

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 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/26/2014 11:48 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/26/2014	Time: 11:48 am
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT HOSPITAL & HCC (150084) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	188,159	200,907	81,001	0	1.00
2.00 Subprovider - IPF	0	12,117	-70		0	2.00
3.00 Subprovider - IRF	0	127,045	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	-1	-588		0	9.00
200.00 Total	0	327,320	200,249	81,001	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/26/2014 11:43 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2001 WEST 86TH STREET	PO Box:	Zip Code: 46260-	County: MARI ON
2.00	City: INDIANAPOLIS	State: IN		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	15S084	26900	4	07/07/1992	N	P	O	4.00
5.00	Subprovider - IRF	ST. VINCENT HOSPITAL REHAB. UNIT	15T084	26900	5	07/01/2012	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	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) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2013	06/30/2014	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.							24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.							25.00
	19,916	8,619	113	84	22,943	0		
	270	156	0	0	176			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/26/2014 11:43 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
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	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			18.00	18.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		68.90	73.37		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		80.73	80.82		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		105.83	107.22		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		121.05	122.77		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		15.22	15.55		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.37	0.75		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.	GENERAL SURGERY	3650	10.40	10.40	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.	PEDIATRICS	5250	3.00	3.00	61.20	
					1.00		
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 in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			5.58	46.85	0.106428	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.12	16.14	0.161994	65.00
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	2755	0.96	7.02	0.120301	65.03
65.04		PEDIATRICS	2000	0.67	10.67	0.059083	65.04

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
		1.00	2.00	3.00				
Section 5504 of the ACA 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)	5.15	59.99	0.079060		66.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.30	18.33	0.152566		
67.01		GERIATRIC MEDICINE	1351	0.25	0.25	0.500000		
67.02		INTERNAL MEDICINE	1400	6.87	38.71	0.150724		
67.03		INTERNAL MEDICINE/FAMILY MEDICINE	2755	0.94	6.04	0.134670		
67.04		PEDIATRICS	2000	0.38	14.62	0.025333		
				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 an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	76.00
				1.00				
Long Term Care Hospital PPS								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00	
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00	

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		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	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	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
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	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,602,373	0			118.01
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		120.00
121.00	Did this facility incur and report costs for high cost 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.		08/17/2010			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		07/28/1995			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/26/2014 11:43 am		
		1.00	2.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H046			140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: ST. VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		
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		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		
				1.00		
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				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				
		Part A		Part B		Title V
		1.00		2.00		3.00
						Title XIX
						4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
				1.00		
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		
		Name		County	State	Zip Code
		0		1.00	2.00	3.00
						CBSA
						4.00
						FTE/Campus
						5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00
				1.00		
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.			Y		
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		
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)			0.75		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/26/2014 11:43 am
		Beginning 1.00	Ending 2.00
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2013	09/30/2013 170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/26/2014 11:43 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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	10/21/2014	Y	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		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/26/2014 11:43 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL		HILL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(317) 583-3519		JILL.HILL@STVINCENT.ORG	43.00

		Part B		
		Date		
		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)			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)	10/21/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	507	185,055	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		507	185,055	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	54	19,710	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	23	8,731	0.00	0	9.01
9.02 RENAL TRANSPLANT	32.02	8	2,920	0.00	0	9.02
10.00 PEDIATRIC INTENSIVE CARE UNIT	33.00	15	5,475	0.00	0	10.00
11.00 NEONATAL INTENSIVE CARE UNIT	34.00	75	27,375	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		682	249,266	0.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	55	19,071		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	24	8,578			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		781				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	51,123	12,926	125,676			1.00
2.00 HMO and other (see instructions)	14,145	31,199				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	264	332				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	51,123	12,926	125,676			7.00
8.00 INTENSIVE CARE UNIT	5,598	590	15,899			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPLANT	3,618	0	7,022			9.01
9.02 RENAL TRANSPLANT	294	0	1,975			9.02
10.00 PEDIATRIC INTENSIVE CARE UNIT	0	126	2,627			10.00
11.00 NEONATAL INTENSIVE CARE UNIT	0	5,141	24,471			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		993	8,830			13.00
14.00 Total (see instructions)	60,633	19,776	186,500	146.14	4,995.16	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,425	428	12,304	0.00	67.39	16.00
17.00 SUBPROVIDER - IRF	2,289	270	4,901	0.00	25.66	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	43,017	6,441	71,574	0.00	115.42	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	1,306	0	2,507	0.00	96.83	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
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)				146.14	5,300.46	27.00
28.00 Observation Bed Days		0	6,222			28.00
29.00 Ambulance Trips	2					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	700	1,525			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	10,476	5,165	29,539	1.00
2.00 HMO and other (see instructions)				2,368	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
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 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		10,476	5,165	29,539	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		338	428	2,349	16.00
17.00 SUBPROVIDER - IRF	0.00	0		178	0	374	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2014 11:43 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	345,001,180	0	345,001,180	10,335,898.00	33.38
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		3,714,045	0	3,714,045	17,041.00	217.95
4.01	Physicians - Part A - Teaching		16,231,527	0	16,231,527	94,666.00	171.46
5.00	Physician-Part B		26,013,081	0	26,013,081	136,378.00	190.74
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	9,207,772	9,207,772	348,169.00	26.45
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	3,082	0	3,082	137.00	22.50
10.00	Excluded area salaries (see instructions)		43,452,578	-432,530	43,020,048	1,301,794.00	33.05
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		817,096	0	817,096	32,684.00	25.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		59,063,352	0	59,063,352	1,412,136.00	41.83
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		77,342,321	0	77,342,321		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		11,664,845	0	11,664,845		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		997,053	0	997,053		
22.01	Physician Part A - Teaching		4,357,431	0	4,357,431		
23.00	Physician Part B		6,983,336	0	6,983,336		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		2,409,093	0	2,409,093		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	6,011,012	0	6,011,012	125,230.00	48.00
27.00	Administrative & General	5.00	52,298,044	-1,286,847	51,011,197	1,604,051.00	31.80
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	4,820,444	33,639	4,854,083	202,935.00	23.92
31.00	Laundry & Linen Service	8.00	497	0	497	14.00	35.50
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		8,984,116	0	8,984,116	329,677.00	27.25
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		3,094,030	0	3,094,030	131,833.00	23.47
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	7,959,575	25,482	7,985,057	213,903.00	37.33
39.00	Central Services and Supply	14.00	1,539,729	34,736	1,574,465	68,820.00	22.88
40.00	Pharmacy	15.00	12,844,945	-93,263	12,751,682	304,074.00	41.94

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2014 11:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	3,884,739	2,244	3,886,983	144,501.00	26.90	41.00
42.00	Social Service	17.00	5,373,279	0	5,373,279	168,393.00	31.91	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
11/26/2014 11:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	314,834,718	-9,207,772	305,626,946	10,218,195.00	29.91	1.00
2.00	Excluded area salaries (see instructions)	43,455,660	-432,530	43,023,130	1,301,931.00	33.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	271,379,058	-8,775,242	262,603,816	8,916,264.00	29.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	59,880,448	0	59,880,448	1,444,820.00	41.44	4.00
5.00	Subtotal wage-related costs (see inst.)	78,339,374	0	78,339,374	0.00	29.83	5.00
6.00	Total (sum of lines 3 thru 5)	409,598,880	-8,775,242	400,823,638	10,361,084.00	38.69	6.00
7.00	Total overhead cost (see instructions)	106,810,410	-1,284,009	105,526,401	3,293,431.00	32.04	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2014 11:43 am
			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	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		7,713,689	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		44,289,265	8.00
9.00	Prescription Drug Plan		8,657,365	9.00
10.00	Dental, Hearing and Vision Plan		767,297	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		289,091	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		17,566	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,624,961	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		266,763	14.00
15.00	'Workers' Compensation Insurance		2,404,655	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		25,045,008	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		866,626	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		162,724	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		123,951	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		92,228,961	24.00
Part B - Other than Core Related Cost				
25.00	EMPLOYEE ASSISTANCE		130,136	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part V Date/Time Prepared: 11/26/2014 11:43 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		817,096	0 1.00
2.00	Hospital		817,096	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 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			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-4
		Component CCN: 157083		Date/Time Prepared: 11/26/2014 11:43 am
			Home Health Agency I	PPS

					1.00		
0.00	County	MARION				0.00	

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	7,193	980	2,223	10,396	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,123.00	123.00	997.00	2,243.00	2.00

		Number of Employees (Full Time Equivalent)			
		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			17.32	0.00	17.32	5.00
6.00	Direct Nursing Service			42.64	0.00	42.64	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			19.09	0.00	19.09	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			4.23	0.00	4.23	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.38	0.00	1.38	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			3.63	0.00	3.63	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			11.96	0.00	11.96	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.			5			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

		Full Episodes				
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	18,046	1,264	684	370	20,364	21.00
22.00	Skilled Nursing Visit Charges	3,418,661	249,511	102,931	64,807	3,835,910	22.00
23.00	Physical Therapy Visits	11,873	267	166	190	12,496	23.00
24.00	Physical Therapy Visit Charges	2,816,479	65,424	33,051	45,426	2,960,380	24.00
25.00	Occupational Therapy Visits	2,387	172	8	29	2,596	25.00
26.00	Occupational Therapy Visit Charges	591,051	43,313	2,215	7,064	643,643	26.00
27.00	Speech Pathology Visits	550	76	3	8	637	27.00
28.00	Speech Pathology Visit Charges	132,052	17,828	528	2,004	152,412	28.00
29.00	Medical Social Service Visits	480	113	4	9	606	29.00
30.00	Medical Social Service Visit Charges	151,374	36,114	1,274	2,933	191,695	30.00
31.00	Home Health Aide Visits	5,835	388	12	83	6,318	31.00
32.00	Home Health Aide Visit Charges	738,881	49,978	1,166	10,462	800,487	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	39,171	2,280	877	689	43,017	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)	7,848,498	462,168	141,165	132,696	8,584,527	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,092		250	52	2,394	36.00
37.00	Total Number of Outlier Episodes		48		1	49	37.00
38.00	Total Non-Routine Medical Supply Charges	187,290	24,795	5,026	8,685	225,796	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150084
Component CCN: 151507

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-9
Parts I & II
Date/Time Prepared:
11/26/2014 11:43 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	29,483	1,725	0	0	49,528	80,736	2.00
3.00	Inpatient Respite Care	238	0	0	0	124	362	3.00
4.00	General Inpatient Care	1,628	0	0	0	884	2,512	4.00
5.00	Total Hospice Days	31,349	1,725	0	0	50,536	83,610	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	964	105	0	0	1,438	2,507	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)	32.52	16.43	0.00	0.00	35.14	33.35	8.00
9.00	Unduplicated Census Count	907	44	0	0	87	1,038	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/26/2014 11:43 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.228312		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		64,634,987		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?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		470,870,040		6.00
7.00	Medicaid cost (line 1 times line 6)		107,505,281		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)		42,870,294		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		189,542		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		42,870,294		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	95,893,572	3,085,303	98,978,875	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	21,893,653	704,412	22,598,065	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)	21,893,653	704,412	22,598,065	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)			47,158,613	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,029,267	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			46,129,346	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			10,531,883	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			33,129,948	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			76,000,242	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet A Date/Time Prepared: 11/26/2014 11:43 am
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified 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	00100	NEW CAP REL COSTS-BLDG & FIXT	1,997,393	1,997,393	7,872,545	9,869,938
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	0	0	436,688	436,688
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE	0	0	198,767	198,767
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS	0	0	1,722,800	1,722,800
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	25,059,787	25,059,787
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,011,012	80,906,426	86,917,438	-51,433
5.01	00540	NONPATIENT TELEPHONES	141,751	4,752,728	4,894,479	0
5.02	00550	DATA PROCESSING	250,874	39,563	290,437	0
5.03	00560	PURCHASING RECEIVING AND STORES	3,391,956	2,868,633	6,260,589	0
5.04	00570	ADMINISTRATIVE	4,899,778	2,220,851	7,120,629	-11,784
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,372,081	4,990,228	9,362,309	0
5.06	00581	OPERATION	559,861	4,356	564,217	0
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL	38,681,743	186,012,715	224,694,458	-7,033,083
7.00	00700	OPERATION OF PLANT	4,820,444	19,480,341	24,300,785	-3,623,396
8.00	00800	LAUNDRY & LINEN SERVICE	497	1,924,748	1,925,245	400,613
9.00	00900	HOUSEKEEPING	0	9,121,950	9,121,950	-190,190
10.00	01000	DIETARY	0	13,441,904	13,441,904	-6,714,285
11.00	01100	CAFETERIA	0	10	10	6,524,607
13.00	01300	NURSING ADMINISTRATION	7,959,575	2,094,022	10,053,597	-345,624
14.00	01400	CENTRAL SERVICES & SUPPLY	1,539,729	4,994,126	6,533,855	-4,466,382
15.00	01500	PHARMACY	12,844,945	40,164,422	53,009,367	-29,267,629
16.00	01600	MEDICAL RECORDS & LIBRARY	3,884,739	3,327,315	7,212,054	-61
17.00	01700	SOCIAL SERVICE	5,373,279	1,304,650	6,677,929	-4,852
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	9,207,772	9,207,772
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,886,624	1,559,118	15,445,742	-9,019,428
23.00	02300	PARAMED PRGM - PHARMACY	276,618	13,645	290,263	75,606
23.01	02301	PARAMED PRGM - CPE	301,536	26,908	328,444	-52,091
23.02	02302	PARAMED PRGM - RADIOLOGY	174,066	-14,081	159,985	189,053
23.03	02303	PARAMED PRGM - EMS	1,093,377	480,399	1,573,776	-123,869
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	57,942,229	7,544,285	65,486,514	-3,184,414
31.00	03100	INTENSIVE CARE UNIT	10,790,100	3,566,055	14,356,155	-477,032
32.00	03200	CORONARY CARE UNIT	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	5,367,622	980,489	6,348,111	1,427,968
32.02	03202	RENAL TRANSPLANT	715,611	10,265	725,876	1,295,706
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	3,821,794	385,452	4,207,246	-17,011
34.00	02060	NEONATAL INTENSIVE CARE UNIT	17,391,051	1,470,057	18,861,108	-102,309
40.00	04000	SUBPROVIDER - IPF	3,507,938	189,771	3,697,709	-95,603
41.00	04100	SUBPROVIDER - IRF	1,336,877	771,136	2,108,013	-2,110
43.00	04300	NURSERY	1,080,154	110,900	1,191,054	1,892,118
44.00	04400	SKILLED NURSING FACILITY	3,082	53,779	56,861	-1,003
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,959,983	72,666,006	94,625,989	-8,192,584
50.01	03951	AMBULATORY SURGERY	1,839,185	3,064,111	4,903,296	11,339
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,969,218	734,347	4,703,565	-60,949
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,600,426	12,901,771	25,502,197	-2,675,601
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,904,714	419,231	2,323,945	-170,387
54.02	05403	ULTRASOUND	1,067,023	219,338	1,286,361	-104,041
54.03	05404	ECHOCARDIOLOGY	1,212,649	588,880	1,801,529	-326,812
57.00	05700	CT SCAN	1,350,117	548,639	1,898,756	-57,701
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	856,364	609,201	1,465,565	-336,573
59.00	05900	CARDIAC CATHETERIZATION	3,372,079	20,247,083	23,619,162	-2,895,468
59.01	05901	CARDIAC REHAB	465,347	184,028	649,375	-5,059
60.00	06000	LABORATORY	77,728	37,692,937	37,770,665	-60,969
65.00	06500	RESPIRATORY THERAPY	5,468,191	2,822,514	8,290,705	-109,345
65.01	06501	SLEEP LAB	688,179	487,165	1,175,344	-27,736
66.00	06600	PHYSICAL THERAPY	6,962,221	2,769,508	9,731,729	-168,262
66.01	06601	SPORTS PERFORMANCE	2,717,923	1,762,200	4,480,123	-19,419
67.00	06700	OCCUPATIONAL THERAPY	692,690	12,586	705,276	3,272
68.00	06800	SPEECH PATHOLOGY	763,342	209,512	972,854	-3,724
69.00	06900	ELECTROCARDIOLOGY	559,637	384,510	944,147	-90,945
70.00	07000	ELECTROENCEPHALOGRAPHY	1,218,428	247,302	1,465,730	-43,033
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,039,375
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,964,136
74.00	07400	RENAL DIALYSIS	192	2,496,984	2,497,176	-2,643
75.00	03330	ENDOSCOPY	1,519,412	3,181,783	4,701,195	-849,840
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,165,255	2,862,223	6,027,478	-450,903

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	09001	PARTIAL HOSPITALIZATION	871,729	40,765	912,494	-1,913	910,581	90.01
91.00	09100	EMERGENCY	9,348,242	17,856,240	27,204,482	-1,336,254	25,868,228	91.00
91.01	09101	PATIENT SERVICES	955,962	1,141,792	2,097,754	2,464	2,100,218	91.01
91.02	09102	WOUND CARE	423,001	1,718,694	2,141,695	-9,901	2,131,794	91.02
91.03	09103	LAFAYETTE RD CLINIC	17,569	62,393	79,962	-21,670	58,292	91.03
91.04	09104	ZIONSVILLE CLINIC	399,055	409,455	808,510	-101,749	706,761	91.04
91.05	09105	BROWNSBURG CLINIC	0	233	233	0	233	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	861,366	102,143	963,509	8,963	972,472	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	326,980	5,136,053	5,463,033	1,631	5,464,664	91.07
91.08	04040	FAMILY PRACTICE	6,904,383	2,092,595	8,996,978	-391,307	8,605,671	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,279,481	228,604	1,508,085	-86,282	1,421,803	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	47,572	47,572	-28,010	19,562	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	550,939	324,823	875,762	-9,906	865,856	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	63,295	63,295	0	63,295	98.01
98.02	05952	DIABETES EDUCATION	442,210	69,196	511,406	-16,768	494,638	98.02
101.00	10100	HOME HEALTH AGENCY	6,612,196	1,150,258	7,762,454	83,170	7,845,624	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	972,036	4,674,779	5,646,815	-1,292,857	4,353,958	105.00
106.00	10600	HEART ACQUISITION	977,245	2,073,641	3,050,886	-1,469,487	1,581,399	106.00
113.00	11300	INTEREST EXPENSE		5,484,193	5,484,193	-5,484,193	0	113.00
116.00	11600	HOSPICE	6,201,744	2,580,406	8,782,150	-209,101	8,573,049	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	323,995,384	609,163,548	933,158,932	-2,476,604	930,682,328	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	294,980	665,936	960,916	-3,204	957,712	190.00
191.00	19100	RESEARCH	1,009,761	358,375	1,368,136	17,847	1,385,983	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,504,521	7,528,376	25,032,897	-353,140	24,679,757	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	880,277	880,277	-340	879,937	193.01
193.02	19305	MISSION SERVICES	308,127	148,835	456,962	0	456,962	193.02
193.03	19306	FOUNDATION	873,115	1,784,554	2,657,669	-26,236	2,631,433	193.03
193.04	19307	WELLNESS	713,744	941,670	1,655,414	199	1,655,613	193.04
193.05	19308	NETWORK DEVELOPMENT	0	35	35	0	35	193.05
193.06	19309	JOINT VENTURE	110,225	1,231,685	1,341,910	-185,260	1,156,650	193.06
193.07	19310	BILLING	113,292	24,711,880	24,825,172	0	24,825,172	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	261	261	0	261	193.08
193.09	19312	LIFELINE	78,031	168,778	246,809	1,351	248,160	193.09
193.10	19313	MARTEN HOUSE	0	0	0	3,025,387	3,025,387	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
200.00		TOTAL (SUM OF LINES 118-199)	345,001,180	647,584,210	992,585,390	0	992,585,390	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	10,410,525	20,280,463	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	-193,396	243,292	1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE	0	198,767	1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS	-8,033	1,714,767	1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,886	25,066,673	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,703,858	104,569,863	4.00
5.01	00540	NONPATIENT TELEPHONES	-2,087,407	2,807,072	5.01
5.02	00550	DATA PROCESSING	43,249,651	43,540,088	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,029,997	7,290,586	5.03
5.04	00570	ADMINISTRATIVE	-3,957,326	3,151,519	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,214,562	13,576,871	5.05
5.06	00581	OPERATION OF PLANT	2,067,016	2,631,233	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL	-200,393,822	17,267,553	5.07
7.00	00700	OPERATION OF PLANT	3,325	20,680,714	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,325,858	8.00
9.00	00900	HOUSEKEEPING	0	8,931,760	9.00
10.00	01000	DIETARY	-3,586,023	3,141,596	10.00
11.00	01100	CAFETERIA	-3,629,472	2,895,145	11.00
13.00	01300	NURSING ADMINISTRATION	-142,504	9,565,469	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-341,784	1,725,689	14.00
15.00	01500	PHARMACY	-5,997,188	17,744,550	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-550,814	6,661,179	16.00
17.00	01700	SOCIAL SERVICE	-39,796	6,633,281	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	9,207,772	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,735,177	3,691,137	22.00
23.00	02300	PARAMEDICAL PRGM - PHARMACY	0	365,869	23.00
23.01	02301	PARAMEDICAL PRGM - CPE	-3,000	273,353	23.01
23.02	02302	PARAMEDICAL PRGM - RADIOLOGY	-54,001	295,037	23.02
23.03	02303	PARAMEDICAL PRGM - EMS	-993,427	456,480	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-12,414,998	49,887,102	30.00
31.00	03100	INTENSIVE CARE UNIT	-908,004	12,971,119	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	0	7,776,079	32.01
32.02	03202	RENAL TRANSPLANT	-723,625	1,297,957	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	-1,781,545	2,408,690	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	-5,882,915	12,875,884	34.00
40.00	04000	SUBPROVIDER - IPF	0	3,602,106	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,105,900	41.00
43.00	04300	NURSERY	0	3,083,172	43.00
44.00	04400	SKILLED NURSING FACILITY	0	55,858	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-9,427,552	77,005,853	50.00
50.01	03951	AMBULATORY SURGERY	-1,313,938	3,600,697	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	-344,107	4,298,509	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,784,153	20,042,443	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	2,153,558	54.01
54.02	05403	ULTRASOUND	74,028	1,256,348	54.02
54.03	05404	ECHOCARDIOLOGY	59,928	1,534,645	54.03
57.00	05700	CT SCAN	116,115	1,957,170	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,128,992	58.00
59.00	05900	CARDIAC CATHETERIZATION	-65,797	20,657,897	59.00
59.01	05901	CARDIAC REHAB	-30,000	614,316	59.01
60.00	06000	LABORATORY	-72,118	37,637,578	60.00
65.00	06500	RESPIRATORY THERAPY	1,726	8,183,086	65.00
65.01	06501	SLEEP LAB	-253,119	894,489	65.01
66.00	06600	PHYSICAL THERAPY	43,261	9,606,728	66.00
66.01	06601	SPORTS PERFORMANCE	-796,227	3,664,477	66.01
67.00	06700	OCCUPATIONAL THERAPY	-12,780	695,768	67.00
68.00	06800	SPEECH PATHOLOGY	-1,776	967,354	68.00
69.00	06900	ELECTROCARDIOLOGY	-256,812	596,390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,471	1,427,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,039,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,964,136	73.00
74.00	07400	RENAL DIALYSIS	-2,054,026	440,507	74.00
75.00	03330	ENDOSCOPY	-643,949	3,207,406	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-135,320	5,441,255	90.00
90.01	09001	PARTIAL HOSPITALIZATION	1,200	911,781	90.01
91.00	09100	EMERGENCY	-13,885,398	11,982,830	91.00

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.01	09101	PATIENT SERVICES	-2,892	2,097,326	91.01
91.02	09102	WOUND CARE	-1,690,091	441,703	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	58,292	91.03
91.04	09104	ZIONSVILLE CLINIC	0	706,761	91.04
91.05	09105	BROWNSBURG CLINIC	0	233	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	106,103	1,078,575	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	-4,953,850	510,814	91.07
91.08	04040	FAMILY PRACTICE	-6,059,121	2,546,550	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,421,803	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	19,562	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	97.01
98.00	05950	GERIATRIC CLINIC	-428,482	437,374	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	-43,992	19,303	98.01
98.02	05952	DIABETES EDUCATION	-2,753	491,885	98.02
101.00	10100	HOME HEALTH AGENCY	-137,140	7,708,484	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	199,107	4,553,065	105.00
106.00	10600	HEART ACQUISITION	-276	1,581,123	106.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-39,446	8,533,603	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-212,567,613	718,114,715	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-4,608	953,104	190.00
191.00	19100	RESEARCH	-20,000	1,365,983	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,117,436	23,562,321	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	9,213,014	10,092,951	193.01
193.02	19305	MISSION SERVICES	0	456,962	193.02
193.03	19306	FOUNDATION	-389	2,631,044	193.03
193.04	19307	WELLNESS	0	1,655,613	193.04
193.05	19308	NETWORK DEVELOPMENT	504,236	504,271	193.05
193.06	19309	JOINT VENTURE	0	1,156,650	193.06
193.07	19310	BILLING	0	24,825,172	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	261	193.08
193.09	19312	LIFELINE	0	248,160	193.09
193.10	19313	MARTEN HOUSE	0	3,025,387	193.10
193.11	19314	SPN	0	0	193.11
193.12	19315	ST. JOE'S	0	0	193.12
193.13	19301	NEW HOPE	0	0	193.13
193.14	19302	VACANT SPACE	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	193.15
193.16	19316	SETON BOARD	0	0	193.16
200.00		TOTAL (SUM OF LINES 118-199)	-203,992,796	788,592,594	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,900,030	1.00
	TOTALS		0	28,900,030	
B - DRUGS - DIRECTLY ASSIGNED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,064,106	1.00
2.00	PHYSICAL THERAPY	66.00	0	7,924	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
24.00		0.00	0	0	24.00
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
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
	TOTALS		0	1,072,030	
C - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,274,521	1.00
2.00	NEW CAP REL COSTS-BLDG-STRESS	1.01	0	201,312	2.00
3.00	NEW CAP REL COSTS-BLDG-WOMENS	1.03	0	8,360	3.00
	TOTALS		0	5,484,193	
D - DEPRECIATION-DIRECTLY ASSIGNED					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,343,389	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
	TOTALS		0	29,343,389		
F - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,535,672		1.00
	TOTALS		0	1,535,672		
G - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	400,887		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
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
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
	TOTALS		0	400,887		
H - MEDICAL DIRECTOR						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	346,280	0		1.00
	TOTALS		346,280	0		
I - INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	388,595		1.00
2.00	NEW CAP REL COSTS-BLDG-STRESS	1.01	0	14,003		2.00

RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
11/26/2014 11:43 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
3.00	NEW CAP REL	1.03	0	54,107	3.00
	COSTS-BLDG-WOMENS				
	TOTALS		0	456,705	
J - NURSERY					
1.00	NURSERY	43.00	1,800,973	108,093	1.00
	TOTALS		1,800,973	108,093	
K - STRESS BUILDING RENT					
1.00	NEW CAP REL	1.01	0	6,300	1.00
	COSTS-BLDG-STRESS				
	TOTALS		0	6,300	
L - RENTAL BEDS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,503,703	1.00
	TOTALS		0	1,503,703	
M - MARTEN HOUSE					
1.00	MARTEN HOUSE	193.10	0	3,025,387	1.00
	TOTALS		0	3,025,387	
N - MARTEN HOUSE DEPRECIATION					
1.00	NEW CAP REL	1.02	0	198,767	1.00
	COSTS-BLDG-MARTEN HOUSE				
2.00	TOTALS	0.00	0	0	2.00
	TOTALS		0	198,767	
O - RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	9,207,772	0	1.00
	TOTALS		9,207,772	0	
P - RADIOLOGY PARAMED					
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	188,245	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		188,245	0	
Q - PHARMACY PARAMED					
1.00	PARAMED ED PRGM - PHARMACY	23.00	190,013	0	1.00
	TOTALS		190,013	0	
R - CPE PARAMED					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	56,920	26,908	1.00
2.00	PARAMED ED PRGM - CPE	23.01	31,737	0	2.00
	TOTALS		88,657	26,908	
S - DEPRECIATION					
1.00	NEW CAP REL	1.01	0	215,073	1.00
	COSTS-BLDG-STRESS				
2.00	NEW CAP REL	1.03	0	1,660,333	2.00
	COSTS-BLDG-WOMENS				
3.00		0.00	0	0	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	25,063,937	4.00
	TOTALS		0	26,939,343	
T - DEPARTMENTAL DIRECTORS					
1.00	OPERATION OF PLANT	7.00	33,639	0	1.00
2.00	NURSING ADMINISTRATION	13.00	25,482	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	34,736	0	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	2,244	0	4.00
5.00	PARAMED ED PRGM - PHARMACY	23.00	7,504	0	5.00
6.00	PARAMED ED PRGM - RADIOLOGY	23.02	808	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	406,433	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	50,538	0	8.00
9.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	33,281	0	9.00
10.00	RENAL TRANSPLANT	32.02	12,012	0	10.00
11.00	PEDIATRIC INTENSIVE CARE UNIT	33.00	41,683	0	11.00
12.00	AMBULATORY SURGERY	50.01	17,414	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	70,049	0	13.00
14.00	AMBULATORY CARDIOVASCULAR SVC	54.01	10,371	0	14.00
15.00	ULTRASOUND	54.02	20,775	0	15.00
16.00	ECHOCARDIOLOGY	54.03	16,065	0	16.00
17.00	CT SCAN	57.00	33,439	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	20,944	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	18,163	0	19.00
20.00	LABORATORY	60.00	376	0	20.00
21.00	RESPIRATORY THERAPY	65.00	27,495	0	21.00

RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6

Date/Time Prepared:
11/26/2014 11:43 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00	SLEEP LAB	65.01	4,459	0	22.00
23.00	PHYSICAL THERAPY	66.00	40,228	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	3,337	0	24.00
25.00	SPEECH PATHOLOGY	68.00	3,968	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	25,299	0	26.00
27.00	ENDOSCOPY	75.00	23,153	0	27.00
28.00	CARDIAC REHAB	59.01	3,511	0	28.00
29.00	CLINIC	90.00	2,024	0	29.00
30.00	EMERGENCY	91.00	131,040	0	30.00
31.00	WOUND CARE	91.02	3,013	0	31.00
32.00	LAFAYETTE RD CLINIC	91.03	102	0	32.00
33.00	ZIONSVILLE CLINIC	91.04	2,545	0	33.00
34.00	OP ANTI COAGULATION CLINIC	91.06	11,926	0	34.00
35.00	ST VINCENT OUTPATIENT TREATMENT	91.07	1,631	0	35.00
36.00	FAMILY PRACTICE	91.08	26,399	0	36.00
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	7,170	0	37.00
38.00	GERIATRIC CLINIC	98.00	5,540	0	38.00
39.00	DIABETES EDUCATION	98.02	1,890	0	39.00
40.00	HOME HEALTH AGENCY	101.00	93,137	0	40.00
41.00	HEART ACQUISITION	106.00	4,784	0	41.00
42.00	HOSPICE	116.00	66,818	0	42.00
43.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,771	0	43.00
44.00	RESEARCH	191.00	20,435	0	44.00
45.00	PHYSICIANS' PRIVATE OFFICES	192.00	148,983	0	45.00
46.00	WELLNESS	193.04	199	0	46.00
47.00	JOINT VENTURE	193.06	850	0	47.00
48.00	LIFELINE	193.09	1,351	0	48.00
49.00	PATIENT SERVICES	91.01	9,265	0	49.00
	TOTALS		1,530,279	0	
W - ORGAN ACQUISITION					
1.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	560,256	900,858	1.00
2.00	RENAL TRANSPLANT	32.02	386,849	897,188	2.00
	TOTALS		947,105	1,798,046	
X - DIETARY					
1.00	CAFETERIA	11.00	0	6,524,607	1.00
	TOTALS		0	6,524,607	
Y - HOSPICE					
1.00	HOSPICE	116.00	0	51,445	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
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
	TOTALS		0	51,445	
Z - PHARMACY YEAR 2					
1.00	PHARMACY	15.00	116,180	5,731	1.00
	TOTALS		116,180	5,731	
500.00	Grand Total: Increases		14,415,504	107,381,236	500.00

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Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
11/26/2014 11:43 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - PHARMACY							
1.00	PHARMACY	15.00	0	28,900,030	0		1.00
	TOTALS		0	28,900,030			
B - DRUGS - DIRECTLY ASSIGNED							
1.00	ADULTS & PEDIATRICS	30.00	0	45,039	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	9,662	0		2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	0	5,789	0		3.00
4.00	RENAL TRANSPLANT	32.02	0	343	0		4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	33.00	0	1,110	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	34.00	0	4,752	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	800	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	1,110	0		8.00
9.00	OPERATING ROOM	50.00	0	683,215	0		9.00
10.00	AMBULATORY SURGERY	50.01	0	1,143	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,868	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	166,246	0		12.00
13.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	2,371	0		13.00
14.00	ECHOCARDIOLOGY	54.03	0	5	0		14.00
15.00	CT SCAN	57.00	0	230	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	115	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	4,995	0		17.00
18.00	CARDIAC REHAB	59.01	0	4,865	0		18.00
19.00	LABORATORY	60.00	0	38,311	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	3,561	0		20.00
24.00	SPEECH PATHOLOGY	68.00	0	17	0		24.00
26.00	RENAL DIALYSIS	74.00	0	1,177	0		26.00
27.00	ENDOSCOPY	75.00	0	5,709	0		27.00
28.00	CLINIC	90.00	0	12,148	0		28.00
29.00	EMERGENCY	91.00	0	21,800	0		29.00
31.00	WOUND CARE	91.02	0	203	0		31.00
32.00	ZIONSVILLE CLINIC	91.04	0	7	0		32.00
33.00	OP ANTI COAGULATION CLINIC	91.06	0	2,963	0		33.00
34.00	FAMILY PRACTICE	91.08	0	107	0		34.00
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	562	0		35.00
36.00	AMBULANCE SERVICES	95.00	0	28,010	0		36.00
37.00	GERIATRIC CLINIC	98.00	0	6,243	0		37.00
38.00	HOME HEALTH AGENCY	101.00	0	554	0		38.00
	TOTALS		0	1,072,030			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,484,193	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
	TOTALS		0	5,484,193			
D - DEPRECIATION-DIRECTLY ASSIGNED							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45,133	9		1.00
2.00	ADMINISTRATIVE	5.04	0	11,784	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	2,269,737	0		3.00
4.00	OPERATION OF PLANT	7.00	0	3,655,368	0		4.00
5.00	HOUSEKEEPING	9.00	0	15,420	0		5.00
6.00	DIETARY	10.00	0	189,678	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	371,106	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,460,108	0		8.00
9.00	PHARMACY	15.00	0	268,345	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,305	0		10.00
11.00	SOCIAL SERVICE	17.00	0	4,852	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	119,729	0		12.00
13.00	PARAMEDICAL PRGM - EMS	23.03	0	45,479	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	1,629,802	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	517,908	0		15.00
16.00	CARDIOTHORACIC VASCULAR TRANSPLANT	32.01	0	60,638	0		16.00
17.00	PEDIATRIC INTENSIVE CARE UNIT	33.00	0	57,584	0		17.00
18.00	NEONATAL INTENSIVE CARE UNIT	34.00	0	97,557	0		18.00
19.00	SUBPROVIDER - IPF	40.00	0	94,803	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	1,003	0		20.00
21.00	NURSERY	43.00	0	16,948	0		21.00

