,865	10,468,233	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
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HHA CCN: 157083

Home Health Agency I

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	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.07	7.00	8.00	9.00	10.00	
1.00	Administrative and General	65,342	131,277	0	41,518	0
2.00	Skilled Nursing Care	74,943	0	0	0	0
3.00	Physical Therapy	37,867	0	0	0	0
4.00	Occupational Therapy	6,846	0	0	0	0
5.00	Speech Pathology	1,554	0	0	0	0
6.00	Medical Social Services	2,420	0	0	0	0
7.00	Home Health Aide	9,826	0	0	0	0
8.00	Supplies (see instructions)	3,508	0	0	0	0
9.00	Drugs	55	0	0	0	0
10.00	DME	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0
14.00	Clinic	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0
20.00	Total (sum of lines 1-19) (2)	202,361	131,277	0	41,518	0
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

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Date/Time Prepared:
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		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	406,970	25,405	10,524	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	406,970	25,405	10,524	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

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Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
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	SOCIAL SERVICES	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM - CPE		
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

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Part I
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Home Health Agency I

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	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
	23.02	23.03	24.00	25.00	26.00	
1.00 Administrative and General	0	0	4,061,220	0	4,061,220	1.00
2.00 Skilled Nursing Care	0	0	3,951,748	0	3,951,748	2.00
3.00 Physical Therapy	0	0	1,996,748	0	1,996,748	3.00
4.00 Occupational Therapy	0	0	360,981	0	360,981	4.00
5.00 Speech Pathology	0	0	81,946	0	81,946	5.00
6.00 Medical Social Services	0	0	127,618	0	127,618	6.00
7.00 Home Health Aide	0	0	518,126	0	518,126	7.00
8.00 Supplies (see instructions)	0	0	184,988	0	184,988	8.00
9.00 Drugs	0	0	2,913	0	2,913	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	11,286,288	0	11,286,288	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

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		Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	2,221,284	6,173,032	2.00
3.00	Physical Therapy	1,122,374	3,119,122	3.00
4.00	Occupational Therapy	202,908	563,889	4.00
5.00	Speech Pathology	46,062	128,008	5.00
6.00	Medical Social Services	71,734	199,352	6.00
7.00	Home Health Aide	291,239	809,365	7.00
8.00	Supplies (see instructions)	103,982	288,970	8.00
9.00	Drugs	1,637	4,550	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,061,220	11,286,288	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.562101		21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

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Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150084 HHA CCN: 157083	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/31/2012 11:59 am
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MATEN HOUSE (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	NEW BLDG-MCNE (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	5,290	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,290	0	0	0	0	20.00
21.00	Total cost to be allocated	95,948	0	0	0	0	21.00
22.00	Unit cost multiplier	18.137618	0.000000	0.000000	0.000000	0.000000	22.00

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Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
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		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (NODES)	PURCHASING, RECEIVING AND STORES (COST REQUISITIONS)	
		NEW MVBLE EQUIP (DOLLAR VALUE)	4.00	5.01	5.02	5.03	
1.00	Administrative and General	12,708	6,383,391	74	121	194,520	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	12,708	6,383,391	74	121	194,520	20.00
21.00	Total cost to be allocated	16,161	2,096,369	105,818	962,684	3,115	21.00
22.00	Unit cost multiplier	1.271719	0.328410	1,429.972973	7,956.066116	0.016014	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

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	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OUTPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	
	5.04	5.05	5.06	5A.07	5.07	
1.00 Administrative and General	0	10,349,371	10,349,371	0	3,380,184	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,876,805	2.00
3.00 Physical Therapy	0	0	0	0	1,958,881	3.00
4.00 Occupational Therapy	0	0	0	0	354,135	4.00
5.00 Speech Pathology	0	0	0	0	80,392	5.00
6.00 Medical Social Services	0	0	0	0	125,198	6.00
7.00 Home Health Aide	0	0	0	0	508,300	7.00
8.00 Supplies (see instructions)	0	0	0	0	181,480	8.00
9.00 Drugs	0	0	0	0	2,858	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	10,349,371	10,349,371	0	10,468,233	20.00
21.00 Total cost to be allocated	0	55,224	44,865	0	202,361	21.00
22.00 Unit cost multiplier	0.000000	0.005336	0.004335	0	0.019331	22.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

