

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0084	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 19:45

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ST. VINCENT HOSPITAL & HCC 15-0084 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 11/29/2010 TIME 19:45

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uf3cx0TprG3YvwPadeqabiYlw5suvk
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PI ENCRYPTION INFORMATION
DATE: 11/29/2010 TIME 19:45

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	6
1	HOSPITAL	0	3,793,470	327,911	0	0
2	SUBPROVIDER	0	20,293	1	0	0
5	HOSPITAL-BASED SNF	0	2,972	0	0	0
7	HOSPITAL-BASED HHA	0	0	1,886	0	0
100	TOTAL	0	3,816,735	329,798	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2001 WEST 86TH STREET P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46260- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-0084	2.01	7/ 1/1966	N	P	O
03.00	SUBPROVIDER	15-5084		7/ 7/1992	N	P	O
06.00	HOSPITAL-BASED SNF	15-5748		2/ 3/2006	N	P	N
09.00	HOSPITAL-BASED HHA	15-7083		10/22/1983	N	O	N
12.00	HOSP-BASED HOSPICE	15-1507		2/ 9/1990			

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 26900

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. Y

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. 7/28/1995 / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. 7/28/1995 / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

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

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

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

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

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

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

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

	1	2	3	4
28.01	100	0.9908	0.9742	
28.02	0.00	1	3480	26900

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 15H046
 40.01 NAME: ST. VINCENT HEALTH FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES FI/CONTRACTOR #
 40.02 STREET: 10330 N. MERIDIAN ST P.O. BOX:
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46290-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 4,406,779
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

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

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/13/2010

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	521	192,355			45,565		14,008
2 HMO					7,469		23,407
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	521	192,355			45,565		14,008
6 INTENSIVE CARE UNIT	38	13,870			5,525		464
7 CORONARY CARE UNIT	24	9,490			3,569		
7 01 CARDIAC RECOVERY							
7 02 TRANSPLANT UNIT	3	3,285			59		
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
9 01 PEDIATRIC INTENSIVE CARE UNIT	15	5,475					
10 NEONATAL INTENSIVE CARE UNIT	75	27,375					595
11 NURSERY							6,664
12 TOTAL	676	251,850			54,718		21,731
13 RPCH VISITS							
14 SUBPROVIDER	54	19,710			3,323		1,898
15 SKILLED NURSING FACILITY	20	7,300			3,311		
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY						33,547	3,005
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE	24	7,300					
23 CORF							
25 TOTAL	774						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	--- INTERNS & RES. FTES --- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			115,599			
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			115,599			
6 INTENSIVE CARE UNIT			11,251			
7 CORONARY CARE UNIT			6,899			
7 01 CARDIAC RECOVERY						
7 02 TRANSPLANT UNIT			127			
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
9 01 PEDIATRIC INTENSIVE CARE UNIT			2,680			
10 NEONATAL INTENSIVE CARE UNIT			22,304			
11 NURSERY			6,664			
12 TOTAL			165,524		141.64	
13 RPCH VISITS						
14 SUBPROVIDER			12,739			
15 SKILLED NURSING FACILITY			4,558			
16 NURSING FACILITY						
16 01 ICF/MR						
17 OTHER LONG TERM CARE						
18 HOME HEALTH AGENCY			54,550			
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE			3,592			
23 CORF						
25 TOTAL					141.64	
26 OBSERVATION BED DAYS			10,112		10,112	
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					10,300	4,091	28,567
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET 5-3
 I I TO 6/30/2010 I PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		TITLE V	DISCHARGES		TOTAL ALL PATIENTS
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE XVIII 13		TITLE XIX 14		
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS								
6 INTENSIVE CARE UNIT								
7 CORONARY CARE UNIT								
7 01 CARDIAC RECOVERY								
7 02 TRANSPLANT UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
9 01 PEDIATRIC INTENSIVE CARE UNI								
10 NEONATAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL	141.64	5,135.44				10,300	4,091	28,567
13 RPCH VISITS								
14 SUBPROVIDER		67.40				374	384	2,347
15 SKILLED NURSING FACILITY		22.14						
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY		99.30						
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE		79.89						
23 CORF								
25 TOTAL	141.64	5,404.17						
26 OBSERVATION BED DAYS								
26 01 OBSERVATION BED DAYS--SUB I								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET S-3
 I I TO 6/30/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	331,698,116		331,698,116	10,538,125.91	31.48	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A	1,264,711		1,264,711	14,480.00	87.34	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	8,293,766		8,293,766	90,580.00	91.56	
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		7,205,938	7,205,938	279,093.00	25.82	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	979,821	34,605	1,014,426	43,180.07	23.49	
8.01 EXCLUDED AREA SALARIES	29,261,509	-383,846	28,877,663	896,312.75	32.22	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	464,786		464,786	9,710.00	47.87	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	29,246,776		29,246,776	552,030.00	52.98	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	83,278,555		83,278,555			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	7,865,238		7,865,238			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	238,581		238,581			CMS 339
18.01 PART A TEACHING PHYSICIANS	3,650,169		3,650,169			CMS 339
19 PHYSICIAN PART B	3,115,790		3,115,790			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	1,880,799		1,880,799			CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	7,369,416	213,704	7,583,120	107,943.69	70.25	
22 ADMINISTRATIVE & GENERAL	51,403,967	-928,258	50,475,709	1,413,382.01	35.71	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	5,839,403		5,839,403	262,920.52	22.21	
25 LAUNDRY & LINEN SERVICE		237,611	237,611	17,981.00	13.21	
26 HOUSEKEEPING	4,568,816	-32,202	4,536,614	380,405.54	11.93	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	5,122,088	-3,536,802	1,585,286	105,877.39	14.97	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		3,536,802	3,536,802	293,934.00	12.03	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	6,056,884	294,417	6,351,301	171,734.34	36.98	
31 CENTRAL SERVICE AND SUPPLY	3,119,882	-188,393	2,931,489	160,308.92	18.29	
32 PHARMACY	12,608,224	-86,262	12,521,962	313,062.23	40.00	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,099,486	2,142	3,101,628	148,931.39	20.83	
34 SOCIAL SERVICE	5,679,901	-52,876	5,627,025	170,782.32	32.95	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	323,404,350	-7,205,938	316,198,412	10,168,452.91	31.10	
2 EXCLUDED AREA SALARIES	30,241,330	-349,241	29,892,089	939,492.82	31.82	
3 SUBTOTAL SALARIES	293,163,020	-6,856,697	286,306,323	9,228,960.09	31.02	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	29,711,562		29,711,562	561,740.00	52.89	
5 SUBTOTAL WAGE-RELATED COSTS	83,517,136		83,517,136		29.17	
6 TOTAL	406,391,718	-6,856,697	399,535,021	9,790,700.09	40.81	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	104,868,067	-540,117	104,327,950	3,547,263.35	29.41	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0084 I FROM 7/ 1/2009 I WORKSHEET S-4
I HHA NO: I TO 6/30/2010 I
I 15-7083 I
COUNTY: MARION I

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	6	5	1,207
2 UNDUPLICATED CENSUS COUNT		1,927.00	81.00	296.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	1,218
2 UNDUPLICATED CENSUS COUNT	2,304.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	12.66		12.66
6 DIRECTING NURSING SERVICE	37.85		37.85
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	17.86		17.86
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	3.32		3.32
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.60		.60
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.68		1.68
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	11.80		11.80
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	5
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		18020
20.01		26900
20.02		29140
20.03		45460
20.04		99915

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	12,361	359	475	276
22 SKILLED NURSING VISIT CHARGES	2,026,744	58,401	81,734	45,938
23 PHYSICAL THERAPY VISITS	12,002	23	162	204
24 PHYSICAL THERAPY VISIT CHARGES	2,328,386	4,439	34,818	39,601
25 OCCUPATIONAL THERAPY VISITS	2,158	4	14	19
26 OCCUPATIONAL THERAPY VISIT CHARGES	428,131	771	3,126	4,084
27 SPEECH PATHOLOGY VISITS	242	0	5	0
28 SPEECH PATHOLOGY VISIT CHARGES	47,866	0	953	0
29 MEDICAL SOCIAL SERVICE VISITS	400	3	8	8
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	101,340	775	2,060	2,020
31 HOME HEALTH AIDE VISITS	4,606	67	16	118
32 HOME HEALTH AIDE VISIT CHARGES	475,352	7,060	1,656	12,100
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	31,769	456	680	625
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	5,407,819	71,446	124,347	103,743
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,867	0	271	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	10	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	94,182	5,612	3,066	1,242

Health Financial Systems MCRIF32 FOR ST. VINCENT HOSPITAL & HCC IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)
 HOSPITAL-BASED HOME HEALTH AGENCY I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 STATISTICAL DATA I 15-0084 I FROM 7/ 1/2009 I WORKSHEET 5-4
 HOME HEALTH AGENCY STATISTICAL DATA I HHA NO: I TO 6/30/2010 I
 I 15-7083 I
 COUNTY: MARION

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
 OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	13,471
22 SKILLED NURSING VISIT CHARGES	0	0	2,212,817
23 PHYSICAL THERAPY VISITS	0	0	12,391
24 PHYSICAL THERAPY VISIT CHARGES	0	0	2,407,244
25 OCCUPATIONAL THERAPY VISITS	0	0	2,195
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	436,112
27 SPEECH PATHOLOGY VISITS	0	0	247
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	48,819
29 MEDICAL SOCIAL SERVICE VISITS	0	0	419
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	106,195
31 HOME HEALTH AIDE VISITS	0	0	4,807
32 HOME HEALTH AIDE VISIT CHARGES	0	0	496,168
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	33,530
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	5,707,355
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	2,138
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	11
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	104,102

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL		87				
4	RVC						
5	RVB		10				
6	RVA						
6 .01	RVX		52				
6 .02	RVL		2,368				
7	RHC						
8	RHB						
9	RHA		6				
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX		68				
12 .02	RML		719				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		1				
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD1						
45 .23	CD1						
46	TOTAL		3,311				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0084 I FROM 7/ 1/2009 I WORKSHEET 5-7
I I TO 6/30/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.9908
Wage Index Factor (after 10/01): 0.9742
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : URBAN
SNF MSA Code : 3480
SNF CBSA Code : 26900

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			
45 .16	LC2			
45 .17	LC1			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0084 I FROM 7/ 1/2009 I WORKSHEET S-7
I I TO 6/30/2010 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
		RUGs	DAYS		
1	2	4.05	4.06		5
45 .18 LB2					
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD1					
45 .23 CD1					
46 TOTAL					

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:
Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.9908
Wage Index Factor (after 10/01) : 0.9742
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : URBAN
SNF MSA Code : 3480
SNF CBSA Code : 26900

HOSPICE IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET S-9
 I HOSPICE NO: I TO 6/30/2010 I
 I 15-1507 I

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	29,535	17		
3 INPATIENT RESPITE CARE	195			
4 GENERAL INPATIENT CARE	2,816			
5 TOTAL HOSPICE DAYS	32,546	17		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	3,860	33,412
3 INPATIENT RESPITE CARE	15	210
4 GENERAL INPATIENT CARE	1,649	4,465
5 TOTAL HOSPICE DAYS	5,524	38,087

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	1,063	1		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	30.62	17.00		
9 UNDUPLICATED CENSUS COUNT	1,063	1		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	180	1,244
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	30.69	30.62
9 UNDUPLICATED CENSUS COUNT	180	1,244

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0084
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	55,596,956
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	55,596,956
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.271855
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	360,233,232

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	15-0084	I	FROM 7/ 1/2009	I	WORKSHEET S-10
I		I	TO 6/30/2010	I	
I		I		I	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	97,931,205
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	109,481,460
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	29,763,082
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	97,931,205

I PROVIDER NO:
I 15-0084
I

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

I PREPARED 11/29/2010
I WORKSHEET A
I

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT					
2 0200	OLD CAP REL COSTS-MVBLE EQUIP					
3 0300	NEW CAP REL COSTS-BLDG & FIXT		4,633,931	4,633,931	14,352,581	18,986,512
3.01 0301	NEW CAP REL COSTS-BLDG-STRESS				385,468	385,468
3.02 0302	NEW CAP REL COSTS-BLDG-MATEN HOUSE				345,610	345,610
3.03 0303	NEW CAP REL COSTS-BLDG-WOMENS				1,897,695	1,897,695
3.04 0304	NEW CAP REL COSTS-BLDG-MCNE				128,128	128,128
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				19,011,233	19,011,233
5 0500	EMPLOYEE BENEFITS	7,369,416	82,793,404	90,162,820	150,727	90,313,547
6.01 0610	NONPATIENT TELEPHONES	114,815	4,426,141	4,540,956	-35,549	4,505,407
6.02 0620	DATA PROCESSING	1,191,348	208,582	1,399,930	-119,441	1,280,489
6.03 0630	PURCHASING, RECEIVING AND STORES	205,305	38,269	243,574		243,574
6.04 0640	ADMITTING	3,972,882	617,699	4,590,581	-8,118	4,582,463
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	2,330,256	6,125,639	8,455,895		8,455,895
6.06 0660	OP REGISTRATION	2,284,237	10,677	2,294,914		2,294,914
6.07 0661	OTHER ADMINISTRATIVE AND GENERAL	41,305,124	97,101,525	138,406,649	-4,508,749	133,897,900
8 0800	OPERATION OF PLANT	5,839,403	19,868,683	25,708,086	-3,672,435	22,035,651
9 0900	LAUNDRY & LINEN SERVICE				2,204,863	2,204,863
10 1000	HOUSEKEEPING	4,568,816	2,347,983	6,916,799	-49,635	6,867,164
11 1100	DIETARY	5,122,088	5,468,326	10,590,414	-5,726,392	4,864,022
12 1200	CAFETERIA		23,481	23,481	5,482,007	5,505,488
14 1400	NURSING ADMINISTRATION	6,056,884	1,255,216	7,312,100	-245,444	7,066,656
15 1500	CENTRAL SERVICES & SUPPLY	3,119,882	4,498,696	7,618,578	-4,147,891	3,470,687
16 1600	PHARMACY	12,608,224	32,812,189	45,420,413	-23,489,763	21,930,650
17 1700	MEDICAL RECORDS & LIBRARY	3,099,486	3,982,668	7,082,154	225	7,082,379
18 1800	SOCIAL SERVICE	5,679,901	1,163,325	6,843,226	-78,193	6,765,033
20 2000	NONPHYSICIAN ANESTHETISTS					
21 2100	NURSING SCHOOL					
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD				7,205,938	7,205,938
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,694,285	1,480,873	18,175,158	-6,986,627	11,188,531
24 2400	PARAMED ED PRGM					
24.01 2401	PARAMED ED PRGM - CPE	407,784	27,004	434,788	-200,291	234,497
24.02 2402	PARAMED ED PRGM - PHARMACY	116,223	5,250	121,473	12,125	133,598
24.03 2403	PARAMED ED PRGM - RADIOLOGY	177,568	-9,900	167,668	103,879	271,547
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	46,921,410	8,544,478	55,465,888	-5,488,921	49,976,967
26 2600	INTENSIVE CARE UNIT	7,021,281	1,617,475	8,638,756	-344,077	8,294,679
27 2700	CORONARY CARE UNIT	5,854,035	791,651	6,645,686	-200,190	6,445,496
27.01 2701	CARDIAC RECOVERY					
27.02 2702	TRANSPLANT UNIT	280,846	3,931	284,777	1,729,409	2,014,186
28 2800	BURN INTENSIVE CARE UNIT					
29 2900	SURGICAL INTENSIVE CARE UNIT					
29.01 2080	PEDIATRIC INTENSIVE CARE UNIT	4,524,285	1,307,347	5,831,632	-282,874	5,548,758
30 2060	NEONATAL INTENSIVE CARE UNIT	17,749,538	2,649,981	20,399,519	-825,307	19,574,212
31 3100	SUBPROVIDER	3,477,828	284,269	3,762,097	-129,909	3,632,188
33 3300	NURSERY	853,182	87,956	941,138	1,869,961	2,811,099
34 3400	SKILLED NURSING FACILITY	979,821	70,564	1,050,385	31,665	1,082,050
35 3500	NURSING FACILITY					
35.01 3510	ICF/MR					
36 3600	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	19,954,727	65,465,507	85,420,234	-5,928,090	79,492,144
37.01 3701	AMBULATORY SURGERY	3,652,700	854,503	4,507,203	-174,604	4,332,599
39 3900	DELIVERY ROOM & LABOR ROOM	4,186,282	431,634	4,617,916	-2,835	4,615,081
40 4000	ANESTHESIOLOGY					
41 4100	RADIOLOGY-DIAGNOSTIC	15,377,328	18,779,371	34,156,699	-6,021,397	28,135,302
41.01 3120	CARDIAC CATHETERIZATION LABORATORY	3,234,274	22,398,331	25,632,605	-3,257,453	22,375,152
41.02 3630	ULTRA SOUND	1,074,294	130,946	1,205,240	-56,190	1,149,050
41.04 3950	EP LAB					
41.05 3952	CATH HOLDING	708,047	278,919	986,966	-165,445	821,521
41.06 3260	ECHOCARDIOLOGY	496,904	213,255	710,159	-138,395	571,764
42 4200	RADIOLOGY-THERAPEUTIC					
43 4300	RADIOISOTOPE					
44 4400	LABORATORY	96,658	39,504,863	39,601,521	-313,848	39,287,673
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 4700	BLOOD STORING, PROCESSING & TRANS.					
48 4800	INTRAVENOUS THERAPY					
49 4900	RESPIRATORY THERAPY	5,122,467	2,565,255	7,687,722	156,587	7,844,309
49.01 3951	SLEEP LAB	1,112,244	726,410	1,838,654	-134,089	1,704,565
50 5000	PHYSICAL THERAPY	7,650,454	3,014,347	10,664,801	-254,774	10,410,027
50.01 3953	CARDIAC REHAB	501,043	127,159	628,202	-10,900	617,302
50.02 3954	SPORTS MEDICINE	2,240,546	1,364,158	3,604,704	-29,675	3,575,029
51 5100	OCCUPATIONAL THERAPY	618,720	13,426	632,146	5,280	637,426
52 5200	SPEECH PATHOLOGY	664,050	337,310	1,001,360	-12,254	989,106
53 5300	ELECTROCARDIOLOGY	375,370	626,177	1,001,547	347,119	1,348,666
54 5400	ELECTROENCEPHALOGRAPHY	840,454	319,595	1,160,049	-114,323	1,045,726
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,884,506	1,884,506
56 5600	DRUGS CHARGED TO PATIENTS				24,232,798	24,232,798
57 5700	RENAL DIALYSIS	-3,320	1,521,327	1,518,007	-16,064	1,501,943
58 5800	ASC (NON-DISTINCT PART)					
59 3330	ENDOSCOPY	1,590,265	2,211,073	3,801,338	-404,477	3,396,861
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC	3,707,669	2,206,174	5,913,843	-499,174	5,414,669
60.01 4950	PARTIAL HOSPITALIZATION	899,383	94,511	993,894	-16,232	977,662