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To 06/30/2014

Worksheet A-6
Date/Time Prepared:
11/26/2014 11:43 am

		Decreases						
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.			
6.00		7.00	8.00	9.00	10.00			
22.00	SKILLED NURSING FACILITY	44.00	0	1,003	0			22.00
23.00	OPERATING ROOM	50.00	0	7,405,196	0			23.00
24.00	AMBULATORY SURGERY	50.01	0	4,819	0			24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	42,081	0			25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,361,384	0			26.00
27.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	175,609	0			27.00
28.00	ULTRASOUND	54.02	0	124,723	0			28.00
29.00	ECHOCARDIOLOGY	54.03	0	323,539	0			29.00
30.00	CT SCAN	57.00	0	65,089	0			30.00
31.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	357,402	0			31.00
32.00	CARDIAC CATHETERIZATION	59.00	0	2,866,541	0			32.00
33.00	CARDIAC REHAB	59.01	0	3,705	0			33.00
34.00	LABORATORY	60.00	0	20,225	0			34.00
35.00	RESPIRATORY THERAPY	65.00	0	129,058	0			35.00
36.00	SLEEP LAB	65.01	0	30,425	0			36.00
37.00	PHYSICAL THERAPY	66.00	0	165,292	0			37.00
38.00	SPORTS PERFORMANCE	66.01	0	18,895	0			38.00
39.00	OCCUPATIONAL THERAPY	67.00	0	65	0			39.00
40.00	SPEECH PATHOLOGY	68.00	0	7,675	0			40.00
41.00	ELECTROCARDIOLOGY	69.00	0	90,862	0			41.00
42.00	ELECTROENCEPHALOGRAPHY	70.00	0	68,332	0			42.00
43.00	RENAL DIALYSIS	74.00	0	1,466	0			43.00
44.00	ENDOSCOPY	75.00	0	867,284	0			44.00
45.00	CLINIC	90.00	0	440,779	0			45.00
46.00	PARTIAL HOSPITALIZATION	90.01	0	1,913	0			46.00
47.00	EMERGENCY	91.00	0	1,445,065	0			47.00
48.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	92,890	0			48.00
49.00	PATIENT SERVICES	91.01	0	6,576	0			49.00
50.00	WOUND CARE	91.02	0	12,711	0			50.00
51.00	LAFAYETTE RD CLINIC	91.03	0	20,629	0			51.00
52.00	ZIONSVILLE CLINIC	91.04	0	95,910	0			52.00
53.00	FAMILY PRACTICE	91.08	0	70,990	0			53.00
54.00	GERIATRIC CLINIC	98.00	0	9,176	0			54.00
55.00	DIABETES EDUCATION	98.02	0	18,658	0			55.00
56.00	HOME HEALTH AGENCY	101.00	0	9,413	0			56.00
57.00	KIDNEY ACQUISITION	105.00	0	8,820	0			57.00
58.00	HEART ACQUISITION	106.00	0	13,157	0			58.00
59.00	HOSPICE	116.00	0	313,774	0			59.00
60.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	6,975	0			60.00
61.00	RESEARCH	191.00	0	2,588	0			61.00
62.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	496,584	0			62.00
63.00	MARKETING	193.01	0	340	0			63.00
64.00	FOUNDATION	193.03	0	26,236	0			64.00
65.00	JOINT VENTURE	193.06	0	184,248	0			65.00
	TOTALS		0	29,343,389				
F - MEDICAL SUPPLIES								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,535,672	0			1.00
	TOTALS		0	1,535,672				
G - LAUNDRY								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	1,611	0			1.00
2.00	OPERATION OF PLANT	7.00	0	1,667	0			2.00
3.00	HOUSEKEEPING	9.00	0	174,770	0			3.00
6.00	OPERATING ROOM	50.00	0	3,942	0			6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	71,284	0			7.00
8.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	2,778	0			8.00
9.00	ECHOCARDIOLOGY	54.03	0	19,281	0			9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	41,046	0			10.00
11.00	SLEEP LAB	65.01	0	1,770	0			11.00
12.00	PHYSICAL THERAPY	66.00	0	51,122	0			12.00
13.00	SPORTS PERFORMANCE	66.01	0	524	0			13.00
17.00	PATIENT SERVICES	91.01	0	225	0			17.00
18.00	LAFAYETTE RD CLINIC	91.03	0	1,143	0			18.00
19.00	ZIONSVILLE CLINIC	91.04	0	8,377	0			19.00
20.00	FAMILY PRACTICE	91.08	0	329	0			20.00
21.00	GERIATRIC CLINIC	98.00	0	27	0			21.00
22.00	HOSPICE	116.00	0	13,590	0			22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,539	0			23.00
24.00	JOINT VENTURE	193.06	0	1,862	0			24.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		0	400,887		
H - MED ED DIRECTOR						
1.00	FAMILY PRACTICE	91.08	346,280	0	0	1.00
	TOTALS		346,280	0		
I - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	456,705	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
	TOTALS		0	456,705		
J - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,800,973	108,093	0	1.00
	TOTALS		1,800,973	108,093		
K - STRESS BUILDING RENT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,300	9	1.00
	TOTALS		0	6,300		
L - RENTAL BEDS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,503,703	0	1.00
	TOTALS		0	1,503,703		
M - MARTEN HOUSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	3,025,387	0	1.00
	TOTALS		0	3,025,387		
N - MARTEN HOUSE DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	194,617	9	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,150	9	2.00
	TOTALS		0	198,767		
O - RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	9,207,772	0	0	1.00
	TOTALS		9,207,772	0		
P - RADIOLOGY PARAMED						
1.00	OPERATING ROOM	50.00	15,986	0	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	146,648	0	0	2.00
3.00	CT SCAN	57.00	25,611	0	0	3.00
	TOTALS		188,245	0		
Q - PHARMACY PARAMED						
1.00	PHARMACY	15.00	190,013	0	0	1.00
	TOTALS		190,013	0		
R - CPE PARAMED						
1.00	PARAMED PRGM - CPE	23.01	56,920	26,908	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	31,737	0	0	2.00
	TOTALS		88,657	26,908		
S - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26,939,343	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	26,939,343		
T - DEPARTMENTAL DIRECTORS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	1,312,030	0	0	1.00
2.00	PHARMACY	15.00	19,430	0	0	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	38,207	0	0	3.00
4.00	PARAMED PRGM - EMS	23.03	78,390	0	0	4.00
5.00	OPERATING ROOM	50.00	82,222	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	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
18.00		0.00	0	0	0	18.00

RECLASSIFICATIONS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
11/26/2014 11:43 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	0.00	0	0	0	0	44.00	
45.00	0.00	0	0	0	0	45.00	
46.00	0.00	0	0	0	0	46.00	
47.00	0.00	0	0	0	0	47.00	
48.00	0.00	0	0	0	0	48.00	
49.00	0.00	0	0	0	0	49.00	
TOTALS			1,530,279	0			
W - ORGAN ACQUISITION							
1.00	HEART ACQUISITION	106.00	560,256	900,858	0	1.00	
2.00	KIDNEY ACQUISITION	105.00	386,849	897,188	0	2.00	
TOTALS			947,105	1,798,046			
X - DIETARY							
1.00	DIETARY	10.00	0	6,524,607	0	1.00	
TOTALS			0	6,524,607			
Y - HOSPICE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	19,704	0	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	0	274	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,635	0	3.00	
4.00	PHARMACY	15.00	0	11,722	0	4.00	
6.00	ADULTS & PEDIATRICS	30.00	0	6,940	0	6.00	
7.00	OPERATING ROOM	50.00	0	2,023	0	7.00	
8.00	AMBULATORY SURGERY	50.01	0	113	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	88	0	9.00	
10.00	ULTRASOUND	54.02	0	93	0	10.00	
11.00	ECHOCARDIOLOGY	54.03	0	52	0	11.00	
12.00	CT SCAN	57.00	0	210	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	1,049	0	13.00	
14.00	LABORATORY	60.00	0	2,809	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	4,221	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	83	0	16.00	
17.00	EMERGENCY	91.00	0	429	0	17.00	
TOTALS			0	51,445			
Z - PHARMACY YEAR 2							
1.00	PARAMED ED PRGM - PHARMACY	23.00	116,180	5,731	0	1.00	
TOTALS			116,180	5,731			
500.00	Grand Total: Decreases		14,415,504	107,381,236		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
11/26/2014 11:43 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,825,236	2,000	0	2,000	0	1.00
2.00	Land Improvements	10,721,735	0	0	0	0	2.00
3.00	Buildings and Fixtures	431,703,442	35,156,713	0	35,156,713	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	287,606,209	0	0	0	21,656,778	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	739,856,622	35,158,713	0	35,158,713	21,656,778	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	739,856,622	35,158,713	0	35,158,713	21,656,778	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,827,236	0				1.00
2.00	Land Improvements	10,721,735	0				2.00
3.00	Buildings and Fixtures	466,860,155	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	265,949,431	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	753,358,557	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	753,358,557	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,997,393	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-MARTEN HOUSE	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	0	0	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,997,393	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,997,393				1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0				1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN HOUSE	0	0				1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0				1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,997,393				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	466,860,155	0	466,860,155	0.637082	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-MARTEN 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
2.00	NEW CAP REL COSTS-MVBLE EQUIP	265,949,431	0	265,949,431	0.362918	0	2.00
3.00	Total (sum of lines 1-2)	732,809,586	0	732,809,586	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	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	19,684,459	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	221,373	0	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN HOUSE	0	0	0	198,767	0	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	0	0	0	1,660,333	0	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	25,066,673	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	46,831,605	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		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	207,409	388,595	0	0	20,280,463	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	7,916	14,003	0	0	243,292	1.01
1.02	NEW CAP REL COSTS-BLDG-MARTEN HOUSE	0	0	0	0	198,767	1.02
1.03	NEW CAP REL COSTS-BLDG-WOMENS	327	54,107	0	0	1,714,767	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	25,066,673	2.00
3.00	Total (sum of lines 1-2)	215,652	456,705	0	0	47,503,962	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,186,427	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG-STRESS (chapter 2)	B	-121,616	NEW CAP REL COSTS-BLDG-STRESS		1.01	11	1.01
1.02 Investment income - NEW CAP REL COSTS-BLDG-MARTEN HOUSE (chapter 2)			NEW CAP REL COSTS-BLDG-MARTEN HOUSE		1.02	0	1.02
1.03 Investment income - NEW CAP REL COSTS-BLDG-WOMENS (chapter 2)	B	-5,060	NEW CAP REL COSTS-BLDG-WOMENS		1.03	11	1.03
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-28,727	NONPATIENT TELEPHONES		5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-6,505	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)	A	-166,042	OPERATION OF PLANT		7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-73,728,248				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-23,618,594				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-3,629,462	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	A	-10	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG-STRESS			NEW CAP REL COSTS-BLDG-STRESS		1.01	0	26.01
26.02 Depreciation - NEW CAP REL COSTS-BLDG-MARTEN HOUSE			NEW CAP REL COSTS-BLDG-MARTEN HOUSE		1.02	0	26.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8

Date/Time Prepared:
11/26/2014 11:43 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
26.03	Depreciation - NEW CAP REL COSTS-BLDG-WOMENS			0NEW CAP REL COSTS-BLDG-WOMENS	1.03		0 26.03
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00		0 32.00
33.00	CARRY FORWARD ADJUSTMENT	A	6,886	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 33.00
33.01	VISITOR PARKING LOT - BENEFITS	A	-3,589	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.01
33.02	VISITOR PARKING LOT - CAPITAL	A	-2,488	NEW CAP REL COSTS-BLDG & FI XT	1.00		9 33.02
33.03	NON-REIMBURSEABLE ITEMS	A	-66	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.03
33.04	NON-REIMBURSEABLE ITEMS	A	-2,175	OTHER ADMINISTRATIVE AND GENERAL	5.07		0 33.04
33.05	NON-REIMBURSEABLE ITEMS	A	-30	NURSING ADMINISTRATION	13.00		0 33.05
33.06	NON-REIMBURSEABLE ITEMS	A	19	PHARMACY	15.00		0 33.06
33.07	NON-REIMBURSEABLE ITEMS	A	-10	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0 33.07
33.08	NON-REIMBURSEABLE ITEMS	A	-68	NEONATAL INTENSIVE CARE UNIT	34.00		0 33.08
33.09	NON-REIMBURSEABLE ITEMS	A	-26	SPORTS PERFORMANCE	66.01		0 33.09
33.10	NON-REIMBURSEABLE ITEMS	A	-1,144	FAMILY PRACTICE	91.08		0 33.10
33.11	NON-REIMBURSEABLE ITEMS	A	-276	HEART ACQUISITION	106.00		0 33.11
33.12	NON-REIMBURSEABLE ITEMS	A	-389	FOUNDATION	193.03		0 33.12
33.13			0		0.00		0 33.13
33.14			0		0.00		0 33.14
33.15			0		0.00		0 33.15
33.16	PROVIDER TAX	A	-50,981,930	OTHER ADMINISTRATIVE AND GENERAL	5.07		0 33.16
33.17			0		0.00		0 33.17
33.18	MIS INCOME	A	-684,088	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.18
33.19	MIS INCOME	A	-25,528	CASHIERING/ACCOUNTS RECEIVABLE	5.05		0 33.19
33.20	MIS INCOME	B	-34,364,841	OTHER ADMINISTRATIVE AND GENERAL	5.07		0 33.20
33.21	MIS INCOME	B	5,262	OPERATION OF PLANT	7.00		0 33.21
33.22	MIS INCOME	B	-3,489,798	DIETARY	10.00		0 33.22
33.23	MIS INCOME	B	-79,581	NURSING ADMINISTRATION	13.00		0 33.23
33.24	MIS INCOME	B	-5,972	CENTRAL SERVICES & SUPPLY	14.00		0 33.24
33.25	MIS INCOME	B	-6,034,875	PHARMACY	15.00		0 33.25
33.26	MIS INCOME	B	-2,975	MEDICAL RECORDS & LIBRARY	16.00		0 33.26
33.27	MIS INCOME	B	-3,711	SOCIAL SERVICE	17.00		0 33.27
33.28	MIS INCOME	B	-113,908	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0 33.28
33.29	MIS INCOME	B	-3,000	PARAMED PRGM - CPE	23.01		0 33.29
33.30	MIS INCOME	B	-87,671	PARAMED PRGM - RADIOLOGY	23.02		0 33.30
33.31	MIS INCOME	B	-889,548	PARAMED PRGM - EMS	23.03		0 33.31
33.32	MIS INCOME	B	-165,471	ADULTS & PEDIATRICS	30.00		0 33.32
33.33	MIS INCOME	B	-199	PEDIATRIC INTENSIVE CARE UNIT	33.00		0 33.33
33.34	MIS INCOME	B	-29,251	NEONATAL INTENSIVE CARE UNIT	34.00		0 33.34
33.35	MIS INCOME	B	-6,667	OPERATING ROOM	50.00		0 33.35
33.36	MIS INCOME	B	-1,130,590	AMBULATORY SURGERY	50.01		0 33.36
33.37	MIS INCOME	B	-31,094	RADIOLOGY-DIAGNOSTIC	54.00		0 33.37
33.38	MIS INCOME	B	-41,279	PHYSICAL THERAPY	66.00		0 33.38
33.39	MIS INCOME	B	-878,767	SPORTS PERFORMANCE	66.01		0 33.39
33.40	MIS INCOME	B	-1,548	SPEECH PATHOLOGY	68.00		0 33.40
33.41	MIS INCOME	B	-8,750	ENDOSCOPY	75.00		0 33.41
33.42	MIS INCOME	B	-112,030	CLINIC	90.00		0 33.42
33.43	MIS INCOME	B	-18,231	EMERGENCY	91.00		0 33.43
33.44	MIS INCOME	B	1,467	PATIENT SERVICES	91.01		0 33.44

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.45	MISC INCOME	B	-6,700	WOUND CARE	91.02	0	33.45
33.46	MISC INCOME	B	-4,480	OP ANTI COAGULATION CLINIC	91.06	0	33.46
33.47	MISC INCOME	B	-342,165	FAMILY PRACTICE	91.08	0	33.47
33.48	MISC INCOME	B	-168,387	GERIATRIC CLINIC	98.00	0	33.48
33.49	MISC INCOME	B	-2,753	DIABETES EDUCATION	98.02	0	33.49
33.50	MISC INCOME	B	-178,264	HOME HEALTH AGENCY	101.00	0	33.50
33.51	MISC INCOME	B	-315	KIDNEY ACQUISITION	105.00	0	33.51
33.52	MISC INCOME	B	-650	HOSPICE	116.00	0	33.52
33.53	MISC INCOME	B	-25,270	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.53
33.54	RENAL TRANSPLANT START UP COST AMORT	A	360,097	KIDNEY ACQUISITION	105.00	0	33.54
33.55	LOBBYING DUES	A	-6,184	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.55
33.56	GUEST TRAY OFFSET	A	-96,225	DIETARY	10.00	0	33.56
33.57			0		0.00	0	33.57
33.58	EMS TRAINING	B	157,121	PARAMED ED PRGM - EMS	23.03	0	33.58
33.59			0		0.00	0	33.59
33.60			0		0.00	0	33.60
33.61			0		0.00	0	33.61
33.62			0		0.00	0	33.62
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-203,992,796				50.00

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 150084

Period: From 07/01/2013 To 06/30/2014

Worksheet A-8-1

Date/Time Prepared: 11/26/2014 11:43 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
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 & FIX SVH	15,480,125	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT SVH	16,124,788	0	2.00
3.00	5.01	NONPATIENT TELEPHONES SVH	3,364,888	0	3.00
4.00	5.02	DATA PROCESSING SVH	43,249,651	0	4.00
4.01	5.03	PURCHASING RECEIVING AND STO SVH	5,314,393	0	4.01
4.02	5.04	ADMINISTRATIVE SVH	3,138,308	0	4.02
4.03	5.05	CASHIERING/ACCOUNTS RECEIVAB SVH	12,662,781	0	4.03
4.04	5.06	OP REGISTRATION SVH	2,623,755	0	4.04
4.05	5.07	OTHER ADMINISTRATIVE AND GEN SVH	33,681,867	134,673,221	4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY SVH	5,932,065	0	4.06
4.09	193.05	NETWORK DEVELOPMENT SVH	504,236	0	4.09
4.10	193.01	MARKETING SVH	10,082,709	0	4.10
4.11	1.00	NEW CAP REL COSTS-BLDG & FIX ASCENSION - INTEREST	2,883,323	4,764,008	4.11
4.12	1.01	NEW CAP REL COSTS-BLDG-STRES ASCENSION - INTEREST	110,047	181,827	4.12
4.13	1.03	NEW CAP REL COSTS-BLDG-WOMEN ASCENSION - INTEREST	4,557	7,530	4.13
4.14	5.07	OTHER ADMINISTRATIVE AND GEN ASCENSION - INTEREST	330,622	546,273	4.14
4.15	5.07	OTHER ADMINISTRATIVE AND GEN ASCENSION - TRIMEDX	12,936,599	13,020,581	4.15
4.16	4.00	EMPLOYEE BENEFITS DEPARTMENT ASCENSION - PENSION	12,926,120	6,093,511	4.16
4.17	4.00	EMPLOYEE BENEFITS DEPARTMENT SVH - SELF-INSURANCE	44,085,584	43,437,250	4.17
4.18	4.00	EMPLOYEE BENEFITS DEPARTMENT SVH CHARGEBACKS	0	5,191,044	4.18
4.19	5.01	NONPATIENT TELEPHONES SVH CHARGEBACKS	0	5,423,568	4.19
4.20	5.03	PURCHASING RECEIVING AND STO SVH CHARGEBACKS	0	4,284,396	4.20
4.21	5.04	ADMINISTRATIVE SVH CHARGEBACKS	0	7,095,634	4.21
4.22	5.05	CASHIERING/ACCOUNTS RECEIVAB SVH CHARGEBACKS	0	8,422,691	4.22
4.23	5.06	OP REGISTRATION SVH CHARGEBACKS	0	556,739	4.23
4.24	5.07	OTHER ADMINISTRATIVE AND GEN SVH CHARGEBACKS	0	6,369,503	4.24
4.25	7.00	OPERATION OF PLANT SVH CHARGEBACKS	0	-170,610	4.25
4.26	13.00	NURSING ADMINISTRATION SVH CHARGEBACKS	0	62,893	4.26
4.27	14.00	CENTRAL SERVICES & SUPPLY SVH CHARGEBACKS	0	324,652	4.27
4.28	15.00	PHARMACY SVH CHARGEBACKS	0	-37,668	4.28
4.29	16.00	MEDICAL RECORDS & LIBRARY SVH CHARGEBACKS	0	6,479,904	4.29
4.30	17.00	SOCIAL SERVICE SVH CHARGEBACKS	0	-9,009	4.30
4.31	22.00	I&R SERVICES-OTHER PRGM COST SVH CHARGEBACKS	0	73,092	4.31
4.32	23.02	PARAMEDICAL PRGM - RADIOLOGY SVH CHARGEBACKS	0	-33,670	4.32
4.33	31.00	INTENSIVE CARE UNIT SVH CHARGEBACKS	0	908,004	4.33
4.34	34.00	NEONATAL INTENSIVE CARE UNIT SVH CHARGEBACKS	0	-726,576	4.34
4.35	50.00	OPERATING ROOM SVH CHARGEBACKS	0	703,703	4.35
4.36	52.00	DELIVERY ROOM & LABOR ROOM SVH CHARGEBACKS	0	2,304	4.36
4.37	54.00	RADIOLOGY-DIAGNOSTIC SVH CHARGEBACKS	0	-768,672	4.37
4.38	54.02	ULTRASOUND SVH CHARGEBACKS	0	-74,028	4.38
4.39	54.03	ECHOCARDIOLOGY SVH CHARGEBACKS	0	-59,928	4.39
4.40	57.00	CT SCAN SVH CHARGEBACKS	0	-150,360	4.40
4.41	59.00	CARDIAC CATHETERIZATION SVH CHARGEBACKS	0	65,797	4.41
4.42	59.01	CARDIAC REHAB SVH CHARGEBACKS	0	30,000	4.42
4.43	65.00	RESPIRATORY THERAPY SVH CHARGEBACKS	0	-10,892	4.43
4.44	65.01	SLEEP LAB SVH CHARGEBACKS	0	238,528	4.44
4.45	66.00	PHYSICAL THERAPY SVH CHARGEBACKS	0	-84,540	4.45
4.46	66.01	SPORTS PERFORMANCE SVH CHARGEBACKS	0	-86,568	4.46
4.47	67.00	OCCUPATIONAL THERAPY SVH CHARGEBACKS	0	12,780	4.47
4.48	69.00	ELECTROCARDIOLOGY SVH CHARGEBACKS	0	256,812	4.48
4.49	70.00	ELECTROENCEPHALOGRAPHY SVH CHARGEBACKS	0	-4,471	4.49
4.50	90.01	PARTIAL HOSPITALIZATION SVH CHARGEBACKS	0	-1,200	4.50
4.51	91.06	OP ANTI COAGULATION CLINIC SVH CHARGEBACKS	0	-110,892	4.51
4.52	91.08	FAMILY PRACTICE SVH CHARGEBACKS	0	104,448	4.52
4.53	98.01	ELECTROCONVULSIVE THERAPY SVH CHARGEBACKS	0	43,992	4.53
4.54	101.00	HOME HEALTH AGENCY SVH CHARGEBACKS	0	-41,124	4.54
4.55	116.00	HOSPICE SVH CHARGEBACKS	0	38,796	4.55
4.56	190.00	GIFT, FLOWER, COFFEE SHOP & SVH CHARGEBACKS	0	4,608	4.56
4.57	191.00	RESEARCH SVH CHARGEBACKS	0	20,000	4.57
4.58	192.00	PHYSICIANS' PRIVATE OFFICES SVH CHARGEBACKS	0	1,117,436	4.58
4.59	193.01	MARKETING SVH CHARGEBACKS	0	869,695	4.59
4.60	0.00		0	0	4.60
4.61	0.00		0	0	4.61
4.62	0.00		0	0	4.62
4.63	0.00		0	0	4.63
4.64	0.00		0	0	4.64
4.65	0.00		0	0	4.65
4.77	0.00		0	0	4.77
4.78	0.00		0	0	4.78
4.79	0.00		0	0	4.79

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

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
11/26/2014 11:43 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5
5.00	0	0	225,436,418	249,055,012

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

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

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

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

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

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

(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 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
11/26/2014 11:43 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	15,480,125	9	1.00
2.00	16,124,788	0	2.00
3.00	3,364,888	0	3.00
4.00	43,249,651	0	4.00
4.01	5,314,393	0	4.01
4.02	3,138,308	0	4.02
4.03	12,662,781	0	4.03
4.04	2,623,755	0	4.04
4.05	-100,991,354	0	4.05
4.06	5,932,065	0	4.06
4.09	504,236	0	4.09
4.10	10,082,709	0	4.10
4.11	-1,880,685	11	4.11
4.12	-71,780	11	4.12
4.13	-2,973	11	4.13
4.14	-215,651	0	4.14
4.15	-83,982	0	4.15
4.16	6,832,609	0	4.16
4.17	648,334	0	4.17
4.18	-5,191,044	0	4.18
4.19	-5,423,568	0	4.19
4.20	-4,284,396	0	4.20
4.21	-7,095,634	0	4.21
4.22	-8,422,691	0	4.22
4.23	-556,739	0	4.23
4.24	-6,369,503	0	4.24
4.25	170,610	0	4.25
4.26	-62,893	0	4.26
4.27	-324,652	0	4.27
4.28	37,668	0	4.28
4.29	-6,479,904	0	4.29
4.30	9,009	0	4.30
4.31	-73,092	0	4.31
4.32	33,670	0	4.32
4.33	-908,004	0	4.33
4.34	726,576	0	4.34
4.35	-703,703	0	4.35
4.36	-2,304	0	4.36
4.37	768,672	0	4.37
4.38	74,028	0	4.38
4.39	59,928	0	4.39
4.40	150,360	0	4.40
4.41	-65,797	0	4.41
4.42	-30,000	0	4.42
4.43	10,892	0	4.43
4.44	-238,528	0	4.44
4.45	84,540	0	4.45
4.46	86,568	0	4.46
4.47	-12,780	0	4.47
4.48	-256,812	0	4.48
4.49	4,471	0	4.49
4.50	1,200	0	4.50
4.51	110,892	0	4.51
4.52	-104,448	0	4.52
4.53	-43,992	0	4.53
4.54	41,124	0	4.54
4.55	-38,796	0	4.55
4.56	-4,608	0	4.56
4.57	-20,000	0	4.57
4.58	-1,117,436	0	4.58
4.59	-869,695	0	4.59
4.60	0	0	4.60
4.61	0	0	4.61
4.62	0	0	4.62
4.63	0	0	4.63
4.64	0	0	4.64
4.65	0	0	4.65
4.77	0	0	4.77
4.78	0	0	4.78
4.79	0	0	4.79

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet A-8-1 Date/Time Prepared: 11/26/2014 11:43 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
5.00	-23,618,594		5.00

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

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

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

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

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

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

(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 07/01/2013 To 06/30/2014

Worksheet A-8-2

Date/Time Prepared: 11/26/2014 11:43 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	20,118	20,118	0	0	0	1.00
2.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	1,343,700	1,343,700	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	19,124	19,124	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,322,458	2,322,458	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	12,076,457	12,076,457	0	0	0	6.00
7.00	33.00	PEDIATRIC INTENSIVE CARE UNIT	1,781,346	1,781,346	0	0	0	7.00
8.00	34.00	NEONATAL INTENSIVE CARE UNIT	6,460,172	6,460,172	0	0	0	8.00
9.00	50.00	OPERATING ROOM	2,456,987	2,456,987	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	201,803	201,803	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	1,984,382	1,984,382	0	0	0	11.00
12.00	65.01	SLEEP LAB	4,583	4,583	0	0	0	12.00
13.00	66.01	SPORTS PERFORMANCE	4,002	4,002	0	0	0	13.00
14.00	90.00	CLINIC	10,432	10,432	0	0	0	14.00
15.00	91.00	EMERGENCY	14,387	14,387	0	0	0	15.00
16.00	91.01	PATIENT SERVICES	4,359	4,359	0	0	0	16.00
17.00	91.06	OP ANTI COAGULATION CLINIC	309	309	0	0	0	17.00
18.00	91.08	FAMILY PRACTICE	4,701,297	4,701,297	0	0	0	18.00
19.00	98.00	GERIATRIC CLINIC	254,920	254,920	0	0	0	19.00
20.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	2,968	2,968	0	0	0	20.00
21.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	6,009,232	6,009,232	0	0	0	21.00
22.00	14.00	CENTRAL SERVICES & SUPPLY	11,160	11,160	0	0	0	22.00
23.00	17.00	SOCIAL SERVICE	25,970	25,970	0	0	0	23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	225,709	225,709	0	0	0	24.00
25.00	23.03	PARAMED ED PRGM - EMS	261,000	261,000	0	0	0	25.00
26.00	30.00	ADULTS & PEDIATRICS	173,070	173,070	0	0	0	26.00
27.00	34.00	NEONATAL INTENSIVE CARE UNIT	120,000	120,000	0	0	0	27.00
28.00	50.00	OPERATING ROOM	6,260,195	6,260,195	0	0	0	28.00
29.00	50.01	AMBULATORY SURGERY	183,348	183,348	0	0	0	29.00
30.00	52.00	DELIVERY ROOM & LABOR ROOM	140,000	140,000	0	0	0	30.00
31.00	54.00	RADIOLOGY-DIAGNOSTIC	1,537,349	1,537,349	0	0	0	31.00
32.00	57.00	CT SCAN	34,245	34,245	0	0	0	32.00
33.00	60.00	LABORATORY	72,118	72,118	0	0	0	33.00
34.00	65.00	RESPIRATORY THERAPY	9,166	9,166	0	0	0	34.00
35.00	65.01	SLEEP LAB	10,008	10,008	0	0	0	35.00
37.00	68.00	SPEECH PATHOLOGY	228	228	0	0	0	37.00
38.00	74.00	RENAL DIALYSIS	2,054,026	2,054,026	0	0	0	38.00
39.00	75.00	ENDOSCOPY	635,199	635,199	0	0	0	39.00
40.00	90.00	CLINIC	12,858	12,858	0	0	0	40.00
41.00	91.00	EMERGENCY	13,852,780	13,852,780	0	0	0	41.00
42.00	91.02	WOUND CARE	1,683,391	1,683,391	0	0	0	42.00
43.00	91.07	ST VINCENT OUTPATIENT TREATMENT	4,953,850	4,953,850	0	0	0	43.00
44.00	91.08	FAMILY PRACTICE	910,067	910,067	0	0	0	44.00
45.00	98.00	GERIATRIC CLINIC	5,175	5,175	0	0	0	45.00
47.00	32.02	RENAL TRANSPLANT	723,625	723,625	0	0	2,325	47.00
48.00	105.00	KIDNEY ACQUISITION	236,775	0	236,775	208,000	761	48.00
49.00	32.02	RENAL TRANSPLANT	146,496	0	146,496	165,600	2,879	49.00
50.00	105.00	KIDNEY ACQUISITION	221,605	0	221,605	165,600	5,881	50.00
200.00			74,172,449	73,567,573	604,876		11,846	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	33.00	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	34.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150084

Period: From 07/01/2013 To 06/30/2014

Worksheet A-8-2

Date/Time Prepared: 11/26/2014 11:43 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	65.01	SLEEP LAB	0	0	0	0	0	12.00
13.00	66.01	SPORTS PERFORMANCE	0	0	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	91.01	PATIENT SERVICES	0	0	0	0	0	16.00
17.00	91.06	OP ANTI COAGULATION CLINIC	0	0	0	0	0	17.00
18.00	91.08	FAMILY PRACTICE	0	0	0	0	0	18.00
19.00	98.00	GERIATRIC CLINIC	0	0	0	0	0	19.00
20.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	20.00
21.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	21.00
22.00	14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	22.00
23.00	17.00	SOCIAL SERVICE	0	0	0	0	0	23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	24.00
25.00	23.03	PARAMED ED PRGM - EMS	0	0	0	0	0	25.00
26.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	26.00
27.00	34.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	27.00
28.00	50.00	OPERATING ROOM	0	0	0	0	0	28.00
29.00	50.01	AMBULATORY SURGERY	0	0	0	0	0	29.00
30.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	30.00
31.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	31.00
32.00	57.00	CT SCAN	0	0	0	0	0	32.00
33.00	60.00	LABORATORY	0	0	0	0	0	33.00
34.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	34.00
35.00	65.01	SLEEP LAB	0	0	0	0	0	35.00
37.00	68.00	SPEECH PATHOLOGY	0	0	0	0	0	37.00
38.00	74.00	RENAL DIALYSIS	0	0	0	0	0	38.00
39.00	75.00	ENDOSCOPY	0	0	0	0	0	39.00
40.00	90.00	CLINIC	0	0	0	0	0	40.00
41.00	91.00	EMERGENCY	0	0	0	0	0	41.00
42.00	91.02	WOUND CARE	0	0	0	0	0	42.00
43.00	91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	43.00
44.00	91.08	FAMILY PRACTICE	0	0	0	0	0	44.00
45.00	98.00	GERIATRIC CLINIC	0	0	0	0	0	45.00
47.00	32.02	RENAL TRANSPLANT	0	0	0	0	0	47.00
48.00	105.00	KIDNEY ACQUISITION	76,100	3,805	0	0	0	48.00
49.00	32.02	RENAL TRANSPLANT	229,213	11,461	0	0	0	49.00
50.00	105.00	KIDNEY ACQUISITION	468,218	23,411	0	0	0	50.00
200.00			773,531	38,677	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	20,118		1.00
2.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	1,343,700		2.00
3.00	0.00		0	0	0	0		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	19,124		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,322,458		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	12,076,457		6.00
7.00	33.00	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,781,346		7.00
8.00	34.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	6,460,172		8.00
9.00	50.00	OPERATING ROOM	0	0	0	2,456,987		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	201,803		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,984,382		11.00
12.00	65.01	SLEEP LAB	0	0	0	4,583		12.00
13.00	66.01	SPORTS PERFORMANCE	0	0	0	4,002		13.00
14.00	90.00	CLINIC	0	0	0	10,432		14.00
15.00	91.00	EMERGENCY	0	0	0	14,387		15.00
16.00	91.01	PATIENT SERVICES	0	0	0	4,359		16.00
17.00	91.06	OP ANTI COAGULATION CLINIC	0	0	0	309		17.00
18.00	91.08	FAMILY PRACTICE	0	0	0	4,701,297		18.00
19.00	98.00	GERIATRIC CLINIC	0	0	0	254,920		19.00
20.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	2,968		20.00
21.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	6,009,232		21.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:
11/26/2014 11:43 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
22.00	14.00	CENTRAL SERVICES & SUPPLY	0	0	0	11,160		22.00
23.00	17.00	SOCIAL SERVICE	0	0	0	25,970		23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	225,709		24.00
25.00	23.03	PARAMED ED PRGM - EMS	0	0	0	261,000		25.00
26.00	30.00	ADULTS & PEDIATRICS	0	0	0	173,070		26.00
27.00	34.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	120,000		27.00
28.00	50.00	OPERATING ROOM	0	0	0	6,260,195		28.00
29.00	50.01	AMBULATORY SURGERY	0	0	0	183,348		29.00
30.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	140,000		30.00
31.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,537,349		31.00
32.00	57.00	CT SCAN	0	0	0	34,245		32.00
33.00	60.00	LABORATORY	0	0	0	72,118		33.00
34.00	65.00	RESPIRATORY THERAPY	0	0	0	9,166		34.00
35.00	65.01	SLEEP LAB	0	0	0	10,008		35.00
37.00	68.00	SPEECH PATHOLOGY	0	0	0	228		37.00
38.00	74.00	RENAL DIALYSIS	0	0	0	2,054,026		38.00
39.00	75.00	ENDOSCOPY	0	0	0	635,199		39.00
40.00	90.00	CLINIC	0	0	0	12,858		40.00
41.00	91.00	EMERGENCY	0	0	0	13,852,780		41.00
42.00	91.02	WOUND CARE	0	0	0	1,683,391		42.00
43.00	91.07	ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,953,850		43.00
44.00	91.08	FAMILY PRACTICE	0	0	0	910,067		44.00
45.00	98.00	GERIATRIC CLINIC	0	0	0	5,175		45.00
47.00	32.02	RENAL TRANSPLANT	0	0	0	723,625		47.00
48.00	105.00	KIDNEY ACQUISITION	0	76,100	160,675	160,675		48.00
49.00	32.02	RENAL TRANSPLANT	0	229,213	0	0		49.00
50.00	105.00	KIDNEY ACQUISITION	0	468,218	0	0		50.00
200.00			0	773,531	160,675	73,728,248		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN HOUSE	NEW BLDG-WOMENS	
		1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	20,280,463	20,280,463				1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS	243,292	0	243,292			1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN HOUSE	198,767	0	0	198,767		1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS	1,714,767	0	0	0	1,714,767	1.03
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	25,066,673					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	104,569,863	123,487	6,087	0	0	4.00
5.01 00540 NONPATIENT TELEPHONES	2,807,072	136,420	1,636	0	2,458	5.01
5.02 00550 DATA PROCESSING	43,540,088	198,248	19,310	0	3,043	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	7,290,586	0	0	0	0	5.03
5.04 00570 ADMINITTING	3,151,519	175,286	863	0	15,009	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	13,576,871	25,174	0	0	0	5.05
5.06 00581 OP REGISTRATION	2,631,233	658	0	0	0	5.06
5.07 00591 OTHER ADMINISTRATIVE AND GENERAL	17,267,553	312,314	22,449	7,195	57,189	5.07
7.00 00700 OPERATION OF PLANT	20,680,714	3,650,655	12,263	0	146,390	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	2,325,858	0	0	0	3,964	8.00
9.00 00900 HOUSEKEEPING	8,931,760	202,199	2,682	0	15,919	9.00
10.00 01000 DIETARY	3,141,596	214,625	5,247	0	67,250	10.00
11.00 01100 CAFETERIA	2,895,145	208,935	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	9,565,469	200,848	1,245	0	24,539	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,725,689	603,490	367	0	38,671	14.00
15.00 01500 PHARMACY	17,744,550	233,974	0	0	29,835	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,661,179	173,058	2,807	0	0	16.00
17.00 01700 SOCIAL SERVICE	6,633,281	39,744	711	0	563	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	9,207,772	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,691,137	278,868	0	0	3,974	22.00
23.00 02300 PARAMED ED PRGM - PHARMACY	365,869	20,024	0	0	0	23.00
23.01 02301 PARAMED ED PRGM - CPE	273,353	16,749	0	0	0	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	295,037	24,042	0	0	0	23.02
23.03 02303 PARAMED ED PRGM - EMS	456,480	1,705	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	49,887,102	4,156,607	0	0	363,765	30.00
31.00 03100 INTENSIVE CARE UNIT	12,971,119	739,539	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPLANT	7,776,079	332,203	0	0	0	32.01
32.02 03202 RENAL TRANSPLANT	1,297,957	236,439	0	0	0	32.02
33.00 02080 PEDIATRIC INTENSIVE CARE UNIT	2,408,690	314,830	0	0	0	33.00
34.00 02060 NEONATAL INTENSIVE CARE UNIT	12,875,884	0	0	0	305,623	34.00
40.00 04000 SUBPROVIDER - I PF	3,602,106	0	87,615	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	2,105,900	215,351	0	0	0	41.00
43.00 04300 NURSERY	3,083,172	0	0	0	140,152	43.00
44.00 04400 SKILLED NURSING FACILITY	55,858	7,463	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	77,005,853	1,944,205	0	0	150,039	50.00
50.01 03951 AMBULATORY SURGERY	3,600,697	258,877	0	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,298,509	0	0	0	222,693	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	20,042,443	697,853	0	0	36,451	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	2,153,558	199,987	0	0	0	54.01
54.02 05403 ULTRASOUND	1,256,348	33,126	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	1,534,645	3,833	0	0	0	54.03
57.00 05700 CT SCAN	1,957,170	36,840	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,128,992	124,669	0	0	12,107	58.00
59.00 05900 CARDIAC CATHETERIZATION	20,657,897	307,198	0	0	0	59.00
59.01 05901 CARDIAC REHAB	614,316	0	0	0	0	59.01
60.00 06000 LABORATORY	37,637,578	238,229	0	0	34,621	60.00
65.00 06500 RESPIRATORY THERAPY	8,183,086	50,887	4,217	0	2,632	65.00
65.01 06501 SLEEP LAB	894,489	2,161	42,868	0	0	65.01
66.00 06600 PHYSICAL THERAPY	9,606,728	172,180	0	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	3,664,477	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	695,768	6,281	418	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	967,354	21,240	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	596,390	35,878	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,427,168	11,650	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,039,375	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	29,964,136	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	440,507	59,025	0	0	0	74.00
75.00 03330 ENDOSCOPY	3,207,406	198,653	0	0	0	75.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