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	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	5,290	0	5,290	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	5,290	0	5,290	0	0	20.00
21.00 Total cost to be allocated	131,277	0	41,518	0	0	21.00
22.00 Unit cost multiplier	24.816068	0.000000	7.848393	0.000000	0.000000	22.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150084 HHA CCN: 157083	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/31/2012 11:59 am
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		Home Health Agency I		PPS			
	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
	13.00	14.00	15.00	16.00	17.00		
1.00	Administrative and General	90,951	147,587	2,512	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	90,951	147,587	2,512	0	0	20.00
21.00	Total cost to be allocated	406,970	25,405	10,524	0	0	21.00
22.00	Unit cost multiplier	4.474607	0.172136	4.189490	0.000000	0.000000	22.00

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Health Financial Systems

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150084
HHA CCN: 157083

Period:
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		INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - CPE (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	
		SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)				
		21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150084	Period: From 07/01/2010	Worksheet H-2
	HHA CCN: 157083	To 06/30/2011	Part II Date/Time Prepared: 1/31/2012 11:59 am
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	PARAMED ED PRGM - EMS (ASSIGNED TIME)		
	23.03		
1.00 Administrative and General	0		1.00
2.00 Skilled Nursing Care	0		2.00
3.00 Physical Therapy	0		3.00
4.00 Occupational Therapy	0		4.00
5.00 Speech Pathology	0		5.00
6.00 Medical Social Services	0		6.00
7.00 Home Health Aide	0		7.00
8.00 Supplies (see instructions)	0		8.00
9.00 Drugs	0		9.00
10.00 DME	0		10.00
11.00 Home Dialysis Aide Services	0		11.00
12.00 Respiratory Therapy	0		12.00
13.00 Private Duty Nursing	0		13.00
14.00 Clinic	0		14.00
15.00 Health Promotion Activities	0		15.00
16.00 Day Care Program	0		16.00
17.00 Home Delivered Meals Program	0		17.00
18.00 Homemaker Service	0		18.00
19.00 All Others (specify)	0		19.00
20.00 Total (sum of lines 1-19)	0		20.00
21.00 Total cost to be allocated	0		21.00
22.00 Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
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Worksheet H-3
Parts I-II
Date/Time Prepared:
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Title XVIII			Home Health Agency I	PPS
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Cost Center Description	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits
	0	1.00	2.00	3.00	4.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR

BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	6,173,032		6,173,032	26,867	1.00
2.00	Physical Therapy	3.00	3,119,122	0	3,119,122	20,117	2.00
3.00	Occupational Therapy	4.00	563,889	0	563,889	3,882	3.00
4.00	Speech Pathology	5.00	128,008	0	128,008	624	4.00
5.00	Medical Social Services	6.00	199,352		199,352	808	5.00
6.00	Home Health Aide	7.00	809,365		809,365	8,371	6.00
7.00	Total (sum of lines 1-6)		10,992,768	0	10,992,768	60,669	7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits	
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles
	0	1.00	2.00	3.00	4.00

Limitation Cost Computation

8.00	Skilled Nursing Care	18020	71	0	8.00
8.01	Skilled Nursing Care	26900	0	39	8.01
8.02	Skilled Nursing Care	29140	5,781	3,953	8.02
8.03	Skilled Nursing Care	45460	110	66	8.03
8.04	Skilled Nursing Care	99915	66	67	8.04
8.05	Skilled Nursing Care	14020	3,176	3,131	8.05
9.00	Physical Therapy	18020	35	0	9.00
9.01	Physical Therapy	26900	0	0	9.01
9.02	Physical Therapy	29140	5,802	4,295	9.02
9.03	Physical Therapy	45460	54	19	9.03
9.04	Physical Therapy	99915	15	16	9.04
9.05	Physical Therapy	14020	1,389	1,048	9.05
10.00	Occupational Therapy	18020	19	0	10.00
10.01	Occupational Therapy	26900	0	0	10.01
10.02	Occupational Therapy	29140	1,345	1,073	10.02
10.03	Occupational Therapy	45460	0	0	10.03
10.04	Occupational Therapy	99915	0	0	10.04
10.05	Occupational Therapy	14020	166	157	10.05
11.00	Speech Pathology	18020	0	0	11.00
11.01	Speech Pathology	26900	0	0	11.01
11.02	Speech Pathology	29140	241	150	11.02
11.03	Speech Pathology	45460	0	0	11.03
11.04	Speech Pathology	99915	0	0	11.04
11.05	Speech Pathology	14020	0	0	11.05
12.00	Medical Social Services	18020	0	0	12.00
12.01	Medical Social Services	26900	0	0	12.01
12.02	Medical Social Services	29140	225	210	12.02
12.03	Medical Social Services	45460	0	0	12.03
12.04	Medical Social Services	99915	0	0	12.04
12.05	Medical Social Services	14020	24	23	12.05
13.00	Home Health Aide	18020	31	0	13.00
13.01	Home Health Aide	26900	0	61	13.01
13.02	Home Health Aide	29140	1,081	1,377	13.02
13.03	Home Health Aide	45460	44	0	13.03
13.04	Home Health Aide	99915	39	18	13.04
13.05	Home Health Aide	14020	916	1,892	13.05
14.00	Total (sum of lines 8-13)		20,630	17,595	14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)
	0	1.00	2.00	3.00	4.00