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-0084
I

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

I PREPARED 11/29/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	10,829,779	5,818,404	16,648,183	-1,039,680	15,608,503
61.01	4951 PATIENT SERVICES	2,706,834	569,290	3,276,124	-9,125	3,266,999
61.02	6101 ANTICOAGULATION CLINIC	549,245	93,324	642,569	9,886	652,455
61.03	4953 LAFAYETTE RD CLINIC	135,910	86,274	222,184	-36,937	185,247
61.04	4954 ZIONSVILLE CLINIC	424,767	1,091,509	1,516,276	-409,813	1,106,463
61.05	4955 BROWNSBURG CLINIC	241	3,845	4,086		4,086
61.06	6102 ST VINCENT OUTPATIENT TREATMENT	846,676	3,082,295	3,928,971		3,928,971
61.07	4957 WOUND CENTER	123	2,254,645	2,254,768	-9,754	2,245,014
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
67.01	5950 FAMILY PRACTICE	5,920,575	1,812,948	7,733,523	-446,524	7,286,999
67.02	5951 GERIATRIC CLINIC	1,175,148	237,763	1,412,911	-43,609	1,369,302
68	5952 OTHER REIMBURSABLE COST CENTERS					
68.01	5953 PSYCH SERVICES		59,346	59,346		59,346
68.02	5954 DIABETIC THERAPY	577,120	111,250	688,370	-15,850	672,520
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	5,391,200	852,730	6,243,930	-42	6,243,888
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION	720,677	3,265,668	3,986,345	-1,260,804	2,725,541
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION	501,657	1,205,834	1,707,491	-408,793	1,298,698
88	8800 INTEREST EXPENSE		5,631,901	5,631,901	-5,631,901	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE	4,805,480	2,815,422	7,620,902	-166,017	7,454,885
95	SUBTOTALS	318,612,144	476,414,012	795,026,156	-2,021,184	793,004,972
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	471,792	1,263,753	1,735,545	-10,531	1,725,014
97	9700 RESEARCH	628,578	542,530	1,171,108	-170,514	1,000,594
98	9800 PHYSICIANS' PRIVATE OFFICES	9,427,319	7,818,977	17,246,296	-338,160	16,908,136
99	9900 NONPAID WORKERS					
100	7950 O'CONNERS					
100.01	7951 WELLNESS	1,103,197	258,168	1,361,365	38,225	1,399,590
100.02	7952 OCC HEALTH		2,956	2,956		2,956
100.03	7953 SPN					
100.04	7954 RHI					
100.05	7955 EXTENDED CARE RESIDENTIAL					
100.06	7956 SETON BOARD					
100.07	7957 MARTEN HOUSE				2,503,170	2,503,170
100.08	7958 FOUNDATION	682,708	2,440,405	3,123,113	-31,660	3,091,453
100.09	7959 NETWORK DEVELOPMENT		-1,713	-1,713		-1,713
100.10	7960 EAP					
100.11	7961 COMMUNITY OUTREACH	538,880	630,881	1,169,761	16,770	1,186,531
100.13	7963 MARKETING	-3,163	11,011	7,848	196,365	204,213
100.14	7964 NEW HOPE					
100.15	7965 JOINT VENTURES	143,225	32,282,591	32,425,816	-182,481	32,243,335
100.17	7967 VACANT SPACE					
100.18	7968 ST VINCENT HEART CENTER					
100.19	7969 MISSION SERVICES	93,436	322,844	416,280		416,280
101	TOTAL	331,698,116	521,986,415	853,684,531	-0-	853,684,531

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-0084
I

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

I PREPARED 11/29/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	5,605,060	24,591,572
3.01 0301	NEW CAP REL COSTS-BLDG-STRESS	-187,121	198,347
3.02 0302	NEW CAP REL COSTS-BLDG-MATEN HOUSE		345,610
3.03 0303	NEW CAP REL COSTS-BLDG-WOMENS	-7,257	1,890,438
3.04 0304	NEW CAP REL COSTS-BLDG-MCNE		128,128
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	27,430	19,038,663
5 0500	EMPLOYEE BENEFITS	4,238,977	94,552,524
6.01 0610	NONPATIENT TELEPHONES	475,303	4,980,710
6.02 0620	DATA PROCESSING	32,272,684	33,553,173
6.03 0630	PURCHASING, RECEIVING AND STORES	1,082,300	1,325,874
6.04 0640	ADMITTING	1,508,988	6,091,451
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	7,462,373	15,918,268
6.06 0660	OP REGISTRATION	316,723	2,611,637
6.07 0661	OTHER ADMINISTRATIVE AND GENERAL	-144,558,096	-10,660,196
8 0800	OPERATION OF PLANT	-369,001	21,666,650
9 0900	LAUNDRY & LINEN SERVICE		2,204,863
10 1000	HOUSEKEEPING	-130	6,867,034
11 1100	DIETARY	-2,664,649	2,199,373
12 1200	CAFETERIA	-2,410,243	3,095,245
14 1400	NURSING ADMINISTRATION		7,066,656
15 1500	CENTRAL SERVICES & SUPPLY	-193,027	3,277,660
16 1600	PHARMACY	-5,155,643	16,775,007
17 1700	MEDICAL RECORDS & LIBRARY	2,020,158	9,102,537
18 1800	SOCIAL SERVICE	-186,395	6,578,638
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		7,205,938
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-8,117,509	3,071,022
24 2400	PARAMED ED PRGM		
24.01 2401	PARAMED ED PRGM - CPE	-32,725	201,772
24.02 2402	PARAMED ED PRGM - PHARMACY		133,598
24.03 2403	PARAMED ED PRGM - RADIOLOGY	-75,381	196,166
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-2,091,146	47,885,821
26 2600	INTENSIVE CARE UNIT	-161,113	8,133,566
27 2700	CORONARY CARE UNIT		6,445,496
27.01 2701	CARDIAC RECOVERY		
27.02 2702	TRANSPLANT UNIT		2,014,186
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
29.01 2080	PEDIATRIC INTENSIVE CARE UNIT	-1,505,755	4,043,003
30 2060	NEONATAL INTENSIVE CARE UNIT	-7,322,370	12,251,842
31 3100	SUBPROVIDER	-10	3,632,178
33 3300	NURSERY		2,811,099
34 3400	SKILLED NURSING FACILITY	-3,994	1,078,056
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-3,574,322	75,917,822
37.01 3701	AMBULATORY SURGERY	-1,802,376	2,530,223
39 3900	DELIVERY ROOM & LABOR ROOM		4,615,081
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC	-2,749,391	25,385,911
41.01 3120	CARDIAC CATHETERIZATION LABORATORY	-660,756	21,714,396
41.02 3630	ULTRA SOUND		1,149,050
41.04 3950	EP LAB		
41.05 3952	CATH HOLDING		821,521
41.06 3260	ECHOCARDIOLOGY		571,764
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-672,332	38,615,341
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-20,000	7,824,309
49.01 3951	SLEEP LAB	-13,664	1,690,901
50 5000	PHYSICAL THERAPY	-21,548	10,388,479
50.01 3953	CARDIAC REHAB		617,302
50.02 3954	SPORTS MEDICINE	-113,561	3,461,468
51 5100	OCCUPATIONAL THERAPY		637,426
52 5200	SPEECH PATHOLOGY	-649	988,457
53 5300	ELECTROCARDIOLOGY	-300,020	1,048,646
54 5400	ELECTROENCEPHALOGRAPHY	-27,500	1,018,226
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,884,506
56 5600	DRUGS CHARGED TO PATIENTS		24,232,798
57 5700	RENAL DIALYSIS	-1,346,753	155,190
58 5800	ASC (NON-DISTINCT PART)		
59 3330	ENDOSCOPY	-356,240	3,040,621
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-218,206	5,196,463
60.01 4950	PARTIAL HOSPITALIZATION	-1,222	976,440

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-0084
I

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

I PREPARED 11/29/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,975,440	11,633,063
61.01	4951 PATIENT SERVICES	-266,588	3,000,411
61.02	6101 ANTICOAGULATION CLINIC	-8,771	643,684
61.03	4953 LAFAYETTE RD CLINIC		185,247
61.04	4954 ZIONSVILLE CLINIC		1,106,463
61.05	4955 BROWNSBURG CLINIC		4,086
61.06	6102 ST VINCENT OUTPATIENT TREATMENT	-180,108	3,748,863
61.07	4957 WOUND CENTER	-2,440,039	-195,025
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
67.01	5950 FAMILY PRACTICE	-4,559,327	2,727,672
67.02	5951 GERIATRIC CLINIC	-931,476	437,826
68	5952 OTHER REIMBURSABLE COST CENTERS		
68.01	5953 PSYCH SERVICES		59,346
68.02	5954 DIABETIC THERAPY	-21,117	651,403
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	-202,540	6,041,348
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		2,725,541
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION	-200,938	1,097,760
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE	-496,379	6,958,506
95	SUBTOTALS	-145,192,832	647,812,140
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,725,014
97	9700 RESEARCH		1,000,594
98	9800 PHYSICIANS' PRIVATE OFFICES		16,908,136
99	9900 NONPAID WORKERS		
100	7950 O'CONNERS		
100.01	7951 WELLNESS		1,399,590
100.02	7952 OCC HEALTH		2,956
100.03	7953 SPN		
100.04	7954 RHI		
100.05	7955 EXTENDED CARE RESIDENTIAL		
100.06	7956 SETON BOARD		
100.07	7957 MARTEN HOUSE		2,503,170
100.08	7958 FOUNDATION		3,091,453
100.09	7959 NETWORK DEVELOPMENT	992,939	991,226
100.10	7960 EAP		
100.11	7961 COMMUNITY OUTREACH		1,186,531
100.13	7963 MARKETING	11,988,864	12,193,077
100.14	7964 NEW HOPE		
100.15	7965 JOINT VENTURES		32,243,335
100.17	7967 VACANT SPACE		
100.18	7968 ST VINCENT HEART CENTER		416,280
100.19	7969 MISSION SERVICES		
101	TOTAL	-132,211,029	721,473,502

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG-STRESS	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-BLDG-WOMENS	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-BLDG-MCNE	0304	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OP REGISTRATION	0660	OTHER ADMINISTRATIVE AND GENERAL
6.07	OTHER ADMINISTRATIVE AND GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM - CPE	2401	PARAMED ED PRGM
24.02	PARAMED ED PRGM - PHARMACY	2402	PARAMED ED PRGM
24.03	PARAMED ED PRGM - RADIOLOGY	2403	PARAMED ED PRGM
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
27.01	CARDIAC RECOVERY	2701	CORONARY CARE UNIT
27.02	TRANSPLANT UNIT	2702	CORONARY CARE UNIT
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
29.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
37.01	AMBULATORY SURGERY	3701	OPERATING ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
41.02	ULTRA SOUND	3630	ULTRA SOUND
41.04	EP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
41.05	CATH HOLDING	3952	OTHER ANCILLARY SERVICE COST CENTERS
41.06	ECHOCARDIOLOGY	3260	ECHOCARDIOGRAPHY
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	3953	OTHER ANCILLARY SERVICE COST CENTERS
50.02	SPORTS MEDICINE	3954	OTHER ANCILLARY SERVICE COST CENTERS
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	ENDOSCOPY	3330	ENDOSCOPY
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	PARTIAL HOSPITALIZATION	4950	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
OUTPAT SERVICE COST			
61.01	PATIENT SERVICES	4951	OTHER OUTPATIENT SERVICE COST CENTER
61.02	ANTICOAGULATION CLINIC	6101	EMERGENCY
61.03	LAFAYETTE RD CLINIC	4953	OTHER OUTPATIENT SERVICE COST CENTER
61.04	ZIONSVILLE CLINIC	4954	OTHER OUTPATIENT SERVICE COST CENTER
61.05	BROWNSBURG CLINIC	4955	OTHER OUTPATIENT SERVICE COST CENTER
61.06	ST VINCENT OUTPATIENT TREATMENT	6102	EMERGENCY
61.07	WOUND CENTER	4957	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
67.01	FAMILY PRACTICE	5950	OTHER REIMBURSABLE COST CENTERS
67.02	GERIATRIC CLINIC	5951	OTHER REIMBURSABLE COST CENTERS
68	OTHER REIMBURSABLE COST CENTERS	5952	OTHER REIMBURSABLE COST CENTERS
68.01	PSYCH SERVICES	5953	OTHER REIMBURSABLE COST CENTERS
68.02	DIABETIC THERAPY	5954	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	O'CONNERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	WELLNESS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCC HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SPN	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	RHI	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	EXTENDED CARE RESIDENTIAL	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	SETON BOARD	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	MARTEN HOUSE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	FOUNDATION	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	NETWORK DEVELOPMENT	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	EAP	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	COMMUNITY OUTREACH	7961	OTHER NONREIMBURSABLE COST CENTERS
100.13	MARKETING	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	NEW HOPE	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	JOINT VENTURES	7965	OTHER NONREIMBURSABLE COST CENTERS
100.17	VACANT SPACE	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	ST VINCENT HEART CENTER	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	MISSION SERVICES	7969	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 PHARMACY	A	DRUGS CHARGED TO PATIENTS	56		23,058,079
2 DRUGS- DIRECTLY ASSIGNED	B	DRUGS CHARGED TO PATIENTS	56		1,175,526
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34 INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		5,424,785
35		NEW CAP REL COSTS-BLDG-STRESS	3.01		198,864
1 INTEREST	C	NEW CAP REL COSTS-BLDG-WOMENS	3.03		8,252
2 DEPRECIATION- DIRECTLY ASSIGNED	D	NEW CAP REL COSTS-BLDG & FIXT	3		31,081,592
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RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6
CONTD

		INCREASE			
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DEPRECIATION- DIRECTLY ASSIGNED	D				
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24					
25					
26 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,579,458
27 LAUNDRY	F	LAUNDRY & LINEN SERVICE	9	237,611	1,967,252
28					
29 DEPARTMENTAL DIRECTORS	G	EMPLOYEE BENEFITS	5	213,758	
30		ADMITTING	6.04	1,870	
31		OTHER ADMINISTRATIVE AND GENERAL	6.07	24,536	
32		NURSING ADMINISTRATION	14	295,012	
33		CENTRAL SERVICES & SUPPLY	15	17,016	
34		MEDICAL RECORDS & LIBRARY	17	2,142	
35		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	13,818	
1 DEPARTMENTAL DIRECTORS	G	PARAMED ED PRGM - PHARMACY	24.02	3,787	
2		PARAMED ED PRGM - RADIOLOGY	24.03	20,265	
3		ADULTS & PEDIATRICS	25	263,996	
4		INTENSIVE CARE UNIT	26	39,250	
5		CORONARY CARE UNIT	27	37,949	
6		TRANSPLANT UNIT	27.02	1,392	
7		PEDIATRIC INTENSIVE CARE UNIT	29.01	2,623	
8		SKILLED NURSING FACILITY	34	34,605	
9		OPERATING ROOM	37	22,214	
10		AMBULATORY SURGERY	37.01	8,209	
11		RADIOLOGY-DIAGNOSTIC	41	1,095	
12		ULTRA SOUND	41.02	10,224	
13		CATH HOLDING	41.05	5,310	
14		ECHOCARDIOLOGY	41.06	3,229	
15		PHYSICAL THERAPY	50	110,625	
16		CARDIAC REHAB	50.01	3,658	
17		SPORTS MEDICINE	50.02	34,243	
18		OCCUPATIONAL THERAPY	51	7,938	
19		SPEECH PATHOLOGY	52	8,606	
20		ELECTROCARDIOLOGY	53	4,825	
21		ELECTROENCEPHALOGRAPHY	54	23,637	
22		ENDOSCOPY	59	10,846	
23		CLINIC	60	80,035	
24		PARTIAL HOSPITALIZATION	60.01	834	
25		PATIENT SERVICES	61.01	4,326	
26		ANTICOAGULATION CLINIC	61.02	9,886	
27		LAFAYETTE RD CLINIC	61.03	2,320	
28		ZIONSVILLE CLINIC	61.04	6,715	
29		FAMILY PRACTICE	67.01	19,308	
30		DIABETIC THERAPY	68.02	3,062	
31		HOME HEALTH AGENCY	71	79,777	
32		KIDNEY ACQUISITION	83	4,846	
33		HEART ACQUISITION	85	3,588	
34		HOSPICE	93	64,189	
35		RESEARCH	97	8,133	