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To 06/30/2014

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN HOUSE	NEW BLDG-WOMENS	
		0	1.00	1.01	1.02	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	5,441,255	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	911,781	0	30,695	0	0	90.01
91.00 09100 EMERGENCY	11,982,830	653,128	0	0	0	91.00
91.01 09101 PATIENT SERVICES	2,097,326	0	0	0	31,632	91.01
91.02 09102 WOUND CARE	441,703	112,563	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	58,292	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	706,761	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	233	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	1,078,575	28,618	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	510,814	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	2,546,550	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1,421,803	192,592	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	19,562	14,064	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 05950 GERIATRIC CLINIC	437,374	0	0	0	0	98.00
98.01 05951 ELECTROCONVULSIVE THERAPY	19,303	0	0	0	0	98.01
98.02 05952 DIABETES EDUCATION	491,885	0	0	0	0	98.02
101.00 10100 HOME HEALTH AGENCY	7,708,484	89,315	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	4,553,065	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	1,581,123	0	0	0	0	106.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	8,533,603	390,908	1,812	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	718,114,715	18,726,895	243,292	7,195	1,708,519	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	953,104	47,578	0	0	6,248	190.00
191.00 19100 RESEARCH	1,365,983	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	23,562,321	140,118	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	10,092,951	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	456,962	44,404	0	0	0	193.02
193.03 19306 FOUNDATION	2,631,044	0	0	0	0	193.03
193.04 19307 WELLNESS	1,655,613	0	0	0	0	193.04
193.05 19308 NETWORK DEVELOPMENT	504,271	0	0	0	0	193.05
193.06 19309 JOINT VENTURE	1,156,650	0	0	0	0	193.06
193.07 19310 BILLING	24,825,172	0	0	0	0	193.07
193.08 19311 OCCUPATIONAL HEALTH	261	0	0	0	0	193.08
193.09 19312 LIFE LINE	248,160	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	3,025,387	0	0	191,572	0	193.10
193.11 19314 SPN	0	0	0	0	0	193.11
193.12 19315 ST. JOE'S	0	0	0	0	0	193.12
193.13 19301 NEW HOPE	0	716,357	0	0	0	193.13
193.14 19302 VACANT SPACE	0	605,111	0	0	0	193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 19316 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 TOTAL (sum lines 118-201)	788,592,594	20,280,463	243,292	198,767	1,714,767	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 11/26/2014 11:43 am
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Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
		NEW MVBLE EQUIP					
		2.00	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE					1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	25,066,673				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	34,201	104,733,638			4.00
5.01	00540	NONPATIENT TELEPHONES	0	43,795	2,991,381		5.01
5.02	00550	DATA PROCESSING	0	77,510	14,218	43,852,417	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,047,972	0	171,257	8,509,815
5.04	00570	ADMITTING	10,042	1,513,826	17,772	738,544	304
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,350,789	4,265	1,680,456	43
5.06	00581	OP REGISTRATION	0	172,974	0	781,359	17
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL	889,364	11,553,452	234,590	4,634,634	5,380
7.00	00700	OPERATION OF PLANT	480,678	1,499,708	103,788	1,188,093	7,984
8.00	00800	LAUNDRY & LINEN SERVICE	0	154	3,554	0	0
9.00	00900	HOUSEKEEPING	28,707	0	19,194	203,367	0
10.00	01000	DIETARY	136,863	0	44,075	299,699	0
11.00	01100	CAFETERIA	0	0	0	10,704	1
13.00	01300	NURSING ADMINISTRATION	631,952	2,467,047	52,605	834,876	50,990
14.00	01400	CENTRAL SERVICES & SUPPLY	2,600,516	486,444	20,616	470,956	89,424
15.00	01500	PHARMACY	225,323	3,939,734	13,507	642,213	1,534,000
16.00	01600	MEDICAL RECORDS & LIBRARY	1,119	1,200,914	32,700	2,022,970	1,262
17.00	01700	SOCIAL SERVICE	0	1,660,118	68,244	449,549	27,622
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,844,815	0	706,434	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	158,595	1,540,750	81,751	0	13,955
23.00	02300	PARAMED PRGM - PHARMACY	0	110,593	7,109	214,071	7
23.01	02301	PARAMED PRGM - CPE	0	85,381	2,844	32,111	155
23.02	02302	PARAMED PRGM - RADIOLOGY	0	112,189	1,422	32,111	674
23.03	02303	PARAMED PRGM - EMS	75,621	313,588	196,914	738,544	1,498
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	304,243	17,470,774	458,509	5,223,329	266,183
31.00	03100	INTENSIVE CARE UNIT	477,285	3,349,302	52,605	674,323	114,808
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	42,138	1,841,748	90,993	888,394	103,418
32.02	03202	RENAL TRANSPLANT	0	344,325	0	0	15,318
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	88,393	1,193,652	18,483	331,810	15,963
34.00	02060	NEONATAL INTENSIVE CARE UNIT	348,776	5,373,104	49,051	1,423,571	45,164
40.00	04000	SUBPROVIDER - IPF	1,298	1,083,806	24,881	288,996	1,476
41.00	04100	SUBPROVIDER - IRF	1,070	413,039	0	0	2,604
43.00	04300	NURSERY	61,314	890,147	0	342,513	6,798
44.00	04400	SKILLED NURSING FACILITY	0	952	9,952	0	2,998
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,298,947	6,754,370	196,914	1,605,531	3,007,921
50.01	03951	AMBULATORY SURGERY	0	573,611	66,112	342,513	80,863
52.00	05200	DELIVERY ROOM & LABOR ROOM	163,230	1,226,322	34,833	931,208	26,193
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,023,779	3,869,337	226,771	2,654,479	203,111
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	188,233	591,681	17,772	74,925	10,542
54.02	05403	ULTRASOUND	252,233	336,084	10,663	53,518	4,590
54.03	05404	ECHOCARDIOLOGY	574,627	379,621	3,554	85,628	10,400
57.00	05700	CT SCAN	77,128	419,548	12,796	74,925	24,777
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,770	271,051	14,218	64,221	11,701
59.00	05900	CARDIAC CATHETERIZATION	1,705,419	1,047,442	36,966	203,367	977,602
59.01	05901	CARDIAC REHAB	6,579	144,857	2,133	10,704	697
60.00	06000	LABORATORY	288	24,131	20,616	203,367	1,278,332
65.00	06500	RESPIRATORY THERAPY	297,237	1,697,936	26,303	171,257	129,560
65.01	06501	SLEEP LAB	4,331	213,996	19,194	96,332	2,975
66.00	06600	PHYSICAL THERAPY	145,330	2,163,463	61,136	695,730	12,964
66.01	06601	SPORTS PERFORMANCE	18,307	839,724	13,507	235,478	3,795
67.00	06700	OCCUPATIONAL THERAPY	0	215,043	7,109	32,111	432
68.00	06800	SPEECH PATHOLOGY	11,988	237,067	8,531	42,814	7,273
69.00	06900	ELECTROCARDIOLOGY	152,892	172,904	9,241	32,111	1,445
70.00	07000	ELECTROENCEPHALOGRAPHY	91,916	384,259	12,085	53,518	8,972
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	588	59	8,531	32,111	24,450
75.00	03330	ENDOSCOPY	1,268,940	476,588	25,592	64,221	89,598
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	100,479	978,556	14,928	1,605,531	12,681

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP						
			2.00		4.00	5.01	5.02	5.03	
90.01	09001	PARTIAL HOSPITALIZATION	1,268		269,328	20,616	203,367	591	90.01
91.00	09100	EMERGENCY	1,773,240		2,928,700	70,377	610,102	79,810	91.00
91.01	09101	PATIENT SERVICES	3,363		298,215	0	32,111	17,807	91.01
91.02	09102	WOUND CARE	10,149		131,620	11,374	117,739	25	91.02
91.03	09103	LAFAYETTE RD CLINIC	21,708		5,460	26,303	10,704	68	91.03
91.04	09104	ZIONSVILLE CLINIC	22,122		124,078	0	64,221	2,287	91.04
91.05	09105	BROWNSBURG CLINIC	0		0	0	10,704	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0		269,811	0	0	5,540	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0		101,527	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	215,282		2,034,335	49,051	941,912	6,623	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	130,781		397,521	0	0	6,768	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	85,628	2,773	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0		0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	14,247		171,929	14,928	256,885	834	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0		0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	12,220		137,208	7,820	96,332	292	98.02
101.00	10100	HOME HEALTH AGENCY	0		2,071,666	52,605	1,284,425	13,803	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	15,023		180,798	0	0	22,979	105.00
106.00	10600	HEART ACQUISITION	17,226		130,310	2,133	21,407	32,501	106.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	135,111		1,936,722	61,136	706,434	17,949	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,409,479		98,189,480	2,789,490	38,832,455	8,449,570	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,207		92,302	7,109	42,814	2,853	190.00
191.00	19100	RESEARCH	3,446		318,287	12,796	181,960	1,242	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	608,505		5,454,191	127,247	3,607,094	48,218	192.00
193.00	19300	NONPAID WORKERS	0		0	0	0	0	193.00
193.01	19304	MARKETING	0		0	12,085	160,553	0	193.01
193.02	19305	MISSION SERVICES	0		95,198	7,820	535,177	819	193.02
193.03	19306	FOUNDATION	40,011		269,756	10,663	128,443	621	193.03
193.04	19307	WELLNESS	0		220,578	2,844	128,443	724	193.04
193.05	19308	NETWORK DEVELOPMENT	0		0	0	107,035	0	193.05
193.06	19309	JOINT VENTURE	1,025		34,318	0	10,704	5,756	193.06
193.07	19310	BILLING	0		35,002	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0		0	13,507	32,111	0	193.08
193.09	19312	LIFELINE	0		24,526	2,133	21,407	12	193.09
193.10	19313	MARTEN HOUSE	0		0	0	0	0	193.10
193.11	19314	SPN	0		0	2,133	64,221	0	193.11
193.12	19315	ST. JOE'S	0		0	0	0	0	193.12
193.13	19301	NEW HOPE	0		0	0	0	0	193.13
193.14	19302	VACANT SPACE	0		0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0		0	3,554	0	0	193.15
193.16	19316	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)	25,066,673		104,733,638	2,991,381	43,852,417	8,509,815	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period: From 07/01/2013 To 06/30/2014

Worksheet B Part I Date/Time Prepared: 11/26/2014 11:43 am

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OPERATION REGISTRATION	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.04	5.05	5.06	5A.06	5.07	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE						1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE	5,623,165					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	16,637,598				5.05
5.06	00581	OPERATION REGISTRATION	0	0	3,586,241			5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	34,984,120	34,984,120	5.07
7.00	00700	OPERATION OF PLANT	0	0	0	27,770,273	1,289,152	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,333,530	108,327	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9,403,828	436,545	9.00
10.00	01000	DIETARY	0	0	0	3,909,355	181,480	10.00
11.00	01100	CAFETERIA	0	0	0	3,114,785	144,595	11.00
13.00	01300	NURSING ADMINISTRATION	0	99,086	0	13,928,657	646,596	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	6,036,173	280,211	14.00
15.00	01500	PHARMACY	0	0	0	24,363,136	1,130,985	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	10,096,009	468,677	16.00
17.00	01700	SOCIAL SERVICE	0	1,630	0	8,881,462	412,295	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	12,759,021	592,299	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	90,685	0	5,859,715	272,020	22.00
23.00	02300	PARAMEDICAL PRGM - PHARMACY	0	0	0	717,673	33,316	23.00
23.01	02301	PARAMEDICAL PRGM - CPE	0	0	0	410,593	19,061	23.01
23.02	02302	PARAMEDICAL PRGM - RADIOLOGY	0	0	0	465,475	21,608	23.02
23.03	02303	PARAMEDICAL PRGM - EMS	0	0	0	1,784,350	82,833	23.03
INPATIENT SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,469,218	1,561,978	0	83,161,708	3,860,533	30.00
31.00	03100	INTENSIVE CARE UNIT	438,883	397,545	0	19,215,409	892,018	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	193,838	202,205	0	11,471,016	532,508	32.01
32.02	03202	RENAL TRANSPLANT	54,519	16,639	0	1,965,197	91,228	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	72,517	113,988	0	4,558,326	211,607	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	675,509	880,968	0	21,977,650	1,020,246	34.00
40.00	04000	SUBPROVIDER - IPF	339,645	126,691	0	5,556,514	257,944	40.00
41.00	04100	SUBPROVIDER - IRF	135,289	37,716	0	2,910,969	135,133	41.00
43.00	04300	NURSERY	243,747	163,946	0	4,931,789	228,944	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	77,223	3,585	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,835,343	986,458	102,785,581	4,771,617	50.00
50.01	03951	AMBULATORY SURGERY	0	160,189	105,177	5,188,039	240,839	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	300,073	11,109	7,214,170	334,896	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,118,505	638,433	32,511,162	1,509,233	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	28,756	12,097	3,277,551	152,150	54.01
54.02	05403	ULTRASOUND	0	126,426	42,667	2,115,655	98,213	54.02
54.03	05404	ECHOCARDIOLOGY	0	247,541	107,919	2,947,768	136,841	54.03
57.00	05700	CT SCAN	0	218,431	67,996	2,889,611	134,142	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	80,532	32,169	1,797,430	83,440	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,136,307	385,213	26,457,411	1,228,206	59.00
59.01	05901	CARDIAC REHAB	0	11,205	5,436	795,927	36,949	59.01
60.00	06000	LABORATORY	0	1,691,035	258,915	41,387,112	1,921,273	60.00
65.00	06500	RESPIRATORY THERAPY	0	561,220	48,794	11,173,129	518,679	65.00
65.01	06501	SLEEP LAB	0	64,842	42,265	1,383,453	64,223	65.01
66.00	06600	PHYSICAL THERAPY	0	296,134	113,483	13,267,148	615,888	66.00
66.01	06601	SPORTS PERFORMANCE	0	2,817	1,850	4,779,955	221,895	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	38,340	294	995,796	46,227	67.00
68.00	06800	SPEECH PATHOLOGY	0	33,388	6,553	1,336,208	62,029	68.00
69.00	06900	ELECTROCARDIOLOGY	0	58,578	17,390	1,076,829	49,989	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	77,268	12,846	2,079,682	96,543	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,247	0	3,047,622	141,477	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,243,438	0	31,207,574	1,448,718	73.00
74.00	07400	RENAL DIALYSIS	0	57,506	3,692	626,469	29,082	74.00
75.00	03330	ENDOSCOPY	0	180,129	77,503	5,588,630	259,435	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	82,033	53,878	8,289,341	384,808	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	44,852	29,458	1,511,956	70,188	90.01
91.00	09100	EMERGENCY	0	827,748	355,792	19,281,727	895,096	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OPERATION REGISTRATION	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.04	5.05	5.06	5A.06	5.07	
91.01	09101	PATIENT SERVICES	0	73	48	2,480,575	115,153	91.01
91.02	09102	WOUND CARE	0	91,607	58,266	975,046	45,264	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	122,535	5,688	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	919,469	42,684	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	10,937	508	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	17,151	11,214	1,410,909	65,497	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	99,144	0	711,485	33,029	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	5,793,753	268,958	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,149,465	99,782	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	122,027	5,665	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	0	0	896,197	41,603	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	1,207	0	20,510	952	98.01
98.02	05952	DIABETES EDUCATION	0	454	298	746,509	34,654	98.02
101.00	10100	HOME HEALTH AGENCY	0	69,485	45,637	11,335,420	526,213	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	33,067	6,514	4,811,446	223,357	105.00
106.00	10600	HEART ACQUISITION	0	15,445	842	1,800,987	83,605	106.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	86,005	46,035	11,915,715	553,151	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,623,165	16,637,598	3,586,241	703,879,877	31,051,585	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,156,215	53,674	190.00
191.00	19100	RESEARCH	0	0	0	1,883,714	87,446	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	33,547,694	1,557,351	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	10,265,589	476,549	193.01
193.02	19305	MISSION SERVICES	0	0	0	1,140,380	52,939	193.02
193.03	19306	FOUNDATION	0	0	0	3,080,538	143,005	193.03
193.04	19307	WELLNESS	0	0	0	2,008,202	93,225	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	611,306	28,378	193.05
193.06	19309	JOINT VENTURE	0	0	0	1,208,453	56,099	193.06
193.07	19310	BILLING	0	0	0	24,860,174	1,154,059	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	45,879	2,130	193.08
193.09	19312	LIFELINE	0	0	0	296,238	13,752	193.09
193.10	19313	MARTEN HOUSE	0	0	0	3,216,959	149,338	193.10
193.11	19314	SPN	0	0	0	66,354	3,080	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	716,357	33,255	193.13
193.14	19302	VACANT SPACE	0	0	0	605,111	28,090	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	3,554	165	193.15
193.16	19316	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)	5,623,165	16,637,598	3,586,241	788,592,594	34,984,120	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part I Date/Time Prepared: 11/26/2014 11:43 am	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE						1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00581	OP REGISTRATION						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00	00700	OPERATION OF PLANT	29,059,425					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,570	2,451,427				8.00
9.00	00900	HOUSEKEEPING	369,547	0	10,209,920			9.00
10.00	01000	DIETARY	529,938	0	188,653	4,809,426		10.00
11.00	01100	CAFETERIA	323,579	0	115,191	0	3,698,150	11.00
13.00	01300	NURSING ADMINISTRATION	378,646	8,307	134,795	0	104,995	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,030,485	0	366,843	0	33,781	14.00
15.00	01500	PHARMACY	434,394	0	154,640	0	149,256	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	286,815	0	102,104	0	70,929	16.00
17.00	01700	SOCIAL SERVICE	67,644	0	24,081	0	82,656	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	170,566	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	441,480	0	157,163	0	47,619	22.00
23.00	02300	PARAMED PRGM - PHARMACY	31,011	0	11,040	0	6,107	23.00
23.01	02301	PARAMED PRGM - CPE	25,939	0	9,234	0	8,398	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	37,234	0	13,255	0	6,649	23.02
23.03	02303	PARAMED PRGM - EMS	2,641	0	940	0	22,729	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,315,688	1,148,891	2,604,318	3,396,097	863,679	30.00
31.00	03100	INTENSIVE CARE UNIT	1,145,327	158,212	407,725	62,689	162,271	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	514,484	0	183,152	0	96,507	32.01
32.02	03202	RENAL TRANSPLANT	366,174	66,551	130,354	146,787	17,093	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	487,578	33,959	173,573	21,126	39,793	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	737,944	214,151	262,701	0	204,151	34.00
40.00	04000	SUBPROVIDER - IPF	586,783	74,585	208,889	389,749	64,505	40.00
41.00	04100	SUBPROVIDER - IRF	333,515	0	118,728	142,687	24,556	41.00
43.00	04300	NURSERY	338,405	77,297	120,469	0	43,676	43.00
44.00	04400	SKILLED NURSING FACILITY	11,557	0	4,114	0	67	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,373,277	216,121	1,200,855	18,450	322,196	50.00
50.01	03951	AMBULATORY SURGERY	400,924	23,518	142,725	0	16,556	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	537,704	13,326	191,417	0	64,636	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,168,781	70,275	416,075	442	189,835	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	309,721	0	110,258	0	30,926	54.01
54.02	05403	ULTRASOUND	51,302	0	18,263	0	14,017	54.02
54.03	05404	ECHOCARDIOLOGY	5,936	0	2,113	0	19,221	54.03
57.00	05700	CT SCAN	57,055	48,665	20,311	0	19,910	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	222,309	13,688	79,140	0	12,907	58.00
59.00	05900	CARDIAC CATHETERIZATION	475,759	12,890	169,366	0	52,197	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	8,057	59.01
60.00	06000	LABORATORY	452,540	0	161,100	0	1,051	60.00
65.00	06500	RESPIRATORY THERAPY	113,403	0	40,370	0	94,859	65.00
65.01	06501	SLEEP LAB	290,450	0	103,397	3,192	12,183	65.01
66.00	06600	PHYSICAL THERAPY	266,655	3,122	94,927	0	111,146	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	44,391	66.01
67.00	06700	OCCUPATIONAL THERAPY	12,525	0	4,459	0	11,359	67.00
68.00	06800	SPEECH PATHOLOGY	32,894	0	11,710	0	12,132	68.00
69.00	06900	ELECTROCARDIOLOGY	55,564	0	19,780	0	15,460	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,042	6,428	6,423	0	19,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	91,413	6,719	32,542	0	4	74.00
75.00	03330	ENDOSCOPY	307,655	36,181	109,522	0	22,007	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	71,873	90.00
90.01	09001	PARTIAL HOSPITALIZATION	205,574	0	73,182	0	17,012	90.01
91.00	09100	EMERGENCY	1,011,502	203,927	360,085	23,838	146,620	91.00
91.01	09101	PATIENT SERVICES	76,378	14,614	27,190	0	27,856	91.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
91.02	09102	WOUND CARE	174,327	0	62,059	0	8,231	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	44,321	0	15,778	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	298,268	0	106,181	0	23,023	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,781	0	7,754	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	0	0	0	6,571	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	0	0	0	0	6,069	98.02
101.00	10100	HOME HEALTH AGENCY	138,322	0	49,241	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	8,586	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	5,279	106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	617,533	0	219,836	129,344	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,638,293	2,451,427	9,348,021	4,334,401	3,635,445	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	88,798	0	31,611	0	10,559	190.00
191.00	19100	RESEARCH	0	0	0	0	13,782	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	217,001	0	77,250	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	68,769	0	24,481	0	4,983	193.02
193.03	19306	FOUNDATION	0	0	0	0	12,488	193.03
193.04	19307	WELLNESS	0	0	0	0	16,587	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	2,324	193.06
193.07	19310	BILLING	0	0	0	0	379	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	1,603	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	1,109,426	0	394,945	0	0	193.13
193.14	19302	VACANT SPACE	937,138	0	333,612	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	475,025	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)	29,059,425	2,451,427	10,209,920	4,809,426	3,698,150	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part I Date/Time Prepared: 11/26/2014 11:43 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE						1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00581	OP REGISTRATION						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	15,201,996					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	426	7,747,919				14.00
15.00	01500	PHARMACY	9,558	117,937	26,359,906			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23	0	11,024,557		16.00
17.00	01700	SOCIAL SERVICE	350,777	72	0	0	9,818,987	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	25,458	1,095	168,754	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	16	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	476	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,134,807	471,978	443,831	2,138,071	2,432,272	30.00
31.00	03100	INTENSIVE CARE UNIT	1,215,881	227,785	246,621	31,143	746,306	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	670,118	205,675	99,032	3,367	1,355	32.01
32.02	03202	RENAL TRANSPLANT	109,317	30,645	2,444	11,952	0	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	222,104	31,540	16,534	7,491	394,386	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	1,306,925	83,941	62,424	49,956	1,581,157	34.00
40.00	04000	SUBPROVIDER - I/PF	223,583	1,516	3,145	99,069	0	40.00
41.00	04100	SUBPROVIDER - I/RF	144,133	4,575	5,938	0	0	41.00
43.00	04300	NURSERY	295,157	12,022	3,295	130,507	446,338	43.00
44.00	04400	SKILLED NURSING FACILITY	290	6,218	222	12,920	1,355	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,449,303	4,008,794	3,122,488	155,211	73,185	50.00
50.01	03951	AMBULATORY SURGERY	93,952	118,767	371,378	584,358	4,969	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	406,543	55,544	88,597	10,395	327,525	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	226,649	100,902	1,475,597	3,256,791	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	195,131	19,811	9,742	0	0	54.01
54.02	05403	ULTRASOUND	0	10,357	88	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	4,264	14,217	43,871	0	0	54.03
57.00	05700	CT SCAN	6,823	28,070	24,223	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,815	5,164	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	191,883	1,342,701	185,515	528,047	0	59.00
59.01	05901	CARDIAC REHAB	32,285	299	18,637	253	0	59.01
60.00	06000	LABORATORY	0	15,009	146,765	422,160	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	96,857	5,544,804	0	0	65.00
65.01	06501	SLEEP LAB	0	4,790	10,608	92,630	0	65.01
66.00	06600	PHYSICAL THERAPY	54	24,502	0	4,756	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	2,356	0	463	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	18	857	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,540	65	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,809	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,536	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	50,818	83,410	0	0	74.00
75.00	03330	ENDOSCOPY	142,010	193,009	52,759	177,054	63,246	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	245,580	16,188	736,925	0	407,035	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	146	0	0	0	90.01
91.00	09100	EMERGENCY	802,148	152,113	103,296	2,211,005	3,143,794	91.00

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
91.01	09101	PATIENT SERVICES	5,861	34,393	5,490	131,559	0	91.01
91.02	09102	WOUND CARE	49,555	13	778	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	104	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	843	843	311,138	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	42	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	58,328	738	11,351	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	36,953	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	53,674	1,338	582	345,564	18,974	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	137,034	12,921	6,126	0	73,185	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,419	108,357	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	23,553	420	23,916	0	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	42,433	0	0	7,954	0	98.02
101.00	10100	HOME HEALTH AGENCY	415,511	25,675	10,658	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	29,337	46,351	249	42	0	105.00
106.00	10600	HEART ACQUISITION	26,660	69,986	0	1,978	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	350,169	24,048	1,219,084	0	0	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	14,734,245	7,710,570	14,463,606	10,725,876	9,715,082	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	25,653	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	372,266	29,081	11,883,026	177,853	103,905	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	830	423	7,765	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	69,002	249	310	0	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	7,596	5,199	120,828	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	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)	15,201,996	7,747,919	26,359,906	11,024,557	9,818,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN HOUSE						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00581 OP REGISTRATION						5.06
5.07 00591 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	13,521,886					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,973,304				22.00
23.00 02300 PARAMED PRGM - PHARMACY	0	0	799,147			23.00
23.01 02301 PARAMED PRGM - CPE	0	0	0	473,241		23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0	0	0	0	544,221	23.02
23.03 02303 PARAMED PRGM - EMS	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,301,107	3,765,218	0	251,182	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1,056,583	544,885	0	92,221	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPLANT	1,626,425	838,756	0	52,785	0	32.01
32.02 03202 RENAL TRANSPLANT	0	0	0	9,708	0	32.02
33.00 02080 PEDIATRIC INTENSIVE CARE UNIT	118,717	61,223	0	3,640	0	33.00
34.00 02060 NEONATAL INTENSIVE CARE UNIT	47,487	24,489	0	25,482	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	13,348	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	71,230	36,734	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	391,767	202,036	0	1,820	0	50.00
50.01 03951 AMBULATORY SURGERY	0	0	0	1,213	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	94,974	48,978	0	607	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	35,615	18,367	0	0	544,221	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 05403 ULTRASOUND	11,872	6,122	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0	0	0	0	0	59.01
60.00 06000 LABORATORY	284,921	146,935	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	261,178	134,691	0	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	799,147	0	0	73.00
74.00 07400 RENAL DIALYSIS	47,487	24,489	0	0	0	74.00
75.00 03330 ENDOSCOPY	118,717	61,223	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	201,819	104,079	0	0	0	90.00

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			INTERNS & RESIDENTS						
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM - PHARMACY	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY		
			21.00	22.00	23.00	23.01	23.02		
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	617,329	318,360	0	19,415	0	0	91.00
91.01	09101	PATIENT SERVICES	213,691	110,201	0	0	0	0	91.01
91.02	09102	WOUND CARE	0	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	664,816	342,849	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	154,332	79,590	0	0	0	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	0	0	0	0	0	0	98.02
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	83,102	42,856	0	1,820	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,403,169	6,912,081	799,147	473,241	544,221		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	118,717	61,223	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	0	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	0	0	0	0	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	0	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	0	0	0	193.13
193.14	19302	VACANT SPACE	0	0	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	0	193.15
193.16	19316	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)	13,521,886	6,973,304	799,147	473,241	544,221		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			PARAMED ED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE					1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00581	OP REGISTRATION					5.06
5.07	00591	OTHER ADMINISTRATION AND GENERAL					5.07
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM - PHARMACY					23.00
23.01	02301	PARAMED ED PRGM - CPE					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY					23.02
23.03	02303	PARAMED ED PRGM - EMS	1,893,969				23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	124,289,380	-11,066,325	113,223,055	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,205,076	-1,601,468	24,603,608	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	0	16,295,180	-2,465,181	13,829,999	32.01
32.02	03202	RENAL TRANSPLANT	0	2,947,450	0	2,947,450	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	0	6,381,597	-179,940	6,201,657	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	0	27,598,704	-71,976	27,526,728	34.00
40.00	04000	SUBPROVIDER - IPF	0	7,479,630	0	7,479,630	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,820,234	0	3,820,234	41.00
43.00	04300	NURSERY	0	6,735,863	-107,964	6,627,899	43.00
44.00	04400	SKILLED NURSING FACILITY	0	117,551	0	117,551	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	122,092,701	-593,803	121,498,898	50.00
50.01	03951	AMBULATORY SURGERY	0	7,187,238	0	7,187,238	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,389,312	-143,952	9,245,360	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,523,945	-53,982	41,469,963	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	4,105,290	0	4,105,290	54.01
54.02	05403	ULTRASOUND	0	2,325,889	-17,994	2,307,895	54.02
54.03	05404	ECHOCARDIOLOGY	0	3,174,231	0	3,174,231	54.03
57.00	05700	CT SCAN	0	3,228,810	0	3,228,810	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,216,893	0	2,216,893	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,643,975	0	30,643,975	59.00
59.01	05901	CARDIAC REHAB	0	892,407	0	892,407	59.01
60.00	06000	LABORATORY	0	44,938,866	-431,856	44,507,010	60.00
65.00	06500	RESPIRATORY THERAPY	0	17,582,101	0	17,582,101	65.00
65.01	06501	SLEEP LAB	0	1,964,926	0	1,964,926	65.01
66.00	06600	PHYSICAL THERAPY	0	14,784,067	-395,869	14,388,198	66.00
66.01	06601	SPORTS PERFORMANCE	0	5,049,060	0	5,049,060	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,071,241	0	1,071,241	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,470,578	0	1,470,578	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,219,431	0	1,219,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,245,946	0	2,245,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,189,099	0	3,189,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,455,439	0	33,455,439	73.00
74.00	07400	RENAL DIALYSIS	0	992,433	-71,976	920,457	74.00
75.00	03330	ENDOSCOPY	0	7,131,448	-179,940	6,951,508	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	10,457,648	-305,898	10,151,750	90.00