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	288,970	0	288,970	166,095	15.00
16.00	Cost of Drugs	9.00	4,550	0	4,550	0	16.00

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

1.00	Physical Therapy	66.00	0.308376	0	0	1.00
1.01	Physical Therapy 1	66.01	3.540714	0	0	1.01

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APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150084
HHA CCN: 157083

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Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
2.00	Occupational Therapy	67.00	0.186013	0	0	2.00
3.00	Speech Pathology	68.00	0.385819	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.592939	0	0	4.00
5.00	Cost of Drugs	73.00	0.137033	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150084
HHA CCN: 157083

Period:
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Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits				
		Part A	Part B			
			Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
	5.00	6.00	7.00	8.00		

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	229.76	9,204	7,256		1.00
2.00	Physical Therapy	155.05	7,295	5,378		2.00
3.00	Occupational Therapy	145.26	1,530	1,230		3.00
4.00	Speech Pathology	205.14	241	150		4.00
5.00	Medical Social Services	246.72	249	233		5.00
6.00	Home Health Aide	96.69	2,111	3,348		6.00
7.00	Total (sum of lines 1-6)		20,630	17,595		7.00
	Cost Center Description	5.00	6.00	7.00	8.00	9.00

Limitation Cost Computation

8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
14.00	Total (sum of lines 8-13)					14.00

Program Covered Charges

Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part B				
		Part A	Part B			
			Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
	5.00	6.00	7.00	8.00		

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	1.739787	0	166,095	0	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00

Cost Center Description

Transfer to Part I as Indicated

4.00

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

1.00	Physical Therapy	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	col. 2, line 2.01		1.01

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APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150084 HHA CCN: 157083	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Home Health Agency I PPS

Cost Center Description		Transfer to Part I as Indicated	
		4.00	
2.00	Occupational Therapy	col. 2, line 3.00	2.00
3.00	Speech Pathology	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00	4.00
5.00	Cost of Drugs	col. 2, line 16.00	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-3
Parts I-II
Date/Time Prepared:
1/31/2012 11:59 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of cols. 9-10)
	Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	9.00	10.00	11.00	12.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR

BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2,114,711	1,667,139	3,781,850	1.00
2.00	Physical Therapy	1,131,090	833,859	1,964,949	2.00
3.00	Occupational Therapy	222,248	178,670	400,918	3.00
4.00	Speech Pathology	49,439	30,771	80,210	4.00
5.00	Medical Social Services	61,433	57,486	118,919	5.00
6.00	Home Health Aide	204,113	323,718	527,831	6.00
7.00	Total (sum of lines 1-6)	3,783,034	3,091,643	6,874,677	7.00

Cost Center Description	9.00	10.00	11.00	12.00
	10.00	11.00	12.00	

Limitation Cost Computation

8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
8.02	Skilled Nursing Care				8.02
8.03	Skilled Nursing Care				8.03
8.04	Skilled Nursing Care				8.04
8.05	Skilled Nursing Care				8.05
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
9.02	Physical Therapy				9.02
9.03	Physical Therapy				9.03
9.04	Physical Therapy				9.04
9.05	Physical Therapy				9.05
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
10.02	Occupational Therapy				10.02
10.03	Occupational Therapy				10.03
10.04	Occupational Therapy				10.04
10.05	Occupational Therapy				10.05
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
11.02	Speech Pathology				11.02
11.03	Speech Pathology				11.03
11.04	Speech Pathology				11.04
11.05	Speech Pathology				11.05
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
12.02	Medical Social Services				12.02
12.03	Medical Social Services				12.03
12.04	Medical Social Services				12.04
12.05	Medical Social Services				12.05
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
13.02	Home Health Aide				13.02
13.03	Home Health Aide				13.03
13.04	Home Health Aide				13.04
13.05	Home Health Aide				13.05
14.00	Total (sum of lines 8-13)				14.00