RECLASSIFICATIONS

PROVIDER NO: 150084	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 11/29/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4 OTHER 5	
1 DEPARTMENTAL DIRECTORS	G	PHYSICIANS' PRIVATE OFFICES	98	11,191	
2		WELLNESS	100.01	38,225	
3		COMMUNITY OUTREACH	100.11	16,770	
4		JOINT VENTURES	100.15	2,607	
5 MED ED DIRECTOR	L	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	349,059	
6 DIETARY/CAFETERIA	M	CAFETERIA	12	3,536,802	1,945,205
7 INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		421,440
8 NURSERY	P	NURSERY	33	1,746,210	123,754
9 RESIDENT SALARIES	Q	I&R SERVICES-SALARY & FRINGES APPRVD	22	7,205,938	
10 CARE 2003/2002	R	OPERATING ROOM	37	53,740	8,774
11		RESPIRATORY THERAPY	49	365,821	61,869
12		ELECTROCARDIOLOGY	53	458,124	70,362
13		MEDICAL SUPPLIES CHARGED TO PATIENTS	55	315	50
14 STRESS BUILDING RENT	S	NEW CAP REL COSTS-BLDG-STRESS	3.01		6,000
15 MARTEN HOUSE	T	MARTEN HOUSE	100.07		2,503,170
16 MARTEN HOUSE DEPRECIATION	U	NEW CAP REL COSTS-BLDG-MATEN HOUSE	3.02		345,610
17					
18 DEPRECIATION	V	NEW CAP REL COSTS-BLDG-STRESS	3.01		219,150
19		NEW CAP REL COSTS-BLDG-WOMENS	3.03		1,890,938
20		NEW CAP REL COSTS-BLDG-MCNE	3.04		128,128
21		NEW CAP REL COSTS-MVBLE EQUIP	4		19,035,449
22 RENTAL BEDS	W	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		362,086
23 SALARIES FOR TRANSPLANT	X	HEART ACQUISITION	85	255,879	
24		KIDNEY ACQUISITION	83	41,616	
25					
26 RADIOLOGY PARAMED	Y	PARAMED ED PRGM - RADIOLOGY	24.03	85,072	
27					
28					
29					
30					
31					
32					
33 CPE PARAMED	Z	OTHER ADMINISTRATIVE AND GENERAL	6.07	184,622	15,669
34 PHARMACY PARAMED	AA	PARAMED ED PRGM - PHARMACY	24.02	8,338	
35 ASCENSION INTEREST	BB	OTHER ADMINISTRATIVE AND GENERAL	6.07		1,020,218
1 ASCENSION INTEREST	BB				
2					
3 HOSPICE	CC	HOSPICE	93		95,327
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 ORGAN ACQUISITION	DD	TRANSPLANT UNIT	27.02	426,809	223,793
16		TRANSPLANT UNIT	27.02	186,516	890,899
17 MEDICAL AIR TRANSPORT	EE	MARKETING	100.13		196,365
36 TOTAL RECLASSIFICATIONS				16,724,962	94,058,064

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

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6

		----- DECREASE -----				
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 PHARMACY	A	PHARMACY	16		23,058,079	
2 DRUGS- DIRECTLY ASSIGNED	B	ADULTS & PEDIATRICS	25		41,229	
3		INTENSIVE CARE UNIT	26		8,817	
4		CORONARY CARE UNIT	27		7,400	
5		PEDIATRIC INTENSIVE CARE UNIT	29.01		1,506	
6		NEONATAL INTENSIVE CARE UNIT	30		30,567	
7		SUBPROVIDER	31		686	
8		NURSERY	33		3	
9		OPERATING ROOM	37		733,721	
10		AMBULATORY SURGERY	37.01		11,630	
11		DELIVERY ROOM & LABOR ROOM	39		2,835	
12		RADIOLOGY-DIAGNOSTIC	41		15,119	
13		CARDIAC CATHETERIZATION LABORATORY	41.01		10,490	
14		ULTRA SOUND	41.02		329	
15		CATH HOLDING	41.05		2,392	
16		ECHOCARDIOLOGY	41.06		6	
17		LABORATORY	44		183,610	
18		RESPIRATORY THERAPY	49		7,747	
19		PHYSICAL THERAPY	50		1,957	
20		SPORTS MEDICINE	50.02		558	
21		SPEECH PATHOLOGY	52		92	
22		ELECTROENCEPHALOGRAPHY	54		7	
23		RENAL DIALYSIS	57		8,315	
24		ENDOSCOPY	59		3,730	
25		CLINIC	60		46,904	
26		EMERGENCY	61		49,289	
27		PATIENT SERVICES	61.01		1,138	
28		ZIONSVILLE CLINIC	61.04		287	
29		WOUND CENTER	61.07		2,758	
30		FAMILY PRACTICE	67.01		152	
31		GERIATRIC CLINIC	67.02		821	
32		HOME HEALTH AGENCY	71		1,079	
33		HEART ACQUISITION	85		352	
34 INTEREST	C	INTEREST EXPENSE	88		5,631,901	11
35						11
1 INTEREST	C					11
2 DEPRECIATION- DIRECTLY ASSIGNED	D	EMPLOYEE BENEFITS	5		56,977	9
3		NONPATIENT TELEPHONES	6.01		35,549	
4		DATA PROCESSING	6.02		119,441	
5		ADMITTING	6.04		9,988	
6		OTHER ADMINISTRATIVE AND GENERAL	6.07		1,665,503	
7		OPERATION OF PLANT	8		3,672,435	
8		HOUSEKEEPING	10		2,611	
9		DIETARY	11		244,385	
10		NURSING ADMINISTRATION	14		539,861	
11		CENTRAL SERVICES & SUPPLY	15		65,524	
12		PHARMACY	16		345,422	
13		MEDICAL RECORDS & LIBRARY	17		1,917	
14		SOCIAL SERVICE	18		25,317	
15		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		31,995	
16		PARAMED ED PRGM - RADIOLOGY	24.03		1,458	
17		ADULTS & PEDIATRICS	25		3,012,931	
18		INTENSIVE CARE UNIT	26		370,674	
19		CORONARY CARE UNIT	27		110,388	
20		PEDIATRIC INTENSIVE CARE UNIT	29.01		173,489	
21		NEONATAL INTENSIVE CARE UNIT	30		794,740	
22		SUBPROVIDER	31		129,223	
23		SKILLED NURSING FACILITY	34		2,940	
24		OPERATING ROOM	37		5,239,176	
25		AMBULATORY SURGERY	37.01		171,183	
26		RADIOLOGY-DIAGNOSTIC	41		5,903,511	
27		CARDIAC CATHETERIZATION LABORATORY	41.01		3,102,224	
28		ULTRA SOUND	41.02		65,998	
29		CATH HOLDING	41.05		168,363	
30		ECHOCARDIOLOGY	41.06		141,618	
31		LABORATORY	44		126,619	
32		RESPIRATORY THERAPY	49		263,059	
33		SLEEP LAB	49.01		134,089	
34		PHYSICAL THERAPY	50		363,442	
35		CARDIAC REHAB	50.01		14,497	

RECLASSIFICATIONS

PROVIDER NO: 150084	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 11/29/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 DEPRECIATION- DIRECTLY ASSIGNED	D	6	50.02			63,343	10
2			51			2,658	
3			52			20,768	
4			53			186,192	
5			54			137,953	
6			57			7,749	
7			59			411,493	
8			60			532,305	
9			60.01			17,066	
10			61			771,374	
11			61.01			12,087	
12			61.03			38,848	
13			61.04			415,354	
14			61.07			6,996	
15			67.01			116,621	
16			67.02			42,788	
17			68.02			17,987	
18			71			78,740	
19			85			13,913	
20			93			325,533	
21			96			10,531	
22			97			178,647	
23			98			349,351	
24			100.08			31,660	
25			100.15			185,088	
26 MEDICAL SUPPLIES	E		15			1,579,458	
27 LAUNDRY	F		10		32,202	14,822	
28			15		205,409	1,952,430	
29 DEPARTMENTAL DIRECTORS	G		6.07		1,139,286		
30			16		13,673		
31			18		52,876		
32			23		111,571		
33			25		37,455		
34			37		37,890		
35			41		22,699		
1 DEPARTMENTAL DIRECTORS	G		41.01		144,739		
2			50.02		17		
3			61		22,284		

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 DEPARTMENTAL DIRECTORS	G					
2						
3						
4						
5 MED ED DIRECTOR	L	FAMILY PRACTICE	67.01	349,059		
6 DIETARY/CAFETERIA	M	DIETARY	11	3,536,802	1,945,205	
7 INSURANCE	O	OTHER ADMINISTRATIVE AND GENERAL	6.07		421,440	12
8 NURSERY	P	ADULTS & PEDIATRICS	25	1,746,210	123,754	
9 RESIDENT SALARIES	Q	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	7,205,938		
10 CARE 2003/2002	R	ADULTS & PEDIATRICS	25	676,692	107,674	
11		INTENSIVE CARE UNIT	26	3,117	719	
12		CORONARY CARE UNIT	27	106,015	14,336	
13		PEDIATRIC INTENSIVE CARE UNIT	29.01	92,176	18,326	
14 STRESS BUILDING RENT	S	EMPLOYEE BENEFITS	5		6,000	9
15 MARTEN HOUSE	T	OTHER ADMINISTRATIVE AND GENERAL	6.07		2,503,170	
16 MARTEN HOUSE DEPRECIATION	U	NEW CAP REL COSTS-BLDG & FIXT	3		321,394	9
17		NEW CAP REL COSTS-MVBLE EQUIP	4		24,216	9
18 DEPRECIATION	V	NEW CAP REL COSTS-BLDG & FIXT	3		21,273,665	9
19						9
20						9
21						9
22 RENTAL BEDS	W	CENTRAL SERVICES & SUPPLY	15		362,086	
23 SALARIES FOR TRANSPLANT	X	KIDNEY ACQUISITION	83	229,851		
24		HEART ACQUISITION	85	3,393		
25		PHARMACY	16	64,251		
26 RADIOLOGY PARAMED	Y	RADIOLOGY-DIAGNOSTIC	41	80,870		
27		ZIONSVILLE CLINIC	61.04	887		
28		OPERATING ROOM	37	2,031		
29		NURSING ADMINISTRATION	14	595		
30		EMPLOYEE BENEFITS	5	54		
31		PATIENT SERVICES	61.01	226		
32		LAFAYETTE RD CLINIC	61.03	409		
33 CPE PARAMED	Z	PARAMED ED PRGM - CPE	24.01	184,622	15,669	
34 PHARMACY PARAMED	AA	PHARMACY	16	8,338		
35 ASCENSION INTEREST	BB	NEW CAP REL COSTS-BLDG & FIXT	3		980,177	11
1 ASCENSION INTEREST	BB	NEW CAP REL COSTS-BLDG-STRESS	3.01		38,546	11
2		NEW CAP REL COSTS-BLDG-WOMENS	3.03		1,495	11
3 HOSPICE	CC	OTHER ADMINISTRATIVE AND GENERAL	6.07		24,395	
4		ADULTS & PEDIATRICS	25		6,972	
5		RADIOLOGY-DIAGNOSTIC	41		293	
6		ULTRA SOUND	41.02		87	
7		LABORATORY	44		3,619	
8		RESPIRATORY THERAPY	49		297	
9		CARDIAC REHAB	50.01		61	
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		57,403	
11		DRUGS CHARGED TO PATIENTS	56		807	
12		ENDOSCOPY	59		100	
13		EMERGENCY	61		368	
14		DIABETIC THERAPY	68.02		925	
15 ORGAN ACQUISITION	DD	HEART ACQUISITION	85	426,809	223,793	
16		KIDNEY ACQUISITION	83	186,516	890,899	
17 MEDICAL AIR TRANSPORT	EE	EMERGENCY	61		196,365	
36 TOTAL RECLASSIFICATIONS				16,724,962	94,058,064	

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

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	23,058,079
TOTAL RECLASSIFICATIONS FOR CODE A			23,058,079

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	23,058,079	
		23,058,079	

RECLASS CODE: B
EXPLANATION : DRUGS- DIRECTLY ASSIGNED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,175,526
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			1,175,526

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	41,229	
INTENSIVE CARE UNIT	26	8,817	
CORONARY CARE UNIT	27	7,400	
PEDIATRIC INTENSIVE CARE UNIT	29.01	1,506	
NEONATAL INTENSIVE CARE UNIT	30	30,567	
SUBPROVIDER	31	686	
NURSERY	33	3	
OPERATING ROOM	37	733,721	
AMBULATORY SURGERY	37.01	11,630	
DELIVERY ROOM & LABOR ROOM	39	2,835	
RADIOLOGY-DIAGNOSTIC	41	15,119	
CARDIAC CATHETERIZATION LABORA	41.01	10,490	
ULTRA SOUND	41.02	329	
CATH HOLDING	41.05	2,392	
ECHOCARDIOLOGY	41.06	6	
LABORATORY	44	183,610	
RESPIRATORY THERAPY	49	7,747	
PHYSICAL THERAPY	50	1,957	
SPORTS MEDICINE	50.02	558	
SPEECH PATHOLOGY	52	92	
ELECTROENCEPHALOGRAPHY	54	7	
RENAL DIALYSIS	57	8,315	
ENDOSCOPY	59	3,730	
CLINIC	60	46,904	
EMERGENCY	61	49,289	
PATIENT SERVICES	61.01	1,138	
ZIONSVILLE CLINIC	61.04	287	
WOUND CENTER	61.07	2,758	
FAMILY PRACTICE	67.01	152	
GERIATRIC CLINIC	67.02	821	
HOME HEALTH AGENCY	71	1,079	
HEART ACQUISITION	85	352	
		1,175,526	

RECLASS CODE: C
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,424,785
2.00	NEW CAP REL COSTS-BLDG-STRESS	3.01	198,864
3.00	NEW CAP REL COSTS-BLDG-WOMENS	3.03	8,252
TOTAL RECLASSIFICATIONS FOR CODE C			5,631,901

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	5,631,901	
		0	
		0	
		5,631,901	

RECLASS CODE: D
EXPLANATION : DEPRECIATION- DIRECTLY ASSIGNED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	31,081,592
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	56,977	
NONPATIENT TELEPHONES	6.01	35,549	
DATA PROCESSING	6.02	119,441	
ADMITTING	6.04	9,988	
OTHER ADMINISTRATIVE AND GENER	6.07	1,665,503	
OPERATION OF PLANT	8	3,672,435	
HOUSEKEEPING	10	2,611	
DIETARY	11	244,385	
NURSING ADMINISTRATION	14	539,861	
CENTRAL SERVICES & SUPPLY	15	65,524	
PHARMACY	16	345,422	
MEDICAL RECORDS & LIBRARY	17	1,917	
SOCIAL SERVICE	18	25,317	
I&R SERVICES-OTHER PRGM COSTS	23	31,995	
PARAMED ED PRGM - RADIOLOGY	24.03	1,458	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
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	TO 6/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: D
 EXPLANATION : DEPRECIATION- DIRECTLY ASSIGNED

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
16.00			0	ADULTS & PEDIATRICS	25	3,012,931	
17.00			0	INTENSIVE CARE UNIT	26	370,674	
18.00			0	CORONARY CARE UNIT	27	110,388	
19.00			0	PEDIATRIC INTENSIVE CARE UNIT	29.01	173,489	
20.00			0	NEONATAL INTENSIVE CARE UNIT	30	794,740	
21.00			0	SUBPROVIDER	31	129,223	
22.00			0	SKILLED NURSING FACILITY	34	2,940	
23.00			0	OPERATING ROOM	37	5,239,176	
24.00			0	AMBULATORY SURGERY	37.01	171,183	
25.00			0	RADIOLOGY-DIAGNOSTIC	41	5,903,511	
26.00			0	CARDIAC CATHETERIZATION LABORA	41.01	3,102,224	
27.00			0	ULTRA SOUND	41.02	65,998	
28.00			0	CATH HOLDING	41.05	168,363	
29.00			0	ECHOCARDIOLOGY	41.06	141,618	
30.00			0	LABORATORY	44	126,619	
31.00			0	RESPIRATORY THERAPY	49	263,059	
32.00			0	SLEEP LAB	49.01	134,089	
33.00			0	PHYSICAL THERAPY	50	363,442	
34.00			0	CARDIAC REHAB	50.01	14,497	
35.00			0	SPORTS MEDICINE	50.02	63,343	
36.00			0	OCCUPATIONAL THERAPY	51	2,658	
37.00			0	SPEECH PATHOLOGY	52	20,768	
38.00			0	ELECTROCARDIOLOGY	53	186,192	
39.00			0	ELECTROENCEPHALOGRAPHY	54	137,953	
40.00			0	RENAL DIALYSIS	57	7,749	
41.00			0	ENDOSCOPY	59	411,493	
42.00			0	CLINIC	60	532,305	
43.00			0	PARTIAL HOSPITALIZATION	60.01	17,066	
44.00			0	EMERGENCY	61	771,374	
45.00			0	PATIENT SERVICES	61.01	12,087	
46.00			0	LAFAYETTE RD CLINIC	61.03	38,848	
47.00			0	ZIONSVILLE CLINIC	61.04	415,354	
48.00			0	WOUND CENTER	61.07	6,996	
49.00			0	FAMILY PRACTICE	67.01	116,621	
50.00			0	GERIATRIC CLINIC	67.02	42,788	
51.00			0	DIABETIC THERAPY	68.02	17,987	
52.00			0	HOME HEALTH AGENCY	71	78,740	
53.00			0	HEART ACQUISITION	85	13,913	
54.00			0	HOSPICE	93	325,533	
55.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	10,531	
56.00			0	RESEARCH	97	178,647	
57.00			0	PHYSICIANS' PRIVATE OFFICES	98	349,351	
58.00			0	FOUNDATION	100.08	31,660	
59.00			0	JOINT VENTURES	100.15	185,088	
TOTAL RECLASSIFICATIONS FOR CODE D			31,081,592				31,081,592