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			PARAMED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	24.00	25.00	26.00	
90.01	09001	PARTIAL HOSPITALIZATION	0	1,878,058	0	1,878,058	90.01
91.00	09100	EMERGENCY	1,893,969	31,184,224	-935,689	30,248,535	91.00
91.01	09101	PATIENT SERVICES	0	3,242,961	-323,892	2,919,069	91.01
91.02	09102	WOUND CARE	0	1,315,273	0	1,315,273	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	128,327	0	128,327	91.03
91.04	09104	ZIONSVILLE CLINIC	0	1,274,977	0	1,274,977	91.04
91.05	09105	BROWNSBURG CLINIC	0	11,487	0	11,487	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	1,606,922	0	1,606,922	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	781,467	0	781,467	91.07
91.08	04040	FAMILY PRACTICE	0	7,490,508	-1,007,665	6,482,843	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,905,985	0	2,905,985	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	268,003	0	268,003	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	1,226,182	-233,922	992,260	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	21,462	0	21,462	98.01
98.02	05952	DIABETES EDUCATION	0	837,619	0	837,619	98.02
101.00	10100	HOME HEALTH AGENCY	0	12,501,040	0	12,501,040	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	5,119,368	0	5,119,368	105.00
106.00	10600	HEART ACQUISITION	0	1,988,495	0	1,988,495	106.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	15,156,658	-125,958	15,030,700	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,893,969	683,142,655	-20,315,250	662,827,405	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,340,857	0	1,340,857	190.00
191.00	19100	RESEARCH	0	2,190,535	-179,940	2,010,595	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	47,965,427	0	47,965,427	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19304	MARKETING	0	10,742,138	0	10,742,138	193.01
193.02	19305	MISSION SERVICES	0	1,300,570	0	1,300,570	193.02
193.03	19306	FOUNDATION	0	3,236,031	0	3,236,031	193.03
193.04	19307	WELLNESS	0	2,187,575	0	2,187,575	193.04
193.05	19308	NETWORK DEVELOPMENT	0	639,684	0	639,684	193.05
193.06	19309	JOINT VENTURE	0	1,400,499	0	1,400,499	193.06
193.07	19310	BILLING	0	26,014,612	0	26,014,612	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	48,009	0	48,009	193.08
193.09	19312	LIFELINE	0	311,593	0	311,593	193.09
193.10	19313	MARTEN HOUSE	0	3,366,297	0	3,366,297	193.10
193.11	19314	SPN	0	69,434	0	69,434	193.11
193.12	19315	ST. JOE'S	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	2,253,983	0	2,253,983	193.13
193.14	19302	VACANT SPACE	0	1,903,951	0	1,903,951	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	3,719	0	3,719	193.15
193.16	19316	SETON BOARD	0	475,025	0	475,025	193.16
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,893,969	788,592,594	-20,495,190	768,097,404	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN HOUSE	NEW BLDG-WOMENS	
			1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS		0					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102 NEW CAP REL COSTS-BLDG-MARTEN HOUSE						1.02
1.03	00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	123,487	6,087	0	0	4.00
5.01	00540 NONPATIENT TELEPHONES	0	136,420	1,636	0	2,458	5.01
5.02	00550 DATA PROCESSING	0	198,248	19,310	0	3,043	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570 ADMINISTRATION	0	175,286	863	0	15,009	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	25,174	0	0	0	5.05
5.06	00581 OPERATIONS	0	658	0	0	0	5.06
5.07	00591 OTHER ADMINISTRATION AND GENERAL	0	312,314	22,449	7,195	57,189	5.07
7.00	00700 OPERATION OF PLANT	0	3,650,655	12,263	0	146,390	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	3,964	8.00
9.00	00900 HOUSEKEEPING	0	202,199	2,682	0	15,919	9.00
10.00	01000 DIETARY	0	214,625	5,247	0	67,250	10.00
11.00	01100 CAFETERIA	0	208,935	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	0	200,848	1,245	0	24,539	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	603,490	367	0	38,671	14.00
15.00	01500 PHARMACY	0	233,974	0	0	29,835	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	173,058	2,807	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	39,744	711	0	563	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	278,868	0	0	3,974	22.00
23.00	02300 PARAMEDICAL PRGM - PHARMACY	0	20,024	0	0	0	23.00
23.01	02301 PARAMEDICAL PRGM - CPE	0	16,749	0	0	0	23.01
23.02	02302 PARAMEDICAL PRGM - RADIOLOGY	0	24,042	0	0	0	23.02
23.03	02303 PARAMEDICAL PRGM - EMS	0	1,705	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	4,156,607	0	0	363,765	30.00
31.00	03100 INTENSIVE CARE UNIT	0	739,539	0	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPLANT	0	332,203	0	0	0	32.01
32.02	03202 RENAL TRANSPLANT	0	236,439	0	0	0	32.02
33.00	02080 PEDIATRIC INTENSIVE CARE UNIT	0	314,830	0	0	0	33.00
34.00	02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	305,623	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	87,615	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	215,351	0	0	0	41.00
43.00	04300 NURSERY	0	0	0	0	140,152	43.00
44.00	04400 SKILLED NURSING FACILITY	0	7,463	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	1,944,205	0	0	150,039	50.00
50.01	03951 AMBULATORY SURGERY	0	258,877	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	222,693	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	697,853	0	0	36,451	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	199,987	0	0	0	54.01
54.02	05403 ULTRASOUND	0	33,126	0	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	3,833	0	0	0	54.03
57.00	05700 CT SCAN	0	36,840	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	124,669	0	0	12,107	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	307,198	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000 LABORATORY	0	238,229	0	0	34,621	60.00
65.00	06500 RESPIRATORY THERAPY	0	50,887	4,217	0	2,632	65.00
65.01	06501 SLEEP LAB	0	2,161	42,868	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	172,180	0	0	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	6,281	418	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	21,240	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	35,878	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	11,650	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	59,025	0	0	0	74.00
75.00	03330 ENDOSCOPY	0	198,653	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN HOUSE	NEW BLDG-WOMENS	
		0	1.00	1.01	1.02	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	30,695	0	0	90.01
91.00 09100 EMERGENCY	0	653,128	0	0	0	91.00
91.01 09101 PATIENT SERVICES	0	0	0	0	31,632	91.01
91.02 09102 WOUND CARE	0	112,563	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZI ONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	28,618	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	0	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	192,592	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	14,064	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 05950 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01 05951 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 05952 DIABETES EDUCATION	0	0	0	0	0	98.02
101.00 10100 HOME HEALTH AGENCY	0	89,315	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPI CE	0	390,908	1,812	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	18,726,895	243,292	7,195	1,708,519	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,578	0	0	6,248	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	140,118	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	0	44,404	0	0	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	0	0	0	0	0	193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	0	0	0	0	0	193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 19312 LI FELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	191,572	0	193.10
193.11 19314 SPN	0	0	0	0	0	193.11
193.12 19315 ST. JOE'S	0	0	0	0	0	193.12
193.13 19301 NEW HOPE	0	716,357	0	0	0	193.13
193.14 19302 VACANT SPACE	0	605,111	0	0	0	193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 19316 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	201.00
202.00 TOTAL (sum lines 118-201)	0	20,280,463	243,292	198,767	1,714,767	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
	NEW MVBLE EQUIP						
	2.00	2A					
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS							1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN HOUSE							1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS							1.03
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	34,201	163,775		163,775			4.00
5.01 00540 NONPATIENT TELEPHONES	0	140,514		68	140,582		5.01
5.02 00550 DATA PROCESSING	0	220,601		121	668	221,390	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	0		1,638	0	865	5.03
5.04 00570 ADMITTING	10,042	201,200		2,367	835	3,729	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	25,174		2,112	200	8,484	5.05
5.06 00581 OP REGISTRATION	0	658		270	0	3,945	5.06
5.07 00591 OTHER ADMINISTRATIVE AND GENERAL	889,364	1,288,511		18,062	11,025	23,398	5.07
7.00 00700 OPERATION OF PLANT	480,678	4,289,986		2,345	4,878	5,998	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	3,964		0	167	0	8.00
9.00 00900 HOUSEKEEPING	28,707	249,507		0	902	1,027	9.00
10.00 01000 DIETARY	136,863	423,985		0	2,071	1,513	10.00
11.00 01100 CAFETERIA	0	208,935		0	0	54	11.00
13.00 01300 NURSING ADMINISTRATION	631,952	858,584		3,857	2,472	4,215	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,600,516	3,243,044		760	969	2,378	14.00
15.00 01500 PHARMACY	225,323	489,132		6,159	635	3,242	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,119	176,984		1,877	1,537	10,213	16.00
17.00 01700 SOCIAL SERVICE	0	41,018		2,595	3,207	2,270	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		4,447	0	3,566	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	158,595	441,437		2,409	3,842	0	22.00
23.00 02300 PARAMED ED PRGM - PHARMACY	0	20,024		173	334	1,081	23.00
23.01 02301 PARAMED ED PRGM - CPE	0	16,749		133	134	162	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	24,042		175	67	162	23.02
23.03 02303 PARAMED ED PRGM - EMS	75,621	77,326		490	9,254	3,729	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	304,243	4,824,615		27,356	21,551	26,373	30.00
31.00 03100 INTENSIVE CARE UNIT	477,285	1,216,824		5,236	2,472	3,404	31.00
32.00 03200 CORONARY CARE UNIT	0	0		0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPLANT	42,138	374,341		2,879	4,276	4,485	32.01
32.02 03202 RENAL TRANSPLANT	0	236,439		538	0	0	32.02
33.00 02080 PEDIATRIC INTENSIVE CARE UNIT	88,393	403,223		1,866	869	1,675	33.00
34.00 02060 NEONATAL INTENSIVE CARE UNIT	348,776	654,399		8,400	2,305	7,187	34.00
40.00 04000 SUBPROVIDER - IPF	1,298	88,913		1,694	1,169	1,459	40.00
41.00 04100 SUBPROVIDER - IRF	1,070	216,421		646	0	0	41.00
43.00 04300 NURSERY	61,314	201,466		1,392	0	1,729	43.00
44.00 04400 SKILLED NURSING FACILITY	0	7,463		1	468	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	7,298,947	9,393,191		10,559	9,254	8,106	50.00
50.01 03951 AMBULATORY SURGERY	0	258,877		897	3,107	1,729	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	163,230	385,923		1,917	1,637	4,701	52.00
53.00 05300 ANESTHESIOLOGY	0	0		0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,023,779	3,758,083		6,049	10,657	13,401	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	188,233	388,220		925	835	378	54.01
54.02 05403 ULTRASOUND	252,233	285,359		525	501	270	54.02
54.03 05404 ECHOCARDIOLOGY	574,627	578,460		593	167	432	54.03
57.00 05700 CT SCAN	77,128	113,968		656	601	378	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	57,770	194,546		424	668	324	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,705,419	2,012,617		1,637	1,737	1,027	59.00
59.01 05901 CARDIAC REHAB	6,579	6,579		226	100	54	59.01
60.00 06000 LABORATORY	288	273,138		38	969	1,027	60.00
65.00 06500 RESPIRATORY THERAPY	297,237	354,973		2,654	1,236	865	65.00
65.01 06501 SLEEP LAB	4,331	49,360		335	902	486	65.01
66.00 06600 PHYSICAL THERAPY	145,330	317,510		3,382	2,873	3,512	66.00
66.01 06601 SPORTS PERFORMANCE	18,307	18,307		1,313	635	1,189	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	6,699		336	334	162	67.00
68.00 06800 SPEECH PATHOLOGY	11,988	33,228		371	401	216	68.00
69.00 06900 ELECTROCARDIOLOGY	152,892	188,770		270	434	162	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	91,916	103,566		601	568	270	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	0	73.00
74.00 07400 RENAL DIALYSIS	588	59,613		0	401	162	74.00
75.00 03330 ENDOSCOPY	1,268,940	1,467,593		745	1,203	324	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	100,479	100,479		1,530	702	8,106	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
			NEW MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.02	
90.01	09001	PARTIAL HOSPITALIZATION	1,268	31,963	421	969	1,027	90.01
91.00	09100	EMERGENCY	1,773,240	2,426,368	4,578	3,307	3,080	91.00
91.01	09101	PATIENT SERVICES	3,363	34,995	466	0	162	91.01
91.02	09102	WOUND CARE	10,149	122,712	206	535	594	91.02
91.03	09103	LAFAYETTE RD CLINIC	21,708	21,708	9	1,236	54	91.03
91.04	09104	ZIONSVILLE CLINIC	22,122	22,122	194	0	324	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	54	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	28,618	422	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	159	0	0	91.07
91.08	04040	FAMILY PRACTICE	215,282	215,282	3,180	2,305	4,755	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	130,781	323,373	621	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	14,064	0	0	432	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	14,247	14,247	269	702	1,297	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	12,220	12,220	215	367	486	98.02
101.00	10100	HOME HEALTH AGENCY	0	89,315	3,239	2,472	6,484	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	15,023	15,023	283	0	0	105.00
106.00	10600	HEART ACQUISITION	17,226	17,226	204	100	108	106.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	135,111	527,831	3,028	2,873	3,566	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,409,479	45,095,380	153,543	131,095	196,047	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,207	58,033	144	334	216	190.00
191.00	19100	RESEARCH	3,446	3,446	498	601	919	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	608,505	748,623	8,527	5,980	18,211	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	568	811	193.01
193.02	19305	MISSION SERVICES	0	44,404	149	367	2,702	193.02
193.03	19306	FOUNDATION	40,011	40,011	422	501	648	193.03
193.04	19307	WELLNESS	0	0	345	134	648	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	540	193.05
193.06	19309	JOINT VENTURE	1,025	1,025	54	0	54	193.06
193.07	19310	BILLING	0	0	55	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	635	162	193.08
193.09	19312	LIFELINE	0	0	38	100	108	193.09
193.10	19313	MARTEN HOUSE	0	191,572	0	0	0	193.10
193.11	19314	SPN	0	0	0	100	324	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	716,357	0	0	0	193.13
193.14	19302	VACANT SPACE	0	605,111	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	167	0	193.15
193.16	19316	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)	25,066,673	47,503,962	163,775	140,582	221,390	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/26/2014 11:43 am	
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OPERATIONAL REGISTRATION	OTHER ADMINISTRATIVE AND GENERAL	
	5.03	5.04	5.05	5.06	5.07	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02 00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE					1.02
1.03 00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES	2,503				5.03
5.04 00570	ADMINISTRATIVE	0	208,131			5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	35,970		5.05
5.06 00581	OPERATIONAL REGISTRATION	0	0	0	4,873	5.06
5.07 00591	OTHER ADMINISTRATIVE AND GENERAL	2	0	0	0	1,340,998
7.00 00700	OPERATION OF PLANT	2	0	0	0	49,403
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	4,151
9.00 00900	HOUSEKEEPING	0	0	0	0	16,729
10.00 01000	DIETARY	0	0	0	0	6,955
11.00 01100	CAFETERIA	0	0	0	0	5,541
13.00 01300	NURSING ADMINISTRATION	15	0	209	0	24,779
14.00 01400	CENTRAL SERVICES & SUPPLY	26	0	0	0	10,738
15.00 01500	PHARMACY	447	0	0	0	43,342
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	17,961
17.00 01700	SOCIAL SERVICE	8	0	3	0	15,800
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	22,698
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4	0	191	0	10,424
23.00 02300	PARAMEDICAL PRGM - PHARMACY	0	0	0	0	1,277
23.01 02301	PARAMEDICAL PRGM - CPE	0	0	0	0	730
23.02 02302	PARAMEDICAL PRGM - RADIOLOGY	0	0	0	0	828
23.03 02303	PARAMEDICAL PRGM - EMS	0	0	0	0	3,174
INPATIENT SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	78	128,407	3,287	0	147,945
31.00 03100	INTENSIVE CARE UNIT	33	16,244	837	0	34,184
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPLANT	30	7,175	426	0	20,407
32.02 03202	RENAL TRANSPLANT	4	2,018	35	0	3,496
33.00 02080	PEDIATRIC INTENSIVE CARE UNIT	5	2,684	240	0	8,109
34.00 02060	NEONATAL INTENSIVE CARE UNIT	13	25,003	1,854	0	39,098
40.00 04000	SUBPROVIDER - I/PF	0	12,571	267	0	9,885
41.00 04100	SUBPROVIDER - I/RF	1	5,007	79	0	5,179
43.00 04300	NURSERY	2	9,022	345	0	8,774
44.00 04400	SKILLED NURSING FACILITY	1	0	0	0	137
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	903	0	9,025	1,405	183,185
50.01 03951	AMBULATORY SURGERY	24	0	337	140	9,230
52.00 05200	DELIVERY ROOM & LABOR ROOM	8	0	632	15	12,834
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	59	0	2,354	852	57,837
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	3	0	61	16	5,831
54.02 05403	ULTRASOUND	1	0	266	57	3,764
54.03 05404	ECHOCARDIOLOGY	3	0	521	144	5,244
57.00 05700	CT SCAN	7	0	460	91	5,141
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3	0	169	43	3,198
59.00 05900	CARDIAC CATHETERIZATION	285	0	2,391	514	47,068
59.01 05901	CARDIAC REHAB	0	0	24	7	1,416
60.00 06000	LABORATORY	372	0	3,559	346	73,628
65.00 06500	RESPIRATORY THERAPY	38	0	1,181	65	19,877
65.01 06501	SLEEP LAB	1	0	136	56	2,461
66.00 06600	PHYSICAL THERAPY	4	0	623	152	23,602
66.01 06601	SPORTS PERFORMANCE	1	0	6	2	8,504
67.00 06700	OCCUPATIONAL THERAPY	0	0	81	0	1,772
68.00 06800	SPEECH PATHOLOGY	2	0	70	9	2,377
69.00 06900	ELECTROCARDIOLOGY	0	0	123	23	1,916
70.00 07000	ELECTROENCEPHALOGRAPHY	3	0	163	17	3,700
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	17	0	5,422
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	2,617	0	55,518
74.00 07400	RENAL DIALYSIS	7	0	121	5	1,114
75.00 03330	ENDOSCOPY	26	0	379	103	9,942
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	4	0	173	72	14,747
90.01 09001	PARTIAL HOSPITALIZATION	0	0	94	39	2,690
91.00 09100	EMERGENCY	23	0	1,742	475	34,302

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	OP REGISTRATION	OTHER ADMINISTRATIVE AND GENERAL	
		5.03	5.04	5.05	5.06	5.07	
91.01	09101 PATIENT SERVICES	5	0	0	0	4,413	91.01
91.02	09102 WOUND CARE	0	0	193	78	1,735	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	0	218	91.03
91.04	09104 ZIONSVILLE CLINIC	1	0	0	0	1,636	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	0	19	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	2	0	36	15	2,510	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	209	0	1,266	91.07
91.08	04040 FAMILY PRACTICE	2	0	0	0	10,307	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2	0	0	0	3,824	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1	0	0	0	217	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950 GERIATRIC CLINIC	0	0	0	0	1,594	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0	0	3	0	36	98.01
98.02	05952 DIABETES EDUCATION	0	0	1	0	1,328	98.02
101.00	10100 HOME HEALTH AGENCY	4	0	146	61	20,166	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	7	0	70	9	8,560	105.00
106.00	10600 HEART ACQUISITION	9	0	33	1	3,204	106.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	5	0	181	61	21,198	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,486	208,131	35,970	4,873	1,190,295	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	2,057	190.00
191.00	19100 RESEARCH	0	0	0	0	3,351	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	14	0	0	0	59,681	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304 MARKETING	0	0	0	0	18,262	193.01
193.02	19305 MISSION SERVICES	0	0	0	0	2,029	193.02
193.03	19306 FOUNDATION	0	0	0	0	5,480	193.03
193.04	19307 WELLNESS	0	0	0	0	3,573	193.04
193.05	19308 NETWORK DEVELOPMENT	0	0	0	0	1,088	193.05
193.06	19309 JOINT VENTURE	2	0	0	0	2,150	193.06
193.07	19310 BILLING	0	0	0	0	44,226	193.07
193.08	19311 OCCUPATIONAL HEALTH	0	0	0	0	82	193.08
193.09	19312 LIFELINE	0	0	0	0	527	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	5,723	193.10
193.11	19314 SPN	0	0	0	0	118	193.11
193.12	19315 ST. JOE'S	0	0	0	0	0	193.12
193.13	19301 NEW HOPE	0	0	0	0	1,274	193.13
193.14	19302 VACANT SPACE	0	0	0	0	1,076	193.14
193.15	19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	6	193.15
193.16	19316 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)	2,503	208,131	35,970	4,873	1,340,998	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/26/2014 11:43 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01	
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE					1.02	
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00581	OP REGISTRATION					5.06	
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL					5.07	
7.00	00700	OPERATION OF PLANT	4,352,612				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,433	9,715			8.00	
9.00	00900	HOUSEKEEPING	55,352	0	323,517		9.00	
10.00	01000	DIETARY	79,376	0	5,978	519,878	10.00	
11.00	01100	CAFETERIA	48,467	0	3,650	0	266,647	11.00
13.00	01300	NURSING ADMINISTRATION	56,715	33	4,271	0	7,570	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	154,349	0	11,624	0	2,436	14.00
15.00	01500	PHARMACY	65,065	0	4,900	0	10,762	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,960	0	3,235	0	5,114	16.00
17.00	01700	SOCIAL SERVICE	10,132	0	763	0	5,960	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	12,298	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	66,126	0	4,980	0	3,433	22.00
23.00	02300	PARAMED PRGM - PHARMACY	4,645	0	350	0	440	23.00
23.01	02301	PARAMED PRGM - CPE	3,885	0	293	0	606	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	5,577	0	420	0	479	23.02
23.03	02303	PARAMED PRGM - EMS	396	0	30	0	1,639	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,095,767	4,554	82,522	367,104	62,271	30.00
31.00	03100	INTENSIVE CARE UNIT	171,551	627	12,919	6,776	11,700	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	77,061	0	5,803	0	6,958	32.01
32.02	03202	RENAL TRANSPLANT	54,847	264	4,130	15,867	1,232	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	73,031	135	5,500	2,284	2,869	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	110,532	849	8,324	0	14,720	34.00
40.00	04000	SUBPROVIDER - IPF	87,890	296	6,619	42,130	4,651	40.00
41.00	04100	SUBPROVIDER - IRF	49,955	0	3,762	15,424	1,771	41.00
43.00	04300	NURSERY	50,687	306	3,817	0	3,149	43.00
44.00	04400	SKILLED NURSING FACILITY	1,731	0	130	0	5	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	505,260	856	38,051	1,994	23,231	50.00
50.01	03951	AMBULATORY SURGERY	60,052	93	4,522	0	1,194	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,539	53	6,065	0	4,660	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	175,064	278	13,184	48	13,688	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	46,391	0	3,494	0	2,230	54.01
54.02	05403	ULTRASOUND	7,684	0	579	0	1,011	54.02
54.03	05404	ECHOCARDIOLOGY	889	0	67	0	1,386	54.03
57.00	05700	CT SCAN	8,546	193	644	0	1,436	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	33,298	54	2,508	0	931	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,261	51	5,367	0	3,764	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	581	59.01
60.00	06000	LABORATORY	67,783	0	5,105	0	76	60.00
65.00	06500	RESPIRATORY THERAPY	16,986	0	1,279	0	6,840	65.00
65.01	06501	SLEEP LAB	43,505	0	3,276	345	878	65.01
66.00	06600	PHYSICAL THERAPY	39,940	12	3,008	0	8,014	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	3,201	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,876	0	141	0	819	67.00
68.00	06800	SPEECH PATHOLOGY	4,927	0	371	0	875	68.00
69.00	06900	ELECTROCARDIOLOGY	8,323	0	627	0	1,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,702	25	204	0	1,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,692	27	1,031	0	0	74.00
75.00	03330	ENDOSCOPY	46,082	143	3,470	0	1,587	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	5,182	90.00
90.01	09001	PARTIAL HOSPITALIZATION	30,792	0	2,319	0	1,227	90.01
91.00	09100	EMERGENCY	151,506	808	11,410	2,577	10,572	91.00
91.01	09101	PATIENT SERVICES	11,440	58	862	0	2,009	91.01

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
91.02	09102	WOUND CARE	26,111	0	1,966	0	593	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	6,638	0	500	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	44,676	0	3,364	0	1,660	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,262	0	246	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	0	0	0	474	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	0	0	0	0	438	98.02
101.00	10100	HOME HEALTH AGENCY	20,718	0	1,560	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	619	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	381	106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	92,496	0	6,966	13,981	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,989,969	9,715	296,206	468,530	262,126	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,300	0	1,002	0	761	190.00
191.00	19100	RESEARCH	0	0	0	0	994	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,503	0	2,448	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	10,300	0	776	0	359	193.02
193.03	19306	FOUNDATION	0	0	0	0	900	193.03
193.04	19307	WELLNESS	0	0	0	0	1,196	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	168	193.06
193.07	19310	BILLING	0	0	0	0	27	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	116	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	166,173	0	12,514	0	0	193.13
193.14	19302	VACANT SPACE	140,367	0	10,571	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	0	51,348	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)	4,352,612	9,715	323,517	519,878	266,647	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/26/2014 11:43 am		
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		13.00	14.00	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS				1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE				1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS				1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMINISTRATIVE				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00581	OP REGISTRATION				5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL				5.07
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION	962,720			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27	3,426,351		14.00
15.00	01500	PHARMACY	605	52,155	676,444	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10	0	16.00
17.00	01700	SOCIAL SERVICE	22,214	32	0	104,002
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,612	484	4,331	0
23.00	02300	PARAMEDICAL PRGM - PHARMACY	0	0	0	0
23.01	02301	PARAMEDICAL PRGM - CPE	0	7	0	0
23.02	02302	PARAMEDICAL PRGM - RADIOLOGY	0	0	0	0
23.03	02303	PARAMEDICAL PRGM - EMS	0	211	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	325,179	208,720	11,390	50,403
31.00	03100	INTENSIVE CARE UNIT	77,000	100,732	6,329	734
32.00	03200	CORONARY CARE UNIT	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	42,438	90,954	2,541	79
32.02	03202	RENAL TRANSPLANT	6,923	13,552	63	282
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	14,066	13,948	424	177
34.00	02060	NEONATAL INTENSIVE CARE UNIT	82,766	37,121	1,602	1,178
40.00	04000	SUBPROVIDER - I/PF	14,159	670	81	2,335
41.00	04100	SUBPROVIDER - I/RF	9,128	2,023	152	0
43.00	04300	NURSERY	18,692	5,316	85	3,077
44.00	04400	SKILLED NURSING FACILITY	18	2,750	6	305
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	91,782	1,772,819	80,129	3,659
50.01	03951	AMBULATORY SURGERY	5,950	52,522	9,530	13,776
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,746	24,563	2,274	245
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,353	44,621	37,867	76,772
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	12,357	8,761	250	0
54.02	05403	ULTRASOUND	0	4,580	2	0
54.03	05404	ECHOCARDIOLOGY	270	6,287	1,126	0
57.00	05700	CT SCAN	432	12,413	622	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,245	133	0
59.00	05900	CARDIAC CATHETERIZATION	12,152	593,774	4,761	12,448
59.01	05901	CARDIAC REHAB	2,045	132	478	6
60.00	06000	LABORATORY	0	6,638	3,766	9,952
65.00	06500	RESPIRATORY THERAPY	0	42,833	142,290	0
65.01	06501	SLEEP LAB	0	2,118	272	2,184
66.00	06600	PHYSICAL THERAPY	3	10,836	0	112
66.01	06601	SPORTS PERFORMANCE	0	1,042	0	11
67.00	06700	OCCUPATIONAL THERAPY	1	379	0	0
68.00	06800	SPEECH PATHOLOGY	0	6,872	2	0
69.00	06900	ELECTROCARDIOLOGY	0	800	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,639	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	22,473	2,140	0
75.00	03330	ENDOSCOPY	8,993	85,353	1,354	4,174
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	15,552	7,159	18,911	0
90.01	09001	PARTIAL HOSPITALIZATION	0	64	0	0
91.00	09100	EMERGENCY	50,799	67,268	2,651	52,122

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
91.01	09101 PATIENT SERVICES	371	15,209	141	3,101	0	91.01
91.02	09102 WOUND CARE	3,138	6	20	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	46	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	373	22	7,335	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	1	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	3,694	326	291	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	2,340	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	3,399	592	15	8,146	201	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	8,678	5,714	157	0	775	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	1,070	2,781	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950 GERIATRIC CLINIC	1,492	186	614	0	0	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952 DIABETES EDUCATION	2,687	0	0	188	0	98.02
101.00	10100 HOME HEALTH AGENCY	26,314	11,354	273	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,858	20,498	6	1	0	105.00
106.00	10600 HEART ACQUISITION	1,688	30,950	0	47	0	106.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	22,176	10,635	31,284	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	933,097	3,409,835	371,166	252,850	102,901	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	1,625	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	23,575	12,860	304,938	4,193	1,101	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304 MARKETING	0	0	0	0	0	193.01
193.02	19305 MISSION SERVICES	53	187	199	0	0	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	4,370	110	8	0	0	193.04
193.05	19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309 JOINT VENTURE	0	3,359	133	2,848	0	193.06
193.07	19310 BILLING	0	0	0	0	0	193.07
193.08	19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312 LI FELINE	0	0	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314 SPN	0	0	0	0	0	193.11
193.12	19315 ST. JOE'S	0	0	0	0	0	193.12
193.13	19301 NEW HOPE	0	0	0	0	0	193.13
193.14	19302 VACANT SPACE	0	0	0	0	0	193.14
193.15	19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316 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)	962,720	3,426,351	676,444	259,891	104,002	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN HOUSE						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00581 OP REGISTRATION						5.06
5.07 00591 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	43,009					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		539,273				22.00
23.00 02300 PARAMED PRGM - PHARMACY			28,324			23.00
23.01 02301 PARAMED PRGM - CPE				22,699		23.01
23.02 02302 PARAMED PRGM - RADIOLOGY					31,750	23.02
23.03 02303 PARAMED PRGM - EMS						23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
32.00 03200 CORONARY CARE UNIT						32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPLANT						32.01
32.02 03202 RENAL TRANSPLANT						32.02
33.00 02080 PEDIATRIC INTENSIVE CARE UNIT						33.00
34.00 02060 NEONATAL INTENSIVE CARE UNIT						34.00
40.00 04000 SUBPROVIDER - IPF						40.00
41.00 04100 SUBPROVIDER - IRF						41.00
43.00 04300 NURSERY						43.00
44.00 04400 SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM						50.00
50.01 03951 AMBULATORY SURGERY						50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM						52.00
53.00 05300 ANESTHESIOLOGY						53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC						54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC						54.01
54.02 05403 ULTRASOUND						54.02
54.03 05404 ECHOCARDIOLOGY						54.03
57.00 05700 CT SCAN						57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00 05900 CARDIAC CATHETERIZATION						59.00
59.01 05901 CARDIAC REHAB						59.01
60.00 06000 LABORATORY						60.00
65.00 06500 RESPIRATORY THERAPY						65.00
65.01 06501 SLEEP LAB						65.01
66.00 06600 PHYSICAL THERAPY						66.00
66.01 06601 SPORTS PERFORMANCE						66.01
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
74.00 07400 RENAL DIALYSIS						74.00
75.00 03330 ENDOSCOPY						75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		INTERNS & RESIDENTS						
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY		
		21.00	22.00	23.00	23.01	23.02		
90.01	09001	PARTIAL HOSPITALIZATION						90.01
91.00	09100	EMERGENCY						91.00
91.01	09101	PATIENT SERVICES						91.01
91.02	09102	WOUND CARE						91.02
91.03	09103	LAFAYETTE RD CLINIC						91.03
91.04	09104	ZIONSVILLE CLINIC						91.04
91.05	09105	BROWNSBURG CLINIC						91.05
91.06	09106	OP ANTI COAGULATION CLINIC						91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT						91.07
91.08	04040	FAMILY PRACTICE						91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
97.01	09701	FAMILY PRACTICE						97.01
98.00	05950	GERIATRIC CLINIC						98.00
98.01	05951	ELECTROCONVULSIVE THERAPY						98.01
98.02	05952	DIABETES EDUCATION						98.02
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
193.01	19304	MARKETING						193.01
193.02	19305	MISSION SERVICES						193.02
193.03	19306	FOUNDATION						193.03
193.04	19307	WELLNESS						193.04
193.05	19308	NETWORK DEVELOPMENT						193.05
193.06	19309	JOINT VENTURE						193.06
193.07	19310	BILLING						193.07
193.08	19311	OCCUPATIONAL HEALTH						193.08
193.09	19312	LIFELINE						193.09
193.10	19313	MARTEN HOUSE						193.10
193.11	19314	SPN						193.11
193.12	19315	ST. JOE'S						193.12
193.13	19301	NEW HOPE						193.13
193.14	19302	VACANT SPACE						193.14
193.15	19303	EXTENDED CARE RESIDENTIAL						193.15
193.16	19316	SETON BOARD						193.16
200.00		Cross Foot Adjustments	43,009	539,273	28,324	22,699	31,750	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	43,009	539,273	28,324	22,699	31,750	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/26/2014 11:43 am
Cost Center Description	PARAMED ED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS				1.01
1.02 00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE				1.02
1.03 00103	NEW CAP REL COSTS-BLDG-WOMENS				1.03
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00581	OP REGISTRATION				5.06
5.07 00591	OTHER ADMINISTRATION AND GENERAL				5.07
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00 02300	PARAMED ED PRGM - PHARMACY				23.00
23.01 02301	PARAMED ED PRGM - CPE				23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY				23.02
23.03 02303	PARAMED ED PRGM - EMS	96,249			23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	7,413,284	0	7,413,284	30.00
31.00 03100	INTENSIVE CARE UNIT	1,675,507	0	1,675,507	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPLANT	639,867	0	639,867	32.01
32.02 03202	RENAL TRANSPLANT	339,690	0	339,690	32.02
33.00 02080	PEDIATRIC INTENSIVE CARE UNIT	535,282	0	535,282	33.00
34.00 02060	NEONATAL INTENSIVE CARE UNIT	1,012,099	0	1,012,099	34.00
40.00 04000	SUBPROVIDER - IPF	274,789	0	274,789	40.00
41.00 04100	SUBPROVIDER - IRF	309,548	0	309,548	41.00
43.00 04300	NURSERY	312,587	0	312,587	43.00
44.00 04400	SKILLED NURSING FACILITY	13,029	0	13,029	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	12,134,184	0	12,134,184	50.00
50.01 03951	AMBULATORY SURGERY	422,033	0	422,033	50.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	555,281	0	555,281	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,225,167	0	4,225,167	54.00
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	469,752	0	469,752	54.01
54.02 05403	ULTRASOUND	304,599	0	304,599	54.02
54.03 05404	ECHOCARDIOLOGY	595,589	0	595,589	54.03
57.00 05700	CT SCAN	145,588	0	145,588	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	237,544	0	237,544	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,770,854	0	2,770,854	59.00
59.01 05901	CARDIAC REHAB	11,648	0	11,648	59.01
60.00 06000	LABORATORY	446,397	0	446,397	60.00
65.00 06500	RESPIRATORY THERAPY	591,117	0	591,117	65.00
65.01 06501	SLEEP LAB	106,315	0	106,315	65.01
66.00 06600	PHYSICAL THERAPY	413,583	0	413,583	66.00
66.01 06601	SPORTS PERFORMANCE	34,211	0	34,211	66.01
67.00 06700	OCCUPATIONAL THERAPY	12,600	0	12,600	67.00
68.00 06800	SPEECH PATHOLOGY	49,721	0	49,721	68.00
69.00 06900	ELECTROCARDIOLOGY	202,563	0	202,563	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	121,849	0	121,849	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,439	0	5,439	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	58,135	0	58,135	73.00
74.00 07400	RENAL DIALYSIS	100,786	0	100,786	74.00
75.00 03330	ENDOSCOPY	1,632,141	0	1,632,141	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	176,928	0	176,928	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			PARAMED ED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	24.00	25.00	26.00	
90.01	09001	PARTIAL HOSPITALIZATION		71,605	0	71,605	90.01
91.00	09100	EMERGENCY		2,856,887	0	2,856,887	91.00
91.01	09101	PATIENT SERVICES		73,232	0	73,232	91.01
91.02	09102	WOUND CARE		157,887	0	157,887	91.02
91.03	09103	LAFAYETTE RD CLINIC		23,271	0	23,271	91.03
91.04	09104	ZIONSVILLE CLINIC		32,007	0	32,007	91.04
91.05	09105	BROWNSBURG CLINIC		74	0	74	91.05
91.06	09106	OP ANTI COAGULATION CLINIC		43,052	0	43,052	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT		3,974	0	3,974	91.07
91.08	04040	FAMILY PRACTICE		248,184	0	248,184	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		392,844	0	392,844	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		22,073	0	22,073	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
97.01	09701	FAMILY PRACTICE		0	0	0	97.01
98.00	05950	GERIATRIC CLINIC		20,875	0	20,875	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY		39	0	39	98.01
98.02	05952	DIABETES EDUCATION		17,930	0	17,930	98.02
101.00	10100	HOME HEALTH AGENCY		182,106	0	182,106	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		46,934	0	46,934	105.00
106.00	10600	HEART ACQUISITION		53,951	0	53,951	106.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		736,281	0	736,281	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	43,332,912	0	43,332,912	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		75,848	0	75,848	190.00
191.00	19100	RESEARCH		11,434	0	11,434	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,222,654	0	1,222,654	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
193.01	19304	MARKETING		19,641	0	19,641	193.01
193.02	19305	MISSION SERVICES		61,525	0	61,525	193.02
193.03	19306	FOUNDATION		47,962	0	47,962	193.03
193.04	19307	WELLNESS		10,384	0	10,384	193.04
193.05	19308	NETWORK DEVELOPMENT		1,628	0	1,628	193.05
193.06	19309	JOINT VENTURE		9,793	0	9,793	193.06
193.07	19310	BILLING		44,308	0	44,308	193.07
193.08	19311	OCCUPATIONAL HEALTH		879	0	879	193.08
193.09	19312	LIFELINE		889	0	889	193.09
193.10	19313	MARTEN HOUSE		197,295	0	197,295	193.10
193.11	19314	SPN		542	0	542	193.11
193.12	19315	ST. JOE'S		0	0	0	193.12
193.13	19301	NEW HOPE		896,318	0	896,318	193.13
193.14	19302	VACANT SPACE		757,125	0	757,125	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL		173	0	173	193.15
193.16	19316	SETON BOARD		51,348	0	51,348	193.16
200.00		Cross Foot Adjustments	96,249	761,304	0	761,304	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	96,249	47,503,962	0	47,503,962	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN HOUSE (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,201,188					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS		62,315				1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE			154,793			1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS				158,346		1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					11,761,802	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,314	1,559			16,048	4.00
5.01	00540	NONPATIENT TELEPHONES	8,080	419			227	5.01
5.02	00550	DATA PROCESSING	11,742	4,946			281	5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE	10,382	221			1,386	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,491					5.05
5.06	00581	OPERATION	39					5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL	18,498	5,750	5,603	5,281	417,308	5.07
7.00	00700	OPERATION OF PLANT	216,224	3,141		13,518	225,544	7.00
8.00	00800	LAUNDRY & LINEN SERVICE				366		8.00
9.00	00900	HOUSEKEEPING	11,976	687		1,470	13,470	9.00
10.00	01000	DIETARY	12,712	1,344		6,210	64,219	10.00
11.00	01100	CAFETERIA	12,375					11.00
13.00	01300	NURSING ADMINISTRATION	11,896	319		2,266	296,525	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,744	94		3,571	1,220,216	14.00
15.00	01500	PHARMACY	13,858			2,755	105,726	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,250	719			525	16.00
17.00	01700	SOCIAL SERVICE	2,354	182		52		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,517			367	74,416	22.00
23.00	02300	PARAMEDICAL PRGM - PHARMACY	1,186					23.00
23.01	02301	PARAMEDICAL PRGM - CPE	992					23.01
23.02	02302	PARAMEDICAL PRGM - RADIOLOGY	1,424					23.02
23.03	02303	PARAMEDICAL PRGM - EMS	101				35,483	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	246,191			33,591	142,757	30.00
31.00	03100	INTENSIVE CARE UNIT	43,802				223,952	31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	19,676				19,772	32.01
32.02	03202	RENAL TRANSPLANT	14,004					32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	18,647				41,476	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT				28,222	163,653	34.00
40.00	04000	SUBPROVIDER - I/PF		22,441			609	40.00
41.00	04100	SUBPROVIDER - I/RF	12,755				502	41.00
43.00	04300	NURSERY				12,942	28,770	43.00
44.00	04400	SKILLED NURSING FACILITY	442					44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	115,153			13,855	3,424,815	50.00
50.01	03951	AMBULATORY SURGERY	15,333					50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM				20,564	76,591	52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,333			3,366	1,418,820	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,845				88,323	54.01
54.02	05403	ULTRASOUND	1,962				118,353	54.02
54.03	05404	ECHOCARDIOLOGY	227				269,627	54.03
57.00	05700	CT SCAN	2,182				36,190	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,384			1,118	27,107	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,195				800,218	59.00
59.01	05901	CARDIAC REHAB					3,087	59.01
60.00	06000	LABORATORY	14,110			3,197	135	60.00
65.00	06500	RESPIRATORY THERAPY	3,014	1,080		243	139,470	65.00
65.01	06501	SLEEP LAB	128	10,980			2,032	65.01
66.00	06600	PHYSICAL THERAPY	10,198				68,192	66.00
66.01	06601	SPORTS PERFORMANCE					8,590	66.01
67.00	06700	OCCUPATIONAL THERAPY	372	107				67.00
68.00	06800	SPEECH PATHOLOGY	1,258				5,625	68.00
69.00	06900	ELECTROCARDIOLOGY	2,125				71,740	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	690				43,129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS	3,496				276	74.00
75.00	03330	ENDOSCOPY	11,766				595,413	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN HOUSE (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	47,147	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	7,862	0	0	595	90.01
91.00	09100	EMERGENCY	38,684	0	0	0	832,041	91.00
91.01	09101	PATIENT SERVICES	0	0	0	2,921	1,578	91.01
91.02	09102	WOUND CARE	6,667	0	0	0	4,762	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	10,186	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	10,380	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	1,695	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	101,015	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	11,407	0	0	0	61,365	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	833	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	0	0	0	6,685	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	0	0	0	0	5,734	98.02
101.00	10100	HOME HEALTH AGENCY	5,290	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	7,049	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	8,083	106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	23,153	464	0	0	63,397	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,109,172	62,315	5,603	157,769	11,453,433	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,818	0	0	577	1,974	190.00
191.00	19100	RESEARCH	8,299	0	0	0	1,617	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	285,523	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	2,630	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	18,774	193.03
193.04	19307	WELLNESS	0	0	0	0	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	0	481	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	149,190	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	42,429	0	0	0	0	193.13
193.14	19302	VACANT SPACE	35,840	0	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	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)	20,280,463	243,292	198,767	1,714,767	25,066,673	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.883671	3.904229	1.284083	10.829241	2.131193	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 ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period: From 07/01/2013 To 06/30/2014