Cost Center Description	Cost of Services		
	Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	9.00	10.00	11.00

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	0	288,970	0	15.00
16.00	Cost of Drugs	0	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 150084 Period: From 07/01/2010 To 06/30/2011 Worksheet H-4
 HHA CCN: 157083 Date/Time Prepared: 1/31/2012 11:59 am

Title XVIII Home Health Agency I PPS

	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	1.00	2.00	3.00		
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
		Part A Services	Part B Services		
		1.00	2.00		
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		3,445,222	2,747,677	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		25,889	14,420	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		64,486	48,127	13.00
14.00	Total PPS Reimbursement - PEP Episodes		23,501	23,849	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		4,831	3,239	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		3,563,929	2,837,312	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		3,563,929	2,837,312	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		3,563,929	2,837,312	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		3,563,929	2,837,312	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		3,563,929	2,837,312	31.00
32.00	Interim payments (see instructions)		3,563,929	2,837,312	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150084 HHA CCN: 157083	Period: From 07/01/2010 To 06/30/2011	Worksheet H-5 Date/Time Prepared: 1/31/2012 11:59 am
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,563,929		2,837,312	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		3,563,929		2,837,312	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions).		3,563,929		2,837,312	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS	Provider CCN: 150084 Hospice CCN: 151507	Period: From 07/01/2010 To 06/30/2011	Worksheet K Date/Time Prepared: 1/31/2012 11:59 am
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		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Hospice I Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,596,010	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	3,950,400	0	0	0	1,943,682	7.00
8.00	Inpatient - Respite Care	25,324	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	145	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	332,227	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	173,643	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,571,879	0	0	0	2,449,552	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K

Hospice CCN: 151507

Date/Time Prepared:
1/31/2012 11:59 am

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,596,010	-213,414	1,382,596	-388,192	994,404	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	5,894,082	0	5,894,082	0	5,894,082	7.00
8.00	Inpatient - Respite Care	25,324	0	25,324	0	25,324	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	145	0	145	0	145	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	332,227	0	332,227	0	332,227	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	173,643	0	173,643	0	173,643	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	8,021,431	-213,414	7,808,017	-388,192	7,419,825	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150084

Period:

Worksheet K-1

Hospice CCN: 151507

From 07/01/2010

To 06/30/2011

Date/Time Prepared:
1/31/2012 11:59 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	160,973	345,791	522,704	2,620,749	7.00
8.00	Inpatient - Respite Care	0	1,032	2,217	3,351	16,800	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	162,005	348,008	526,055	2,637,549	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-1

Hospice CCN: 151507

Date/Time Prepared:
1/31/2012 11:59 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	1,596,010	1,596,010	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		300,183	0	3,950,400	7.00
8.00	Inpatient - Respite Care		1,924	0	25,324	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	145	0	0	145	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	145	302,107	1,596,010	5,571,879	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-4
Part I
Date/Time Prepared:
1/31/2012 11:59 am

		Hospice I				
		CAPITAL RELATED COST				
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION
		0	1.00	2.00	3.00	4.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0			1.00
2.00	Capital Related Costs-Movable Equip.	0		0		2.00
3.00	Plant Operation and Maintenance	0	0		0	3.00
4.00	Transportation - Staff	0	0		0	4.00
5.00	Volunteer Service Coordination	0	0		0	5.00
6.00	Administrative and General	994,404	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	5,894,082	0	0	0	7.00
8.00	Inpatient - Respite Care	25,324	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	145	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	332,227	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	173,643	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	7,419,825	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-4
Part I
Date/Time Prepared:
1/31/2012 11:59 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.		0			1.00
2.00	Capital Related Costs-Movable Equip.		0			2.00
3.00	Plant Operation and Maintenance		0			3.00
4.00	Transportation - Staff		0			4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	994,404			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	5,894,082	912,174	6,806,256	7.00
8.00	Inpatient - Respite Care	0	25,324	3,919	29,243	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	145	22	167	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	332,227	51,416	383,643	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	173,643	26,873	200,516	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	6,425,421	994,404	7,419,825	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-4
Part II
Date/Time Prepared:
1/31/2012 11:59 am

		Hospice I					
		CAPITAL RELATED COST			TRANSPORTATION	VOLUNTEER	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	(MILEAGE)	SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-4
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Hospice CCN: 151507