RECLASS CODE: E
 EXPLANATION : MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,579,458	CENTRAL SERVICES & SUPPLY	15	1,579,458	
TOTAL RECLASSIFICATIONS FOR CODE E			1,579,458				1,579,458

RECLASS CODE: F
 EXPLANATION : LAUNDRY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	2,204,863	HOUSEKEEPING	10	47,024	
2.00			0	CENTRAL SERVICES & SUPPLY	15	2,157,839	
TOTAL RECLASSIFICATIONS FOR CODE F			2,204,863				2,204,863

RECLASS CODE: G
 EXPLANATION : DEPARTMENTAL DIRECTORS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	213,758	OTHER ADMINISTRATIVE AND GENER	6.07	1,139,286	
2.00	ADMITTING	6.04	1,870	PHARMACY	16	13,673	
3.00	OTHER ADMINISTRATIVE AND GENER	6.07	24,536	SOCIAL SERVICE	18	52,876	
4.00	NURSING ADMINISTRATION	14	295,012	I&R SERVICES-OTHER PRGM COSTS	23	111,571	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
150084	FROM 7/ 1/2009	WORKSHEET A-6
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RECLASS CODE: G
EXPLANATION : DEPARTMENTAL DIRECTORS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
5.00	CENTRAL SERVICES & SUPPLY	15	17,016	ADULTS & PEDIATRICS	25	37,455	
6.00	MEDICAL RECORDS & LIBRARY	17	2,142	OPERATING ROOM	37	37,890	
7.00	I&R SERVICES-OTHER PRGM COSTS	23	13,818	RADIOLOGY-DIAGNOSTIC	41	22,699	
8.00	PARAMED ED PRGM - PHARMACY	24.02	3,787	CARDIAC CATHETERIZATION LABORA	41.01	144,739	
9.00	PARAMED ED PRGM - RADIOLOGY	24.03	20,265	SPORTS MEDICINE	50.02	17	
10.00	ADULTS & PEDIATRICS	25	263,996	EMERGENCY	61	22,284	
11.00	INTENSIVE CARE UNIT	26	39,250			0	
12.00	CORONARY CARE UNIT	27	37,949			0	
13.00	TRANSPLANT UNIT	27.02	1,392			0	
14.00	PEDIATRIC INTENSIVE CARE UNIT	29.01	2,623			0	
15.00	SKILLED NURSING FACILITY	34	34,605			0	
16.00	OPERATING ROOM	37	22,214			0	
17.00	AMBULATORY SURGERY	37.01	8,209			0	
18.00	RADIOLOGY-DIAGNOSTIC	41	1,095			0	
19.00	ULTRA SOUND	41.02	10,224			0	
20.00	CATH HOLDING	41.05	5,310			0	
21.00	ECHOCARDIOLOGY	41.06	3,229			0	
22.00	PHYSICAL THERAPY	50	110,625			0	
23.00	CARDIAC REHAB	50.01	3,658			0	
24.00	SPORTS MEDICINE	50.02	34,243			0	
25.00	OCCUPATIONAL THERAPY	51	7,938			0	
26.00	SPEECH PATHOLOGY	52	8,606			0	
27.00	ELECTROCARDIOLOGY	53	4,825			0	
28.00	ELECTROENCEPHALOGRAPHY	54	23,637			0	
29.00	ENDOSCOPY	59	10,846			0	
30.00	CLINIC	60	80,035			0	
31.00	PARTIAL HOSPITALIZATION	60.01	834			0	
32.00	PATIENT SERVICES	61.01	4,326			0	
33.00	ANTICOAGULATION CLINIC	61.02	9,886			0	
34.00	LAFAYETTE RD CLINIC	61.03	2,320			0	
35.00	ZIONSVILLE CLINIC	61.04	6,715			0	
36.00	FAMILY PRACTICE	67.01	19,308			0	
37.00	DIABETIC THERAPY	68.02	3,062			0	
38.00	HOME HEALTH AGENCY	71	79,777			0	
39.00	KIDNEY ACQUISITION	83	4,846			0	
40.00	HEART ACQUISITION	85	3,588			0	
41.00	HOSPICE	93	64,189			0	
42.00	RESEARCH	97	8,133			0	
43.00	PHYSICIANS' PRIVATE OFFICES	98	11,191			0	
44.00	WELLNESS	100.01	38,225			0	
45.00	COMMUNITY OUTREACH	100.11	16,770			0	
46.00	JOINT VENTURES	100.15	2,607			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,582,490	TOTAL RECLASSIFICATIONS FOR CODE G			1,582,490

RECLASS CODE: L
EXPLANATION : MED ED DIRECTOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	349,059	FAMILY PRACTICE	67.01	349,059	
TOTAL RECLASSIFICATIONS FOR CODE L			349,059	TOTAL RECLASSIFICATIONS FOR CODE L			349,059

RECLASS CODE: M
EXPLANATION : DIETARY/CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	5,482,007	DIETARY	11	5,482,007	
TOTAL RECLASSIFICATIONS FOR CODE M			5,482,007	TOTAL RECLASSIFICATIONS FOR CODE M			5,482,007

RECLASS CODE: O
EXPLANATION : INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	421,440	OTHER ADMINISTRATIVE AND GENER	6.07	421,440	
TOTAL RECLASSIFICATIONS FOR CODE O			421,440	TOTAL RECLASSIFICATIONS FOR CODE O			421,440

RECLASS CODE: P
EXPLANATION : NURSERY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,869,964	ADULTS & PEDIATRICS	25	1,869,964	
TOTAL RECLASSIFICATIONS FOR CODE P			1,869,964	TOTAL RECLASSIFICATIONS FOR CODE P			1,869,964

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: Q
EXPLANATION : RESIDENT SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	7,205,938
TOTAL RECLASSIFICATIONS FOR CODE Q			7,205,938

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-OTHER PRGM COSTS	23	7,205,938	
		7,205,938	

RECLASS CODE: R
EXPLANATION : CARE 2003/2002

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	62,514
2.00	RESPIRATORY THERAPY	49	427,690
3.00	ELECTROCARDIOLOGY	53	528,486
4.00	MEDICAL SUPPLIES CHARGED TO PA	55	365
TOTAL RECLASSIFICATIONS FOR CODE R			1,019,055

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	784,366	
INTENSIVE CARE UNIT	26	3,836	
CORONARY CARE UNIT	27	120,351	
PEDIATRIC INTENSIVE CARE UNIT	29.01	110,502	
		1,019,055	

RECLASS CODE: S
EXPLANATION : STRESS BUILDING RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG-STRESS	3.01	6,000
TOTAL RECLASSIFICATIONS FOR CODE S			6,000

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	6,000	
		6,000	

RECLASS CODE: T
EXPLANATION : MARTEN HOUSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARTEN HOUSE	100.07	2,503,170
TOTAL RECLASSIFICATIONS FOR CODE T			2,503,170

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	2,503,170	
		2,503,170	

RECLASS CODE: U
EXPLANATION : MARTEN HOUSE DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG-MATEN H	3.02	345,610
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE U			345,610

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	321,394	
NEW CAP REL COSTS-MVBLE EQUIP	4	24,216	
		345,610	

RECLASS CODE: V
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG-STRESS	3.01	219,150
2.00	NEW CAP REL COSTS-BLDG-WOMENS	3.03	1,890,938
3.00	NEW CAP REL COSTS-BLDG-MCNE	3.04	128,128
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	19,035,449
TOTAL RECLASSIFICATIONS FOR CODE V			21,273,665

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	21,273,665	
		0	
		0	
		0	
		21,273,665	

RECLASS CODE: W
EXPLANATION : RENTAL BEDS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	362,086
TOTAL RECLASSIFICATIONS FOR CODE W			362,086

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	362,086	
		362,086	

RECLASS CODE: X
EXPLANATION : SALARIES FOR TRANSPLANT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HEART ACQUISITION	85	255,879
2.00	KIDNEY ACQUISITION	83	41,616
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE X			297,495

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
KIDNEY ACQUISITION	83	229,851	
HEART ACQUISITION	85	3,393	
PHARMACY	16	64,251	
		297,495	

RECLASS CODE: Y
EXPLANATION : RADIOLOGY PARAMED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM - RADIOLOGY	24.03	85,072

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	80,870	

RECLASSIFICATIONS

PROVIDER NO: 150084

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

PREPARED 11/29/2010 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: Y
EXPLANATION : RADIOLOGY PARAMED

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE Y			85,072

DECREASE			
COST CENTER	LINE	AMOUNT	
ZIONSVILLE CLINIC	61.04	887	
OPERATING ROOM	37	2,031	
NURSING ADMINISTRATION	14	595	
EMPLOYEE BENEFITS	5	54	
PATIENT SERVICES	61.01	226	
LAFAYETTE RD CLINIC	61.03	409	
		85,072	

RECLASS CODE: Z
EXPLANATION : CPE PARAMED

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	200,291
TOTAL RECLASSIFICATIONS FOR CODE Z			200,291

DECREASE			
COST CENTER	LINE	AMOUNT	
PARAMED ED PRGM - CPE	24.01	200,291	
		200,291	

RECLASS CODE: AA
EXPLANATION : PHARMACY PARAMED

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM - PHARMACY	24.02	8,338
TOTAL RECLASSIFICATIONS FOR CODE AA			8,338

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	8,338	
		8,338	

RECLASS CODE: BB
EXPLANATION : ASCENSION INTEREST

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	1,020,218
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE BB			1,020,218

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	980,177	
NEW CAP REL COSTS-BLDG-STRESS	3.01	38,546	
NEW CAP REL COSTS-BLDG-WOMENS	3.03	1,495	
		1,020,218	

RECLASS CODE: CC
EXPLANATION : HOSPICE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	95,327
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
TOTAL RECLASSIFICATIONS FOR CODE CC			95,327

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	24,395	
ADULTS & PEDIATRICS	25	6,972	
RADIOLOGY-DIAGNOSTIC	41	293	
ULTRA SOUND	41.02	87	
LABORATORY	44	3,619	
RESPIRATORY THERAPY	49	297	
CARDIAC REHAB	50.01	61	
MEDICAL SUPPLIES CHARGED TO PA	55	57,403	
DRUGS CHARGED TO PATIENTS	56	807	
ENDOSCOPY	59	100	
EMERGENCY	61	368	
DIABETIC THERAPY	68.02	925	
		95,327	

RECLASS CODE: DD
EXPLANATION : ORGAN ACQUISITION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	TRANSPLANT UNIT	27.02	650,602
2.00	TRANSPLANT UNIT	27.02	1,077,415
TOTAL RECLASSIFICATIONS FOR CODE DD			1,728,017

DECREASE			
COST CENTER	LINE	AMOUNT	
HEART ACQUISITION	85	650,602	
KIDNEY ACQUISITION	83	1,077,415	
		1,728,017	

RECLASS CODE: EE
EXPLANATION : MEDICAL AIR TRANSPORT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.13	196,365
TOTAL RECLASSIFICATIONS FOR CODE EE			196,365

DECREASE			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	196,365	
		196,365	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	17,193,513						17,193,513	
2	LAND IMPROVEMENTS	10,655,430						10,655,430	
3	BUILDINGS & FIXTURE	420,270,912	3,315,961			3,315,961		423,586,873	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	263,382,737					11,941,609	251,441,128	
7	SUBTOTAL	711,502,592	3,315,961			3,315,961	11,941,609	702,876,944	
8	RECONCILING ITEMS								
9	TOTAL	711,502,592	3,315,961			3,315,961	11,941,609	702,876,944	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-BL							
3 03	NEW CAP REL COSTS-BL							
3 04	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	251,441,128		251,441,128	1.000000			
5	TOTAL	251,441,128		251,441,128	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	24,483,805		-313,673	421,440		24,591,572	
3 01	NEW CAP REL COSTS-BL	225,150		-26,803			198,347	
3 02	NEW CAP REL COSTS-BL	345,610					345,610	
3 03	NEW CAP REL COSTS-BL	1,890,938		-500			1,890,438	
3 04	NEW CAP REL COSTS-BL	128,128					128,128	
4	NEW CAP REL COSTS-MV	19,038,663					19,038,663	
5	TOTAL	46,112,294		-340,976	421,440		46,192,758	

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,633,931					4,633,931	
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-BL							
3 03	NEW CAP REL COSTS-BL							
3 04	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,633,931					4,633,931	

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-37,204	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-90,805	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-47,458,525			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-38,378,319			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-2,375,743	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	A	-24,263	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 GUEST TRAY OFFSET	A	-23,944	DIETARY	11	
38 CARRYFORWARD ADJUSTMENT	A	27,430	NEW CAP REL COSTS-MVBLE E	4	9
39 VISITOR PARKING LOT	A	-125,530	OPERATION OF PLANT	8	
40 VISITOR PARKING LOT - BENEFITS	A	-7,325	EMPLOYEE BENEFITS	5	
41 VISITOR PARKING LOT - CAPITAL	A	-28,173	NEW CAP REL COSTS-BLDG &	3	9
42 MISC INCOME	B	-824,242	EMPLOYEE BENEFITS	5	
43 MISC INCOME	B	-92,841	CASHIERING/ACCOUNTS RECEI	6.05	
44 MISC INCOME	B	-26,409,430	OTHER ADMINISTRATIVE AND	6.07	
45 MISC INCOME	B	-351,978	OPERATION OF PLANT	8	
46 MISC INCOME	B	-130	HOUSEKEEPING	10	
47 MISC INCOME	B	-2,640,705	DIETARY	11	
48 MISC INCOME	B	-10,237	CAFETERIA	12	
49 MISC INCOME	B	-10,781	CENTRAL SERVICES & SUPPLY	15	
49.01 MISC INCOME	B	-5,155,643	PHARMACY	16	
49.02 MISC INCOME	B	-3,234	MEDICAL RECORDS & LIBRARY	17	
49.03 MISC INCOME	B	-5,857	SOCIAL SERVICE	18	
49.04 MISC INCOME	B	-75,462	I&R SERVICES-OTHER PRGM C	23	
49.05 MISC INCOME	B	-32,725	PARAMED ED PRGM - CPE	24.01	
49.06 MISC INCOME	B	-75,381	PARAMED ED PRGM - RADIOLO	24.03	
49.07 MISC INCOME	B	-42,168	ADULTS & PEDIATRICS	25	
49.08 MISC INCOME	B	-178,106	NEONATAL INTENSIVE CARE U	30	
49.09 MISC INCOME	B	-10	SUBPROVIDER	31	
49.10 MISC INCOME	B	-4,889	OPERATING ROOM	37	
49.11 MISC INCOME	B	-40	AMBULATORY SURGERY	37.01	
49.12 MISC INCOME	B	-42,061	RADIOLOGY-DIAGNOSTIC	41	
49.13 MISC INCOME	B	-125,192	CARDIAC CATHETERIZATION L	41.01	
49.14 MISC INCOME	B	-19,805	PHYSICAL THERAPY	50	
49.15 MISC INCOME	B	-92,148	SPORTS MEDICINE	50.02	
49.16 MISC INCOME	B	-563	SPEECH PATHOLOGY	52	
49.17 MISC INCOME	B	-20	ELECTROCARDIOLOGY	53	
49.18 MISC INCOME	B	-84,194	CLINIC	60	
49.19 MISC INCOME	B	-1,643,419	EMERGENCY	61	
49.20 MISC INCOME	B	-108,254	PATIENT SERVICES	61.01	
49.21 MISC INCOME	B	-212,420	FAMILY PRACTICE	67.01	
49.22 MISC INCOME	B	-206,869	GERIATRIC CLINIC	67.02	
49.23 MISC INCOME	B	-21,117	DIABETIC THERAPY	68.02	
49.24 MISC INCOME	B	-202,540	HOME HEALTH AGENCY	71	
49.25 MISC INCOME	B	-496,379	HOSPICE	93	
49.26 INTEREST EXPENSE - SERIES 99 BONDS	A	-3,109,237	NEW CAP REL COSTS-BLDG &	3	11
49.27 INTEREST EXPENSE - SERIES 99 BONDS	A	-107,042	NEW CAP REL COSTS-BLDG-ST	3.01	11
49.28 LOBBYING DUES	A	-17,959	OTHER ADMINISTRATIVE AND	6.07	
49.29 TCU START-UP COSTS	A	1,839	SKILLED NURSING FACILITY	34	
49.30 SWAP INTEREST	A	367,826	NEW CAP REL COSTS-BLDG &	3	11
49.31 SWAP INTEREST	A	540	NEW CAP REL COSTS-BLDG-WO	3.03	11
49.32 INT INC GREATER THAN INT EXP	A	-774,809	NEW CAP REL COSTS-BLDG &	3	11
49.33 INT INC GREATER THAN INT EXP	A	-31,234	NEW CAP REL COSTS-BLDG-ST	3.01	11
49.34 INT INC GREATER THAN INT EXP	A	-5,902	NEW CAP REL COSTS-BLDG-WO	3.03	11
49.35 PARKVIEW'S NICU	A	-843,810	NEONATAL INTENSIVE CARE U	30	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0084
I