Worksheet B-1

Date/Time Prepared: 11/26/2014 11:43 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (NODES)	PURCHASING RECEIVING AND STORES (COST REQUISITIONS)	ADMITTING (TOTAL PATIENT DAYS)	
		4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE					1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	338,990,168				4.00
5.01	00540	NONPATIENT TELEPHONES	141,751	4,208			5.01
5.02	00550	DATA PROCESSING	250,874	20	4,097		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,391,956	0	16	145,826,504	5.03
5.04	00570	ADMITTING	4,899,778	25	69	5,202	203,705
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,372,081	6	157	736	0
5.06	00581	OP REGISTRATION	559,861	0	73	296	0
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL	37,394,896	330	433	92,195	0
7.00	00700	OPERATION OF PLANT	4,854,083	146	111	136,814	0
8.00	00800	LAUNDRY & LINEN SERVICE	497	5	0	0	0
9.00	00900	HOUSEKEEPING	0	27	19	0	0
10.00	01000	DIETARY	0	62	28	0	0
11.00	01100	CAFETERIA	0	0	1	10	0
13.00	01300	NURSING ADMINISTRATION	7,985,057	74	78	873,767	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,574,465	29	44	1,532,395	0
15.00	01500	PHARMACY	12,751,682	19	60	26,286,929	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,886,983	46	189	21,622	0
17.00	01700	SOCIAL SERVICE	5,373,279	96	42	473,328	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,207,772	0	66	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,986,925	115	0	239,137	0
23.00	02300	PARAMED PRGM - PHARMACY	357,955	10	20	112	0
23.01	02301	PARAMED PRGM - CPE	276,353	4	3	2,651	0
23.02	02302	PARAMED PRGM - RADIOLOGY	363,119	2	3	11,558	0
23.03	02303	PARAMED PRGM - EMS	1,014,987	277	69	25,675	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	56,547,689	645	488	4,561,365	125,676
31.00	03100	INTENSIVE CARE UNIT	10,840,638	74	63	1,967,376	15,899
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	5,961,159	128	83	1,772,183	7,022
32.02	03202	RENAL TRANSPLANT	1,114,472	0	0	262,493	1,975
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	3,863,477	26	31	273,538	2,627
34.00	02060	NEONATAL INTENSIVE CARE UNIT	17,391,051	69	133	773,945	24,471
40.00	04000	SUBPROVIDER - IPF	3,507,938	35	27	25,287	12,304
41.00	04100	SUBPROVIDER - IRF	1,336,877	0	0	44,628	4,901
43.00	04300	NURSERY	2,881,127	0	32	116,496	8,830
44.00	04400	SKILLED NURSING FACILITY	3,082	14	0	51,379	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,861,775	277	150	51,544,946	0
50.01	03951	AMBULATORY SURGERY	1,856,599	93	32	1,385,692	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,969,218	49	87	448,855	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,523,827	319	248	3,480,552	0
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,915,085	25	7	180,656	0
54.02	05403	ULTRASOUND	1,087,798	15	5	78,658	0
54.03	05404	ECHOCARDIOLOGY	1,228,714	5	8	178,213	0
57.00	05700	CT SCAN	1,357,945	18	7	424,583	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	877,308	20	6	200,503	0
59.00	05900	CARDIAC CATHETERIZATION	3,390,242	52	19	16,752,384	0
59.01	05901	CARDIAC REHAB	468,858	3	1	11,943	0
60.00	06000	LABORATORY	78,104	29	19	21,905,748	0
65.00	06500	RESPIRATORY THERAPY	5,495,686	37	16	2,220,160	0
65.01	06501	SLEEP LAB	692,638	27	9	50,985	0
66.00	06600	PHYSICAL THERAPY	7,002,449	86	65	222,153	0
66.01	06601	SPORTS PERFORMANCE	2,717,923	19	22	65,040	0
67.00	06700	OCCUPATIONAL THERAPY	696,027	10	3	7,405	0
68.00	06800	SPEECH PATHOLOGY	767,310	12	4	124,637	0
69.00	06900	ELECTROCARDIOLOGY	559,637	13	3	24,767	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,243,727	17	5	153,750	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	192	12	3	418,977	0
75.00	03330	ENDOSCOPY	1,542,565	36	6	1,535,372	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,167,279	21	150	217,309	0

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (NODES)	PURCHASING RECEIVING AND STORES (COST REQUISITIONS)	ADMINISTRATIVE (TOTAL PATIENT DAYS)	
			4.00	5.01	5.02	5.03	5.04	
90.01	09001	PARTIAL HOSPITALIZATION	871,729	29	19	10,132		0 90.01
91.00	09100	EMERGENCY	9,479,282	99	57	1,367,635		0 91.00
91.01	09101	PATIENT SERVICES	965,227	0	3	305,144		0 91.01
91.02	09102	WOUND CARE	426,014	16	11	426		0 91.02
91.03	09103	LAFAYETTE RD CLINIC	17,671	37	1	1,170		0 91.03
91.04	09104	ZIONSVILLE CLINIC	401,600	0	6	39,183		0 91.04
91.05	09105	BROWNSBURG CLINIC	0	0	1	0		0 91.05
91.06	09106	OP ANTI COAGULATION CLINIC	873,292	0	0	94,933		0 91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	328,611	0	0	0		0 91.07
91.08	04040	FAMILY PRACTICE	6,584,502	69	88	113,490		0 91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,286,651	0	0	115,977		0 92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	8	47,517		0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		0 97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0		0 97.01
98.00	05950	GERIATRIC CLINIC	556,479	21	24	14,289		0 98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0		0 98.01
98.02	05952	DIABETES EDUCATION	444,100	11	9	5,004		0 98.02
101.00	10100	HOME HEALTH AGENCY	6,705,333	74	120	236,534		0 101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	585,187	0	0	393,775		0 105.00
106.00	10600	HEART ACQUISITION	421,773	3	2	556,939		0 106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,268,562	86	66	307,573		0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	317,808,783	3,924	3,628	144,794,126	203,705	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	298,751	10	4	48,889		0 190.00
191.00	19100	RESEARCH	1,030,196	18	17	21,275		0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,653,504	179	337	826,276		0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		0 193.00
193.01	19304	MARKETING	0	17	15	0		0 193.01
193.02	19305	MISSION SERVICES	308,127	11	50	14,037		0 193.02
193.03	19306	FOUNDATION	873,115	15	12	10,650		0 193.03
193.04	19307	WELLNESS	713,943	4	12	12,412		0 193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	10	0		0 193.05
193.06	19309	JOINT VENTURE	111,075	0	1	98,635		0 193.06
193.07	19310	BILLING	113,292	0	0	0		0 193.07
193.08	19311	OCCUPATIONAL HEALTH	0	19	3	0		0 193.08
193.09	19312	LIFELINE	79,382	3	2	204		0 193.09
193.10	19313	MARTEN HOUSE	0	0	0	0		0 193.10
193.11	19314	SPN	0	3	6	0		0 193.11
193.12	19315	ST. JOE'S	0	0	0	0		0 193.12
193.13	19301	NEW HOPE	0	0	0	0		0 193.13
193.14	19302	VACANT SPACE	0	0	0	0		0 193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	5	0	0		0 193.15
193.16	19316	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)	104,733,638	2,991,381	43,852,417	8,509,815	5,623,165	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.308958	710.879515	10,703.543324	0.058356	27.604453	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	163,775	140,582	221,390	2,503	208,131	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000483	33.408270	54.037100	0.000017	1.021727	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OUTPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.05	5.06	5A.07	5.07	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE						1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,917,821,692					5.05
5.06	00581	OP REGISTRATION	0	957,675,376				5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	-34,984,120	753,608,474		5.07
7.00	00700	OPERATION OF PLANT	0	0	0	27,770,273	1,111,352	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,333,530	366	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9,403,828	14,133	9.00
10.00	01000	DIETARY	0	0	0	3,909,355	20,267	10.00
11.00	01100	CAFETERIA	0	0	0	3,114,785	12,375	11.00
13.00	01300	NURSING ADMINISTRATION	17,377,467	0	0	13,928,657	14,481	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	6,036,173	39,410	14.00
15.00	01500	PHARMACY	0	0	0	24,363,136	16,613	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	10,096,009	10,969	16.00
17.00	01700	SOCIAL SERVICE	285,794	0	0	8,881,462	2,587	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	12,759,021	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,904,127	0	0	5,859,715	16,884	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	0	0	717,673	1,186	23.00
23.01	02301	PARAMED PRGM - CPE	0	0	0	410,593	992	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	0	0	465,475	1,424	23.02
23.03	02303	PARAMED PRGM - EMS	0	0	0	1,784,350	101	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	273,935,112	0	0	83,161,708	279,782	30.00
31.00	03100	INTENSIVE CARE UNIT	69,720,348	0	0	19,215,409	43,802	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	35,462,136	0	0	11,471,016	19,676	32.01
32.02	03202	RENAL TRANSPLANT	2,918,039	0	0	1,965,197	14,004	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	19,990,826	0	0	4,558,326	18,647	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	154,501,556	0	0	21,977,650	28,222	34.00
40.00	04000	SUBPROVIDER - IPF	22,218,755	0	0	5,556,514	22,441	40.00
41.00	04100	SUBPROVIDER - IRF	6,614,508	0	0	2,910,969	12,755	41.00
43.00	04300	NURSERY	28,752,409	0	0	4,931,789	12,942	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	77,223	442	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	672,599,642	263,474,336	0	102,785,581	129,008	50.00
50.01	03951	AMBULATORY SURGERY	28,093,455	28,084,727	0	5,188,039	15,333	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,625,874	2,966,275	0	7,214,170	20,564	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	196,160,172	170,476,078	0	32,511,162	44,699	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	5,043,127	3,230,085	0	3,277,551	11,845	54.01
54.02	05403	ULTRASOUND	22,172,139	11,392,948	0	2,115,655	1,962	54.02
54.03	05404	ECHOCARDIOLOGY	43,413,078	28,816,785	0	2,947,768	227	54.03
57.00	05700	CT SCAN	38,307,795	18,156,443	0	2,889,611	2,182	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,123,409	8,589,834	0	1,797,430	8,502	58.00
59.00	05900	CARDIAC CATHETERIZATION	199,282,256	102,860,741	0	26,457,411	18,195	59.00
59.01	05901	CARDIAC REHAB	1,965,064	1,451,582	0	795,927	0	59.01
60.00	06000	LABORATORY	296,568,791	69,136,284	0	41,387,112	17,307	60.00
65.00	06500	RESPIRATORY THERAPY	98,425,124	13,029,191	0	11,173,129	4,337	65.00
65.01	06501	SLEEP LAB	11,371,855	11,285,727	0	1,383,453	11,108	65.01
66.00	06600	PHYSICAL THERAPY	51,935,049	30,302,492	0	13,267,148	10,198	66.00
66.01	06601	SPORTS PERFORMANCE	494,029	494,029	0	4,779,955	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	6,724,006	78,531	0	995,796	479	67.00
68.00	06800	SPEECH PATHOLOGY	5,855,426	1,749,767	0	1,336,208	1,258	68.00
69.00	06900	ELECTROCARDIOLOGY	10,273,224	4,643,443	0	1,076,829	2,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,551,090	3,430,100	0	2,079,682	690	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,446,382	0	0	3,047,622	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,070,510	0	0	31,207,574	0	73.00
74.00	07400	RENAL DIALYSIS	10,085,276	985,920	0	626,469	3,496	74.00
75.00	03330	ENDOSCOPY	31,590,427	20,695,045	0	5,588,630	11,766	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,386,752	14,386,752	0	8,289,341	0	90.00

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2014

Worksheet B-1

Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OUTPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.05	5.06	5A.07	5.07	7.00	
90.01	09001	PARTIAL HOSPITALIZATION	7,865,989	7,865,989	0	1,511,956	7,862	90.01
91.00	09100	EMERGENCY	145,167,966	95,004,456	0	19,281,727	38,684	91.00
91.01	09101	PATIENT SERVICES	12,881	12,881	0	2,480,575	2,921	91.01
91.02	09102	WOUND CARE	16,065,803	15,558,372	0	975,046	6,667	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	122,535	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	919,469	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	10,937	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	3,007,911	2,994,494	0	1,410,909	1,695	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	17,387,656	0	0	711,485	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	5,793,753	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,149,465	11,407	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	122,027	833	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	0	0	896,197	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	211,662	0	0	20,510	0	98.01
98.02	05952	DIABETES EDUCATION	79,593	79,593	0	746,509	0	98.02
101.00	10100	HOME HEALTH AGENCY	12,186,060	12,186,060	0	11,335,420	5,290	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,799,153	1,739,253	0	4,811,446	0	105.00
106.00	10600	HEART ACQUISITION	2,708,626	224,723	0	1,800,987	0	106.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	15,083,363	12,292,440	0	11,915,715	23,617	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,917,821,692	957,675,376	-34,984,120	668,895,757	1,018,758	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,156,215	3,396	190.00
191.00	19100	RESEARCH	0	0	0	1,883,714	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	33,547,694	8,299	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	10,265,589	0	193.01
193.02	19305	MISSION SERVICES	0	0	0	1,140,380	2,630	193.02
193.03	19306	FOUNDATION	0	0	0	3,080,538	0	193.03
193.04	19307	WELLNESS	0	0	0	2,008,202	0	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	611,306	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	1,208,453	0	193.06
193.07	19310	BILLING	0	0	0	24,860,174	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	45,879	0	193.08
193.09	19312	LIFELINE	0	0	0	296,238	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	3,216,959	0	193.10
193.11	19314	SPN	0	0	0	66,354	0	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	0	0	716,357	42,429	193.13
193.14	19302	VACANT SPACE	0	0	0	605,111	35,840	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	3,554	0	193.15
193.16	19316	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)	16,637,598	3,586,241		34,984,120	29,059,425	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005702	0.003745		0.046422	26.147814	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	35,970	4,873		1,340,998	4,352,612	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000012	0.000005		0.001779	3.916502	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
1.02	00102	NEW CAP REL COSTS-BLDG-MARTEN HOUSE					1.02
1.03	00103	NEW CAP REL COSTS-BLDG-WOMENS					1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00581	OP REGISTRATION					5.06
5.07	00591	OTHER ADMINISTRATION AND GENERAL					5.07
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,341,463				8.00
9.00	00900	HOUSEKEEPING	0	1,096,853			9.00
10.00	01000	DIETARY	0	20,267	391,801		10.00
11.00	01100	CAFETERIA	0	12,375	0	7,534,112	11.00
13.00	01300	NURSING ADMINISTRATION	11,323	14,481	0	213,903	3,351,156
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,410	0	68,820	94
15.00	01500	PHARMACY	0	16,613	0	304,074	2,107
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,969	0	144,501	0
17.00	01700	SOCIAL SERVICE	0	2,587	0	168,393	77,326
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	347,489	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	16,884	0	97,012	5,612
23.00	02300	PARAMED PRGM - PHARMACY	0	1,186	0	12,442	0
23.01	02301	PARAMED PRGM - CPE	0	992	0	17,109	0
23.02	02302	PARAMED PRGM - RADIOLOGY	0	1,424	0	13,545	0
23.03	02303	PARAMED PRGM - EMS	0	101	0	46,304	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,566,017	279,782	276,664	1,759,544	1,131,926
31.00	03100	INTENSIVE CARE UNIT	215,654	43,802	5,107	330,589	268,031
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	0	19,676	0	196,610	147,722
32.02	03202	RENAL TRANSPLANT	90,714	14,004	11,958	34,822	24,098
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	46,289	18,647	1,721	81,068	48,961
34.00	02060	NEONATAL INTENSIVE CARE UNIT	291,902	28,222	0	415,909	288,101
40.00	04000	SUBPROVIDER - IPF	101,664	22,441	31,751	131,413	49,287
41.00	04100	SUBPROVIDER - IRF	0	12,755	11,624	50,028	31,773
43.00	04300	NURSERY	105,361	12,942	0	88,980	65,065
44.00	04400	SKILLED NURSING FACILITY	0	442	0	137	64
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	294,587	129,008	1,503	656,399	319,487
50.01	03951	AMBULATORY SURGERY	32,057	15,333	0	33,729	20,711
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,164	20,564	0	131,680	89,619
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	95,790	44,699	36	386,745	49,963
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	11,845	0	63,005	43,015
54.02	05403	ULTRASOUND	0	1,962	0	28,556	0
54.03	05404	ECHOCARDIOLOGY	0	227	0	39,158	940
57.00	05700	CT SCAN	66,334	2,182	0	40,561	1,504
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,658	8,502	0	26,294	0
59.00	05900	CARDIAC CATHETERIZATION	17,570	18,195	0	106,339	42,299
59.01	05901	CARDIAC REHAB	0	0	0	16,415	7,117
60.00	06000	LABORATORY	0	17,307	0	2,142	0
65.00	06500	RESPIRATORY THERAPY	0	4,337	0	193,252	0
65.01	06501	SLEEP LAB	0	11,108	260	24,820	0
66.00	06600	PHYSICAL THERAPY	4,256	10,198	0	226,434	12
66.01	06601	SPORTS PERFORMANCE	0	0	0	90,436	0
67.00	06700	OCCUPATIONAL THERAPY	0	479	0	23,142	4
68.00	06800	SPEECH PATHOLOGY	0	1,258	0	24,716	0
69.00	06900	ELECTROCARDIOLOGY	0	2,125	0	31,497	0
70.00	07000	ELECTROENCEPHALOGRAPHY	8,762	690	0	39,303	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	9,158	3,496	0	8	0
75.00	03330	ENDOSCOPY	49,317	11,766	0	44,835	31,305
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	146,425	54,136

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
			8.00	9.00	10.00	11.00	13.00	
90.01	09001	PARTIAL HOSPITALIZATION	0	7,862	0	34,658	0	90.01
91.00	09100	EMERGENCY	277,966	38,684	1,942	298,703	176,827	91.00
91.01	09101	PATIENT SERVICES	19,920	2,921	0	56,751	1,292	91.01
91.02	09102	WOUND CARE	0	6,667	0	16,769	10,924	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	1,695	0	0	12,858	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	8,146	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	11,832	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	11,407	0	46,904	30,208	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	833	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	0	0	13,386	5,192	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	0	0	0	12,364	9,354	98.02
101.00	10100	HOME HEALTH AGENCY	0	5,290	0	0	91,596	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	17,491	6,467	105.00
106.00	10600	HEART ACQUISITION	0	0	0	10,755	5,877	106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	23,617	10,537	0	77,192	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,341,463	1,004,259	353,103	7,406,364	3,248,044	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,396	0	21,512	0	190.00
191.00	19100	RESEARCH	0	0	0	28,078	5,655	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,299	0	0	82,063	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	2,630	0	10,151	183	193.02
193.03	19306	FOUNDATION	0	0	0	25,442	0	193.03
193.04	19307	WELLNESS	0	0	0	33,793	15,211	193.04
193.05	19308	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19309	JOINT VENTURE	0	0	0	4,734	0	193.06
193.07	19310	BILLING	0	0	0	773	0	193.07
193.08	19311	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	3,265	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.11	19314	SPN	0	0	0	0	0	193.11
193.12	19315	ST. JOE'S	0	0	0	0	0	193.12
193.13	19301	NEW HOPE	0	42,429	0	0	0	193.13
193.14	19302	VACANT SPACE	0	35,840	0	0	0	193.14
193.15	19303	EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16	19316	SETON BOARD	0	0	38,698	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)	2,451,427	10,209,920	4,809,426	3,698,150	15,201,996	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.733639	9.308376	12.275175	0.490854	4.536344	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,715	323,517	519,878	266,647	962,720	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002907	0.294950	1.326893	0.035392	0.287280	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN HOUSE						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00581 OP REGISTRATION						5.06
5.07 00591 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	61,229,182					14.00
15.00 01500 PHARMACY	932,015	6,880,887				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	181	0	261,956			16.00
17.00 01700 SOCIAL SERVICE	569	0	0	21,735		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,139	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	8,652	44,051	0	0	0	22.00
23.00 02300 PARAMED ED PRGM - PHARMACY	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM - CPE	129	0	0	0	0	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03 02303 PARAMED ED PRGM - EMS	3,763	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,729,869	115,856	50,803	5,384	615	30.00
31.00 03100 INTENSIVE CARE UNIT	1,800,103	64,377	740	1,652	89	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPLANT	1,625,377	25,851	80	3	137	32.01
32.02 03202 RENAL TRANSPLANT	242,174	638	284	0	0	32.02
33.00 02080 PEDIATRIC INTENSIVE CARE UNIT	249,251	4,316	178	873	10	33.00
34.00 02060 NEONATAL INTENSIVE CARE UNIT	663,356	16,295	1,187	3,500	4	34.00
40.00 04000 SUBPROVIDER - IPF	11,978	821	2,354	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	36,158	1,550	0	0	0	41.00
43.00 04300 NURSERY	95,007	860	3,101	988	6	43.00
44.00 04400 SKILLED NURSING FACILITY	49,138	58	307	3	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	31,680,229	815,082	3,688	162	33	50.00
50.01 03951 AMBULATORY SURGERY	938,573	96,943	13,885	11	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	438,942	23,127	247	725	8	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	797,395	385,184	77,385	0	3	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	156,556	2,543	0	0	0	54.01
54.02 05403 ULTRASOUND	81,844	23	0	0	1	54.02
54.03 05404 ECHOCARDIOLOGY	112,350	11,452	0	0	0	54.03
57.00 05700 CT SCAN	221,827	6,323	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	22,242	1,348	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,610,879	48,426	12,547	0	0	59.00
59.01 05901 CARDIAC REHAB	2,363	4,865	6	0	0	59.01
60.00 06000 LABORATORY	118,614	38,311	10,031	0	24	60.00
65.00 06500 RESPIRATORY THERAPY	765,428	1,447,394	0	0	0	65.00
65.01 06501 SLEEP LAB	37,856	2,769	2,201	0	0	65.01
66.00 06600 PHYSICAL THERAPY	193,634	0	113	0	22	66.00
66.01 06601 SPORTS PERFORMANCE	18,615	0	11	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	6,771	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	122,806	17	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	14,292	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	154,387	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	401,600	21,773	0	0	4	74.00
75.00 03330 ENDOSCOPY	1,525,278	13,772	4,207	140	10	75.00

Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00		21.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	127,931	192,364	0	901	17		90.00
90.01 09001 PARTIAL HOSPITALIZATION	1,151	0	0	0	0		90.01
91.00 09100 EMERGENCY	1,202,095	26,964	52,536	6,959	52		91.00
91.01 09101 PATIENT SERVICES	271,793	1,433	3,126	0	18		91.01
91.02 09102 WOUND CARE	104	203	0	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	823	0	0	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	6,661	220	7,393	0	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0	1	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	5,829	2,963	0	0	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0		91.07
91.08 04040 FAMILY PRACTICE	10,576	152	8,211	42	56		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	102,112	1,599	0	162	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	19,114	28,285	0	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0		97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0	0		97.01
98.00 05950 GERIATRIC CLINIC	3,317	6,243	0	0	13		98.00
98.01 05951 ELECTROCONVULSIVE THERAPY	0	0	0	0	0		98.01
98.02 05952 DIABETES EDUCATION	0	0	189	0	0		98.02
101.00 10100 HOME HEALTH AGENCY	202,900	2,782	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	366,299	65	1	0	0		105.00
106.00 10600 HEART ACQUISITION	553,078	0	47	0	0		106.00
113.00 11300 INTEREST EXPENSE							113.00
116.00 11600 HOSPICE	190,044	318,225	0	0	7		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	60,934,028	3,775,523	254,859	21,505	1,129		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0	10		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	229,814	3,101,899	4,226	230	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0		193.00
193.01 19304 MARKETING	0	0	0	0	0		193.01
193.02 19305 MISSION SERVICES	3,345	2,027	0	0	0		193.02
193.03 19306 FOUNDATION	0	0	0	0	0		193.03
193.04 19307 WELLNESS	1,970	81	0	0	0		193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0		193.05
193.06 19309 JOINT VENTURE	60,025	1,357	2,871	0	0		193.06
193.07 19310 BILLING	0	0	0	0	0		193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0		193.08
193.09 19312 LIFELINE	0	0	0	0	0		193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0		193.10
193.11 19314 SPN	0	0	0	0	0		193.11
193.12 19315 ST. JOE'S	0	0	0	0	0		193.12
193.13 19301 NEW HOPE	0	0	0	0	0		193.13
193.14 19302 VACANT SPACE	0	0	0	0	0		193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0		193.15
193.16 19316 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)	7,747,919	26,359,906	11,024,557	9,818,987	13,521,886		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.126540	3.830888	42.085530	451.759236	11,871.717296		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	3,426,351	676,444	259,891	104,002	43,009		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.055959	0.098308	0.992117	4.785001	37.760316		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

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Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PHARMACY (ASSIGNED TIME)	PARAMED PRGM - CPE (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - EMS (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
1.02 00102 NEW CAP REL COSTS-BLDG-MARTEN HOUSE						1.02
1.03 00103 NEW CAP REL COSTS-BLDG-WOMENS						1.03
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00581 OP REGISTRATION						5.06
5.07 00591 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,139					22.00
23.00 02300 PARAMED PRGM - PHARMACY		100				23.00
23.01 02301 PARAMED PRGM - CPE		0	780			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY		0	0	100		23.02
23.03 02303 PARAMED PRGM - EMS		0	0	0	1,000	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	615	0	414	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	89	0	152	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPLANT	137	0	87	0	0	32.01
32.02 03202 RENAL TRANSPLANT	0	0	16	0	0	32.02
33.00 02080 PEDIATRIC INTENSIVE CARE UNIT	10	0	6	0	0	33.00
34.00 02060 NEONATAL INTENSIVE CARE UNIT	4	0	42	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	0	22	0	0	40.00
41.00 04100 SUBPROVIDER - I/RP	0	0	0	0	0	41.00
43.00 04300 NURSERY	6	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	33	0	3	0	0	50.00
50.01 03951 AMBULATORY SURGERY	0	0	2	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	8	0	1	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3	0	0	100	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 05403 ULTRASOUND	1	0	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0	0	0	0	0	59.01
60.00 06000 LABORATORY	24	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	22	0	0	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	100	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	4	0	0	0	0	74.00
75.00 03330 ENDOSCOPY	10	0	0	0	0	75.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PHARMACY (ASSIGNED TIME)	PARAMED PRGM - CPE (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - EMS (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	17	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	52	0	32	0	1,000	91.00
91.01 09101 PATIENT SERVICES	18	0	0	0	0	91.01
91.02 09102 WOUND CARE	0	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	56	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0	0	0	0	0	97.01
98.00 05950 GERIATRIC CLINIC	13	0	0	0	0	98.00
98.01 05951 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 05952 DIABETES EDUCATION	0	0	0	0	0	98.02
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	7	0	3	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,129	100	780	100	1,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	10	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	0	0	0	0	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	0	0	0	0	0	193.04
193.05 19308 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19309 JOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	0	0	0	0	0	193.07
193.08 19311 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 19312 LIFELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.11 19314 SPN	0	0	0	0	0	193.11
193.12 19315 ST. JOE'S	0	0	0	0	0	193.12
193.13 19301 NEW HOPE	0	0	0	0	0	193.13
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14
193.15 19303 EXTENDED CARE RESIDENTIAL	0	0	0	0	0	193.15
193.16 19316 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)	6,973,304	799,147	473,241	544,221	1,893,969	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6,122.303775	7,991.470000	606.719231	5,442.210000	1,893.969000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	539,273	28,324	22,699	31,750	96,249	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	473.461809	283.240000	29.101282	317.500000	96.249000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
11/26/2014 11:43 am

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		113,223,055	0	113,223,055	30.00
31.00	03100	INTENSIVE CARE UNIT		24,603,608	0	24,603,608	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT		13,829,999	0	13,829,999	32.01
32.02	03202	RENAL TRANSPLANT		2,947,450	0	2,947,450	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT		6,201,657	0	6,201,657	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT		27,526,728	0	27,526,728	34.00
40.00	04000	SUBPROVIDER - I/PF		7,479,630	0	7,479,630	40.00
41.00	04100	SUBPROVIDER - I/RP		3,820,234	0	3,820,234	41.00
43.00	04300	NURSERY		6,627,899	0	6,627,899	43.00
44.00	04400	SKILLED NURSING FACILITY		117,551	0	117,551	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		121,498,898	0	121,498,898	50.00
50.01	03951	AMBULATORY SURGERY		7,187,238	0	7,187,238	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM		9,245,360	0	9,245,360	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		41,469,963	0	41,469,963	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC		4,105,290	0	4,105,290	54.01
54.02	05403	ULTRASOUND		2,307,895	0	2,307,895	54.02
54.03	05404	ECHOCARDIOLOGY		3,174,231	0	3,174,231	54.03
57.00	05700	CT SCAN		3,228,810	0	3,228,810	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		2,216,893	0	2,216,893	58.00
59.00	05900	CARDIAC CATHETERIZATION		30,643,975	0	30,643,975	59.00
59.01	05901	CARDIAC REHAB		892,407	0	892,407	59.01
60.00	06000	LABORATORY		44,507,010	0	44,507,010	60.00
65.00	06500	RESPIRATORY THERAPY	0	17,582,101	0	17,582,101	65.00
65.01	06501	SLEEP LAB	0	1,964,926	0	1,964,926	65.01
66.00	06600	PHYSICAL THERAPY	0	14,388,198	0	14,388,198	66.00
66.01	06601	SPORTS PERFORMANCE	0	5,049,060	0	5,049,060	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,071,241	0	1,071,241	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,470,578	0	1,470,578	68.00
69.00	06900	ELECTROCARDIOLOGY		1,219,431	0	1,219,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		2,245,946	0	2,245,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,189,099	0	3,189,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		33,455,439	0	33,455,439	73.00
74.00	07400	RENAL DIALYSIS		920,457	0	920,457	74.00
75.00	03330	ENDOSCOPY		6,951,508	0	6,951,508	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		10,151,750	0	10,151,750	90.00
90.01	09001	PARTIAL HOSPITALIZATION		1,878,058	0	1,878,058	90.01
91.00	09100	EMERGENCY		30,248,535	0	30,248,535	91.00
91.01	09101	PATIENT SERVICES		2,919,069	0	2,919,069	91.01
91.02	09102	WOUND CARE		1,315,273	0	1,315,273	91.02
91.03	09103	LAFAYETTE RD CLINIC		128,327	0	128,327	91.03
91.04	09104	ZIONSVILLE CLINIC		1,274,977	0	1,274,977	91.04
91.05	09105	BROWNSBURG CLINIC		11,487	0	11,487	91.05
91.06	09106	OP ANTI COAGULATION CLINIC		1,606,922	0	1,606,922	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT		781,467	0	781,467	91.07
91.08	04040	FAMILY PRACTICE		6,482,843	0	6,482,843	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		5,341,027	0	5,341,027	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		2,905,985	0	2,905,985	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		268,003	0	268,003	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
97.01	09701	FAMILY PRACTICE		0	0	0	97.01
98.00	05950	GERIATRIC CLINIC		992,260	0	992,260	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY		21,462	0	21,462	98.01
98.02	05952	DIABETES EDUCATION		837,619	0	837,619	98.02
101.00	10100	HOME HEALTH AGENCY		12,501,040	0	12,501,040	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		5,119,368	0	5,119,368	105.00
106.00	10600	HEART ACQUISITION		1,988,495	0	1,988,495	106.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		15,030,700	0	15,030,700	116.00
200.00		Subtotal (see instructions)	0	668,168,432	0	668,168,432	200.00
201.00		Less Observation Beds		5,341,027		5,341,027	201.00
202.00		Total (see instructions)	0	662,827,405	0	662,827,405	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 11/26/2014 11:43 am	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,483,031		243,483,031			30.00
31.00	03100	INTENSIVE CARE UNIT	69,720,348		69,720,348			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	35,462,136		35,462,136			32.01
32.02	03202	RENAL TRANSPLANT	3,304,164		3,304,164			32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	19,990,826		19,990,826			33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	154,501,556		154,501,556			34.00
40.00	04000	SUBPROVIDER - IPF	22,218,755		22,218,755			40.00
41.00	04100	SUBPROVIDER - IRF	6,653,783		6,653,783			41.00
43.00	04300	NURSERY	28,752,409		28,752,409			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	409,125,306	263,474,336	672,599,642	0.180641	0.000000	50.00
50.01	03951	AMBULATORY SURGERY	8,728	28,084,727	28,093,455	0.255833	0.000000	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,659,599	2,966,275	52,625,874	0.175681	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,684,093	170,476,078	196,160,171	0.211409	0.000000	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,813,042	3,230,085	5,043,127	0.814037	0.000000	54.01
54.02	05403	ULTRASOUND	10,779,191	11,392,948	22,172,139	0.104090	0.000000	54.02
54.03	05404	ECHOCARDIOLOGY	14,596,293	28,816,785	43,413,078	0.073117	0.000000	54.03
57.00	05700	CT SCAN	20,151,352	18,156,443	38,307,795	0.084286	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,533,575	8,589,834	14,123,409	0.156966	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	96,421,515	102,860,741	199,282,256	0.153772	0.000000	59.00
59.01	05901	CARDIAC REHAB	513,482	1,451,582	1,965,064	0.454136	0.000000	59.01
60.00	06000	LABORATORY	227,432,507	69,136,284	296,568,791	0.150073	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	85,395,933	13,029,191	98,425,124	0.178634	0.000000	65.00
65.01	06501	SLEEP LAB	86,128	11,285,727	11,371,855	0.172789	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	21,632,557	30,302,492	51,935,049	0.277042	0.000000	66.00
66.01	06601	SPORTS PERFORMANCE	0	494,029	494,029	10.220169	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	6,513,613	210,393	6,724,006	0.159316	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,105,659	1,749,767	5,855,426	0.251148	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,629,781	4,643,443	10,273,224	0.118700	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,120,990	3,430,100	13,551,090	0.165739	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,421,744	24,638	1,446,382	2.204880	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	171,381,417	46,689,093	218,070,510	0.153416	0.000000	73.00
74.00	07400	RENAL DIALYSIS	9,099,356	985,920	10,085,276	0.091267	0.000000	74.00
75.00	03330	ENDOSCOPY	10,895,382	20,695,045	31,590,427	0.220051	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	614	14,386,138	14,386,752	0.705632	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	7,865,989	7,865,989	0.238757	0.000000	90.01
91.00	09100	EMERGENCY	50,163,510	95,004,456	145,167,966	0.208369	0.000000	91.00
91.01	09101	PATIENT SERVICES	0	12,881	12,881	226.618197	0.000000	91.01
91.02	09102	WOUND CARE	507,431	15,558,372	16,065,803	0.081868	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	1,233	361,102	362,335	0.354167	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	31,194	4,626,070	4,657,264	0.273761	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	13,418	2,994,494	3,007,912	0.534232	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	58,050	17,329,606	17,387,656	0.044944	0.000000	91.07
91.08	04040	FAMILY PRACTICE	518,688	12,631,639	13,150,327	0.492980	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,862,606	16,876,403	21,739,009	0.245689	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,846,732	5,440,940	8,287,672	0.350639	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0.000000	0.000000	97.01
98.00	05950	GERIATRIC CLINIC	2	745,027	745,029	1.331841	0.000000	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	211,662	0	211,662	0.101398	0.000000	98.01
98.02	05952	DIABETES EDUCATION	0	79,593	79,593	10.523777	0.000000	98.02
101.00	10100	HOME HEALTH AGENCY	0	12,186,060	12,186,060			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,059,900	1,739,253	5,799,153			105.00
106.00	10600	HEART ACQUISITION	2,483,903	224,723	2,708,626			106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,790,923	12,292,440	15,083,363			116.00
200.00		Subtotal (see instructions)	1,840,638,117	1,062,531,142	2,903,169,259			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,840,638,117	1,062,531,142	2,903,169,259			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/26/2014 11:43 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPLANT			32.01
32.02	03202 RENAL TRANSPLANT			32.02
33.00	02080 PEDIATRIC INTENSIVE CARE UNIT			33.00
34.00	02060 NEONATAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.180641		50.00
50.01	03951 AMBULATORY SURGERY	0.255833		50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.175681		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.211409		54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.814037		54.01
54.02	05403 ULTRASOUND	0.104090		54.02
54.03	05404 ECHOCARDIOLOGY	0.073117		54.03
57.00	05700 CT SCAN	0.084286		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.156966		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.153772		59.00
59.01	05901 CARDIAC REHAB	0.454136		59.01
60.00	06000 LABORATORY	0.150073		60.00
65.00	06500 RESPIRATORY THERAPY	0.178634		65.00
65.01	06501 SLEEP LAB	0.172789		65.01
66.00	06600 PHYSICAL THERAPY	0.277042		66.00
66.01	06601 SPORTS PERFORMANCE	10.220169		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.159316		67.00
68.00	06800 SPEECH PATHOLOGY	0.251148		68.00
69.00	06900 ELECTROCARDIOLOGY	0.118700		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165739		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.204880		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.153416		73.00
74.00	07400 RENAL DIALYSIS	0.091267		74.00
75.00	03330 ENDOSCOPY	0.220051		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.705632		90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.238757		90.01
91.00	09100 EMERGENCY	0.208369		91.00
91.01	09101 PATIENT SERVICES	226.618197		91.01
91.02	09102 WOUND CARE	0.081868		91.02
91.03	09103 LAFAYETTE RD CLINIC	0.354167		91.03
91.04	09104 ZIONSVILLE CLINIC	0.273761		91.04
91.05	09105 BROWNSBURG CLINIC	0.000000		91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.534232		91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.044944		91.07
91.08	04040 FAMILY PRACTICE	0.492980		91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.245689		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.350639		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
97.01	09701 FAMILY PRACTICE	0.000000		97.01
98.00	05950 GERIATRIC CLINIC	1.331841		98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0.101398		98.01
98.02	05952 DIABETES EDUCATION	10.523777		98.02
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150084