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination	0		5.00
6.00	Administrative and General	-994,404	6,425,421	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	5,894,082	7.00
8.00	Inpatient - Respite Care	0	25,324	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	145	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	332,227	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	173,643	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per wkst. K-4, Part I)		994,404	39.00
40.00	Unit Cost Multiplier		0.154761	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Hospice CCN: 151507

Hospice I

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS			NEW BLDG-WOMENS	
			NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MATEN HOUSE		
			1.00	1.01	1.02		
1.00	Administrative and General		411,507	1,473	0	0	1.00
2.00	Inpatient - General Care	6,806,256	0	0	0	0	2.00
3.00	Inpatient - Respite Care	29,243	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	167	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	383,643	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	200,516	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,419,825	411,507	1,473	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet K-5 Part I Date/Time Prepared: 1/31/2012 11:59 am
	Hospice CCN: 151507		

Cost Center Description	CAPITAL RELATED COSTS		Hospice I			
	NEW BLDG-MCNE	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	
	1.04	2.00	4.00	5.01	5.02	
1.00 Administrative and General	0	79,623	1,850,271	122,978	517,145	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	79,623	1,850,271	122,978	517,145	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

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Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 150084 Hospice CCN: 151507	Period: From 07/01/2010 To 06/30/2011	Worksheet K-5 Part I Date/Time Prepared: 1/31/2012 11:59 am
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Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Hospice I		Subtotal	
				OP REGISTRATION			
	5.03	5.04	5.05	5.06	5A.06		
1.00 Administrative and General	9,119	126,290	64,905	43,990	3,227,301	1.00	
2.00 Inpatient - General Care	0	0	0	0	6,806,256	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	29,243	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	167	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	383,643	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	200,516	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	9,119	126,290	64,905	43,990	10,647,126	34.00	
35.00 Unit Cost Multiplier (see instructions)					0.000000	35.00	

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Hospice CCN: 151507

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.07	7.00	8.00	9.00	10.00	
1.00 Administrative and General	62,387	574,518	0	181,700	256,869	1.00
2.00 Inpatient - General Care	131,573	0	0	0	0	2.00
3.00 Inpatient - Respite Care	565	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	3	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	7,416	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	3,876	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	205,820	574,518	0	181,700	256,869	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Hospice CCN: 151507

Cost Center Description	Hospice I					MEDICAL RECORDS & LIBRARY	
	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY			
	11.00	13.00	14.00	15.00	16.00		
1.00 Administrative and General	0	388,804	29,170	1,385,389	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	388,804	29,170	1,385,389	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

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Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Hospice CCN: 151507

Hospice I

Cost Center Description	INTERNS & RESIDENTS					PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM - CPE	
	SOCIAL SERVICES	SERVICES-SALAR Y & FRINGES		SERVICES-OTHER PRGM COSTS				
		17.00	21.00					
1.00 Administrative and General	0	0	0	0	0	0	21,954	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	21,954	34.00
35.00 Unit Cost Multiplier (see instructions)								35.00

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Hospice I	Subtotal	
	PRGM - RADIOLOGY	PRGM - EMS	(cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	(cols. 24 ± 25)	
	23.02	23.03	24.00	25.00	26.00	
1.00 Administrative and General	0	0	6,128,092			1.00
2.00 Inpatient - General Care	0	0	6,937,829	0	6,937,829	2.00
3.00 Inpatient - Respite Care	0	0	29,808	0	29,808	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	170	0	170	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	391,059	0	391,059	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	204,392	0	204,392	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	13,691,350	0	13,691,350	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		Allocated Hospice A&G (See Part II) 27.00	Total Hospice Costs (cols. 26 ± 27) 28.00	Hospice I
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	5,621,340	12,559,169	2.00
3.00	Inpatient - Respite Care	24,152	53,960	3.00
4.00	Physician Services	0	0	4.00
5.00	Nursing Care	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	138	308	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	0	0	10.00
11.00	Spiritual Counseling	0	0	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	316,854	707,913	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	0	0	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	165,608	370,000	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	0	0	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		13,691,350	34.00
35.00	Unit Cost Multiplier (see instructions)	0.810245		35.00