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

	DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
		BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50	TOTAL (SUM OF LINES 1 THRU 49)		-132,211,029				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & SVH	10,391,514		10,391,514	9
2	5	EMPLOYEE BENEFITS SVH	9,401,556		9,401,556	
3	6 1	NONPATIENT TELEPHONES SVH	512,507		512,507	
4	6 2	DATA PROCESSING SVH	32,272,684		32,272,684	
4.01	6 3	PURCHASING, RECEIVING AND SVH	1,082,300		1,082,300	
4.02	6 4	ADMITTING SVH	1,508,988		1,508,988	
4.03	6 5	CASHIERING/ACCOUNTS RECEI SVH	7,555,214		7,555,214	
4.04	6 6	OP REGISTRATION SVH	316,723		316,723	
4.05	6 7	OTHER ADMINISTRATIVE AND SVH	11,278,820	121,367,190	-110,088,370	
4.06	8	OPERATION OF PLANT SVH	199,312		199,312	
4.07	15	CENTRAL SERVICES & SUPPLY SVH		182,246	-182,246	
4.08	17	MEDICAL RECORDS & LIBRARY SVH	2,023,392		2,023,392	
4.09	100 9	NETWORK DEVELOPMENT SVH	992,939		992,939	
4.10	100 13	MARKETING SVH	11,988,864		11,988,864	
4.11	3	NEW CAP REL COSTS-BLDG & ASCENSION - INTEREST	2,834,674	4,076,735	-1,242,061	11
4.12	3 1	NEW CAP REL COSTS-BLDG-ST ASCENSION - INTEREST	111,474	160,319	-48,845	11
4.13	3 3	NEW CAP REL COSTS-BLDG-WO ASCENSION - INTEREST	4,323	6,218	-1,895	11
4.14	6 7	OTHER ADMINISTRATIVE AND ASCENSION - INTEREST	709,387	1,020,218	-310,831	
4.15	6 7	OTHER ADMINISTRATIVE AND ASCENSION - TRIMEDX	6,661,955	7,204,064	-542,109	
4.16	5	EMPLOYEE BENEFITS ASCENSION - PENSION	10,439,091	14,881,719	-4,442,628	
4.17	5	EMPLOYEE BENEFITS SVH - SELF-INSURANCE	32,829,070	32,594,397	234,673	
5		TOTALS	143,114,787	181,493,106	-38,378,319	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 15-0084 I
I I

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 5	EMPLOYEE BENEFITS	118,494	118,494					
2 6 7	OTHER ADMINISTRATIVE AND	966,666	966,666					
3 18	SOCIAL SERVICE	179,656	179,656					
4 23	I&R SERVICES-OTHER PRGM C	7,700,117	7,700,117					
5 25	ADULTS & PEDIATRICS	1,994,811	1,994,811					
6 29 1	PICU	1,505,755	1,505,755					
7 30	NEONATAL INTENSIVE CARE U	5,954,018	5,954,018					
8 37	OPERATING ROOM	526,712	526,712					
9 37 1	AMBULATORY SURGERY	1,799,336	1,799,336					
10 41	RADIOLOGY-DIAGNOSTIC	892,387	892,387					
11 49 1	SLEEP LAB	4,497	4,497					
12 50 2	SPORTS MEDICINE	21,183	21,183					
13 60	CLINIC	107,009	107,009					
14 61 1	PATIENT SERVICE	158,334	158,334					
15 61 2	ANTICOAGULATION CLINIC	7,570	7,570					
16 67 1	FAMILY PRACTICE	3,608,384	3,608,384					
17 67 2	GERIATRIC CLINIC	724,607	724,607					
18 5	EMPLOYEE BENEFITS	4,563	4,563					
19 6 7	A&G	6,222,731	6,222,731					
20 18	SOCIAL SERVICE	882	882					
21 23	I&R	341,930	341,930					
22 25	A&P	54,167	54,167					
23 26	ICU	161,113	161,113					
24 30	NICU	346,436	346,436					
25 34	ORTHO TCU	5,833	5,833					
26 37	SURGERY	3,042,721	3,042,721					
27 37 1	AMBULATORY SURGERY	3,000	3,000					
28 41	RADIOLOGY	1,814,943	1,814,943					
29 41 1	CARDIAC CATH LAB	535,564	535,564					
30 44	LABORATORY	672,332	672,332					
31 49	RT	20,000	20,000					
32 49 1	SLEEP LAB	9,167	9,167					
33 50	PT	1,743	1,743					
34 50 2	SPORTS MEDICINE	230	230					
35 52	SPEECH THERAPY	86	86					
36 53	EKG	300,000	300,000					
37 54	EEG	27,500	27,500					
38 57	DIALYSIS	1,346,753	1,346,753					
39 59	ENDOSCOPY	356,240	356,240					
40 60	CLINIC	27,003	27,003					
41 60 1	PARTIAL HOSPITALIZATION	1,222	1,222					
42 61	ER	2,332,021	2,332,021					
43 61 2	ANTICOAGULATION CLINIC	1,201	1,201					
44 61 6	OUTPATIENT TREATMENT	180,108	180,108					
45 61 7	WOUND CENTER	2,440,039	2,440,039					
46 67 1	FAMILY PRACTICE	738,523	738,523					
47 85	CARDIAC TRANSPLANT	200,938	200,938					
101	TOTAL	47,458,525	47,458,525					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET A-8-2
 I I TO 6/30/2010 I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
LINE NO.	11	12	13	14	15	16	17	18
1	5	EMPLOYEE BENEFITS						118,494
2	6	7 OTHER ADMINISTRATIVE AND						966,666
3	18	SOCIAL SERVICE						179,656
4	23	I&R SERVICES-OTHER PRGM C						7,700,117
5	25	ADULTS & PEDIATRICS						1,994,811
6	29	1 PICU						1,505,755
7	30	NEONATAL INTENSIVE CARE U						5,954,018
8	37	OPERATING ROOM						526,712
9	37	1 AMBULATORY SURGERY						1,799,336
10	41	RADIOLOGY-DIAGNOSTIC						892,387
11	49	1 SLEEP LAB						4,497
12	50	2 SPORTS MEDICINE						21,183
13	60	CLINIC						107,009
14	61	1 PATIENT SERVICE						158,334
15	61	2 ANTICOAGULATION CLINIC						7,570
16	67	1 FAMILY PRACTICE						3,608,384
17	67	2 GERIATRIC CLINIC						724,607
18	5	EMPLOYEE BENEFITS						4,563
19	6	7 A& G						6,222,731
20	18	SOCIAL SERVICE						882
21	23	I& R						341,930
22	25	A&P						54,167
23	26	ICU						161,113
24	30	NICU						346,436
25	34	ORTHO TCU						5,833
26	37	SURGERY						3,042,721
27	37	1 AMBULATORY SURGERY						3,000
28	41	RADIOLOGY						1,814,943
29	41	1 CARDIAC CATH LAB						535,564
30	44	LABORATORY						672,332
31	49	RT						20,000
32	49	1 SLEEP LAB						9,167
33	50	PT						1,743
34	50	2 SPORTS MEDICINE						230
35	52	SPEECH THERAPY						86
36	53	EKG						300,000
37	54	EEG						27,500
38	57	DIALYSIS						1,346,753
39	59	ENDOSCOPY						356,240
40	60	CLINIC						27,003
41	60	1 PARTIAL HOSPITALIZATION						1,222
42	61	ER						2,332,021
43	61	2 ANTICOAGULATION CLINIC						1,201
44	61	6 OUTPATIENT TREATMENT						180,108
45	61	7 WOUND CENTER						2,440,039
46	67	1 FAMILY PRACTICE						738,523
47	85	CARDIAC TRANSPLANT						200,938
101		TOTAL						47,458,525

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG-STRESS	28	SQUARE FEET-STRESS	ENTERED
3.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE	29	SQUARE FEET-MATEN HOUSE	ENTERED
3.03	NEW CAP REL COSTS-BLDG-WOMENS	30	SQUARE FEET-WOMENS	ENTERED
3.04	NEW CAP REL COSTS-BLDG-MCNE	31	SQUARE FEET-MCNE	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	23	PHONE LINES	ENTERED
6.02	DATA PROCESSING	24	NODES	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	25	COSTED REQUISITIONS	ENTERED
6.04	ADMITTING	26	PATIENT DAYS	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	27	PATIENT REVENUE	ENTERED
6.06	OP REGISTRATION	32	OP REVENUE	ENTERED
6.07	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED
24.01	PARAMED ED PRGM - CPE	35	ASSIGNED TIME	ENTERED
24.02	PARAMED ED PRGM - PHARMACY	34	ASSIGNED TIME	ENTERED
24.03	PARAMED ED PRGM - RADIOLOGY	33	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG-ST	NEW CAP REL C OSTS-BLDG-MA	NEW CAP REL C OSTS-BLDG-WO
	0	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	24,591,572			24,591,572			
003 01 NEW CAP REL COSTS-BLDG-ST	198,347				198,347		
003 02 NEW CAP REL COSTS-BLDG-MA	345,610					345,610	
003 03 NEW CAP REL COSTS-BLDG-WO	1,890,438						1,890,438
003 04 NEW CAP REL COSTS-BLDG-MC	128,128						
004 NEW CAP REL COSTS-MVBLE E	19,038,663						
005 EMPLOYEE BENEFITS	94,552,524			127,132	2,416		
006 01 NONPATIENT TELEPHONES	4,980,710			164,419	992		2,710
006 02 DATA PROCESSING	33,553,173			252,608	15,357		3,355
006 03 PURCHASING, RECEIVING AND	1,325,874						
006 04 ADMITTING	6,091,451			211,008	685		16,548
006 05 CASHIERING/ACCOUNTS RECEI	15,918,268			30,480			
006 06 OP REGISTRATION	2,611,637			797			
006 07 OTHER ADMINISTRATIVE AND	-10,660,196			569,181	17,832	12,510	62,193
008 OPERATION OF PLANT	21,666,650			4,396,388	9,741		178,484
009 LAUNDRY & LINEN SERVICE	2,204,863						
010 HOUSEKEEPING	6,867,034			228,568	2,131		17,826
011 DIETARY	2,199,373			220,697	4,168		70,205
012 CAFETERIA	3,095,245			260,519			
014 NURSING ADMINISTRATION	7,066,656			308,171	937		26,482
015 CENTRAL SERVICES & SUPPLY	3,277,660			725,771	146		32,034
016 PHARMACY	16,775,007			332,682			32,893
017 MEDICAL RECORDS & LIBRARY	9,102,537			224,868	2,230		
018 SOCIAL SERVICE	6,578,638			42,520	564		621
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	7,205,938						
023 I&R SERVICES-OTHER PRGM C	3,071,022			324,341			4,382
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE	201,772			28,047			
024 02 PARAMED ED PRGM - PHARMAC	133,598						
024 03 PARAMED ED PRGM - RADIOLO	196,166						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,885,821			4,959,377			416,535
026 INTENSIVE CARE UNIT	8,133,566			507,608			
027 CORONARY CARE UNIT	6,445,496			395,195			
027 01 CARDIAC RECOVERY				80,911			
027 02 TRANSPLANT UNIT	2,014,186			60,428			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	4,043,003			380,517			
030 NEONATAL INTENSIVE CARE U	12,251,842						324,446
031 SUBPROVIDER	3,632,178				75,032		
033 NURSERY	2,811,099						151,919
034 SKILLED NURSING FACILITY	1,078,056			252,199			
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	75,917,822			2,078,473			165,423
037 01 AMBULATORY SURGERY	2,530,223			449,674			
039 DELIVERY ROOM & LABOR ROO	4,615,081						245,525
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	25,385,911			1,027,461			53,394
041 01 CARDIAC CATHETERIZATION L	21,714,396			527,499			
041 02 ULTRA SOUND	1,149,050			40,108			
041 04 EP LAB				47,774			
041 05 CATH HOLDING	821,521			110,901			
041 06 ECHOCARDIOLOGY	571,764			4,640			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	38,615,341			299,769			38,171
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	7,824,309			95,201	3,349		2,901
049 01 SLEEP LAB	1,690,901			4,089	34,052		
050 PHYSICAL THERAPY	10,388,479			209,413			
050 01 CARDIAC REHAB	617,302						
050 02 SPORTS MEDICINE	3,461,468						
051 OCCUPATIONAL THERAPY	637,426			7,605	332		
052 SPEECH PATHOLOGY	988,457			32,401			
053 ELECTROCARDIOLOGY	1,048,646			77,293			
054 ELECTROENCEPHALOGRAPHY	1,018,226			14,105			
055 MEDICAL SUPPLIES CHARGED	1,884,506			20			
056 DRUGS CHARGED TO PATIENTS	24,232,798						
057 RENAL DIALYSIS	155,190			71,467			
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	3,040,621			241,385			
059 OUTPAT SERVICE COST CNTRS							
060 CLINIC	5,196,463						

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
I

PROVIDER NO:
15-0084

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

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
		OSTS-BLDG & ST	OSTS-MVBLE E	OSTS-BLDG & ST	OSTS-BLDG-ST	OSTS-BLDG-MA	OSTS-BLDG-WO
	0	1	2	3	3.01	3.02	3.03
060 01 OUTPAT SERVICE COST CNTRS							
061 PARTIAL HOSPITALIZATION	976,440				24,382		
061 EMERGENCY	11,633,063			737,464			
061 01 PATIENT SERVICES	3,000,411			67,542			36,499
061 02 ANTICOAGULATION CLINIC	643,684			31,747			
061 03 LAFAYETTE RD CLINIC	185,247						
061 04 ZIONSVILLE CLINIC	1,106,463						
061 05 BROWNSBURG CLINIC	4,086						
061 06 ST VINCENT OUTPATIENT TRE	3,748,863						
061 07 WOUND CENTER	-195,025			70,240			
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE	2,727,672						
067 02 GERIATRIC CLINIC	437,826						
068 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES	59,346						
068 02 DIABETIC THERAPY	651,403						
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	6,041,348			110,185			
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	2,725,541						
084 LIVER ACQUISITION							
085 HEART ACQUISITION	1,097,760						
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	6,958,506			461,347	1,585		
095 SUBTOTALS	647,812,140			21,902,235	195,931	12,510	1,882,546
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,725,014			83,855			7,892
097 RESEARCH	1,000,594						
098 PHYSICIANS' PRIVATE OFFIC	16,908,136			169,652			
099 NONPAID WORKERS							
100 O'CONNERS				2,801			
100 01 WELLNESS	1,399,590						
100 02 OCC HEALTH	2,956						
100 03 SPN							
100 04 RHI				5,479			
100 05 EXTENDED CARE RESIDENTIAL							
100 06 SETON BOARD							
100 07 MARTEN HOUSE	2,503,170					333,100	
100 08 FOUNDATION	3,091,453						
100 09 NETWORK DEVELOPMENT	991,226						
100 10 EAP					2,416		
100 11 COMMUNITY OUTREACH	1,186,531						
100 13 MARKETING	12,193,077						
100 14 NEW HOPE				867,356			
100 15 JOINT VENTURES	32,243,335						
100 17 VACANT SPACE				1,509,762			
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES	416,280			50,432			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	721,473,502			24,591,572	198,347	345,610	1,890,438