Period: From 07/01/2013 To 06/30/2014

Worksheet C Part I Date/Time Prepared: 11/26/2014 11:43 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,223,055		113,223,055	0	113,223,055	30.00
31.00	03100	INTENSIVE CARE UNIT	24,603,608		24,603,608	0	24,603,608	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	13,829,999		13,829,999	0	13,829,999	32.01
32.02	03202	RENAL TRANSPLANT	2,947,450		2,947,450	0	2,947,450	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	6,201,657		6,201,657	0	6,201,657	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	27,526,728		27,526,728	0	27,526,728	34.00
40.00	04000	SUBPROVIDER - I/PF	7,479,630		7,479,630	0	7,479,630	40.00
41.00	04100	SUBPROVIDER - I/RP	3,820,234		3,820,234	0	3,820,234	41.00
43.00	04300	NURSERY	6,627,899		6,627,899	0	6,627,899	43.00
44.00	04400	SKILLED NURSING FACILITY	117,551		117,551	0	117,551	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	121,498,898		121,498,898	0	121,498,898	50.00
50.01	03951	AMBULATORY SURGERY	7,187,238		7,187,238	0	7,187,238	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,245,360		9,245,360	0	9,245,360	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,469,963		41,469,963	0	41,469,963	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	4,105,290		4,105,290	0	4,105,290	54.01
54.02	05403	ULTRASOUND	2,307,895		2,307,895	0	2,307,895	54.02
54.03	05404	ECHOCARDIOLOGY	3,174,231		3,174,231	0	3,174,231	54.03
57.00	05700	CT SCAN	3,228,810		3,228,810	0	3,228,810	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,216,893		2,216,893	0	2,216,893	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,643,975		30,643,975	0	30,643,975	59.00
59.01	05901	CARDIAC REHAB	892,407		892,407	0	892,407	59.01
60.00	06000	LABORATORY	44,507,010		44,507,010	0	44,507,010	60.00
65.00	06500	RESPIRATORY THERAPY	17,582,101	0	17,582,101	0	17,582,101	65.00
65.01	06501	SLEEP LAB	1,964,926	0	1,964,926	0	1,964,926	65.01
66.00	06600	PHYSICAL THERAPY	14,388,198	0	14,388,198	0	14,388,198	66.00
66.01	06601	SPORTS PERFORMANCE	5,049,060	0	5,049,060	0	5,049,060	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,071,241	0	1,071,241	0	1,071,241	67.00
68.00	06800	SPEECH PATHOLOGY	1,470,578	0	1,470,578	0	1,470,578	68.00
69.00	06900	ELECTROCARDIOLOGY	1,219,431		1,219,431	0	1,219,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,245,946		2,245,946	0	2,245,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,189,099		3,189,099	0	3,189,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,455,439		33,455,439	0	33,455,439	73.00
74.00	07400	RENAL DIALYSIS	920,457		920,457	0	920,457	74.00
75.00	03330	ENDOSCOPY	6,951,508		6,951,508	0	6,951,508	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,151,750		10,151,750	0	10,151,750	90.00
90.01	09001	PARTIAL HOSPITALIZATION	1,878,058		1,878,058	0	1,878,058	90.01
91.00	09100	EMERGENCY	30,248,535		30,248,535	0	30,248,535	91.00
91.01	09101	PATIENT SERVICES	2,919,069		2,919,069	0	2,919,069	91.01
91.02	09102	WOUND CARE	1,315,273		1,315,273	0	1,315,273	91.02
91.03	09103	LAFAYETTE RD CLINIC	128,327		128,327	0	128,327	91.03
91.04	09104	ZIONSVILLE CLINIC	1,274,977		1,274,977	0	1,274,977	91.04
91.05	09105	BROWNSBURG CLINIC	11,487		11,487	0	11,487	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	1,606,922		1,606,922	0	1,606,922	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	781,467		781,467	0	781,467	91.07
91.08	04040	FAMILY PRACTICE	6,482,843		6,482,843	0	6,482,843	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,341,027		5,341,027	0	5,341,027	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,905,985		2,905,985	0	2,905,985	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	268,003		268,003	0	268,003	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0		0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	992,260		992,260	0	992,260	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	21,462		21,462	0	21,462	98.01
98.02	05952	DIABETES EDUCATION	837,619		837,619	0	837,619	98.02
101.00	10100	HOME HEALTH AGENCY	12,501,040		12,501,040	0	12,501,040	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,119,368		5,119,368	0	5,119,368	105.00
106.00	10600	HEART ACQUISITION	1,988,495		1,988,495	0	1,988,495	106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	15,030,700		15,030,700	0	15,030,700	116.00
200.00		Subtotal (see instructions)	668,168,432	0	668,168,432	0	668,168,432	200.00
201.00		Less Observation Beds	5,341,027		5,341,027		5,341,027	201.00
202.00		Total (see instructions)	662,827,405	0	662,827,405	0	662,827,405	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 11/26/2014 11:43 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,483,031		243,483,031			30.00
31.00	03100	INTENSIVE CARE UNIT	69,720,348		69,720,348			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	35,462,136		35,462,136			32.01
32.02	03202	RENAL TRANSPLANT	3,304,164		3,304,164			32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	19,990,826		19,990,826			33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	154,501,556		154,501,556			34.00
40.00	04000	SUBPROVIDER - I/PF	22,218,755		22,218,755			40.00
41.00	04100	SUBPROVIDER - I/RF	6,653,783		6,653,783			41.00
43.00	04300	NURSERY	28,752,409		28,752,409			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	409,125,306	263,474,336	672,599,642	0.180641	0.000000	50.00
50.01	03951	AMBULATORY SURGERY	8,728	28,084,727	28,093,455	0.255833	0.000000	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,659,599	2,966,275	52,625,874	0.175681	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,684,093	170,476,078	196,160,171	0.211409	0.000000	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,813,042	3,230,085	5,043,127	0.814037	0.000000	54.01
54.02	05403	ULTRASOUND	10,779,191	11,392,948	22,172,139	0.104090	0.000000	54.02
54.03	05404	ECHOCARDIOLOGY	14,596,293	28,816,785	43,413,078	0.073117	0.000000	54.03
57.00	05700	CT SCAN	20,151,352	18,156,443	38,307,795	0.084286	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,533,575	8,589,834	14,123,409	0.156966	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	96,421,515	102,860,741	199,282,256	0.153772	0.000000	59.00
59.01	05901	CARDIAC REHAB	513,482	1,451,582	1,965,064	0.454136	0.000000	59.01
60.00	06000	LABORATORY	227,432,507	69,136,284	296,568,791	0.150073	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	85,395,933	13,029,191	98,425,124	0.178634	0.000000	65.00
65.01	06501	SLEEP LAB	86,128	11,285,727	11,371,855	0.172789	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	21,632,557	30,302,492	51,935,049	0.277042	0.000000	66.00
66.01	06601	SPORTS PERFORMANCE	0	494,029	494,029	10.220169	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	6,513,613	210,393	6,724,006	0.159316	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,105,659	1,749,767	5,855,426	0.251148	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,629,781	4,643,443	10,273,224	0.118700	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,120,990	3,430,100	13,551,090	0.165739	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,421,744	24,638	1,446,382	2.204880	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	171,381,417	46,689,093	218,070,510	0.153416	0.000000	73.00
74.00	07400	RENAL DIALYSIS	9,099,356	985,920	10,085,276	0.091267	0.000000	74.00
75.00	03330	ENDOSCOPY	10,895,382	20,695,045	31,590,427	0.220051	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	614	14,386,138	14,386,752	0.705632	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	7,865,989	7,865,989	0.238757	0.000000	90.01
91.00	09100	EMERGENCY	50,163,510	95,004,456	145,167,966	0.208369	0.000000	91.00
91.01	09101	PATIENT SERVICES	0	12,881	12,881	226.618197	0.000000	91.01
91.02	09102	WOUND CARE	507,431	15,558,372	16,065,803	0.081868	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	1,233	361,102	362,335	0.354167	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	31,194	4,626,070	4,657,264	0.273761	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	13,418	2,994,494	3,007,912	0.534232	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	58,050	17,329,606	17,387,656	0.044944	0.000000	91.07
91.08	04040	FAMILY PRACTICE	518,688	12,631,639	13,150,327	0.492980	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,862,606	16,876,403	21,739,009	0.245689	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,846,732	5,440,940	8,287,672	0.350639	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0.000000	0.000000	97.01
98.00	05950	GERIATRIC CLINIC	2	745,027	745,029	1.331841	0.000000	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	211,662	0	211,662	0.101398	0.000000	98.01
98.02	05952	DIABETES EDUCATION	0	79,593	79,593	10.523777	0.000000	98.02
101.00	10100	HOME HEALTH AGENCY	0	12,186,060	12,186,060			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,059,900	1,739,253	5,799,153			105.00
106.00	10600	HEART ACQUISITION	2,483,903	224,723	2,708,626			106.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,790,923	12,292,440	15,083,363			116.00
200.00		Subtotal (see instructions)	1,840,638,117	1,062,531,142	2,903,169,259			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,840,638,117	1,062,531,142	2,903,169,259			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/26/2014 11:43 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPLANT			32.01
32.02	03202 RENAL TRANSPLANT			32.02
33.00	02080 PEDIATRIC INTENSIVE CARE UNIT			33.00
34.00	02060 NEONATAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03951 AMBULATORY SURGERY	0.000000		50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000		54.01
54.02	05403 ULTRASOUND	0.000000		54.02
54.03	05404 ECHOCARDIOLOGY	0.000000		54.03
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
59.01	05901 CARDIAC REHAB	0.000000		59.01
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 SLEEP LAB	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 SPORTS PERFORMANCE	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	03330 ENDOSCOPY	0.000000		75.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 PATIENT SERVICES	0.000000		91.01
91.02	09102 WOUND CARE	0.000000		91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000		91.03
91.04	09104 ZIONSVILLE CLINIC	0.000000		91.04
91.05	09105 BROWNSBURG CLINIC	0.000000		91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.000000		91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000		91.07
91.08	04040 FAMILY PRACTICE	0.000000		91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
97.01	09701 FAMILY PRACTICE	0.000000		97.01
98.00	05950 GERIATRIC CLINIC	0.000000		98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0.000000		98.01
98.02	05952 DIABETES EDUCATION	0.000000		98.02
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 11/26/2014 11:43 am
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,413,284	0	7,413,284	131,898	56.20	30.00
31.00 INTENSIVE CARE UNIT	1,675,507		1,675,507	15,899	105.38	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	639,867		639,867	7,022	91.12	32.01
32.02 RENAL TRANSPLANT	339,690		339,690	1,975	171.99	32.02
33.00 PEDIATRIC INTENSIVE CARE UNIT	535,282		535,282	2,627	203.76	33.00
34.00 NEONATAL INTENSIVE CARE UNIT	1,012,099		1,012,099	24,471	41.36	34.00
40.00 SUBPROVIDER - IPF	274,789	0	274,789	12,304	22.33	40.00
41.00 SUBPROVIDER - IRF	309,548	0	309,548	4,901	63.16	41.00
43.00 NURSERY	312,587		312,587	8,830	35.40	43.00
44.00 SKILLED NURSING FACILITY	13,029		13,029	0	0.00	44.00
200.00 Total (lines 30-199)	12,525,682		12,525,682	209,927		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			

30.00 ADULTS & PEDIATRICS	51,123	2,873,113	30.00
31.00 INTENSIVE CARE UNIT	5,598	589,917	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
32.01 CARDIOTHORACIC VASCULAR TRANSPLANT	3,618	329,672	32.01
32.02 RENAL TRANSPLANT	294	50,565	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	2,425	54,150	40.00
41.00 SUBPROVIDER - IRF	2,289	144,573	41.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
200.00 Total (lines 30-199)	65,347	4,041,990	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/26/2014 11:43 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)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,134,184	672,599,642	0.018041	137,450,038	2,479,736	50.00
50.01	03951	AMBULATORY SURGERY	422,033	28,093,455	0.015022	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	555,281	52,625,874	0.010551	160,909	1,698	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,225,167	196,160,171	0.021539	9,634,527	207,518	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	469,752	5,043,127	0.093147	715,145	66,614	54.01
54.02	05403	ULTRASOUND	304,599	22,172,139	0.013738	4,093,799	56,241	54.02
54.03	05404	ECHOCARDIOLOGY	595,589	43,413,078	0.013719	6,539,799	89,720	54.03
57.00	05700	CT SCAN	145,588	38,307,795	0.003800	8,158,732	31,003	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	237,544	14,123,409	0.016819	1,915,344	32,214	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,770,854	199,282,256	0.013904	38,871,563	540,470	59.00
59.01	05901	CARDIAC REHAB	11,648	1,965,064	0.005928	233,410	1,384	59.01
60.00	06000	LABORATORY	446,397	296,568,791	0.001505	79,061,093	118,987	60.00
65.00	06500	RESPIRATORY THERAPY	591,117	98,425,124	0.006006	30,424,427	182,729	65.00
65.01	06501	SLEEP LAB	106,315	11,371,855	0.009349	0	0	65.01
66.00	06600	PHYSICAL THERAPY	413,583	51,935,049	0.007963	9,931,370	79,083	66.00
66.01	06601	SPORTS PERFORMANCE	34,211	494,029	0.069249	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	12,600	6,724,006	0.001874	2,805,775	5,258	67.00
68.00	06800	SPEECH PATHOLOGY	49,721	5,855,426	0.008491	1,993,249	16,925	68.00
69.00	06900	ELECTROCARDIOLOGY	202,563	10,273,224	0.019718	2,776,748	54,752	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121,849	13,551,090	0.008992	2,840,882	25,545	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,439	1,446,382	0.003760	7,620	29	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,135	218,070,510	0.000267	56,838,605	15,176	73.00
74.00	07400	RENAL DIALYSIS	100,786	10,085,276	0.009993	4,637,452	46,342	74.00
75.00	03330	ENDOSCOPY	1,632,141	31,590,427	0.051666	5,040,727	260,434	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	176,928	14,386,752	0.012298	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	71,605	7,865,989	0.009103	0	0	90.01
91.00	09100	EMERGENCY	2,856,887	145,167,966	0.019680	17,433,651	343,094	91.00
91.01	09101	PATIENT SERVICES	73,232	12,881	5.685273	0	0	91.01
91.02	09102	WOUND CARE	157,887	16,065,803	0.009828	176,025	1,730	91.02
91.03	09103	LAFAYETTE RD CLINIC	23,271	362,335	0.064225	0	0	91.03
91.04	09104	ZIONVILLE CLINIC	32,007	4,657,264	0.006872	20,961	144	91.04
91.05	09105	BROWNSBURG CLINIC	74	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	43,052	3,007,912	0.014313	8,739	125	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	3,974	17,387,656	0.000229	41,414	9	91.07
91.08	04040	FAMILY PRACTICE	248,184	13,150,327	0.018873	52	1	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	349,704	21,739,009	0.016086	997,160	16,040	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	392,844	8,287,672	0.047401	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	05950	GERIATRIC CLINIC	20,875	745,029	0.028019	0	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	39	211,662	0.000184	19,692	4	98.01
98.02	05952	DIABETES EDUCATION	17,930	79,593	0.225271	0	0	98.02
200.00		Total (lines 50-199)	30,115,589	2,283,305,049		422,828,908	4,673,005	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 11/26/2014 11:43 am
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	251,182	0	0	251,182	30.00
31.00	03100	INTENSIVE CARE UNIT	0	92,221	0	0	92,221	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	0	52,785	0	0	52,785	32.01
32.02	03202	RENAL TRANSPLANT	0	9,708	0	0	9,708	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	0	3,640	0	0	3,640	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	0	25,482	0	0	25,482	34.00
40.00	04000	SUBPROVIDER - IPF	0	13,348	0	0	13,348	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	448,366	0	0	448,366	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	131,898	1.90	51,123	97,134		30.00
31.00	03100	INTENSIVE CARE UNIT	15,899	5.80	5,598	32,468		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT	7,022	7.52	3,618	27,207		32.01
32.02	03202	RENAL TRANSPLANT	1,975	4.92	294	1,446		32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT	2,627	1.39	0	0		33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT	24,471	1.04	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	12,304	1.08	2,425	2,619		40.00
41.00	04100	SUBPROVIDER - IRF	4,901	0.00	2,289	0		41.00
43.00	04300	NURSERY	8,830	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	209,927		65,347	160,874		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/26/2014 11:43 am
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Cost Center Description		Title XVIII				Hospital		PPS
		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	05000	OPERATING ROOM	0	0	1,820	0	1,820	50.00
50.01	03951	AMBULATORY SURGERY	0	0	1,213	0	1,213	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	607	0	607	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	544,221	0	544,221	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	799,147	0	799,147	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330	ENDOSCOPY	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	1,913,384	0	1,913,384	91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	0	91.01
91.02	09102	WOUND CARE	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	11,846	0	11,846	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50-199)	0	0	3,272,238	0	3,272,238	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/26/2014 11:43 am
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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	05000 OPERATING ROOM	1,820	672,599,642	0.000003	0.000003	137,450,038	50.00
50.01	03951 AMBULATORY SURGERY	1,213	28,093,455	0.000043	0.000043	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	607	52,625,874	0.000012	0.000012	160,909	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	544,221	196,160,171	0.002774	0.002774	9,634,527	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	5,043,127	0.000000	0.000000	715,145	54.01
54.02	05403 ULTRASOUND	0	22,172,139	0.000000	0.000000	4,093,799	54.02
54.03	05404 ECHOCARDIOLOGY	0	43,413,078	0.000000	0.000000	6,539,799	54.03
57.00	05700 CT SCAN	0	38,307,795	0.000000	0.000000	8,158,732	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,123,409	0.000000	0.000000	1,915,344	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	199,282,256	0.000000	0.000000	38,871,563	59.00
59.01	05901 CARDIAC REHAB	0	1,965,064	0.000000	0.000000	233,410	59.01
60.00	06000 LABORATORY	0	296,568,791	0.000000	0.000000	79,061,093	60.00
65.00	06500 RESPIRATORY THERAPY	0	98,425,124	0.000000	0.000000	30,424,427	65.00
65.01	06501 SLEEP LAB	0	11,371,855	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	51,935,049	0.000000	0.000000	9,931,370	66.00
66.01	06601 SPORTS PERFORMANCE	0	494,029	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	6,724,006	0.000000	0.000000	2,805,775	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,855,426	0.000000	0.000000	1,993,249	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,273,224	0.000000	0.000000	2,776,748	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	13,551,090	0.000000	0.000000	2,840,882	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,446,382	0.000000	0.000000	7,620	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	799,147	218,070,510	0.003665	0.003665	56,838,605	73.00
74.00	07400 RENAL DIALYSIS	0	10,085,276	0.000000	0.000000	4,637,452	74.00
75.00	03330 ENDOSCOPY	0	31,590,427	0.000000	0.000000	5,040,727	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	14,386,752	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	7,865,989	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	1,913,384	145,167,966	0.013180	0.013180	17,433,651	91.00
91.01	09101 PATIENT SERVICES	0	12,881	0.000000	0.000000	0	91.01
91.02	09102 WOUND CARE	0	16,065,803	0.000000	0.000000	176,025	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	362,335	0.000000	0.000000	0	91.03
91.04	09104 ZI ONSVILLE CLINIC	0	4,657,264	0.000000	0.000000	20,961	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	3,007,912	0.000000	0.000000	8,739	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	17,387,656	0.000000	0.000000	41,414	91.07
91.08	04040 FAMILY PRACTICE	0	13,150,327	0.000000	0.000000	52	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,846	21,739,009	0.000545	0.000545	997,160	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	8,287,672	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	05950 GERIATRIC CLINIC	0	745,029	0.000000	0.000000	0	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0	211,662	0.000000	0.000000	19,692	98.01
98.02	05952 DIABETES EDUCATION	0	79,593	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	3,272,238	2,283,305,049			422,828,908	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
11/26/2014 11:43 am

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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	412	46,097,765	138	50.00
50.01	03951 AMBULATORY SURGERY	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	2	103,063	1	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	26,726	53,333,074	147,946	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	1,446,213	0	54.01
54.02	05403 ULTRASOUND	0	2,013,247	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	9,047,496	0	54.03
57.00	05700 CT SCAN	0	4,713,327	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,667,713	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	42,931,706	0	59.00
59.01	05901 CARDIAC REHAB	0	644,340	0	59.01
60.00	06000 LABORATORY	0	15,253,615	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,714,675	0	65.00
65.01	06501 SLEEP LAB	0	1,720,798	0	65.01
66.00	06600 PHYSICAL THERAPY	0	4,413,871	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	210,393	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	179,707	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,154,788	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	423,366	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	208,313	12,025,203	44,072	73.00
74.00	07400 RENAL DIALYSIS	0	213,442	0	74.00
75.00	03330 ENDOSCOPY	0	5,262,663	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	472	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	90.01
91.00	09100 EMERGENCY	229,776	13,993,560	184,435	91.00
91.01	09101 PATIENT SERVICES	0	0	0	91.01
91.02	09102 WOUND CARE	0	6,688,555	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	24,605	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	857,307	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	1,654,808	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	4,911,484	0	91.07
91.08	04040 FAMILY PRACTICE	0	115,068	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	543	3,839,906	2,093	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	97.01
98.00	05950 GERIATRIC CLINIC	0	0	0	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	05952 DIABETES EDUCATION	0	20,216	0	98.02
200.00	Total (lines 50-199)	465,772	237,676,446	378,685	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/26/2014 11:43 am				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.180641	46,097,765	0	0	8,327,146	50.00
50.01	03951	AMBULATORY SURGERY	0.255833	0	0	0	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.175681	103,063	0	0	18,106	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211409	53,333,074	0	0	11,275,092	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.814037	1,446,213	0	0	1,177,271	54.01
54.02	05403	ULTRASOUND	0.104090	2,013,247	0	0	209,559	54.02
54.03	05404	ECHOCARDIOLOGY	0.073117	9,047,496	0	0	661,526	54.03
57.00	05700	CT SCAN	0.084286	4,713,327	0	0	397,267	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156966	1,667,713	0	0	261,774	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153772	42,931,706	0	0	6,601,694	59.00
59.01	05901	CARDIAC REHAB	0.454136	644,340	0	0	292,618	59.01
60.00	06000	LABORATORY	0.150073	15,253,615	6,476	0	2,289,156	60.00
65.00	06500	RESPIRATORY THERAPY	0.178634	2,714,675	0	0	484,933	65.00
65.01	06501	SLEEP LAB	0.172789	1,720,798	0	0	297,335	65.01
66.00	06600	PHYSICAL THERAPY	0.277042	4,413,871	0	0	1,222,828	66.00
66.01	06601	SPORTS PERFORMANCE	10.220169	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.159316	210,393	0	0	33,519	67.00
68.00	06800	SPEECH PATHOLOGY	0.251148	179,707	0	0	45,133	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118700	1,154,788	0	0	137,073	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165739	423,366	0	0	70,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.204880	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.153416	12,025,203	2,718	79,844	1,844,859	73.00
74.00	07400	RENAL DIALYSIS	0.091267	213,442	0	0	19,480	74.00
75.00	03330	ENDOSCOPY	0.220051	5,262,663	0	0	1,158,054	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.705632	472	0	306	333	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.238757	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.208369	13,993,560	0	0	2,915,824	91.00
91.01	09101	PATIENT SERVICES	226.618197	0	0	0	0	91.01
91.02	09102	WOUND CARE	0.081868	6,688,555	0	0	547,579	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.354167	24,605	0	0	8,714	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273761	857,307	0	0	234,697	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.534232	1,654,808	0	0	884,051	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.044944	4,911,484	0	0	220,742	91.07
91.08	04040	FAMILY PRACTICE	0.492980	115,068	0	0	56,726	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.245689	3,839,906	0	0	943,423	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.350639	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	1.331841	0	0	0	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0.101398	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	10.523777	20,216	0	0	212,749	98.02
200.00		Subtotal (see instructions)		237,676,446	9,194	80,150	42,849,429	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		237,676,446	9,194	80,150	42,849,429	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/26/2014 11:43 am
		Title XVIII	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
50.01 03951	AMBULATORY SURGERY	0	0	50.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	0	0	54.01
54.02 05403	ULTRASOUND	0	0	54.02
54.03 05404	ECHOCARDIOLOGY	0	0	54.03
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
59.01 05901	CARDIAC REHAB	0	0	59.01
60.00 06000	LABORATORY	972	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
65.01 06501	SLEEP LAB	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	66.00
66.01 06601	SPORTS PERFORMANCE	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	417	12,249	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
75.00 03330	ENDOSCOPY	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	216	90.00
90.01 09001	PARTIAL HOSPITALIZATION	0	0	90.01
91.00 09100	EMERGENCY	0	0	91.00
91.01 09101	PATIENT SERVICES	0	0	91.01
91.02 09102	WOUND CARE	0	0	91.02
91.03 09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04 09104	ZIONSVILLE CLINIC	0	0	91.04
91.05 09105	BROWNSBURG CLINIC	0	0	91.05
91.06 09106	OP ANTI COAGULATION CLINIC	0	0	91.06
91.07 09107	ST VINCENT OUTPATIENT TREATMENT	0	0	91.07
91.08 04040	FAMILY PRACTICE	0	0	91.08
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500	AMBULANCE SERVICES	0	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
97.01 09701	FAMILY PRACTICE	0	0	97.01
98.00 05950	GERIATRIC CLINIC	0	0	98.00
98.01 05951	ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02 05952	DIABETES EDUCATION	0	0	98.02
200.00	Subtotal (see instructions)	1,389	12,465	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,389	12,465	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150084 Component CCN: 15S084		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,134,184	672,599,642	0.018041	2,484	45	50.00
50.01	03951 AMBULATORY SURGERY	422,033	28,093,455	0.015022	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	555,281	52,625,874	0.010551	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,225,167	196,160,171	0.021539	34,835	750	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	469,752	5,043,127	0.093147	0	0	54.01
54.02	05403 ULTRASOUND	304,599	22,172,139	0.013738	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	595,589	43,413,078	0.013719	3,977	55	54.03
57.00	05700 CT SCAN	145,588	38,307,795	0.003800	38,275	145	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	237,544	14,123,409	0.016819	6,650	112	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,770,854	199,282,256	0.013904	0	0	59.00
59.01	05901 CARDIAC REHAB	11,648	1,965,064	0.005928	0	0	59.01
60.00	06000 LABORATORY	446,397	296,568,791	0.001505	336,364	506	60.00
65.00	06500 RESPIRATORY THERAPY	591,117	98,425,124	0.006006	9,078	55	65.00
65.01	06501 SLEEP LAB	106,315	11,371,855	0.009349	0	0	65.01
66.00	06600 PHYSICAL THERAPY	413,583	51,935,049	0.007963	45,790	365	66.00
66.01	06601 SPORTS PERFORMANCE	34,211	494,029	0.069249	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	12,600	6,724,006	0.001874	24,757	46	67.00
68.00	06800 SPEECH PATHOLOGY	49,721	5,855,426	0.008491	4,510	38	68.00
69.00	06900 ELECTROCARDIOLOGY	202,563	10,273,224	0.019718	19,175	378	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	121,849	13,551,090	0.008992	13,760	124	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,439	1,446,382	0.003760	622	2	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	58,135	218,070,510	0.000267	397,018	106	73.00
74.00	07400 RENAL DIALYSIS	100,786	10,085,276	0.009993	19,734	197	74.00
75.00	03330 ENDOSCOPY	1,632,141	31,590,427	0.051666	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	176,928	14,386,752	0.012298	614	8	90.00
90.01	09001 PARTIAL HOSPITALIZATION	71,605	7,865,989	0.009103	0	0	90.01
91.00	09100 EMERGENCY	2,856,887	145,167,966	0.019680	238,457	4,693	91.00
91.01	09101 PATIENT SERVICES	73,232	12,881	5.685273	0	0	91.01
91.02	09102 WOUND CARE	157,887	16,065,803	0.009828	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	23,271	362,335	0.064225	0	0	91.03
91.04	09104 ZI ONSVILLE CLINIC	32,007	4,657,264	0.006872	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	74	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	43,052	3,007,912	0.014313	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	3,974	17,387,656	0.000229	0	0	91.07
91.08	04040 FAMILY PRACTICE	248,184	13,150,327	0.018873	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	21,739,009	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	392,844	8,287,672	0.047401	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	05950 GERIATRIC CLINIC	20,875	745,029	0.028019	0	0	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	39	211,662	0.000184	111,443	21	98.01
98.02	05952 DIABETES EDUCATION	17,930	79,593	0.225271	0	0	98.02
200.00	Total (lines 50-199)	29,765,885	2,283,305,049		1,307,543	7,646	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084 Component CCN: 15S084		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part IV Date/Time Prepared: 11/26/2014 11:43 am		
				Title XVIII		Subprovider - IPF		
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	05000	OPERATING ROOM	0	0	1,820	0	1,820	50.00
50.01	03951	AMBULATORY SURGERY	0	0	1,213	0	1,213	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	607	0	607	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	544,221	0	544,221	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	799,147	0	799,147	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330	ENDOSCOPY	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	1,913,384	0	1,913,384	91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	0	91.01
91.02	09102	WOUND CARE	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50-199)	0	0	3,260,392	0	3,260,392	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084 Component CCN: 15S084		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part IV Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII		Subprovider - IPF		PPS	
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	05000 OPERATING ROOM	1,820	672,599,642	0.000003	0.000003	2,484	50.00
50.01	03951 AMBULATORY SURGERY	1,213	28,093,455	0.000043	0.000043	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	607	52,625,874	0.000012	0.000012	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	544,221	196,160,171	0.002774	0.002774	34,835	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	5,043,127	0.000000	0.000000	0	54.01
54.02	05403 ULTRASOUND	0	22,172,139	0.000000	0.000000	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	43,413,078	0.000000	0.000000	3,977	54.03
57.00	05700 CT SCAN	0	38,307,795	0.000000	0.000000	38,275	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,123,409	0.000000	0.000000	6,650	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	199,282,256	0.000000	0.000000	0	59.00
59.01	05901 CARDIAC REHAB	0	1,965,064	0.000000	0.000000	0	59.01
60.00	06000 LABORATORY	0	296,568,791	0.000000	0.000000	336,364	60.00
65.00	06500 RESPIRATORY THERAPY	0	98,425,124	0.000000	0.000000	9,078	65.00
65.01	06501 SLEEP LAB	0	11,371,855	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	51,935,049	0.000000	0.000000	45,790	66.00
66.01	06601 SPORTS PERFORMANCE	0	494,029	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	6,724,006	0.000000	0.000000	24,757	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,855,426	0.000000	0.000000	4,510	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,273,224	0.000000	0.000000	19,175	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	13,551,090	0.000000	0.000000	13,760	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,446,382	0.000000	0.000000	622	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	799,147	218,070,510	0.003665	0.003665	397,018	73.00
74.00	07400 RENAL DIALYSIS	0	10,085,276	0.000000	0.000000	19,734	74.00
75.00	03330 ENDOSCOPY	0	31,590,427	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	14,386,752	0.000000	0.000000	614	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	7,865,989	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	1,913,384	145,167,966	0.013180	0.013180	238,457	91.00
91.01	09101 PATIENT SERVICES	0	12,881	0.000000	0.000000	0	91.01
91.02	09102 WOUND CARE	0	16,065,803	0.000000	0.000000	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	362,335	0.000000	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	4,657,264	0.000000	0.000000	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	3,007,912	0.000000	0.000000	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	17,387,656	0.000000	0.000000	0	91.07
91.08	04040 FAMILY PRACTICE	0	13,150,327	0.000000	0.000000	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	21,739,009	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	8,287,672	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	05950 GERIATRIC CLINIC	0	745,029	0.000000	0.000000	0	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0	211,662	0.000000	0.000000	111,443	98.01
98.02	05952 DIABETES EDUCATION	0	79,593	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	3,260,392	2,283,305,049			1,307,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/26/2014 11:43 am PPS
		Title XVIII	Subprovider - IPF