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Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		CAPITAL RELATED COSTS					NEW BLDG-MCNE (SQUARE FEET)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MATEN HOUSE (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)			
		1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	22,688	464	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	22,688	464	0	0	0	0	34.00
35.00	Total cost to be allocated	411,507	1,473	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	18.137650	3.174569	0.000000	0.000000	0.000000	0.000000	36.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		Hospice I					
		CAPITAL RELATED COSTS NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (NODES)	PURCHASING, RECEIVING AND STORES (COST REQUISITIONS)	
		2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	62,610	5,634,028	86	65	569,432	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	62,610	5,634,028	86	65	569,432	34.00
35.00	Total cost to be allocated	79,623	1,850,271	122,978	517,145	9,119	35.00
36.00	Unit Cost Multiplier (see instructions)	1.271730	0.328410	1,429.976744	7,956.076923	0.016014	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Hospice I					OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	
	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OUTPATIENT REVENUE)	Reconciliation			
	5.04	5.05	5.06	5A.07		5.07	
1.00 Administrative and General	4,091	12,163,547	10,147,594	0	0	3,227,301	1.00
2.00 Inpatient - General Care	0	0	0	0	0	6,806,256	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	29,243	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	167	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	383,643	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	200,516	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	4,091	12,163,547	10,147,594			10,647,126	34.00
35.00 Total cost to be allocated	126,290	64,905	43,990			205,820	35.00
36.00 Unit Cost Multiplier (see instructions)	30.870203	0.005336	0.004335			0.019331	36.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	Hospice I		
				DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	23,151	0	23,151	25,806	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	23,151	0	23,151	25,806	0	34.00
35.00 Total cost to be allocated	574,518	0	181,700	256,869	0	35.00
36.00 Unit Cost Multiplier (see instructions)	24.816120	0.000000	7.848473	9.953848	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)			
	13.00	14.00	15.00	16.00		17.00	
1.00 Administrative and General	86,891	169,462	330,677	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	86,891	169,462	330,677	0	0	0	34.00
35.00 Total cost to be allocated	388,804	29,170	1,385,389	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	4.474618	0.172133	4.189554	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		INTERNS & RESIDENTS		Hospice I			
		SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	PARAMED ED	PARAMED ED	
		Y & FRINGES (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)	PRGM - PHARMACY (ASSIGNED TIME)	PRGM - CPE (ASSIGNED TIME)	PRGM - RADIOLOGY (ASSIGNED TIME)	
		21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	132	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	132	0	34.00
35.00	Total cost to be allocated	0	0	0	21,954	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	166.318182	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/31/2012 11:59 am

Cost Center Description		PARAMED ED PRGM - EMS (ASSIGNED TIME)	Hospice I
		23.03	
1.00	Administrative and General	0	1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	0	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	0	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	34.00
35.00	Total cost to be allocated	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part III
Date/Time Prepared:
1/31/2012 11:59 am

Hospice CCN: 151507

Hospice I

Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Hospice I	
			Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
	0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS				
1.00 PHYSICAL THERAPY	66.00	0.308376	0	0
1.01 SPORTS PERFORMANCE	66.01	3.540714	0	0
1.02 SPORTS MEDICINE	66.02			
2.00 OCCUPATIONAL THERAPY	67.00	0.186013	0	0
3.00 SPEECH PATHOLOGY	68.00	0.385819	0	0
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.137033	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00			
6.00 LABORATORY	60.00	0.179582	0	0
6.01 BLOOD LABORATORY	60.01			
7.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.592939	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00			
9.00 RADIOLOGY-THERAPEUTIC	55.00			
10.00 OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0
10.97 CARDIAC REHABILITATION	76.97	0.539004	0	0
11.00 Totals (sum of lines 1-10)				0

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150084

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-6

Hospice CCN: 151507

Date/Time Prepared:
1/31/2012 11:59 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				13,691,350	1.00
2.00	Total Unduplicated Days (worksheet S-9, column 6, line 5)				38,470	2.00
3.00	Average cost per diem (line 1 divided by line 2)				355.90	3.00
4.00	Unduplicated Medicare Days (worksheet S-9, column 1, line 5)	33,284				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	11,845,776				5.00
6.00	Unduplicated Medicaid Days (worksheet S-9, column 2, line 5)		828			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		294,685			7.00
8.00	Unduplicated SNF Days (worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (worksheet S-9, column 5, line 5)			4,358		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			1,551,012		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150084	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/31/2012 11:59 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,897,568	1.00
2.00	Capital DRG outlier payments		203,129	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		461.18	3.00
4.00	Number of interns & residents (see instructions)		110.58	4.00
5.00	Indirect medical education percentage (see instructions)		7.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		552,830	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.66	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		26.37	8.00
9.00	Sum of lines 7 and 8		30.03	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.27	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		495,178	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		9,148,705	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		7,178,339	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		7,178,339	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.85	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		9,148,705	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		-9,148,705	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		-9,148,705	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		-9,148,705	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00