COST ALLOCATION - GENERAL SERVICE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	3.04	4	5	6.01	6.02	6.03	6.04
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG-ST							
003 02 NEW CAP REL COSTS-BLDG-MA							
003 03 NEW CAP REL COSTS-BLDG-WO							
003 04 NEW CAP REL COSTS-BLDG-MC	128,128						
004 NEW CAP REL COSTS-MVBLE E		19,038,663					
005 EMPLOYEE BENEFITS		39,165	94,721,237				
006 01 NONPATIENT TELEPHONES		139,823	237,959	5,526,613			
006 02 DATA PROCESSING		129,264	2,745,631	26,298	36,725,686		
006 03 PURCHASING, RECEIVING AND			229,353		142,832	1,698,059	
006 04 ADMITTING		18,416	1,421,256	32,873	615,963	693	8,408,893
006 05 CASHIERING/ACCOUNTS RECEI			1,342,138	7,890	1,401,539	14	
006 06 OP REGISTRATION			777,479		446,350		
006 07 OTHER ADMINISTRATIVE AND	20,549	655,505	6,784,556	373,438	3,615,436	4,314	
008 OPERATION OF PLANT		568,532	1,940,227	207,758	1,187,291	659	
009 LAUNDRY & LINEN SERVICE			76,596				
010 HOUSEKEEPING		3,294	1,462,418	35,503	169,613	7,750	
011 DIETARY		84,253	511,031	81,525	249,956	49,230	
012 CAFETERIA			1,140,120		8,927	324	
014 NURSING ADMINISTRATION		682,424	2,337,037	90,730	696,306	2,357	
015 CENTRAL SERVICES & SUPPLY		44,016	903,287	30,243	196,394	23,615	
016 PHARMACY	1,116	273,361	4,036,567	38,133	714,160	316,498	
017 MEDICAL RECORDS & LIBRARY		704	1,672,990	60,486	1,687,203	510	
018 SOCIAL SERVICE		25,622	1,756,008	126,232	374,934	3,901	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL			2,322,899				
022 I&R SERVICES-SALARY & FRI			657,463	151,216	589,182	4,926	
023 I&R SERVICES-OTHER PRGM C		11,743					
024 PARAMED ED PRGM			71,938	5,260	26,781	38	
024 01 PARAMED ED PRGM - CPE			41,374				
024 02 PARAMED ED PRGM - PHARMAC			91,197	2,630	26,781	163	
024 03 PARAMED ED PRGM - RADIOLO		1,869					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,664,245	13,924,480	871,792	4,463,505	54,640	5,411,519
026 INTENSIVE CARE UNIT		333,736	2,275,021	97,304	562,401	15,473	476,226
027 CORONARY CARE UNIT		130,175	1,865,159	97,304	428,496	8,952	292,017
027 01 CARDIAC RECOVERY				63,116	285,664		
027 02 TRANSPLANT UNIT			288,693	5,260		52	5,376
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE		203,820	769,330	34,188	276,737	15,470	113,437
030 NEONATAL INTENSIVE CARE U		510,502	3,492,724	118,343	1,178,364	12,798	944,071
031 SUBPROVIDER		27,372	1,121,109	46,022	241,029	559	539,209
033 NURSERY		51,703	837,937		276,737	2,611	282,070
034 SKILLED NURSING FACILITY		1,971	327,009	18,409		735	192,928
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2,671,574	6,009,677	349,769	1,321,196	788,951	
037 01 AMBULATORY SURGERY		96,825	600,095	122,288	285,664	4,712	
039 DELIVERY ROOM & LABOR ROO		225,556	1,349,486	64,431	776,649	4,942	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	18,644	4,046,685	4,636,318	443,128	2,329,948	35,072	
041 01 CARDIAC CATHETERIZATION L		1,887,470	995,939	85,470	267,810	87,522	
041 02 ULTRA SOUND		101,881	349,604	19,724	44,635	876	
041 04 EP LAB				21,039	8,927		
041 05 CATH HOLDING		136,596	229,957	32,873	62,489	1,477	
041 06 ECHOCARDIOLOGY		180,545	161,222	6,575	71,416	863	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,627	106,270	31,159	38,133	160,686	127,904	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,435	418,003	1,769,199	48,652	178,540	28,225	
049 01 SLEEP LAB		120,579	357,092	35,503	80,343	1,341	
050 PHYSICAL THERAPY	11,136	303,482	2,501,854	113,083	580,255	5,005	
050 01 CARDIAC REHAB		18,588	162,695	3,945	8,927	86	
050 02 SPORTS MEDICINE		66,563	726,465	24,983	196,394	1,389	
051 OCCUPATIONAL THERAPY			202,009	13,149	26,781	106	
052 SPEECH PATHOLOGY	2,244	21,420	216,837	15,779	35,708	315	
053 ELECTROCARDIOLOGY		239,110	270,240	17,094	71,416	814	
054 ELECTROENCEPHALOGRAPHY		153,699	278,548	22,354	44,635	2,072	
055 MEDICAL SUPPLIES CHARGED		4	102				
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		2,689		15,779	26,781	3,585	
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY		309,527	516,133	47,337	53,562	16,527	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		165,363	1,186,505	27,613	1,330,123	3,388	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG-MC	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING
	3.04	4	5	6.01	6.02	6.03	6.04
060 01 OUTPAT SERVICE COST CNTRS							
061 01 PARTIAL HOSPITALIZATION		14,962	290,193	43,392	169,613	252	
061 EMERGENCY	22,638	464,566	3,491,077	487,836	1,187,291	19,938	
061 01 PATIENT SERVICES		23,228	815,670	14,464	80,343	4,372	
061 02 ANTICOAGULATION CLINIC			177,801			421	
061 03 LAFAYETTE RD CLINIC		33,942	44,428	48,652	8,927	41	
061 04 ZIONSVILLE CLINIC		455,844	138,806		53,562	509	
061 05 BROWNSBURG CLINIC			78		8,927		
061 06 ST VINCENT OUTPATIENT TRE			272,934		205,321	5	
061 07 WOUND CENTER			40	21,039	98,197	69	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE	2,339	207,640	639,057	119,658	1,017,678	1,445	
067 02 GERIATRIC CLINIC	3,242	24,465	145,236	27,613	214,248	161	
068 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES				1,315		1	
068 02 DIABETIC THERAPY		8,897	187,027	14,464	80,343	170	
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		82,851	1,763,619	97,304	1,080,167	1,788	
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION		17,440	113,075			5,561	
084 LIVER ACQUISITION							
085 HEART ACQUISITION		15,480	106,676	6,575	26,781	1,686	
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE		80,011	1,456,857	113,083	580,255	8,597	152,040
095 SUBTOTALS	87,970	18,303,270	89,654,696	5,186,049	32,637,119	1,686,470	8,408,893
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		9,566	152,086	13,149	26,781	984	
097 RESEARCH		219,253	205,250	32,873	241,029	488	
098 PHYSICIANS' PRIVATE OFFIC	3,493	469,122	3,042,589	195,923	2,687,028	6,921	
099 NONPAID WORKERS							
100 O'CONNERS					8,927		
100 01 WELLNESS			367,948	9,204	124,978	475	
100 02 OCC HEALTH				24,983	26,781		
100 03 SPN	7,509			3,945	53,562		
100 04 RHI							
100 05 EXTENDED CARE RESIDENTIAL				6,575			
100 06 SETON BOARD							
100 07 MARTEN HOUSE							
100 08 FOUNDATION		35,634	220,077	19,724	107,124	261	
100 09 NETWORK DEVELOPMENT			106,651		89,270		
100 10 EAP							
100 11 COMMUNITY OUTREACH			179,119	14,464	303,518	829	
100 13 MARKETING			715,691	19,724	267,810	94	
100 14 NEW HOPE							
100 15 JOINT VENTURES	29,156	1,818	47,010		8,927	910	
100 17 VACANT SPACE							
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES			30,120		142,832	627	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	128,128	19,038,663	94,721,237	5,526,613	36,725,686	1,698,059	8,408,893

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OP REGISTRATI ON	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6.05	6.06	6a.06	6.07	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG-ST							
003 03 NEW CAP REL COSTS-BLDG-MA							
003 04 NEW CAP REL COSTS-BLDG-WO							
004 NEW CAP REL COSTS-BLDG-MC							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI	18,700,329						
006 06 OP REGISTRATION		3,836,263					
006 07 OTHER ADMINISTRATIVE AND			1,455,318	1,455,318			
008 OPERATION OF PLANT			30,155,730	60,945	30,216,675		
009 LAUNDRY & LINEN SERVICE			2,281,459	4,611		2,286,070	
010 HOUSEKEEPING			8,794,137	17,773	341,195		9,153,105
011 DIETARY			3,470,438	7,014	460,171		140,985
012 CAFETERIA			4,505,135	9,105	325,439		99,707
014 NURSING ADMINISTRATION	82,545		11,293,645	22,824	449,318		137,660
015 CENTRAL SERVICES & SUPPLY			5,233,166	10,576	976,344		299,127
016 PHARMACY			22,520,417	45,514	506,290		155,115
017 MEDICAL RECORDS & LIBRARY			12,751,528	25,771	299,290		91,695
018 SOCIAL SERVICE	2,427		8,911,467	18,010	59,066		18,096
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			9,528,837	19,258			
023 I&R SERVICES-OTHER PRGM C	106,774		4,921,049	9,945	414,562		127,012
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE			333,836	675	35,036		10,734
024 02 PARAMED ED PRGM - PHARMAC			174,972	354			
024 03 PARAMED ED PRGM - RADIOLO			318,806	644			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,605,870		81,257,784	164,222	7,370,831	833,219	2,258,241
026 INTENSIVE CARE UNIT	323,101		12,724,436	25,716	634,101	74,267	194,273
027 CORONARY CARE UNIT	203,482		9,866,276	19,940	493,675	11,574	151,250
027 01 CARDIAC RECOVERY			429,691	868	101,074		30,967
027 02 TRANSPLANT UNIT	7,344		2,381,339	4,813	75,486	18,561	23,127
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	123,452		5,959,954	12,045	475,340	10,739	145,632
030 NEONATAL INTENSIVE CARE U	908,145		19,741,235	39,897	688,367	421,997	210,898
031 SUBPROVIDER	150,636		5,833,146	11,789	617,834	22,836	189,289
033 NURSERY	119,280		4,533,356	9,162	40,246	141,170	12,330
034 SKILLED NURSING FACILITY	21,038		1,892,345	3,824	315,046		96,522
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,264,799	1,037,032	94,604,716	191,358	2,950,226	186,604	903,876
037 01 AMBULATORY SURGERY	118,527	69,735	4,277,743	8,645	561,730	15,675	172,100
039 DELIVERY ROOM & LABOR ROO	362,355	11,912	7,655,937	15,473	525,136	250,458	160,889
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,332,774	1,072,686	41,382,021	83,633	1,737,668	112,270	532,378
041 01 CARDIAC CATHETERIZATION L	1,017,347	252,729	26,836,182	54,236	658,948	7,259	201,885
041 02 ULTRA SOUND	162,964	61,334	1,930,176	3,901	50,103		15,350
041 04 EP LAB			77,740	157	59,679		18,284
041 05 CATH HOLDING	58,860	23,768	1,478,442	2,988	138,536		42,444
041 06 ECHOCARDIOLOGY	127,932	25,163	1,150,120	2,324	5,797		1,776
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,936,357	291,601	41,647,018	84,169	485,784		148,832
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	683,007	48,858	11,104,679	22,443	233,584	2,869	71,564
049 01 SLEEP LAB	95,055	56,158	2,475,113	5,002	285,500		87,470
050 PHYSICAL THERAPY	421,915	176,949	14,711,571	29,732	464,665	4,300	142,362
050 01 CARDIAC REHAB	14,433	5,002	830,978	1,679			
050 02 SPORTS MEDICINE	10,213	6,119	4,493,594	9,082			
051 OCCUPATIONAL THERAPY	40,341	3,617	931,366	1,882	12,232		3,748
052 SPEECH PATHOLOGY	28,011	6,968	1,348,140	2,725	81,385		24,934
053 ELECTROCARDIOLOGY	33,736	9,656	1,768,005	3,573	96,554	3,632	29,582
054 ELECTROENCEPHALOGRAPHY	78,544	15,158	1,627,341	3,289	17,620	5,292	5,398
055 MEDICAL SUPPLIES CHARGED	33,411		1,918,043	3,876	26	3	8
056 DRUGS CHARGED TO PATIENTS	1,593,946		25,826,744	52,196			
057 RENAL DIALYSIS	38,846	4,813	319,150	645	89,276		27,352
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	219,022	86,916	4,531,030	9,157	301,537	19,840	92,383
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	104,803	62,797	8,077,055	16,324			

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS	OP REGISTRATI RECEI TION	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6.05	6.06	6a.06	6.07	8	9	10
060 01 OUTPAT SERVICE COST CNTRS							
061 01 PARTIAL HOSPITALIZATION	62,411	37,350	1,618,995	3,272	200,769		61,511
061 EMERGENCY	739,638	327,870	19,111,381	38,624	1,334,036	136,851	408,715
061 01 PATIENT SERVICES	35,304	20,281	4,098,114	8,282	162,439	4,351	49,767
061 02 ANTICOAGULATION CLINIC	11,302	6,754	871,709	1,762	39,658		12,150
061 03 LAFAYETTE RD CLINIC			321,237	649			
061 04 ZIONSVILLE CLINIC			1,755,184	3,547			
061 05 BROWNSBURG CLINIC			13,091	26			
061 06 ST VINCENT OUTPATIENT TRE	75,414		4,302,537	8,695			
061 07 WOUND CENTER	85,657		80,217	162	87,744		26,883
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE			4,715,489	9,530	42,646		13,066
067 02 GERIATRIC CLINIC			852,791	1,723	59,117		18,112
068 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES	1,595		62,257	126			
068 02 DIABETIC THERAPY	3,865	2,315	948,484	1,917			
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	78,414	46,985	9,302,661	18,801	137,643		42,170
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	22,883	4,114	2,888,614	5,838			
084 LIVER ACQUISITION							
085 HEART ACQUISITION	20,313	410	1,275,681	2,578			
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	132,241	61,213	10,005,735	20,222	589,361		180,566
095 SUBTOTALS	18,700,329	3,836,263	634,496,583	1,279,538	26,088,110	2,283,767	7,888,215
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			2,019,327	4,081	121,657		37,273
097 RESEARCH			1,699,487	3,435			
098 PHYSICIANS' PRIVATE OFFIC			23,482,864	47,459	275,617	2,303	84,442
099 NONPAID WORKERS							
100 O'CONNERS			11,728	24	3,499		1,072
100 01 WELLNESS			1,902,195	3,844			
100 02 OCC HEALTH			54,720	111			
100 03 SPN			65,016	131	136,928		41,951
100 04 RHI			5,479	11	6,844		2,097
100 05 EXTENDED CARE RESIDENTIAL			6,575	13			
100 06 SETON BOARD							
100 07 MARTEN HOUSE			2,836,270	5,732			
100 08 FOUNDATION			3,474,273	7,022			
100 09 NETWORK DEVELOPMENT			1,187,147	2,399			
100 10 EAP			2,416	5	19,893		6,095
100 11 COMMUNITY OUTREACH			1,684,461	3,404			
100 13 MARKETING			13,196,396	26,670			
100 14 NEW HOPE			867,356	1,753	1,083,495		331,956
100 15 JOINT VENTURES			32,331,156	65,341	531,648		162,884
100 17 VACANT SPACE			1,509,762	3,051	1,885,985		577,819
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES			640,291	1,294	62,999		19,301
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	18,700,329	3,836,263	721,473,502	1,455,318	30,216,675	2,286,070	9,153,105

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG-ST							
003 03 NEW CAP REL COSTS-BLDG-MA							
003 04 NEW CAP REL COSTS-BLDG-WO							
004 NEW CAP REL COSTS-BLDG-MC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	4,078,608						
012 CAFETERIA		4,939,386					
014 NURSING ADMINISTRATION		115,630	12,019,077				
015 CENTRAL SERVICES & SUPPLY		107,938		6,627,151			
016 PHARMACY		210,788	7,333	119,035	23,564,492		
017 MEDICAL RECORDS & LIBRARY		100,277				13,268,561	
018 SOCIAL SERVICE		114,989	301,816		49		9,423,493
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		187,916					
023 I&R SERVICES-OTHER PRGM C		113,062	69,340	6,855	431,190		
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE		5,880			2		
024 02 PARAMED ED PRGM - PHARMAC		4,372					
024 03 PARAMED ED PRGM - RADIOLO		5,804	7,333		34		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,960,958	982,350	4,127,793	499,493	461,768	1,830,208	3,045,142
026 INTENSIVE CARE UNIT	158,314	149,777	724,330	164,465	361,778	39,108	353,749
027 CORONARY CARE UNIT		113,788	507,773	88,583	165,744	82,823	3,103
027 01 CARDIAC RECOVERY	21,590						1,034
027 02 TRANSPLANT UNIT		15,675	24,475	264	268		
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	17,786	68,243	279,231	180,405	33,569	8,973	558,035
030 NEONATAL INTENSIVE CARE U		263,305	1,000,438	112,179	242,644	53,696	1,622,386
031 SUBPROVIDER	504,929	88,493	187,082	2,754	4,590	112,334	
033 NURSERY		98,197	229,093	20,232	2,215	152,545	617,510
034 SKILLED NURSING FACILITY		29,074	88,070	6,309	984	27,448	
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		444,490	1,233,709	3,531,668	5,841,755	186,567	
037 01 AMBULATORY SURGERY		49,145	145,668	43,062	77,823	680,480	6,206
039 DELIVERY ROOM & LABOR ROO		89,458	370,320	50,733	48,644	52,976	317,547
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		330,699	178,526	113,432	121,027	4,439,406	
041 01 CARDIAC CATHETERIZATION L		60,148	156,447	803,754	209,904	117,420	
041 02 ULTRA SOUND		17,349		10,124	2,201		
041 04 EP LAB							
041 05 CATH HOLDING	13,960	16,216	71,891	13,722	53,622		
041 06 ECHOCARDIOLOGY		9,861	10,853	2,023	40		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		1,405		4,965	1,228,601	514,738	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		127,733	32,852	20,237	9,246,641		
049 01 SLEEP LAB		27,705		9,684	3,680	131,096	
050 PHYSICAL THERAPY		184,992		51,294	14,085	9,597	
050 01 CARDIAC REHAB		11,170	37,528	444		48	
050 02 SPORTS MEDICINE		53,008	14	1,151	3,734	50,912	
051 OCCUPATIONAL THERAPY		14,680		1,218			
052 SPEECH PATHOLOGY		14,333		2,999	656		
053 ELECTROCARDIOLOGY		24,886	40,768	5,835	5,467		
054 ELECTROENCEPHALOGRAPHY		17,990		24,960	47		
055 MEDICAL SUPPLIES CHARGED		7		3			
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				39,017	235,056		
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY		34,417	150,091	185,009	66,997	248,180	18,101
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		111,329	213,265	19,808	351,239		126,191

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
	11	12	14	15	16	17	18
060 01 OUTPAT SERVICE COST CNTRS							
061 01 PARTIAL HOSPITALIZATION		25,902			41		
061 01 EMERGENCY	17,157	240,913	703,969	166,562	362,253	3,210,649	2,517,621
061 01 PATIENT SERVICES	10,870	87,063	67,941	19,537	19,036	202,594	7,758
061 02 ANTICOAGULATION CLINIC		11,130	25,867	686	127		
061 03 LAFAYETTE RD CLINIC				167	20		
061 04 ZIONSVILLE CLINIC				838	3,352	231,961	
061 05 BROWNSBURG CLINIC						240	
061 06 ST VINCENT OUTPATIENT TRE			25,189				
061 07 WOUND CENTER		2		22	18,454		
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OTHER REIMBURS COST CNTRS							
064 01 HOME PROGRAM DIALYSIS							
065 01 AMBULANCE SERVICES							
066 01 DURABLE MEDICAL EQUIP-REN							
067 01 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE	160		28,273	2,768	1,385	356,723	192,390
067 02 GERIATRIC CLINIC		17,183	35,125		5,493		
068 01 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES							
068 02 DIABETIC THERAPY		11,689	46,864	29		43,763	
069 01 CORF							
070 01 I&R SERVICES-NOT APPRVD P							
071 01 HOME HEALTH AGENCY			276,199	15,178	8,852		
082 01 LUNG ACQUISITION							
082 01 SPEC PURPOSE COST CENTERS							
083 01 KIDNEY ACQUISITION		6,691	24,981	159,681	515		
084 01 LIVER ACQUISITION							
085 01 HEART ACQUISITION		9,612	22,490	78,083	1,231	6,622	
092 01 AMBULATORY SURGICAL CENTE							
093 01 HOSPICE	88,620		273,508	31,009	2,271,988		
095 01 SUBTOTALS	3,794,344	4,826,764	11,726,445	6,610,402	21,908,675	12,791,107	9,386,773
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		22,327		3			
097 01 RESEARCH		14,779	13,970	27			
098 01 PHYSICIANS' PRIVATE OFFIC			194,629	12,876	1,431,480	223,084	36,720
099 01 NONPAID WORKERS							
100 01 O'CONNERS							
100 01 WELLNESS		39,232	83,566	1,326	94		
100 02 OCC HEALTH							
100 03 SPN							
100 04 RHT							
100 05 EXTENDED CARE RESIDENTIAL							
100 06 SETON BOARD	284,264						
100 07 MARTEN HOUSE							
100 08 FOUNDATION		14,527			2,844		
100 09 NETWORK DEVELPOMENT							
100 10 EAP							
100 11 COMMUNITY OUTREACH		15,920	432	899	749	96	
100 13 MARKETING			35				
100 14 NEW HOPE							
100 15 JOINT VENTURES		4,423		1,618	4,342	254,274	
100 17 VACANT SPACE							
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES		1,414			216,308		
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	4,078,608	4,939,386	12,019,077	6,627,151	23,564,492	13,268,561	9,423,493