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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	97	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	0	0	54.03
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,455	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	03330 ENDOSCOPY	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	881	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	90.01
91.00	09100 EMERGENCY	3,143	0	0	91.00
91.01	09101 PATIENT SERVICES	0	0	0	91.01
91.02	09102 WOUND CARE	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	97.01
98.00	05950 GERIATRIC CLINIC	0	0	0	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	05952 DIABETES EDUCATION	0	0	0	98.02
200.00	Total (lines 50-199)	4,695	881	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/26/2014 11:43 am
Title XVII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.180641	0	0	0	0	50.00
50.01 03951 AMBULATORY SURGERY	0.255833	0	0	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.175681	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.211409	0	0	0	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.814037	0	0	0	0	54.01
54.02 05403 ULTRASOUND	0.104090	0	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0.073117	0	0	0	0	54.03
57.00 05700 CT SCAN	0.084286	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.156966	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.153772	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0.454136	0	0	0	0	59.01
60.00 06000 LABORATORY	0.150073	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.178634	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0.172789	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.277042	0	0	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	10.220169	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.159316	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.251148	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.118700	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.165739	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.204880	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.153416	0	0	656	0	73.00
74.00 07400 RENAL DIALYSIS	0.091267	0	0	0	0	74.00
75.00 03330 ENDOSCOPY	0.220051	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.705632	881	0	0	622	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0.238757	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.208369	0	0	0	0	91.00
91.01 09101 PATIENT SERVICES	226.618197	0	0	0	0	91.01
91.02 09102 WOUND CARE	0.081868	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0.354167	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0.273761	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0.534232	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.044944	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	0.492980	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.245689	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.350639	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0.000000	0	0	0	0	97.01
98.00 05950 GERIATRIC CLINIC	1.331841	0	0	0	0	98.00
98.01 05951 ELECTROCONVULSIVE THERAPY	0.101398	0	0	0	0	98.01
98.02 05952 DIABETES EDUCATION	10.523777	0	0	0	0	98.02
200.00	Subtotal (see instructions)	881	0	656	622	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)	881	0	656	622	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/26/2014 11:43 am
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03951 AMBULATORY SURGERY	0	0		50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02 05403 ULTRASOUND	0	0		54.02
54.03 05404 ECHOCARDIOLOGY	0	0		54.03
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
59.01 05901 CARDIAC REHAB	0	0		59.01
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 SPORTS PERFORMANCE	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	101		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 03330 ENDOSCOPY	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PATIENT SERVICES	0	0		91.01
91.02 09102 WOUND CARE	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	0	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08 04040 FAMILY PRACTICE	0	0		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
97.01 09701 FAMILY PRACTICE	0	0		97.01
98.00 05950 GERIATRIC CLINIC	0	0		98.00
98.01 05951 ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02 05952 DIABETES EDUCATION	0	0		98.02
200.00 Subtotal (see instructions)	0	101		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	101		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150084 Component CCN: 15T084		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,134,184	672,599,642	0.018041	93,753	1,691	50.00
50.01	03951 AMBULATORY SURGERY	422,033	28,093,455	0.015022	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	555,281	52,625,874	0.010551	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,225,167	196,160,171	0.021539	99,966	2,153	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	469,752	5,043,127	0.093147	0	0	54.01
54.02	05403 ULTRASOUND	304,599	22,172,139	0.013738	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	595,589	43,413,078	0.013719	11,834	162	54.03
57.00	05700 CT SCAN	145,588	38,307,795	0.003800	26,815	102	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	237,544	14,123,409	0.016819	5,700	96	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,770,854	199,282,256	0.013904	0	0	59.00
59.01	05901 CARDIAC REHAB	11,648	1,965,064	0.005928	0	0	59.01
60.00	06000 LABORATORY	446,397	296,568,791	0.001505	685,492	1,032	60.00
65.00	06500 RESPIRATORY THERAPY	591,117	98,425,124	0.006006	40,232	242	65.00
65.01	06501 SLEEP LAB	106,315	11,371,855	0.009349	0	0	65.01
66.00	06600 PHYSICAL THERAPY	413,583	51,935,049	0.007963	1,440,043	11,467	66.00
66.01	06601 SPORTS PERFORMANCE	34,211	494,029	0.069249	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	12,600	6,724,006	0.001874	1,316,199	2,467	67.00
68.00	06800 SPEECH PATHOLOGY	49,721	5,855,426	0.008491	313,359	2,661	68.00
69.00	06900 ELECTROCARDIOLOGY	202,563	10,273,224	0.019718	8,038	158	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	121,849	13,551,090	0.008992	1,640	15	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,439	1,446,382	0.003760	119,747	450	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	58,135	218,070,510	0.000267	536,117	143	73.00
74.00	07400 RENAL DIALYSIS	100,786	10,085,276	0.009993	120,057	1,200	74.00
75.00	03330 ENDOSCOPY	1,632,141	31,590,427	0.051666	7,651	395	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	176,928	14,386,752	0.012298	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	71,605	7,865,989	0.009103	0	0	90.01
91.00	09100 EMERGENCY	2,856,887	145,167,966	0.019680	0	0	91.00
91.01	09101 PATIENT SERVICES	73,232	12,881	5.685273	0	0	91.01
91.02	09102 WOUND CARE	157,887	16,065,803	0.009828	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	23,271	362,335	0.064225	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	32,007	4,657,264	0.006872	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	74	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	43,052	3,007,912	0.014313	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	3,974	17,387,656	0.000229	0	0	91.07
91.08	04040 FAMILY PRACTICE	248,184	13,150,327	0.018873	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	21,739,009	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	392,844	8,287,672	0.047401	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0	0	97.01
98.00	05950 GERIATRIC CLINIC	20,875	745,029	0.028019	0	0	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	39	211,662	0.000184	0	0	98.01
98.02	05952 DIABETES EDUCATION	17,930	79,593	0.225271	0	0	98.02
200.00	Total (lines 50-199)	29,765,885	2,283,305,049		4,826,643	24,434	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084 Component CCN: 15T084		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part IV Date/Time Prepared: 11/26/2014 11:43 am		
				Title XVIII		Subprovider - IRF		
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	05000	OPERATING ROOM	0	0	1,820	0	1,820	50.00
50.01	03951	AMBULATORY SURGERY	0	0	1,213	0	1,213	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	607	0	607	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	544,221	0	544,221	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS PERFORMANCE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	799,147	0	799,147	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	03330	ENDOSCOPY	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	1,913,384	0	1,913,384	91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	0	91.01
91.02	09102	WOUND CARE	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
97.01	09701	FAMILY PRACTICE	0	0	0	0	0	97.01
98.00	05950	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	05952	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50-199)	0	0	3,260,392	0	3,260,392	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150084 Component CCN: 15T084		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part IV Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII		Subprovider - IRF		PPS	
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	05000 OPERATING ROOM	1,820	672,599,642	0.000003	0.000003	93,753	50.00
50.01	03951 AMBULATORY SURGERY	1,213	28,093,455	0.000043	0.000043	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	607	52,625,874	0.000012	0.000012	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	544,221	196,160,171	0.002774	0.002774	99,966	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	5,043,127	0.000000	0.000000	0	54.01
54.02	05403 ULTRASOUND	0	22,172,139	0.000000	0.000000	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	43,413,078	0.000000	0.000000	11,834	54.03
57.00	05700 CT SCAN	0	38,307,795	0.000000	0.000000	26,815	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,123,409	0.000000	0.000000	5,700	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	199,282,256	0.000000	0.000000	0	59.00
59.01	05901 CARDIAC REHAB	0	1,965,064	0.000000	0.000000	0	59.01
60.00	06000 LABORATORY	0	296,568,791	0.000000	0.000000	685,492	60.00
65.00	06500 RESPIRATORY THERAPY	0	98,425,124	0.000000	0.000000	40,232	65.00
65.01	06501 SLEEP LAB	0	11,371,855	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	51,935,049	0.000000	0.000000	1,440,043	66.00
66.01	06601 SPORTS PERFORMANCE	0	494,029	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	6,724,006	0.000000	0.000000	1,316,199	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,855,426	0.000000	0.000000	313,359	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,273,224	0.000000	0.000000	8,038	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	13,551,090	0.000000	0.000000	1,640	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,446,382	0.000000	0.000000	119,747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	799,147	218,070,510	0.003665	0.003665	536,117	73.00
74.00	07400 RENAL DIALYSIS	0	10,085,276	0.000000	0.000000	120,057	74.00
75.00	03330 ENDOSCOPY	0	31,590,427	0.000000	0.000000	7,651	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	14,386,752	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	7,865,989	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	1,913,384	145,167,966	0.013180	0.013180	0	91.00
91.01	09101 PATIENT SERVICES	0	12,881	0.000000	0.000000	0	91.01
91.02	09102 WOUND CARE	0	16,065,803	0.000000	0.000000	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	362,335	0.000000	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	4,657,264	0.000000	0.000000	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	3,007,912	0.000000	0.000000	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	17,387,656	0.000000	0.000000	0	91.07
91.08	04040 FAMILY PRACTICE	0	13,150,327	0.000000	0.000000	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	21,739,009	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	8,287,672	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0.000000	0.000000	0	97.01
98.00	05950 GERIATRIC CLINIC	0	745,029	0.000000	0.000000	0	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0	211,662	0.000000	0.000000	0	98.01
98.02	05952 DIABETES EDUCATION	0	79,593	0.000000	0.000000	0	98.02
200.00	Total (lines 50-199)	3,260,392	2,283,305,049			4,826,643	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/26/2014 11:43 am PPS
Title XVIII		Subprovider - IRF	

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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03951 AMBULATORY SURGERY	0	0	0	50.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	277	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0	0	0	54.03
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 SPORTS PERFORMANCE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,965	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	03330 ENDOSCOPY	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PATIENT SERVICES	0	0	0	91.01
91.02	09102 WOUND CARE	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
97.01	09701 FAMILY PRACTICE	0	0	0	97.01
98.00	05950 GERIATRIC CLINIC	0	0	0	98.00
98.01	05951 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	05952 DIABETES EDUCATION	0	0	0	98.02
200.00	Total (lines 50-199)	2,242	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/26/2014 11:43 am
Title XVII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.180641	0	0	0	0	50.00
50.01 03951 AMBULATORY SURGERY	0.255833	0	0	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.175681	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.211409	0	0	0	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.814037	0	0	0	0	54.01
54.02 05403 ULTRASOUND	0.104090	0	0	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0.073117	0	0	0	0	54.03
57.00 05700 CT SCAN	0.084286	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.156966	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.153772	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0.454136	0	0	0	0	59.01
60.00 06000 LABORATORY	0.150073	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.178634	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0.172789	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.277042	0	0	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	10.220169	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.159316	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.251148	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.118700	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.165739	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.204880	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.153416	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.091267	0	0	0	0	74.00
75.00 03330 ENDOSCOPY	0.220051	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.705632	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0.238757	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.208369	0	0	0	0	91.00
91.01 09101 PATIENT SERVICES	226.618197	0	0	0	0	91.01
91.02 09102 WOUND CARE	0.081868	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0.354167	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0.273761	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0.534232	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.044944	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	0.492980	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.245689	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.350639	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
97.01 09701 FAMILY PRACTICE	0.000000	0	0	0	0	97.01
98.00 05950 GERIATRIC CLINIC	1.331841	0	0	0	0	98.00
98.01 05951 ELECTROCONVULSIVE THERAPY	0.101398	0	0	0	0	98.01
98.02 05952 DIABETES EDUCATION	10.523777	0	0	0	0	98.02
200.00	Subtotal (see instructions)	0	0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/26/2014 11:43 am
Title XVII I		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03951 AMBULATORY SURGERY	0	0	50.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	54.01
54.02 05403 ULTRASOUND	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	54.03
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
59.01 05901 CARDIAC REHAB	0	0	59.01
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 SPORTS PERFORMANCE	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 03330 ENDOSCOPY	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 PATIENT SERVICES	0	0	91.01
91.02 09102 WOUND CARE	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	91.07
91.08 04040 FAMILY PRACTICE	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
97.01 09701 FAMILY PRACTICE	0	0	97.01
98.00 05950 GERIATRIC CLINIC	0	0	98.00
98.01 05951 ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02 05952 DIABETES EDUCATION	0	0	98.02
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/26/2014 11:43 am
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)		131,898	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		131,898	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		125,676	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)		51,123	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)		113,223,055	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)		113,223,055	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		113,223,055	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)		858.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		43,884,494	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)		43,884,494	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	24,603,608	15,899	1,547.49	5,598	8,662,849	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPLANT	13,829,999	7,022	1,969.52	3,618	7,125,723	44.01
44.02	RENAL TRANSPLANT	2,947,450	1,975	1,492.38	294	438,760	44.02
45.00	PEDIATRIC INTENSIVE CARE UNIT	6,201,657	2,627	2,360.74	0	0	45.00
46.00	NEONATAL INTENSIVE CARE UNIT	27,526,728	24,471	1,124.87	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					71,427,093	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					131,538,919	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,001,522	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,138,777	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,140,299	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					122,398,620	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)					6,222	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					858.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,341,027	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/26/2014 11:43 am	
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	7,413,284	113,223,055	0.065475	5,341,027	349,704	90.00
91.00	Nursing School cost	0	113,223,055	0.000000	5,341,027	0	91.00
92.00	Allied health cost	251,182	113,223,055	0.002218	5,341,027	11,846	92.00
93.00	All other Medical Education	0	113,223,055	0.000000	5,341,027	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/26/2014 11:43 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)			12,304 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			12,304 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			12,304 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)			2,425 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)			7,479,630 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)			7,479,630 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			7,479,630 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)			607.90 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,474,158 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)			1,474,158 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 15S084				Date/Time Prepared: 11/26/2014 11:43 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	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					212,296	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,686,454	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)					56,769	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,341	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					69,110	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,617,344	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084 Component CCN: 15S084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/26/2014 11:43 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	274,789	7,479,630	0.036738	0	0	90.00
91.00	Nursing School cost	0	7,479,630	0.000000	0	0	91.00
92.00	Allied health cost	13,348	7,479,630	0.001785	0	0	92.00
93.00	All other Medical Education	0	7,479,630	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/26/2014 11:43 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,901	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,901	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,901	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)		2,289	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)		3,820,234	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)		3,820,234	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,820,234	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)		779.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,784,230	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)		1,784,230	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 15T084		Date/Time Prepared: 11/26/2014 11:43 am		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	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,199,638	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,983,868	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)					144,573	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					26,676	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					171,249	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,812,619	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084 Component CCN: 15T084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII		Subprovider - IRF		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	309,548	3,820,234	0.081029	0	0	90.00
91.00	Nursing School cost	0	3,820,234	0.000000	0	0	91.00
92.00	Allied health cost	0	3,820,234	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,820,234	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/26/2014 11:43 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		131,898	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		131,898	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		125,676	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)		12,926	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)		8,830	15.00
16.00	Nursery days (title V or XIX only)		993	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)		113,223,055	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)		113,223,055	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		113,223,055	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)		858.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,095,808	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)		11,095,808	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	6,627,899	8,830	750.61	993	745,356		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	24,603,608	15,899	1,547.49	590	913,019		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPLANT	13,829,999	7,022	1,969.52	0	0		44.01
44.02 RENAL TRANSPLANT	2,947,450	1,975	1,492.38	0	0		44.02
45.00 PEDIATRIC INTENSIVE CARE UNIT	6,201,657	2,627	2,360.74	126	297,453		45.00
46.00 NEONATAL INTENSIVE CARE UNIT	27,526,728	24,471	1,124.87	5,141	5,782,957		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,771,519		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,606,112		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)					6,222		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					858.41		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,341,027		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/26/2014 11:43 am	
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	7,413,284	113,223,055	0.065475	5,341,027	349,704	90.00
91.00	Nursing School cost	0	113,223,055	0.000000	5,341,027	0	91.00
92.00	Allied health cost	0	113,223,055	0.000000	5,341,027	0	92.00
93.00	All other Medical Education	0	113,223,055	0.000000	5,341,027	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 15S084		Date/Time Prepared: 11/26/2014 11:43 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)		12,304	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,304	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,304	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)		428	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)		8,830	15.00
16.00	Nursery days (title V or XIX only)		993	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)		7,479,630	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)		7,479,630	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,479,630	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)		607.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		260,181	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)		260,181	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 15S084				Date/Time Prepared: 11/26/2014 11:43 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		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 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						67,454	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						327,635	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)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150084 Component CCN: 15S084		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/26/2014 11:43 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	274,789	7,479,630	0.036738	0	0	90.00
91.00	Nursing School cost	0	7,479,630	0.000000	0	0	91.00
92.00	Allied health cost	0	7,479,630	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,479,630	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/26/2014 11:43 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		99,101,479	30.00
31.00	03100	INTENSIVE CARE UNIT		29,708,844	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT		15,479,501	32.01
32.02	03202	RENAL TRANSPLANT		3,155,717	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT		0	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		4,346	40.00
41.00	04100	SUBPROVIDER - IRF		2,875,257	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180641	137,450,038	50.00
50.01	03951	AMBULATORY SURGERY	0.255833	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.175681	160,909	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211409	9,634,527	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.814037	715,145	54.01
54.02	05403	ULTRASOUND	0.104090	4,093,799	54.02
54.03	05404	ECHOCARDIOLOGY	0.073117	6,539,799	54.03
57.00	05700	CT SCAN	0.084286	8,158,732	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156966	1,915,344	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153772	38,871,563	59.00
59.01	05901	CARDIAC REHAB	0.454136	233,410	59.01
60.00	06000	LABORATORY	0.150073	79,061,093	60.00
65.00	06500	RESPIRATORY THERAPY	0.178634	30,424,427	65.00
65.01	06501	SLEEP LAB	0.172789	0	65.01
66.00	06600	PHYSICAL THERAPY	0.277042	9,931,370	66.00
66.01	06601	SPORTS PERFORMANCE	10.220169	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.159316	2,805,775	67.00
68.00	06800	SPEECH PATHOLOGY	0.251148	1,993,249	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118700	2,776,748	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165739	2,840,882	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.204880	7,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.153416	56,838,605	73.00
74.00	07400	RENAL DIALYSIS	0.091267	4,637,452	74.00
75.00	03330	ENDOSCOPY	0.220051	5,040,727	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.705632	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.238757	0	90.01
91.00	09100	EMERGENCY	0.208369	17,433,651	91.00
91.01	09101	PATIENT SERVICES	226.618197	0	91.01
91.02	09102	WOUND CARE	0.081868	176,025	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.354167	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273761	20,961	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.534232	8,739	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.044944	41,414	91.07
91.08	04040	FAMILY PRACTICE	0.492980	52	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.245689	997,160	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.350639	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	05950	GERIATRIC CLINIC	1.331841	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0.101398	19,692	98.01
98.02	05952	DIABETES EDUCATION	10.523777	0	98.02
200.00		Total (sum of lines 50-94 and 96-98)		422,828,908	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)		422,828,908	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 15S084		Date/Time Prepared: 11/26/2014 11:43 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	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT		0	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		4,522,607	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180641	2,484	50.00
50.01	03951	AMBULATORY SURGERY	0.255833	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.175681	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211409	34,835	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.814037	0	54.01
54.02	05403	ULTRASOUND	0.104090	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.073117	3,977	54.03
57.00	05700	CT SCAN	0.084286	38,275	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156966	6,650	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153772	0	59.00
59.01	05901	CARDIAC REHAB	0.454136	0	59.01
60.00	06000	LABORATORY	0.150073	336,364	60.00
65.00	06500	RESPIRATORY THERAPY	0.178634	9,078	65.00
65.01	06501	SLEEP LAB	0.172789	0	65.01
66.00	06600	PHYSICAL THERAPY	0.277042	45,790	66.00
66.01	06601	SPORTS PERFORMANCE	10.220169	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.159316	24,757	67.00
68.00	06800	SPEECH PATHOLOGY	0.251148	4,510	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118700	19,175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165739	13,760	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.204880	622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.153416	397,018	73.00
74.00	07400	RENAL DIALYSIS	0.091267	19,734	74.00
75.00	03330	ENDOSCOPY	0.220051	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.705632	614	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.238757	0	90.01
91.00	09100	EMERGENCY	0.208369	238,457	91.00
91.01	09101	PATIENT SERVICES	226.618197	0	91.01
91.02	09102	WOUND CARE	0.081868	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.354167	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273761	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.534232	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.044944	0	91.07
91.08	04040	FAMILY PRACTICE	0.492980	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.245689	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.350639	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	05950	GERIATRIC CLINIC	1.331841	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0.101398	111,443	98.01
98.02	05952	DIABETES EDUCATION	10.523777	0	98.02
200.00		Total (sum of lines 50-94 and 96-98)		1,307,543	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,307,543	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 15T084		Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,178	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT		0	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,077,750	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180641	93,753	50.00
50.01	03951	AMBULATORY SURGERY	0.255833	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.175681	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211409	99,966	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.814037	0	54.01
54.02	05403	ULTRASOUND	0.104090	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.073117	11,834	54.03
57.00	05700	CT SCAN	0.084286	26,815	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156966	5,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153772	0	59.00
59.01	05901	CARDIAC REHAB	0.454136	0	59.01
60.00	06000	LABORATORY	0.150073	685,492	60.00
65.00	06500	RESPIRATORY THERAPY	0.178634	40,232	65.00
65.01	06501	SLEEP LAB	0.172789	0	65.01
66.00	06600	PHYSICAL THERAPY	0.277042	1,440,043	66.00
66.01	06601	SPORTS PERFORMANCE	10.220169	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.159316	1,316,199	67.00
68.00	06800	SPEECH PATHOLOGY	0.251148	313,359	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118700	8,038	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165739	1,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.204880	119,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.153416	536,117	73.00
74.00	07400	RENAL DIALYSIS	0.091267	120,057	74.00
75.00	03330	ENDOSCOPY	0.220051	7,651	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.705632	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.238757	0	90.01
91.00	09100	EMERGENCY	0.208369	0	91.00
91.01	09101	PATIENT SERVICES	226.618197	0	91.01
91.02	09102	WOUND CARE	0.081868	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.354167	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273761	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.534232	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.044944	0	91.07
91.08	04040	FAMILY PRACTICE	0.492980	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.245689	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.350639	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	05950	GERIATRIC CLINIC	1.331841	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0.101398	0	98.01
98.02	05952	DIABETES EDUCATION	10.523777	0	98.02
200.00		Total (sum of lines 50-94 and 96-98)		4,826,643	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)		4,826,643	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Title XIX	Hospital	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		45,143,181	30.00
31.00	03100	INTENSIVE CARE UNIT		8,706,840	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT		2,867,096	32.01
32.02	03202	RENAL TRANSPLANT		148,444	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT		7,944,048	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT		79,764,166	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		700,776	41.00
43.00	04300	NURSERY		9,503,588	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180641	37,845,992	50.00
50.01	03951	AMBULATORY SURGERY	0.255833	2,450,627	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.175681	21,257,976	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211409	4,144,421	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.814037	106,147	54.01
54.02	05403	ULTRASOUND	0.104090	1,778,055	54.02
54.03	05404	ECHOCARDIOLOGY	0.073117	2,002,334	54.03
57.00	05700	CT SCAN	0.084286	1,953,687	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156966	779,451	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153772	6,399,290	59.00
59.01	05901	CARDIAC REHAB	0.454136	31,093	59.01
60.00	06000	LABORATORY	0.150073	44,267,330	60.00
65.00	06500	RESPIRATORY THERAPY	0.178634	19,767,034	65.00
65.01	06501	SLEEP LAB	0.172789	21,928	65.01
66.00	06600	PHYSICAL THERAPY	0.277042	2,605,734	66.00
66.01	06601	SPORTS PERFORMANCE	10.220169	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.159316	1,014,230	67.00
68.00	06800	SPEECH PATHOLOGY	0.251148	602,008	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118700	410,338	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165739	1,567,462	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.204880	640,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.153416	30,956,091	73.00
74.00	07400	RENAL DIALYSIS	0.091267	1,101,360	74.00
75.00	03330	ENDOSCOPY	0.220051	885,864	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.705632	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.238757	0	90.01
91.00	09100	EMERGENCY	0.208369	6,437,873	91.00
91.01	09101	PATIENT SERVICES	226.618197	0	91.01
91.02	09102	WOUND CARE	0.081868	138,867	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.354167	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273761	2,440	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.534232	1,534	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.044944	0	91.07
91.08	04040	FAMILY PRACTICE	0.492980	295,634	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.245689	582,278	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.350639	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	05950	GERIATRIC CLINIC	1.331841	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0.101398	0	98.01
98.02	05952	DIABETES EDUCATION	10.523777	0	98.02
200.00		Total (sum of lines 50-94 and 96-98)		187,599,039	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)		187,599,039	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 15S084		Date/Time Prepared: 11/26/2014 11:43 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPLANT		0	32.01
32.02	03202	RENAL TRANSPLANT		0	32.02
33.00	02080	PEDIATRIC INTENSIVE CARE UNIT		0	33.00
34.00	02060	NEONATAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		4,563,621	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180641	0	50.00
50.01	03951	AMBULATORY SURGERY	0.255833	0	50.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.175681	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211409	11,475	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.814037	0	54.01
54.02	05403	ULTRASOUND	0.104090	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.073117	0	54.03
57.00	05700	CT SCAN	0.084286	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156966	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153772	0	59.00
59.01	05901	CARDIAC REHAB	0.454136	0	59.01
60.00	06000	LABORATORY	0.150073	115,017	60.00
65.00	06500	RESPIRATORY THERAPY	0.178634	4,432	65.00
65.01	06501	SLEEP LAB	0.172789	0	65.01
66.00	06600	PHYSICAL THERAPY	0.277042	2,806	66.00
66.01	06601	SPORTS PERFORMANCE	10.220169	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.159316	1,931	67.00
68.00	06800	SPEECH PATHOLOGY	0.251148	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118700	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165739	840	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.204880	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.153416	289,317	73.00
74.00	07400	RENAL DIALYSIS	0.091267	0	74.00
75.00	03330	ENDOSCOPY	0.220051	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.705632	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.238757	0	90.01
91.00	09100	EMERGENCY	0.208369	0	91.00
91.01	09101	PATIENT SERVICES	226.618197	0	91.01
91.02	09102	WOUND CARE	0.081868	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.354167	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.273761	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.534232	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.044944	0	91.07
91.08	04040	FAMILY PRACTICE	0.492980	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.245689	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.350639	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
97.01	09701	FAMILY PRACTICE	0.000000	0	97.01
98.00	05950	GERIATRIC CLINIC	1.331841	0	98.00
98.01	05951	ELECTROCONVULSIVE THERAPY	0.101398	13,464	98.01
98.02	05952	DIABETES EDUCATION	10.523777	0	98.02
200.00		Total (sum of lines 50-94 and 96-98)		439,282	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)		439,282	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-4		
		Component CCN:		Date/Time Prepared: 11/26/2014 11:43 am		
		Kidney	Hospital	PPS		
Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	858.41	46	39,487 1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,547.49	0	0 2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0 3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPLANT	44.01	0	1,969.52	0	0 3.01
3.02	RENAL TRANSPLANT	44.02	0	1,492.38	0	0 3.02
4.00	PEDIATRIC INTENSIVE CARE UNIT	45.00	0	2,360.74	0	0 4.00
5.00	NEONATAL INTENSIVE CARE UNIT	46.00	0	1,124.87	0	0 5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0 6.00
7.00	TOTAL (sum of lines 1-6)		0		46	39,487 7.00
Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
	0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.180641	1,345,515	243,055	8.00
8.01	AMBULATORY SURGERY	50.01	0.255833	0	0	8.01
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.175681	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.211409	659,131	139,346	12.00
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.814037	96,645	78,673	12.01
12.02	ULTRASOUND	54.02	0.104090	8,060	839	12.02
12.03	ECHOCARDIOLOGY	54.03	0.073117	614,934	44,962	12.03
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.084286	231,879	19,544	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.156966	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.153772	199,847	30,731	17.00
17.01	CARDIAC REHAB	59.01	0.454136	0	0	17.01
18.00	LABORATORY	60.00	0.150073	1,450,394	217,665	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.178634	26,748	4,778	23.00
23.01	SLEEP LAB	65.01	0.172789	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.277042	0	0	24.00
24.01	SPORTS PERFORMANCE	66.01	10.220169	0	0	24.01
25.00	OCCUPATIONAL THERAPY	67.00	0.159316	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.251148	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.118700	81,944	9,727	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.165739	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2.204880	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.000000	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.153416	201,757	30,953	31.00
32.00	RENAL DIALYSIS	74.00	0.091267	1,353	123	32.00
33.00	ENDOSCOPY	75.00	0.220051	12,268	2,700	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.705632	0	0	37.00
37.01	PARTIAL HOSPITALIZATION	90.01	0.238757	0	0	37.01
38.00	EMERGENCY	91.00	0.208369	112,606	23,464	38.00
38.01	PATIENT SERVICES	91.01	226.618197	0	0	38.01
38.02	WOUND CARE	91.02	0.081868	0	0	38.02
38.03	LAFAYETTE RD CLINIC	91.03	0.354167	0	0	38.03
38.04	ZIONSVILLE CLINIC	91.04	0.273761	0	0	38.04
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05
38.06	OP ANTI COAGULATION CLINIC	91.06	0.534232	0	0	38.06
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.044944	0	0	38.07
38.08	FAMILY PRACTICE	91.08	0.492980	0	0	38.08
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.245689	7,256	1,783	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.350639	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			5,050,337	848,343	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-4	
		Component CCN:	Date/Time Prepared: 11/26/2014 11:43 am		
		Kidney	Hospital	PPS	
Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	46	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	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0 47.00
48.00	TOTAL (sum of lines 42 through 47)			46	0 48.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	0	0.000000	0 51.00
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0 51.01
52.00	EMERGENCY	24.00	112,606	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 ANTI COAGULATION CLINIC	24.06	0	0.000000	0 52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0 52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0 52.08
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	7,256	0.000000	0 53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0 53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
55.00	TOTAL (sum of lines 49 through 52)		119,862		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	887,830		5,050,337	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)	5,119,368		5,092,655	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	6,007,198		10,142,992	61.00
62.00	Total Usable Organs (see instructions)		89		62.00
63.00	Medicare Usable Organs (see instructions)		76		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.853933		64.00
65.00	Medicare Cost/Charges (see instructions)	5,129,745		8,661,436	65.00
66.00	Revenue for Organs Sold	390,795		390,795	66.00
67.00	Subtotal (line 65 minus line 66)	4,738,950		8,270,641	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,738,950	0	8,270,641	69.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/26/2014 11:43 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)	12	35			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	42			73.00
74.00 Total (sum of lines 70 thru 73)	12	77			74.00
75.00 Organs Transplanted	12	32	2,434,312		75.00
76.00 Organs Sold to Other Hospitals	0	0		0	76.00
77.00 Organs Sold to OPOs	0	35	2,660,342		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	10			83.00
84.00 Total (sum of lines 75 thru 83 should equal line 74)	12	77			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 150084

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Date/Time Prepared: 11/26/2014 11:43 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	858.41	19	16,310	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,547.49	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPLANT	44.01	0	1,969.52	0	0	3.01
3.02	RENAL TRANSPLANT	44.02	0	1,492.38	0	0	3.02
4.00	PEDIATRIC INTENSIVE CARE UNIT	45.00	0	2,360.74	0	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	46.00	0	1,124.87	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		19	16,310	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.180641	689,454		124,544	8.00
8.01	AMBULATORY SURGERY	50.01	0.255833	0		0	8.01
9.00	RECOVERY ROOM	51.00	0.000000	0		0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.175681	0		0	10.00
11.00	ANESTHESIOLOGY	53.00	0.000000	0		0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.211409	8,029		1,697	12.00
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.814037	0		0	12.01
12.02	ULTRASOUND	54.02	0.104090	656		68	12.02
12.03	ECHOCARDIOLOGY	54.03	0.073117	18,965		1,387	12.03
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0		0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0		0	14.00
15.00	CT SCAN	57.00	0.084286	17,000		1,433	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.156966	0		0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.153772	20,901		3,214	17.00
17.01	CARDIAC REHAB	59.01	0.454136	0		0	17.01
18.00	LABORATORY	60.00	0.150073	112,287		16,851	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0		0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0		0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0		0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0		0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.178634	19,825		3,541	23.00
23.01	SLEEP LAB	65.01	0.172789	0		0	23.01
24.00	PHYSICAL THERAPY	66.00	0.277042	0		0	24.00
24.01	SPORTS PERFORMANCE	66.01	10.220169	0		0	24.01
25.00	OCCUPATIONAL THERAPY	67.00	0.159316	0		0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.251148	0		0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.118700	1,570		186	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.165739	0		0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2.204880	0		0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.000000	0		0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.153416	51,678		7,928	31.00
32.00	RENAL DIALYSIS	74.00	0.091267	0		0	32.00
33.00	ENDOSCOPY	75.00	0.220051	500		110	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0		0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0		0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0		0	36.00
37.00	CLINIC	90.00	0.705632	0		0	37.00
37.01	PARTIAL HOSPITALIZATION	90.01	0.238757	0		0	37.01
38.00	EMERGENCY	91.00	0.208369	0		0	38.00
38.01	PATIENT SERVICES	91.01	226.618197	0		0	38.01
38.02	WOUND CARE	91.02	0.081868	0		0	38.02
38.03	LAFAYETTE RD CLINIC	91.03	0.354167	0		0	38.03
38.04	ZIONSVILLE CLINIC	91.04	0.273761	0		0	38.04
38.05	BROWNSBURG CLINIC	91.05	0.000000	0		0	38.05
38.06	OP ANTI COAGULATION CLINIC	91.06	0.534232	0		0	38.06
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.044944	0		0	38.07
38.08	FAMILY PRACTICE	91.08	0.492980	0		0	38.08
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.245689	0		0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.350639	0		0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			940,865		160,959	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet D-4	
		Component CCN:	Date/Time Prepared: 11/26/2014 11:43 am		
		Heart	Hospital	PPS	
Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	19	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	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0 47.00
48.00	TOTAL (sum of lines 42 through 47)			19	0 48.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	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 ANTI COAGULATION CLINIC	24.06	0	0.000000	0 52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0 52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0 52.08
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0 53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0 53.01
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 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	177,269		940,865	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)	1,988,495		1,987,399	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	2,165,764		2,928,264	61.00
62.00	Total Usable Organs (see instructions)		25		62.00
63.00	Medicare Usable Organs (see instructions)		9		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.360000		64.00
65.00	Medicare Cost/Charges (see instructions)	779,675		1,054,175	65.00
66.00	Revenue for Organs Sold	16,355		16,355	66.00
67.00	Subtotal (line 65 minus line 66)	763,320		1,037,820	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	763,320	0	1,037,820	69.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/26/2014 11:43 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	3			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	22			73.00
74.00 Total (sum of lines 70 thru 73)	0	25			74.00
75.00 Organs Transplanted	0	22	2,024,591		75.00
76.00 Organs Sold to Other Hospitals	0	0		0	76.00
77.00 Organs Sold to OPOs	0	3	238,488		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)	0	25			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		26,119,852		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		76,895,544		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		3,610,307		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		23,837,611		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		665.87		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)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		15.75		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)		107.86		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		144.42		10.00
11.00	FTE count for residents in dental and podiatric programs.		8.69		11.00
12.00	Current year allowable FTE (see instructions)		116.55		12.00
13.00	Total allowable FTE count for the prior year.		113.62		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.		96.11		14.00
15.00	Sum of lines 12 through 14 divided by 3.		108.76		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		108.76		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.163335		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.157274		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.157274		21.00
22.00	IME payment adjustment (see instructions)		10,436,451		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)		36.56		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.02		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000030		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000008		27.00
28.00	IME add-on adjustment amount (see instructions)		1,015		28.00
29.00	Total IME payment (sum of lines 22 and 28)		10,437,466		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.31		30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.48		31.00
32.00	Sum of lines 30 and 31		31.79		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		15.44	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		7,001,073		34.00
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143 35.00
35.01	Factor 3 (see instructions)				0.001418950 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				12,836,364 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				9,600,894 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		9,600,894		36.00
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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		133,665,136		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)		133,665,136		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		9,465,585		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).		3,101,034		52.00
53.00	Nursing and Allied Health Managed Care payment		148,853		53.00
54.00	Special add-on payments for new technologies		2,198		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		5,502,270		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		158,255		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		465,772		58.00
59.00	Total (sum of amounts on lines 49 through 58)		152,509,103		59.00
60.00	Primary payer payments		122,276		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		152,386,827		61.00
62.00	Deductibles billed to program beneficiaries		8,649,984		62.00
63.00	Coinurance billed to program beneficiaries		581,784		63.00
64.00	Allowable bad debts (see instructions)		540,046		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		351,030		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		246,959		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		143,506,089		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		39,198		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		143,545,287		71.00
71.01	Sequestration adjustment (see instructions)		2,870,906		71.01
72.00	Interim payments		140,486,222		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		188,159		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		14,863,662		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2014 11:43 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	26,119,852	0	26,119,852	0	26,119,852	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	76,895,544	0	0	76,895,544	76,895,544	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	3,610,307	0	635,752	2,974,555	3,610,307	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	23,837,611	18,113,892	5,723,720	0	23,837,612	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.157274	0.157274	0.157274	0.157274		5.00
6.00	IME payment adjustment (see instructions)	22.00	10,436,451	1,490,266	2,619,834	6,326,351	10,436,451	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000008	0.000008	0.000008	0.000008		7.00
8.00	IME adjustment (see instructions)	28.00	1,015	145	255	615	1,015	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	10,437,466	1,490,411	2,620,089	6,326,966	10,437,466	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1544	0.1544	0.1544	0.1544		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	7,001,073	0	4,032,905	2,968,168	7,001,073	11.00
11.01	Uncompensated care payments	36.00	9,600,894	0	0	9,600,894	9,600,894	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	133,665,136	1,490,411	33,408,598	98,766,127	133,665,136	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	133,665,136	1,490,411	33,408,598	98,766,127	133,665,136	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	9,465,585	0	2,375,115	7,090,470	9,465,585	16.00
17.00	Special add-on payments for new technologies	54.00	2,198	0	0	2,198	2,198	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			1,490,411	35,783,713	105,858,795	143,132,919	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2014 11:43 am

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	8,220,613	0	2,074,220	6,146,393	8,220,613	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	163,139	0	27,927	135,212	163,139	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0651	0.0651	0.0651	0.0651		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	535,162	0	135,032	400,130	535,162	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0665	0.0665	0.0665	0.0665		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	546,671	0	137,936	408,735	546,671	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	9,465,585	0	2,375,115	7,090,470	9,465,585	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/26/2014 11:43 am
		Title VIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,854	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,470,744	2.00
3.00	PPS payments		45,306,256	3.00
4.00	Outlier payment (see instructions)		211,113	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		378,685	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,854	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		89,344	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)		89,344	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)		89,344	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		75,490	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)		13,854	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		45,896,054	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		70	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,048,269	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)		36,861,569	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		938,407	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)		37,799,976	30.00
31.00	Primary payer payments		19,200	31.00
32.00	Subtotal (line 30 minus line 31)		37,780,776	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)		1,034,642	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		672,517	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		732,562	36.00
37.00	Subtotal (see instructions)		38,453,293	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-397	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		38,453,690	40.00
40.01	Sequestration adjustment (see instructions)		769,074	40.01
41.00	Interim payments		37,483,709	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		200,907	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		86,755	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/26/2014 11:43 am
		Component CCN: 15S084	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		101	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		622	2.00
3.00	PPS payments		358	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		101	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		656	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)		656	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)		656	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		555	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)		101	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		358	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)		7	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)		452	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)		452	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		452	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 (see instructions)		452	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		452	40.00
40.01	Sequestration adjustment (see instructions)		9	40.01
41.00	Interim payments		513	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-70	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/26/2014 11:43 am
		Component CCN: 15T084	Title XVII I	Subprovider - IRF
		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		0	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		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 physicians' services in a teaching hospital (see instructions)		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 (see instructions)		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
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2014 11:43 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		140,023,322		37,483,709	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	02/13/2014	886,400		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	07/01/2014	423,500		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)		462,900		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)		140,486,222		37,483,709	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		188,159		200,907	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		140,674,381		37,684,616	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150084
Component CCN: 15S084