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM	PARAMED ED PRGM - CPE	PARAMED ED PRGM - PHARMAC
	20	21	22	23	24	24.01	24.02
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG-ST							
003 02 NEW CAP REL COSTS-BLDG-MA							
003 03 NEW CAP REL COSTS-BLDG-WO							
003 04 NEW CAP REL COSTS-BLDG-MC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			9,736,011				
023 I&R SERVICES-OTHER PRGM C				6,093,015			
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE						386,163	
024 02 PARAMED ED PRGM - PHARMAC							179,698
024 03 PARAMED ED PRGM - RADIOLO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			4,879,767	3,053,868		196,385	
026 INTENSIVE CARE UNIT			511,493	320,104		47,244	
027 CORONARY CARE UNIT			1,217,001	761,627		2,002	
027 01 CARDIAC RECOVERY							
027 02 TRANSPLANT UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE			235,169	147,174		1,602	
030 NEONATAL INTENSIVE CARE U			188,135	117,739		43,841	
031 SUBPROVIDER						53,050	
033 NURSERY			99,947	62,549			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			535,010	334,821			
037 01 AMBULATORY SURGERY						2,202	
039 DELIVERY ROOM & LABOR ROO			435,063	272,272			
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC						400	
041 01 CARDIAC CATHETERIZATION L							
041 02 ULTRA SOUND							
041 04 EP LAB							
041 05 CATH HOLDING							
041 06 ECHOCARDIOLOGY							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
049 01 SLEEP LAB							
050 PHYSICAL THERAPY			152,860	95,663			
050 01 CARDIAC REHAB							
050 02 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							179,698
057 RENAL DIALYSIS			35,275	22,076			
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY			70,551	44,152			
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			235,169	147,174			

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	SCHOOL	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR
	ANESTHETISTS	L		SALARY & FRI	OTHER PRGM C	GM	GM - CPE	GM - PHARMAC
	20	21		22	23	24	24.01	24.02
060 01 OUTPAT SERVICE COST CNTRS								
061 01 PARTIAL HOSPITALIZATION								
061 01 EMERGENCY				264,566	165,571		15,615	
061 01 PATIENT SERVICES				176,377	110,381			
061 02 ANTICOAGULATION CLINIC								
061 03 LAFAYETTE RD CLINIC								
061 04 ZIONSVILLE CLINIC								
061 05 BROWNSBURG CLINIC								
061 06 ST VINCENT OUTPATIENT TRE								
061 07 WOUND CENTER								
062 01 OBSERVATION BEDS (NON-DIS								
062 02 OTHER REIMBURS COST CNTRS								
064 01 HOME PROGRAM DIALYSIS								
065 01 AMBULANCE SERVICES								
066 01 DURABLE MEDICAL EQUIP-REN								
067 01 DURABLE MEDICAL EQUIP-SOL								
067 01 FAMILY PRACTICE				487,976	305,387			
067 02 GERIATRIC CLINIC				94,068	58,870			
068 01 OTHER REIMBURSABLE COST C								
068 01 PSYCH SERVICES								
068 02 DIABETIC THERAPY								
069 01 CORF								
070 01 I&R SERVICES-NOT APPRVD P								
071 01 HOME HEALTH AGENCY								
082 01 LUNG ACQUISITION								
082 02 SPEC PURPOSE COST CENTERS								
083 01 KIDNEY ACQUISITION								
084 01 LIVER ACQUISITION								
085 01 HEART ACQUISITION								
092 01 AMBULATORY SURGICAL CENTE								
093 01 HOSPICE				35,275	22,076		23,822	
095 01 SUBTOTALS				9,653,702	6,041,504		386,163	179,698
096 01 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP								
097 01 RESEARCH				82,309	51,511			
098 01 PHYSICIANS' PRIVATE OFFIC								
099 01 NONPAID WORKERS								
100 01 O'CONNERS								
100 01 WELLNESS								
100 02 OCC HEALTH								
100 03 SPN								
100 04 RHI								
100 05 EXTENDED CARE RESIDENTIAL								
100 06 SETON BOARD								
100 07 MARTEN HOUSE								
100 08 FOUNDATION								
100 09 NETWORK DEVELOPMENT								
100 10 EAP								
100 11 COMMUNITY OUTREACH								
100 13 MARKETING								
100 14 NEW HOPE								
100 15 JOINT VENTURES								
100 17 VACANT SPACE								
100 18 ST VINCENT HEART CENTER								
100 19 MISSION SERVICES								
101 01 CROSS FOOT ADJUSTMENT								
102 01 NEGATIVE COST CENTER								
103 01 TOTAL				9,736,011	6,093,015		386,163	179,698

COST ALLOCATION - GENERAL SERVICE COSTS

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PROVIDER NO:
15-0084

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

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

COST CENTER DESCRIPTION	PARAMED GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN	TOTAL
	24.03		25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-BLDG-ST					
003 03 NEW CAP REL COSTS-BLDG-MA					
003 04 NEW CAP REL COSTS-BLDG-WO					
004 NEW CAP REL COSTS-BLDG-MC					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OP REGISTRATION					
006 07 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
024 01 PARAMED ED PRGM - CPE					
024 02 PARAMED ED PRGM - PHARMAC					
024 03 PARAMED ED PRGM - RADIOLO	332,621				
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			113,922,029	-7,933,635	105,988,394
026 INTENSIVE CARE UNIT			16,483,155	-831,597	15,651,558
027 CORONARY CARE UNIT			13,485,159	-1,978,628	11,506,531
027 01 CARDIAC RECOVERY			585,224		585,224
027 02 TRANSPLANT UNIT			2,544,008		2,544,008
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
029 01 PEDIATRIC INTENSIVE CARE			8,133,897	-382,343	7,751,554
030 NEONATAL INTENSIVE CARE U			24,746,757	-305,874	24,440,883
031 SUBPROVIDER			7,628,126		7,628,126
033 NURSERY			6,018,552	-162,496	5,856,056
034 SKILLED NURSING FACILITY			2,459,622		2,459,622
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
036 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			110,944,800	-869,831	110,074,969
037 01 AMBULATORY SURGERY			6,040,479		6,040,479
039 DELIVERY ROOM & LABOR ROO			10,244,906	-707,335	9,537,571
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC	332,621		49,364,081		49,364,081
041 01 CARDIAC CATHETERIZATION L			29,106,183		29,106,183
041 02 ULTRA SOUND			2,029,204		2,029,204
041 04 EP LAB			155,860		155,860
041 05 CATH HOLDING			1,831,821		1,831,821
041 06 ECHOCARDIOLOGY			1,182,794		1,182,794
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY			44,115,512		44,115,512
045 PBP CLINICAL LAB SERVICES					
046 WHOLE BLOOD & PACKED RED					
047 BLOOD STORING, PROCESSING					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY			20,862,602		20,862,602
049 01 SLEEP LAB			3,025,250		3,025,250
050 PHYSICAL THERAPY			15,861,121	-248,523	15,612,598
050 01 CARDIAC REHAB			881,847		881,847
050 02 SPORTS MEDICINE			4,611,495		4,611,495
051 OCCUPATIONAL THERAPY			965,126		965,126
052 SPEECH PATHOLOGY			1,475,172		1,475,172
053 ELECTROCARDIOLOGY			1,978,302		1,978,302
054 ELECTROENCEPHALOGRAPHY			1,701,937		1,701,937
055 MEDICAL SUPPLIES CHARGED			1,921,966		1,921,966
056 DRUGS CHARGED TO PATIENTS			26,058,638		26,058,638
057 RENAL DIALYSIS			767,847	-57,351	710,496
058 ASC (NON-DISTINCT PART)					
059 ENDOSCOPY			5,771,445	-114,703	5,656,742
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			9,297,554	-382,343	8,915,211

COST CENTER DESCRIPTION	PARAMED GM	ED PR	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	24.03		25	26	27
060 01 OUTPAT SERVICE COST CNTRS			1,910,490		1,910,490
061 01 PARTIAL HOSPITALIZATION			28,694,483	-430,137	28,264,346
061 02 EMERGENCY			5,024,510	-286,758	4,737,752
061 01 PATIENT SERVICES			963,089		963,089
061 02 ANTICOAGULATION CLINIC			322,073		322,073
061 03 LAFAYETTE RD CLINIC			1,994,882		1,994,882
061 04 ZIONSVILLE CLINIC			13,357		13,357
061 05 BROWNSBURG CLINIC			4,336,421		4,336,421
061 06 ST VINCENT OUTPATIENT TRE			213,484		213,484
061 07 WOUND CENTER					
062 01 OBSERVATION BEDS (NON-DIS					
062 02 OTHER REIMBURS COST CNTRS					
064 01 HOME PROGRAM DIALYSIS					
065 01 AMBULANCE SERVICES					
066 01 DURABLE MEDICAL EQUIP-REN					
067 01 DURABLE MEDICAL EQUIP-SOL					
067 01 FAMILY PRACTICE			6,155,793	-793,363	5,362,430
067 02 GERIATRIC CLINIC			1,142,482	-152,938	989,544
068 01 OTHER REIMBURSABLE COST C					
068 01 PSYCH SERVICES			62,383		62,383
068 02 DIABETIC THERAPY			1,052,746		1,052,746
069 01 CORF					
070 01 I&R SERVICES-NOT APPRVD P					
071 01 HOME HEALTH AGENCY			9,801,504		9,801,504
082 01 LUNG ACQUISITION					
082 02 SPEC PURPOSE COST CENTERS					
083 01 KIDNEY ACQUISITION			3,086,320		3,086,320
084 01 LIVER ACQUISITION					
085 01 HEART ACQUISITION			1,396,297		1,396,297
092 01 AMBULATORY SURGICAL CENTE					
093 01 HOSPICE			13,542,182	-57,351	13,484,831
095 01 SUBTOTALS	332,621		625,914,967	-15,695,206	610,219,761
096 01 NONREIMBURS COST CENTERS					
096 01 GIFT, FLOWER, COFFEE SHOP			2,204,668		2,204,668
097 01 RESEARCH			1,865,518	-133,820	1,731,698
098 01 PHYSICIANS' PRIVATE OFFIC			25,791,474		25,791,474
099 01 NONPAID WORKERS					
100 01 O'CONNERS			16,323		16,323
100 01 WELLNESS			2,030,257		2,030,257
100 02 OCC HEALTH			54,831		54,831
100 03 SPN			244,026		244,026
100 04 RHI			14,431		14,431
100 05 EXTENDED CARE RESIDENTIAL			6,588		6,588
100 06 SETON BOARD			284,264		284,264
100 07 MARTEN HOUSE			2,842,002		2,842,002
100 08 FOUNDATION			3,498,666		3,498,666
100 09 NETWORK DEVELOPMENT			1,189,546		1,189,546
100 10 EAP			28,409		28,409
100 11 COMMUNITY OUTREACH			1,705,961		1,705,961
100 13 MARKETING			13,223,101		13,223,101
100 14 NEW HOPE			2,284,560		2,284,560
100 15 JOINT VENTURES			33,355,686		33,355,686
100 17 VACANT SPACE			3,976,617		3,976,617
100 18 ST VINCENT HEART CENTER					
100 19 MISSION SERVICES			941,607		941,607
101 01 CROSS FOOT ADJUSTMENT					
102 01 NEGATIVE COST CENTER					
103 01 TOTAL	332,621		721,473,502	-15,829,026	705,644,476

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG-ST 3.01	NEW CAP REL C OSTS-BLDG-MA 3.02	NEW CAP REL C OSTS-BLDG-WO 3.03
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	NEW CAP REL COSTS-BLDG &						
003 01	NEW CAP REL COSTS-BLDG-ST						
003 02	NEW CAP REL COSTS-BLDG-MA						
003 03	NEW CAP REL COSTS-BLDG-WO						
003 04	NEW CAP REL COSTS-BLDG-MC						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS			127,132	2,416		
006 01	NONPATIENT TELEPHONES			164,419	992		2,710
006 02	DATA PROCESSING			252,608	15,357		3,355
006 03	PURCHASING, RECEIVING AND						
006 04	ADMITTING			211,008	685		16,548
006 05	CASHIERING/ACCOUNTS RECEI			30,480			
006 06	OP REGISTRATION			797			
006 07	OTHER ADMINISTRATIVE AND			569,181	17,832	12,510	62,193
008	OPERATION OF PLANT			4,396,388	9,741		178,484
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING			228,568	2,131		17,826
011	DIETARY			220,697	4,168		70,205
012	CAFETERIA			260,519			
014	NURSING ADMINISTRATION			308,171	937		26,482
015	CENTRAL SERVICES & SUPPLY			725,771	146		32,034
016	PHARMACY			332,682			32,893
017	MEDICAL RECORDS & LIBRARY			224,868	2,230		
018	SOCIAL SERVICE			42,520	564		621
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C			324,341			4,382
024	PARAMED ED PRGM						
024 01	PARAMED ED PRGM - CPE			28,047			
024 02	PARAMED ED PRGM - PHARMAC						
024 03	PARAMED ED PRGM - RADIOLO						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS			4,959,377			416,535
026	INTENSIVE CARE UNIT			507,608			
027	CORONARY CARE UNIT			395,195			
027 01	CARDIAC RECOVERY			80,911			
027 02	TRANSPLANT UNIT			60,428			
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
029 01	PEDIATRIC INTENSIVE CARE			380,517			
030	NEONATAL INTENSIVE CARE U						
031	SUBPROVIDER				75,032		324,446
033	NURSERY						151,919
034	SKILLED NURSING FACILITY			252,199			
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM			2,078,473			165,423
037 01	AMBULATORY SURGERY			449,674			
039	DELIVERY ROOM & LABOR ROO						245,525
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC			1,027,461			53,394
041 01	CARDIAC CATHETERIZATION L			527,499			
041 02	ULTRA SOUND			40,108			
041 04	EP LAB			47,774			
041 05	CATH HOLDING			110,901			
041 06	ECHOCARDIOLOGY			4,640			
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY			299,769			38,171
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			95,201	3,349		2,901
049 01	SLEEP LAB			4,089	34,052		
050	PHYSICAL THERAPY			209,413			
050 01	CARDIAC REHAB						
050 02	SPORTS MEDICINE						
051	OCCUPATIONAL THERAPY			7,605	332		
052	SPEECH PATHOLOGY			32,401			
053	ELECTROCARDIOLOGY			77,293			
054	ELECTROENCEPHALOGRAPHY			14,105			
055	MEDICAL SUPPLIES CHARGED			20			
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS			71,467			
058	ASC (NON-DISTINCT PART)						
059	ENDOSCOPY			241,385			
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						

ALLOCATION OF NEW CAPITAL RELATED COSTS

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PROVIDER NO:
15-0084

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

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

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG-ST	NEW CAP REL C OSTS-BLDG-MA	NEW CAP REL C OSTS-BLDG-WO
	0	1	2	3	3.01	3.02	3.03
060 01 OUTPAT SERVICE COST CNTRS							
061 01 PARTIAL HOSPITALIZATION					24,382		
061 EMERGENCY				737,464			
061 01 PATIENT SERVICES				67,542			36,499
061 02 ANTICOAGULATION CLINIC				31,747			
061 03 LAFAYETTE RD CLINIC							
061 04 ZIONSVILLE CLINIC							
061 05 BROWNSBURG CLINIC							
061 06 ST VINCENT OUTPATIENT TRE							
061 07 WOUND CENTER				70,240			
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE							
067 02 GERIATRIC CLINIC							
068 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES							
068 02 DIABETIC THERAPY							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY				110,185			
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE				461,347	1,585		
095 SUBTOTALS				21,902,235	195,931	12,510	1,882,546
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				83,855			7,892
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				169,652			
099 NONPAID WORKERS							
100 O'CONNERS				2,801			
100 01 WELLNESS							
100 02 OCC HEALTH							
100 03 SPN							
100 04 RHI				5,479			
100 05 EXTENDED CARE RESIDENTIAL							
100 06 SETON BOARD							
100 07 MARTEN HOUSE						333,100	
100 08 FOUNDATION							
100 09 NETWORK DEVELOPMENT							
100 10 EAP					2,416		
100 11 COMMUNITY OUTREACH							
100 13 MARKETING							
100 14 NEW HOPE				867,356			
100 15 JOINT VENTURES							
100 17 VACANT SPACE				1,509,762			
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES				50,432			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				24,591,572	198,347	345,610	1,890,438