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2014 11:43 am
PPS

Title XVIII

Subprovider -
IPF

		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					1.00
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		1,717,078		513	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)		1,717,078		513	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		12,117		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		70	6.02
7.00	Total Medicare program liability (see instructions)		1,729,195		443	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150084 Component CCN: 15T084		Period: From 07/01/2013 To 06/30/2014		Worksheet E-1 Part I Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
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		3,037,698			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)		3,037,698			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		127,045			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		3,164,743			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part II
Date/Time Prepared:
11/26/2014 11:43 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			29,539 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			60,633 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			14,145 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			177,670 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			2,903,169,259 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			98,978,875 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,081,622 8.00
9.00	Sequestration adjustment amount (see instructions)			41,632 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,039,990 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,958,989 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			81,001 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part II Date/Time Prepared: 11/26/2014 11:43 am
		Component CCN: 15S084	Title XVII I	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)		1,995,646	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		17,402	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see 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)		33.709589	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,013,048	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,013,048	16.00
17.00	Primary payer payments		5,350	17.00
18.00	Subtotal (line 16 less line 17).		2,007,698	18.00
19.00	Deductibles		247,200	19.00
20.00	Subtotal (line 18 minus line 19)		1,760,498	20.00
21.00	Coinsurance		8,296	21.00
22.00	Subtotal (line 20 minus line 21)		1,752,202	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		7,644	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		4,969	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		943	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,757,171	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)		7,314	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)		1,764,485	31.00
31.01	Sequestration adjustment (see instructions)		35,290	31.01
32.00	Interim payments		1,717,078	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		12,117	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/26/2014 11:43 am
		Title XVIIII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	657,787	2,251,564	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0346		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	45,914	106,949	3.00
4.00	Outlier Payments	236,035		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	13.427397		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	3,298,249		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0		16.00
17.00	Subtotal (see instructions)	3,298,249		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	3,298,249		19.00
20.00	Deductibles	26,304		20.00
21.00	Subtotal (line 19 minus line 20)	3,271,945		21.00
22.00	Coinsurance	45,608		22.00
23.00	Subtotal (line 21 minus line 22)	3,226,337		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,156		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	751		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	3,227,088		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	2,242		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	3,229,330		32.00
32.01	Sequestration adjustment (see instructions)	64,587		32.01
33.00	Interim payments	3,037,698		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	127,045		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	236,035		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	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2014 11:43 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	51,606,112		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)	51,606,112	0	4.00	
5.00	Inpatient primary payer payments	0		5.00	
6.00	Outpatient primary payer payments		0	6.00	
7.00	Subtotal (line 4 less sum of lines 5 and 6)	51,606,112	0	7.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0	8.00	
9.00	Ancillary service charges	187,599,039	0	9.00	
10.00	Organ acquisition charges, net of revenue	0		10.00	
11.00	Incentive from target amount computation	0		11.00	
12.00	Total reasonable charges (sum of lines 8 through 11)	187,599,039	0	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	0.000000	15.00	
16.00	Total customary charges (see instructions)	187,599,039	0	16.00	
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	135,992,927	0	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 physicians' services in a teaching hospital (see instructions)		0	20.00	
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	51,606,112	0	21.00	
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
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		0	26.00	
27.00	Subtotal (sum of lines 22 through 26)		0	27.00	
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00	
29.00	Titles V or XIX (sum of lines 21 and 27)	51,606,112	0	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)	51,606,112	0	31.00	
32.00	Deductibles		0	32.00	
33.00	Coinurance		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)	51,606,112	0	36.00	
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00	
38.00	Subtotal (line 36 ± line 37)	51,606,112	0	38.00	
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00	
40.00	Total amount payable to the provider (sum of lines 38 and 39)	51,606,112	0	40.00	
41.00	Interim payments	51,606,112	0	41.00	
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00	
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084 Component CCN: 15S084	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2014 11:43 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	327,635		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)	327,635	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	327,635	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	439,282	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	439,282	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	439,282	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	111,647	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	327,635	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	327,635	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	327,635	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	327,635	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	327,635	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	327,635	0	40.00
41.00	Interim payments	327,635	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150084 Component CCN: 15T084	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2014 11:43 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		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)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/26/2014 11:43 am	
		Title XVII	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)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			15.75	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			114.67	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			146.14	6.00
7.00	Enter the lesser of line 5 or line 6			114.67	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.	100.60	41.56	142.16	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.	78.94	32.61	111.55	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		8.69		10.00
11.00	Total weighted FTE count	78.94	41.30		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	74.75	40.53		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	69.64	29.03		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	74.44	36.95		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	74.44	36.95		17.00
18.00	Per resident amount	80,291.87	80,297.87		18.00
19.00	Approved amount for resident costs	5,976,927	2,967,006	8,943,933	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			12.89	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			31.47	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			12.54	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			94,461.04	23.00
24.00	Multiply line 22 time line 23			1,184,541	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			10,128,474	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	65,347	14,409		26.00
27.00	Total Inpatient Days (see instructions)	194,875	194,875		27.00
28.00	Ratio of inpatient days to total inpatient days	0.335328	0.073940		28.00
29.00	Program direct GME amount	3,396,361	748,899		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		105,819		30.00
31.00	Net Program direct GME amount			4,039,441	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/26/2014 11:43 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 Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		10,085,276	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)		136,209,241	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		5,502,270	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		127,626	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		141,583,885	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		42,864,006	42.00
43.00	Primary payer payments (see instructions)		19,200	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		42,844,806	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		184,428,691	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.767689	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.232311	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,039,441	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,101,034	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		938,407	50.00

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 07/01/2013
To 06/30/2014

Worksheet G

Date/Time Prepared:
11/26/2014 11:43 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	7,659,506	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	409,078,861	0	0	0	4.00
5.00	Other receivable	49,910,708	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-239,493,035	0	0	0	6.00
7.00	Inventory	22,291,459	0	0	0	7.00
8.00	Prepaid expenses	6,052,150	0	0	0	8.00
9.00	Other current assets	9,373,612	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	264,873,261	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,827,236	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	466,860,155	0	0	0	15.00
16.00	Accumulated depreciation	-575,831,646	0	0	0	16.00
17.00	Leasehold improvements	24,268,083	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	265,949,431	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)	201,794,994	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	593,556,993	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	70,612,211	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	664,169,204	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,130,837,459	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	34,454,745	0	0	0	37.00
38.00	Salaries, wages, and fees payable	25,116,008	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,445,435	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	4,189,359	0	0	0	43.00
44.00	Other current liabilities	92,601,229	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	158,806,776	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	168,478,517	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	20,944,808	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	189,423,325	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	348,230,101	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	782,607,358	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)	782,607,358	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,130,837,459	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-1

Date/Time Prepared:
11/26/2014 11:43 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,018,591,123		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		251,712,578			2.00
3.00	Total (sum of line 1 and line 2)		1,270,303,701		0	3.00
4.00	RESTRICTED CONTR USED FOR PROPERTY	2,320,188		0		4.00
5.00	CONTRIBUTIONS / OTH NONCRLNG INT AC	12,692,000		0		5.00
6.00	RESTRICTED INVESTMENT INCOME	158,094		0		6.00
7.00	GRANT REVENUE	229,112		0		7.00
8.00	OTHER RESTRICTED ACTIVITY	4,145,182		0		8.00
9.00	UNREALIZED GAIN	260,103		0		9.00
10.00	Total additions (sum of line 4-9)		19,804,679		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,290,108,380		0	11.00
12.00	TRANSFERS TO AFFILIATES	498,317,460		0		12.00
13.00	TRANSFERS TO SPONSORS	1,217,550		0		13.00
14.00	OTHER UNRESTRICTED	3,946,963		0		14.00
15.00		0		0		15.00
16.00	NET ASSETS RELEASED FROM RESTRICTION	4,019,049		0		16.00
17.00	OTHER RESTRICTED	0		0		17.00
18.00	Total deductions (sum of lines 12-17)		507,501,022		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		782,607,358		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	RESTRICTED CONTR USED FOR PROPERTY		0			4.00
5.00	CONTRIBUTIONS / OTH NONCRLNG INT AC		0			5.00
6.00	RESTRICTED INVESTMENT INCOME		0			6.00
7.00	GRANT REVENUE		0			7.00
8.00	OTHER RESTRICTED ACTIVITY		0			8.00
9.00	UNREALIZED GAIN		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			12.00
13.00	TRANSFERS TO SPONSORS		0			13.00
14.00	OTHER UNRESTRICTED		0			14.00
15.00			0			15.00
16.00	NET ASSETS RELEASED FROM RESTRICTION		0			16.00
17.00	OTHER RESTRICTED		0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	243,908,431		243,908,431	1.00
2.00	SUBPROVIDER - IPF	22,218,755		22,218,755	2.00
3.00	SUBPROVIDER - IRF	6,614,508		6,614,508	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	0		0	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)	272,741,694		272,741,694	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	69,720,348		69,720,348	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPLANT	35,462,136		35,462,136	12.01
12.02	RENAL TRANSPLANT	2,918,039		2,918,039	12.02
13.00	PEDIATRIC INTENSIVE CARE UNIT	19,990,826		19,990,826	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	154,501,556		154,501,556	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	282,592,905		282,592,905	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	555,334,599		555,334,599	17.00
18.00	Ancillary services	1,282,585,790	1,037,979,443	2,320,565,233	18.00
19.00	Outpatient services	0	67,052,899	67,052,899	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		12,186,060	12,186,060	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	2,790,923	12,292,440	15,083,363	26.00
27.00	OTHER REVENUE	14,902,537	0	14,902,537	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,855,613,849	1,129,510,842	2,985,124,691	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		992,585,390		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	COLLECITON FEES	11,228			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)		11,228		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		992,574,162		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-3

Date/Time Prepared:
11/26/2014 11:43 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,985,124,691	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,904,815,398	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,080,309,293	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	992,574,162	4.00
5.00	Net income from service to patients (line 3 minus line 4)	87,735,131	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 other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	67,770,449	24.00
24.01	EARLY DEFEASANCE OF DEBT	28,868	24.01
24.02	NONOPERATING GAINS	96,178,130	24.02
25.00	Total other income (sum of lines 6-24)	163,977,447	25.00
26.00	Total (line 5 plus line 25)	251,712,578	26.00
27.00		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)	251,712,578	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet H

HHA CCN: 157083

To 06/30/2014

Date/Time Prepared: 11/26/2014 11:43 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	903,763	0	0	0	421,146	1,324,909	5.00
HHA REIMBURSABLE SERVICES							
6.00	3,090,882	0	247,527	0	0	3,338,409	6.00
7.00	1,651,489	0	155,813	0	0	1,807,302	7.00
8.00	328,483	0	32,536	0	0	361,019	8.00
9.00	113,817	0	7,862	0	0	121,679	9.00
10.00	168,156	0	8,739	0	0	176,895	10.00
11.00	355,606	0	70,952	0	0	426,558	11.00
12.00	0	0	0	0	202,900	202,900	12.00
13.00	0	0	0	0	2,782	2,782	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	6,612,196	0	523,429	0	626,828	7,762,453	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	83,170	1,408,079	-137,139	1,270,940			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	3,338,409	0	3,338,409			6.00
7.00	0	1,807,302	0	1,807,302			7.00
8.00	0	361,019	0	361,019			8.00
9.00	0	121,679	0	121,679			9.00
10.00	0	176,895	0	176,895			10.00
11.00	0	426,558	0	426,558			11.00
12.00	0	202,900	0	202,900			12.00
13.00	0	2,782	0	2,782			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	83,170	7,845,623	-137,139	7,708,484			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
 Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20140631\28500-14.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet H-1 Part I Date/Time Prepared: 11/26/2014 11:43 am
		HHA CCN: 157083	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0		0		0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	1,270,940	0	0	0	1,270,940	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	3,338,409	0	0	0	3,338,409	6.00	
7.00	Physical Therapy	1,807,302	0	0	0	1,807,302	7.00	
8.00	Occupational Therapy	361,019	0	0	0	361,019	8.00	
9.00	Speech Pathology	121,679	0	0	0	121,679	9.00	
10.00	Medical Social Services	176,895	0	0	0	176,895	10.00	
11.00	Home Health Aide	426,558	0	0	0	426,558	11.00	
12.00	Supplies (see instructions)	202,900	0	0	0	202,900	12.00	
13.00	Drugs	2,782	0	0	0	2,782	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)	7,708,484	0	0	0	7,708,484	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
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						4.00	
5.00	Administrative and General	1,270,940					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	659,089	3,997,498				6.00	
7.00	Physical Therapy	356,808	2,164,110				7.00	
8.00	Occupational Therapy	71,275	432,294				8.00	
9.00	Speech Pathology	24,023	145,702				9.00	
10.00	Medical Social Services	34,924	211,819				10.00	
11.00	Home Health Aide	84,214	510,772				11.00	
12.00	Supplies (see instructions)	40,058	242,958				12.00	
13.00	Drugs	549	3,331				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		7,708,484				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-1
Part II
Date/Time Prepared:
11/26/2014 11:43 am
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	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	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,270,940	6,437,544
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	3,338,409
7.00	Physical Therapy	0	0	0	0	0	1,807,302
8.00	Occupational Therapy	0	0	0	0	0	361,019
9.00	Speech Pathology	0	0	0	0	0	121,679
10.00	Medical Social Services	0	0	0	0	0	176,895
11.00	Home Health Aide	0	0	0	0	0	426,558
12.00	Supplies (see instructions)	0	0	0	0	0	202,900
13.00	Drugs	0	0	0	0	0	2,782
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,270,940	6,437,544
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,270,940
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.197426

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet H-2

HHA CCN: 157083

To 06/30/2014

Part I Date/Time Prepared: 11/26/2014 11:43 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			NEW MVBLE EQUIP		
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN HOUSE			NEW BLDG-WOMENS
	0	1.00	1.01	1.02	1.03	2.00	
1.00 Administrative and General	0	89,315	0	0	0	0	1.00
2.00 Skilled Nursing Care	3,997,498	0	0	0	0	0	2.00
3.00 Physical Therapy	2,164,110	0	0	0	0	0	3.00
4.00 Occupational Therapy	432,294	0	0	0	0	0	4.00
5.00 Speech Pathology	145,702	0	0	0	0	0	5.00
6.00 Medical Social Services	211,819	0	0	0	0	0	6.00
7.00 Home Health Aide	510,772	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	242,958	0	0	0	0	0	8.00
9.00 Drugs	3,331	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	7,708,484	89,315	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
Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
	4.00	5.01	5.02	5.03	5.04	5.05	
1.00 Administrative and General	2,071,666	52,605	1,284,425	13,803	0	69,485	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,071,666	52,605	1,284,425	13,803	0	69,485	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	Period: From 07/01/2013 To 06/30/2014	Worksheet H-2 Part I Date/Time Prepared: 11/26/2014 11:43 am
		HHA CCN: 157083	Home Health Agency I	PPS

Cost Center Description		OP REGISTRATION	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	5A.06	5.07	7.00	8.00	9.00	
1.00	Administrative and General	45,637	3,626,936	168,370	138,322	0	49,241	1.00
2.00	Skilled Nursing Care	0	3,997,498	185,571	0	0	0	2.00
3.00	Physical Therapy	0	2,164,110	100,462	0	0	0	3.00
4.00	Occupational Therapy	0	432,294	20,068	0	0	0	4.00
5.00	Speech Pathology	0	145,702	6,764	0	0	0	5.00
6.00	Medical Social Services	0	211,819	9,833	0	0	0	6.00
7.00	Home Health Aide	0	510,772	23,711	0	0	0	7.00
8.00	Supplies (see instructions)	0	242,958	11,279	0	0	0	8.00
9.00	Drugs	0	3,331	155	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	45,637	11,335,420	526,213	138,322	0	49,241	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
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	415,511	25,675	10,658	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	415,511	25,675	10,658	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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150084
HHA CCN: 157083

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2
Part I
Date/Time Prepared: 11/26/2014 11:43 am
PPS

Cost Center Description	SOCIAL SERVICES	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	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
Cost Center Description	PARAMED PRGM - EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.03	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	4,434,713	0	4,434,713			1.00
2.00 Skilled Nursing Care	0	4,183,069	0	4,183,069	2,299,770	6,482,839	2.00
3.00 Physical Therapy	0	2,264,572	0	2,264,572	1,245,019	3,509,591	3.00
4.00 Occupational Therapy	0	452,362	0	452,362	248,700	701,062	4.00
5.00 Speech Pathology	0	152,466	0	152,466	83,823	236,289	5.00
6.00 Medical Social Services	0	221,652	0	221,652	121,860	343,512	6.00
7.00 Home Health Aide	0	534,483	0	534,483	293,849	828,332	7.00
8.00 Supplies (see instructions)	0	254,237	0	254,237	139,775	394,012	8.00
9.00 Drugs	0	3,486	0	3,486	1,917	5,403	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	12,501,040	0	12,501,040	4,434,713	12,501,040	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.					0.549781		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 STATISTICAL BASIS		Provider CCN: 150084 HHA CCN: 157083	Period: From 07/01/2013 To 06/30/2014	Worksheet H-2 Part II Date/Time Prepared: 11/26/2014 11:43 am PPS
			Home Health Agency I	

Cost Center Description		CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	4.00
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN HOUSE (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
1.00	Administrative and General	5,290	0	0	0	0	6,705,333	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,290	0	0	0	0	6,705,333	20.00
21.00	Total cost to be allocated	89,315	0	0	0	0	2,071,666	21.00
22.00	Unit cost multiplier	16.883743	0.000000	0.000000	0.000000	0.000000	0.308958	22.00
Cost Center Description		NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (NODES)	PURCHASING RECEIVING AND STORES (COST REQUIREMENTS)	ADMITTING (TOTAL PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OUTPATIENT REVENUE)	
		5.01	5.02	5.03	5.04	5.05	5.06	
1.00	Administrative and General	74	120	236,534	0	12,186,060	12,186,060	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	74	120	236,534	0	12,186,060	12,186,060	20.00
21.00	Total cost to be allocated	52,605	1,284,425	13,803	0	69,485	45,637	21.00
22.00	Unit cost multiplier	710.878378	10,703.541667	0.058355	0.000000	0.005702	0.003745	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150084
HHA CCN: 157083

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2
Part II
Date/Time Prepared: 11/26/2014 11:43 am
PPS

Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	5A. 07	5. 07	7. 00	8. 00	9. 00	10. 00	
1.00 Administrative and General	0	3,626,936	5,290	0	5,290	0	1.00
2.00 Skilled Nursing Care	0	3,997,498	0	0	0	0	2.00
3.00 Physical Therapy	0	2,164,110	0	0	0	0	3.00
4.00 Occupational Therapy	0	432,294	0	0	0	0	4.00
5.00 Speech Pathology	0	145,702	0	0	0	0	5.00
6.00 Medical Social Services	0	211,819	0	0	0	0	6.00
7.00 Home Health Aide	0	510,772	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	242,958	0	0	0	0	8.00
9.00 Drugs	0	3,331	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)		11,335,420	5,290	0	5,290	0	20.00
21.00 Total cost to be allocated		526,213	138,322	0	49,241	0	21.00
22.00 Unit cost multiplier		0.046422	26.147826	0.000000	9.308318	0.000000	22.00
Cost Center Description	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	11. 00	13. 00	14. 00	15. 00	16. 00	17. 00	
1.00 Administrative and General	0	91,596	202,900	2,782	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)		91,596	202,900	2,782	0	0	20.00
21.00 Total cost to be allocated		415,511	25,675	10,658	0	0	21.00
22.00 Unit cost multiplier	0.000000	4.536344	0.126540	3.831057	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-2
Part II
Date/Time Prepared:
11/26/2014 11:43 am
PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 11/26/2014 11:43 am			
				HHA CCN: 157083	Title XVIII		Home Health Agency I		
						PPS			
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	Average Cost Per Visit (col. 3 + col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
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	6,482,839		6,482,839	33,847	191.53	1.00	
2.00	Physical Therapy	3.00	3,509,591	0	3,509,591	21,306	164.72	2.00	
3.00	Occupational Therapy	4.00	701,062	0	701,062	4,449	157.58	3.00	
4.00	Speech Pathology	5.00	236,289	0	236,289	1,075	219.80	4.00	
5.00	Medical Social Services	6.00	343,512		343,512	1,195	287.46	5.00	
6.00	Home Health Aide	7.00	828,332		828,332	9,702	85.38	6.00	
7.00	Total (sum of lines 1-6)		12,101,625	0	12,101,625	71,574		7.00	
				Program Visits					
				Part B					
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles			
				0	1.00	2.00	3.00	4.00	5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		18020	33	374			8.00	
8.01	Skilled Nursing Care		26900	2,490	9,981			8.01	
8.02	Skilled Nursing Care		29140	13	50			8.02	
8.03	Skilled Nursing Care		45460	31	138			8.03	
8.04	Skilled Nursing Care		99915	1,211	6,043			8.04	
9.00	Physical Therapy		18020	17	82			9.00	
9.01	Physical Therapy		26900	1,807	7,852			9.01	
9.02	Physical Therapy		29140	24	71			9.02	
9.03	Physical Therapy		45460	5	46			9.03	
9.04	Physical Therapy		99915	483	2,109			9.04	
10.00	Occupational Therapy		18020	1	8			10.00	
10.01	Occupational Therapy		26900	393	1,788			10.01	
10.02	Occupational Therapy		29140	0	1			10.02	
10.03	Occupational Therapy		45460	0	0			10.03	
10.04	Occupational Therapy		99915	88	317			10.04	
11.00	Speech Pathology		18020	0	0			11.00	
11.01	Speech Pathology		26900	88	536			11.01	
11.02	Speech Pathology		29140	0	0			11.02	
11.03	Speech Pathology		45460	0	0			11.03	
11.04	Speech Pathology		99915	10	3			11.04	
12.00	Medical Social Services		18020	0	4			12.00	
12.01	Medical Social Services		26900	109	456			12.01	
12.02	Medical Social Services		29140	0	0			12.02	
12.03	Medical Social Services		45460	0	0			12.03	
12.04	Medical Social Services		99915	18	19			12.04	
13.00	Home Health Aide		18020	0	95			13.00	
13.01	Home Health Aide		26900	436	2,362			13.01	
13.02	Home Health Aide		29140	7	12			13.02	
13.03	Home Health Aide		45460	0	34			13.03	
13.04	Home Health Aide		99915	383	2,989			13.04	
14.00	Total (sum of lines 8-13)			7,647	35,370			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)	Ratio (col. 3 + col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	394,012	0	394,012	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	5,403	0	5,403	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 11/26/2014 11:43 am
		HHA CCN: 157083	Title XVIII	Home Health Agency I PPS

Cost Center Description	Program Visits			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	
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	3,778	16,586		723,600	3,176,717	1.00
2.00	Physical Therapy	2,336	10,160		384,786	1,673,555	2.00
3.00	Occupational Therapy	482	2,114		75,954	333,124	3.00
4.00	Speech Pathology	98	539		21,540	118,472	4.00
5.00	Medical Social Services	127	479		36,507	137,693	5.00
6.00	Home Health Aide	826	5,492		70,524	468,907	6.00
7.00	Total (sum of lines 1-6)	7,647	35,370		1,312,911	5,908,468	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
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
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
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
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
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
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
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		600	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-3
Part I
Date/Time Prepared:
11/26/2014 11:43 am
PPS

Title XVIII

Home Health Agency I

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		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	3,900,317		1.00
2.00	Physical Therapy	2,058,341		2.00
3.00	Occupational Therapy	409,078		3.00
4.00	Speech Pathology	140,012		4.00
5.00	Medical Social Services	174,200		5.00
6.00	Home Health Aide	539,431		6.00
7.00	Total (sum of lines 1-6)	7,221,379		7.00
Cost Center Description		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
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
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
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
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
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
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150084 HHA CCN: 157083	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part II Date/Time Prepared: 11/26/2014 11:43 am PPS
		Title XVIII	Home Health Agency I	

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)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.277042	0	0	col. 2, line 2.00 1.00
1.01	Physical Therapy 1	66.01	10.220169	0	0	col. 2, line 2.01 1.01
2.00	Occupational Therapy	67.00	0.159316	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.251148	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	2.204880	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.153416	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150084 HHA CCN: 157083	Period: From 07/01/2013 To 06/30/2014	Worksheet H-4 Part I-11 Date/Time Prepared: 11/26/2014 11:43 am
		Title XVII I	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
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			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
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,138,497	4,855,545
12.00	Total PPS Reimbursement - Full Episodes with Outliers		17,306	140,889
13.00	Total PPS Reimbursement - LUPA Episodes		11,573	74,745
14.00	Total PPS Reimbursement - PEP Episodes		8,913	46,590
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		3,099	30,453
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	6
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,179,388	5,148,228
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,179,388	5,148,228
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		1,179,388	5,148,228
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,179,388	5,148,228
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,179,388	5,148,228
31.01	Sequestration adjustment (see instructions)		23,588	102,964
32.00	Interim payments (see instructions)		1,155,801	5,045,852
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		-1	-588
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150084
HHA CCN: 157083

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-5
Date/Time Prepared:
11/26/2014 11:43 am
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		1,155,801		5,045,852	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)		1,155,801		5,045,852	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		1		588	6.02
7.00	Total Medicare program liability (see instructions)		1,155,800		5,045,264	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet I-5 Date/Time Prepared: 11/26/2014 11:43 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)		0	1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)			2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	0	0	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)			3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients			4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)		0	12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)		0	13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		0.000000	14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K

Hospice CCN: 151507

To 06/30/2014

Date/Time Prepared: 11/26/2014 11:43 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	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	1,326,622	0	0	0	2,065,158	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	4,831,025	0	0	0	0	7.00
8.00	Inpatient - Respite Care	42,902	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	1,194	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	318,225	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	197,023	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)	6,201,743	0	0	0	2,580,406	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K

Hospice CCN: 151507

To 06/30/2014

Date/Time Prepared: 11/26/2014 11:43 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	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	3,391,780	-209,100	3,182,680	-39,446	3,143,234	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	4,831,025	0	4,831,025	0	4,831,025	7.00
8.00	Inpatient - Respite Care	42,902	0	42,902	0	42,902	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	1,194	0	1,194	0	1,194	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	318,225	0	318,225	0	318,225	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	197,023	0	197,023	0	197,023	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)	8,782,149	-209,100	8,573,049	-39,446	8,533,603	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-1

Hospice CCN: 151507

To 06/30/2014

Date/Time Prepared: 11/26/2014 11:43 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	414,077	353,324	1,035,156	2,739,955	7.00
8.00	Inpatient - Respite Care	0	3,677	3,138	9,193	24,332	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	417,754	356,462	1,044,349	2,764,287	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-1

Hospice CCN: 151507

To 06/30/2014

Date/Time Prepared: 11/26/2014 11:43 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	1,326,622	1,326,622	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		288,513	0	4,831,025	7.00
8.00	Inpatient - Respite Care		2,562	0	42,902	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	1,194	0	0	1,194	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)	1,194	291,075	1,326,622	6,201,743	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150084
 Hospice CCN: 151507

Period:
 From 07/01/2013
 To 06/30/2014

Worksheet K-4
 Part I
 Date/Time Prepared:
 11/26/2014 11:43 am

		Hospice I				
		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT		
		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	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	3,143,234	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	4,831,025	0	0	0	7.00
8.00	Inpatient - Respite Care	42,902	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	1,194	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	318,225	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	197,023	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)	8,533,603	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 151507

To 06/30/2014

Part I
Date/Time Prepared:
11/26/2014 11:43 am

		Hospice I			
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
	5.00	5A	6.00	7.00	
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				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	3,143,234	3,143,234	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	4,831,025	2,817,070	7.00
8.00	Inpatient - Respite Care	0	42,902	25,017	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	0	1,194	696	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	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	0	318,225	185,563	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	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	197,023	114,888	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)	0	8,533,603		39.00
				8,533,603	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 151507

To 06/30/2014

Part II
Date/Time Prepared:
11/26/2014 11:43 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		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:	Worksheet K-4
	Hospice CCN: 151507	From 07/01/2013 To 06/30/2014	Part II Date/Time Prepared: 11/26/2014 11:43 am
			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			5.00
6.00 Administrative and General	-3,143,234	5,390,369	6.00
INPATIENT CARE SERVICE			
7.00 Inpatient - General Care	0	4,831,025	7.00
8.00 Inpatient - Respite Care	0	42,902	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	1,194	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	318,225	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	197,023	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)		3,143,234	39.00
40.00 Unit Cost Multiplier		0.583120	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period:

Worksheet K-5

Hospice CCN: 151507

From 07/01/2013
To 06/30/2014

Part I
Date/Time Prepared:
11/26/2014 11:43 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW BLDG-STRESS	NEW BLDG-MARTEN HOUSE	NEW BLDG-WOMENS	
		1.00	1.01	1.02	1.03	
1.00 Administrative and General		390,908	1,812	0	0	1.00
2.00 Inpatient - General Care	7,648,095	0	0	0	0	2.00
3.00 Inpatient - Respite Care	67,919	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	1,890	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	503,788	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	311,911	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)	8,533,603	390,908	1,812	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151507

To 06/30/2014

Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		Hospice I						
		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING		PURCHASING RECEIVING AND STORES
		NEW MVBLE EQUIP	2.00					
1.00	Administrative and General	135,111		1,936,722	61,136	706,434	17,949	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 - Specif y	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)	135,111		1,936,722	61,136	706,434	17,949	34.00
35.00	Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151507

To 06/30/2014

Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		Hospice I				OTHER ADMINISTRATIVE AND GENERAL	
		ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OP REGISTRATION	Subtotal		
		5.04	5.05	5.06	5A.06	5.07	
1.00	Administrative and General	0	86,005	46,035	3,382,112	157,004	1.00
2.00	Inpatient - General Care	0	0	0	7,648,095	355,039	2.00
3.00	Inpatient - Respite Care	0	0	0	67,919	3,153	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	1,890	88	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	503,788	23,387	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	311,911	14,480	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	86,005	46,035	11,915,715	553,151	34.00
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151507

To 06/30/2014

Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		Hospice I					
		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	617,533	0	219,836	129,344	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)	617,533	0	219,836	129,344	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151507

To 06/30/2014

Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	Hospice I					
	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	350,169	24,048	1,219,084	0	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)	350,169	24,048	1,219,084	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period:

Worksheet K-5

Hospice CCN: 151507

From 07/01/2013
To 06/30/2014

Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	PARAMED PRGM - CPE	PARAMED PRGM - RADIOLOGY	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00				
1.00	Administrative and General	0	0	0	1,820	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	1,820	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151507

To 06/30/2014

Part I
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		PARAMED ED PRGM - EMS	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Hospice I	
					Subtotal (col s. 24 ± 25)	Allocated Hospice A&G (See Part II)
		23.03	24.00	25.00	26.00	27.00
1.00	Administrative and General	0	6,100,950			1.00
2.00	Inpatient - General Care	0	8,003,134	0	8,003,134	2.00
3.00	Inpatient - Respite Care	0	71,072	0	71,072	3.00
4.00	Physician Services	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	6.00
7.00	Physical Therapy	0	1,978	0	1,978	7.00
8.00	Occupational Therapy	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	15.00
16.00	Other	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	527,175	0	527,175	17.00
18.00	Analgesics	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	24.00
25.00	Medical Supplies	0	326,391	0	326,391	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	28.00
29.00	Other	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	15,030,700	0	15,030,700	34.00
35.00	Unit Cost Multiplier (see instructions)					0.683216 35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet K-5 Part I Date/Time Prepared: 11/26/2014 11:43 am
		Hospice CCN: 151507	Hospice I	

Cost Center Description		Total Hospice Costs (col. 26 ± 27)	
		28.00	
1.00	Administrative and General		1.00
2.00	Inpatient - General Care	13,471,005	2.00
3.00	Inpatient - Respite Care	119,630	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	3,329	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	887,349	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	549,387	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)	15,030,700	34.00
35.00	Unit Cost Multiplier (see instructions)		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Hospice I

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	NEW BLDG-MARTEN HOUSE (SQUARE FEET)	NEW BLDG-WOMENS (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	
	1.00	1.01	1.02	1.03	2.00	
1.00 Administrative and General	22,921	464	0	0	83,084	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)	22,921	464	0	0	83,084	34.00
35.00 Total cost to be allocated	390,908	1,812	0	0	135,111	35.00
36.00 Unit Cost Multiplier (see instructions)	17.054579	3.905172	0.000000	0.000000	1.626198	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084

Period:

Worksheet K-5

Hospice CCN: 151507

From 07/01/2013

Part II

To 06/30/2014

Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		Hospice I					
		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (NODES)	PURCHASING RECEIVING AND STORES (COST REQUISITIONS)	ADMITTING (TOTAL PATIENT DAYS)	
		4.00	5.01	5.02	5.03	5.04	
1.00	Administrative and General	6,584,722	86	66	522,953	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)	6,584,722	86	66	522,953	0	34.00
35.00	Total cost to be allocated	1,936,722	61,136	706,434	17,949	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.294124	710.883721	10,703.545455	0.034322	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	Hospice I					
	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OUTPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.05	5.06	5A.07	5.07	7.00	
1.00 Administrative and General	15,819,444	12,517,558	0	3,382,112	23,384	1.00
2.00 Inpatient - General Care	0	0	0	7,648,095	0	2.00
3.00 Inpatient - Respite Care	0	0	0	67,919	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	1,890	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	503,788	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	311,911	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)	15,819,444	12,517,558		11,915,715	23,384	34.00
35.00 Total cost to be allocated	86,005	46,035		553,151	617,533	35.00
36.00 Unit Cost Multiplier (see instructions)	0.005437	0.003678		0.046422	26.408356	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	Hospice I					NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)			
	8.00	9.00	10.00	11.00	13.00		
1.00 Administrative and General	0	23,384	10,723	0	0	90,953	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	23,384	10,723	0	0	90,953	34.00
35.00 Total cost to be allocated	0	219,836	129,344	0	0	350,169	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	9.401129	12.062296	0.000000	0.000000	3.849999	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084
Hospice CCN: 151507

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description		Hospice I					INTERNS & RESIDENTS	
		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	21.00		
1.00	Administrative and General	252,049	215,297	0	0	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)	252,049	215,297	0	0	0	34.00	
35.00	Total cost to be allocated	24,048	1,219,084	0	0	83,102	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.095410	5.662336	0.000000	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150084

Period:

Worksheet K-5

Hospice CCN: 151507

From 07/01/2013
To 06/30/2014

Part II
Date/Time Prepared:
11/26/2014 11:43 am

Cost Center Description	Hospice I						
	INTERNS & RESIDENTS	PARAMED PRGM - PHARMACY (ASSIGNED TIME)	PARAMED PRGM - CPE (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - EMS (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)						
1.00 Administrative and General	0	0	2	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)	0	0	2	0	0	0	34.00
35.00 Total cost to be allocated	42,856	0	1,820	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	910.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150084	Period: From 07/01/2013	Worksheet K-5
		Hospice CCN: 151507	To 06/30/2014	Part III
		Hospice I		Date/Time Prepared: 11/26/2014 11:43 am
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
	0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS				
1.00	PHYSICAL THERAPY	66.00	0.277042	0
1.01	SPORTS PERFORMANCE	66.01	10.220169	0
2.00	OCCUPATIONAL THERAPY	67.00	0.159316	0
3.00	SPEECH PATHOLOGY	68.00	0.251148	0
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.153416	0
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00		0
6.00	LABORATORY	60.00	0.150073	0
6.01	BLOOD LABORATORY	60.01		0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2.204880	0
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00		0
9.00	RADIOLOGY-THERAPEUTIC	55.00		0
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00		0
10.97	CARDIAC REHAB	76.97		0
11.00	Totals (sum of lines 1-10)			0

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150084

Period: From 07/01/2013

Worksheet K-6

Hospice CCN: 151507

To 06/30/2014

Date/Time Prepared: 11/26/2014 11:43 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				15,030,700	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				83,610	2.00
3.00	Average cost per diem (line 1 divided by line 2)				179.77	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	31,349				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	5,635,610				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,725			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		310,103			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)			50,536		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			9,084,857		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150084	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/26/2014 11:43 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,220,613	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		163,139	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		486.77	3.00
4.00	Number of interns & residents (see instructions)		108.78	4.00
5.00	Indirect medical education percentage (see instructions)		6.51	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		535,162	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.48	8.00
9.00	Sum of lines 7 and 8		31.79	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.65	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		546,671	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		9,465,585	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)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00