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	NEW CAP REL COSTS=BLDG-MC	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND
	3.04	4	4a	5	6.01	6.02	6.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG-ST							
003 02 NEW CAP REL COSTS-BLDG-MA							
003 03 NEW CAP REL COSTS-BLDG-WO							
003 04 NEW CAP REL COSTS-BLDG-MC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		39,165	168,713	168,713			
006 01 NONPATIENT TELEPHONES		139,823	307,944	424	308,368		
006 02 DATA PROCESSING		129,264	400,584	4,889	1,467	406,940	
006 03 PURCHASING, RECEIVING AND				408		1,583	1,991
006 04 ADMITTING		18,416	246,657	2,531	1,834	6,825	1
006 05 CASHIERING/ACCOUNTS RECEI			30,480	2,390	440	15,530	
006 06 OP REGISTRATION			797	1,384		4,946	
006 07 OTHER ADMINISTRATIVE AND	20,549	655,505	1,337,770	12,081	20,837	40,061	5
008 OPERATION OF PLANT		568,532	5,153,145	3,455	11,592	13,156	1
009 LAUNDRY & LINEN SERVICE				136			
010 HOUSEKEEPING		3,294	251,819	2,604	1,981	1,879	9
011 DIETARY		84,253	379,323	910	4,549	2,770	56
012 CAFETERIA			260,519	2,030		99	
014 NURSING ADMINISTRATION		682,424	1,018,014	4,161	5,062	7,715	3
015 CENTRAL SERVICES & SUPPLY		44,016	801,967	1,608	2,176	2,176	27
016 PHARMACY	1,116	273,361	640,052	7,188	2,128	7,913	361
017 MEDICAL RECORDS & LIBRARY		704	227,802	2,979	3,375	18,695	1
018 SOCIAL SERVICE		25,622	69,327	3,127	7,043	4,154	4
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				4,136			
023 I&R SERVICES-OTHER PRGM C		11,743	340,466	1,171	8,437	6,528	6
024 PARAMED ED PRGM			28,047	128	293	297	
024 01 PARAMED ED PRGM - CPE				74			
024 02 PARAMED ED PRGM - PHARMAC				162	147	297	
024 03 PARAMED ED PRGM - RADIOLO		1,869	1,869				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,664,245	7,040,157	24,845	48,643	49,460	62
026 INTENSIVE CARE UNIT		333,736	841,344	4,051	5,429	6,232	18
027 CORONARY CARE UNIT		130,175	525,370	3,321	5,429	4,748	10
027 01 CARDIAC RECOVERY			80,911		3,522	3,165	
027 02 TRANSPLANT UNIT			60,428	514	293		
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE		203,820	584,337	1,370	1,908	3,066	18
030 NEONATAL INTENSIVE CARE U		510,502	834,948	6,219	6,603	13,057	15
031 SUBPROVIDER		27,372	102,404	1,996	2,568	2,671	1
033 NURSERY		51,703	203,622	1,492		3,066	3
034 SKILLED NURSING FACILITY		1,971	254,170	582	1,027		1
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2,671,574	4,915,470	10,701	19,516	14,640	951
037 01 AMBULATORY SURGERY		96,825	546,499	1,069	6,823	3,165	5
039 DELIVERY ROOM & LABOR ROO		225,556	471,081	2,403	3,595	8,606	6
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	18,644	4,046,685	5,146,184	8,256	24,725	25,817	40
041 01 CARDIAC CATHETERIZATION L		1,887,470	2,414,969	1,773	4,769	2,967	100
041 02 ULTRA SOUND		101,881	141,989	623	1,101	495	1
041 04 EP LAB			47,774		1,174	99	
041 05 CATH HOLDING		136,596	247,497	409	1,834	692	2
041 06 ECHOCARDIOLOGY		180,545	185,185	287	367	791	1
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,627	106,270	445,837	55	2,128	1,780	146
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,435	418,003	523,889	3,150	2,715	1,978	32
049 01 SLEEP LAB		120,579	158,720	636	1,981	890	2
050 PHYSICAL THERAPY	11,136	303,482	524,031	4,455	6,310	6,430	6
050 01 CARDIAC REHAB		18,588	18,588	290	220	99	
050 02 SPORTS MEDICINE		66,563	66,563	1,294	1,394	2,176	2
051 OCCUPATIONAL THERAPY			7,937	360	734	297	
052 SPEECH PATHOLOGY	2,244	21,420	56,065	386	880	396	
053 ELECTROCARDIOLOGY		239,110	316,403	481	954	791	1
054 ELECTROENCEPHALOGRAPHY		153,699	167,804	496	1,247	495	2
055 MEDICAL SUPPLIES CHARGED		4	24				
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		2,689	74,156		880	297	4
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY		309,527	550,912	919	2,641	593	19
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		165,363	165,363	2,113	1,541	14,738	4

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE	NONPATIENT TE	DATA PROCESSI	PURCHASING, R
	OSTS-BLDG=MC	OSTS-MVBLE E		FITS	LEPHONES	NG	ECEIVING AND
	3.04	4	4a	5	6.01	6.02	6.03
060 01 OUTPAT SERVICE COST CNTRS		14,962	39,344	517	2,421	1,879	
061 01 PARTIAL HOSPITALIZATION							
061 EMERGENCY	22,638	464,566	1,224,668	6,216	27,220	13,156	23
061 01 PATIENT SERVICES		23,228	127,269	1,452	807	890	5
061 02 ANTICOAGULATION CLINIC			31,747	317			
061 03 LAFAYETTE RD CLINIC		33,942	33,942	79	2,715	99	
061 04 ZIONSVILLE CLINIC		455,844	455,844	247		593	1
061 05 BROWNSBURG CLINIC						99	
061 06 ST VINCENT OUTPATIENT TRE				486		2,275	
061 07 WOUND CENTER			70,240		1,174	1,088	
062 01 OBSERVATION BEDS (NON-DIS							
062 02 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE	2,339	207,640	209,979	1,138	6,677	11,276	2
067 02 GERIATRIC CLINIC	3,242	24,465	27,707	259	1,541	2,374	
068 01 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES						73	
068 02 DIABETIC THERAPY		8,897	8,897	333	807	890	
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		82,851	193,036	3,140	5,429	11,969	2
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION		17,440	17,440	201			6
084 LIVER ACQUISITION							
085 HEART ACQUISITION		15,480	15,480	190	367	297	2
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE		80,011	542,943	2,594	6,310	6,430	10
095 SUBTOTALS	87,970	18,303,270	42,384,462	159,691	289,364	361,636	1,977
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		9,566	101,313	271	734	297	1
097 RESEARCH		219,253	219,253	365	1,834	2,671	1
098 PHYSICIANS' PRIVATE OFFIC	3,493	469,122	642,267	5,418	10,932	29,774	8
099 NONPAID WORKERS							
100 O'CONNERS			2,801			99	
100 01 WELLNESS				655	514	1,385	1
100 02 OCC HEALTH					1,394	297	
100 03 SPN	7,509		7,509		220	593	
100 04 RHI			5,479				
100 05 EXTENDED CARE RESIDENTIAL					367		
100 06 SETON BOARD							
100 07 MARTEN HOUSE			333,100				
100 08 FOUNDATION		35,634	35,634	392	1,101	1,187	
100 09 NETWORK DEVELOPMENT				190		989	
100 10 EAP			2,416				
100 11 COMMUNITY OUTREACH				319	807	3,363	1
100 13 MARKETING				1,274	1,101	2,967	
100 14 NEW HOPE			867,356				
100 15 JOINT VENTURES	29,156	1,818	30,974	84		99	1
100 17 VACANT SPACE			1,509,762				
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES			50,432	54		1,583	1
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	128,128	19,038,663	46,192,758	168,713	308,368	406,940	1,991

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC	OP REGISTRATI	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
	6.04	6.05	6.06	6.07	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG-ST							
003 02 NEW CAP REL COSTS-BLDG-MA							
003 03 NEW CAP REL COSTS-BLDG-WO							
003 04 NEW CAP REL COSTS-BLDG-MC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING	257,848						
006 05 CASHIERING/ACCOUNTS RECEI		48,840					
006 06 OP REGISTRATION			7,127				
006 07 OTHER ADMINISTRATIVE AND				169,460			
008 OPERATION OF PLANT				7,087	5,188,436		
009 LAUNDRY & LINEN SERVICE				536		672	
010 HOUSEKEEPING				2,067	58,586		318,945
011 DIETARY				816	79,015		4,913
012 CAFETERIA				1,059	55,880		3,474
014 NURSING ADMINISTRATION		211		2,654	77,151		4,797
015 CENTRAL SERVICES & SUPPLY				1,230	167,646		10,423
016 PHARMACY				5,292	86,934		5,405
017 MEDICAL RECORDS & LIBRARY				2,997	51,390		3,195
018 SOCIAL SERVICE		6		2,094	10,142		631
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				2,239			
023 I&R SERVICES-OTHER PRGM C		273		1,156	71,184		4,426
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE				78	6,016		374
024 02 PARAMED ED PRGM - PHARMAC				41			
024 03 PARAMED ED PRGM - RADIOLO				75			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	165,938	4,103		19,096	1,265,628	245	78,690
026 INTENSIVE CARE UNIT	14,603	826		2,990	108,880	22	6,770
027 CORONARY CARE UNIT	8,954	520		2,319	84,768	3	5,270
027 01 CARDIAC RECOVERY				101	17,355		1,079
027 02 TRANSPLANT UNIT	165	19		560	12,962	5	806
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	3,478	315		1,401	81,619	3	5,075
030 NEONATAL INTENSIVE CARE U	28,949	2,320		4,639	118,198	124	7,349
031 SUBPROVIDER	16,534	385		1,371	106,087	7	6,596
033 NURSERY	8,649	305		1,065	6,911	41	430
034 SKILLED NURSING FACILITY	5,916	54		445	54,096		3,363
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		11,955	2,010	22,488	506,577	55	31,496
037 01 AMBULATORY SURGERY		303	135	1,005	96,453	5	5,997
039 DELIVERY ROOM & LABOR ROO		926	23	1,799	90,170	74	5,606
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	5,961	1,770		9,725	298,371	33	18,551
041 01 CARDIAC CATHETERIZATION L	2,599	490		6,307	113,146	2	7,035
041 02 ULTRA SOUND	416	119		454	8,603		535
041 04 EP LAB				18	10,247		637
041 05 CATH HOLDING	150	46		347	23,788		1,479
041 06 ECHOCARDIOLOGY	327	49		270	995		62
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	4,948	565		9,787	83,413		5,186
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,745	95	2,610	40,108	1	2,494
049 01 SLEEP LAB		243	109	582	49,023		3,048
050 PHYSICAL THERAPY		1,078	343	3,457	79,787	1	4,961
050 01 CARDIAC REHAB		37	10	195			
050 02 SPORTS MEDICINE		26	12	1,056			
051 OCCUPATIONAL THERAPY		103	7	219	2,100		131
052 SPEECH PATHOLOGY		72	14	317	13,974		869
053 ELECTROCARDIOLOGY		86	19	415	16,579	1	1,031
054 ELECTROENCEPHALOGRAPHY		201	29	382	3,026	2	188
055 MEDICAL SUPPLIES CHARGED		85		451	4		
056 DRUGS CHARGED TO PATIENTS		4,073		6,069			
057 RENAL DIALYSIS		99	9	75	15,329		953
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY		560	168	1,065	51,776	6	3,219
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		268	122	1,898			

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC OP REGISTRATION	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	
	6.04	6.05	6.06	6.07	8	9	10
060 01 PARTIAL HOSPITALIZATION		159	72	380	34,474		2,143
061 EMERGENCY		1,890	636	4,491	229,064	40	14,242
061 01 PATIENT SERVICES		90	39	963	27,892	1	1,734
061 02 ANTICOAGULATION CLINIC		29	13	205	6,810		423
061 03 LAFAYETTE RD CLINIC				75			
061 04 ZIONSVILLE CLINIC				412			
061 05 BROWNSBURG CLINIC				3			
061 06 ST VINCENT OUTPATIENT TRE		193		1,011			
061 07 WOUND CENTER		219		19	15,066		937
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE				1,108	7,323		455
067 02 GERIATRIC CLINIC				200	10,151		631
068 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES		4		15			
068 02 DIABETIC THERAPY		10	4	223			
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		200	91	2,186	23,634		1,469
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION		58	8	679			
084 LIVER ACQUISITION							
085 HEART ACQUISITION		52	1	300			
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	4,662	338	119	2,351	101,198		6,292
095 SUBTOTALS	257,848	48,840	7,127	149,020	4,479,529	671	274,870
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				475	20,889		1,299
097 RESEARCH				399			
098 PHYSICIANS' PRIVATE OFFIC				5,518	47,326	1	2,942
099 NONPAID WORKERS							
100 O'CONNERS				3	601		37
100 01 WELLNESS				447			
100 02 OCC HEALTH				13			
100 03 SPN				15	23,512		1,462
100 04 RHI				1	1,175		73
100 05 EXTENDED CARE RESIDENTIAL				2			
100 06 SETON BOARD							
100 07 MARTEN HOUSE				667			
100 08 FOUNDATION				816			
100 09 NETWORK DEVELOPMENT				279			
100 10 EAP				1	3,416		212
100 11 COMMUNITY OUTREACH				396			
100 13 MARKETING				3,101			
100 14 NEW HOPE				204	186,045		11,567
100 15 JOINT VENTURES				7,598	91,288		5,676
100 17 VACANT SPACE				355	323,838		20,134
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES				150	10,817		673
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER				1,241,294			
103 TOTAL	257,848	48,840	7,127	1,410,754	5,188,436	672	318,945

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG-MA							
003 03 NEW CAP REL COSTS-BLDG-WO							
003 04 NEW CAP REL COSTS-BLDG-MC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	472,352						
012 CAFETERIA		323,061					
014 NURSING ADMINISTRATION		7,563	1,127,331				
015 CENTRAL SERVICES & SUPPLY		7,060		993,824			
016 PHARMACY		13,787	688	17,851	787,599		
017 MEDICAL RECORDS & LIBRARY		6,559				316,993	
018 SOCIAL SERVICE		7,521	28,309	7			132,365
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		12,291					
023 I&R SERVICES-OTHER PRGM C		7,395	6,504	1,028	14,412		
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE		385					
024 02 PARAMED ED PRGM - PHARMAC		286					
024 03 PARAMED ED PRGM - RADIOLO		380	688	5			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	342,914	64,249	387,164	74,904	15,434	43,725	42,773
026 INTENSIVE CARE UNIT	18,335	9,796	67,939	24,663	12,092	934	4,969
027 CORONARY CARE UNIT		7,442	47,627	13,284	5,540	1,979	44
027 01 CARDIAC RECOVERY	2,500						15
027 02 TRANSPLANT UNIT		1,025	2,296	40	9		
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	2,060	4,463	26,191	27,054	1,122	214	7,838
030 NEONATAL INTENSIVE CARE U		17,222	93,836	16,823	8,110	1,283	22,788
031 SUBPROVIDER	58,477	5,788	17,547	413	153	2,684	
033 NURSERY		6,423	21,488	3,034	74	3,644	8,674
034 SKILLED NURSING FACILITY		1,902	8,261	946	33	656	
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		29,072	115,716	529,623	195,249	4,457	
037 01 AMBULATORY SURGERY		3,214	13,663	6,458	2,601	16,257	87
039 DELIVERY ROOM & LABOR ROO		5,851	34,734	7,608	1,626	1,266	4,460
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		21,629	16,745	17,010	4,045	106,060	
041 01 CARDIAC CATHETERIZATION L		3,934	14,674	120,532	7,016	2,805	
041 02 ULTRA SOUND		1,135		1,518	74		
041 04 EP LAB							
041 05 CATH HOLDING	1,617	1,061	6,743	2,058	1,792		
041 06 ECHOCARDIOLOGY		645	1,018	303	1		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		92		744	41,064	12,297	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		8,354	3,081	3,035	309,051		
049 01 SLEEP LAB		1,812		1,452	123	3,132	
050 PHYSICAL THERAPY		12,099		7,692	471	229	
050 01 CARDIAC REHAB		731	3,520	67		1	
050 02 SPORTS MEDICINE		3,467	1	173	125	1,216	
051 OCCUPATIONAL THERAPY		960		183			
052 SPEECH PATHOLOGY		937		450	22		
053 ELECTROCARDIOLOGY		1,628	3,824	875	183		
054 ELECTROENCEPHALOGRAPHY		1,177		3,743	2		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				5,851	7,856		
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY		2,251	14,078	27,744	2,239	5,929	254
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		7,282	20,003	2,970	11,739		1,773

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
	11	12	14	15	16	17	18
060 01 OUTPAT SERVICE COST CNTRS							
061 01 PARTIAL HOSPITALIZATION		1,694		6			
061 EMERGENCY	1,987	15,757	66,029	24,978	12,108	76,704	35,363
061 01 PATIENT SERVICES	1,259	5,694	6,373	2,930	636	4,840	109
061 02 ANTICOAGULATION CLINIC		728	2,426	103	4		
061 03 LAFAYETTE RD CLINIC				25	1		
061 04 ZIONSVILLE CLINIC				126	112	5,542	
061 05 BROWNSBURG CLINIC						6	
061 06 ST VINCENT OUTPATIENT TRE			2,363				
061 07 WOUND CENTER				3	617		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE	19		2,652	415	46	8,522	2,702
067 02 GERIATRIC CLINIC		1,124	3,295		184		
068 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES							
068 02 DIABETIC THERAPY		764	4,396	4		1,046	
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY			25,906	2,276	296		
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION		438	2,343	23,946	17		
084 LIVER ACQUISITION							
085 HEART ACQUISITION		629	2,109	11,709	41	158	
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	10,263		25,654	4,650	75,937		
095 SUBTOTALS	439,431	315,696	1,099,884	991,312	732,257	305,586	131,849
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,460					
097 RESEARCH		967	1,310	4			
098 PHYSICIANS' PRIVATE OFFIC			18,255	1,931	47,844	5,330	516
099 NONPAID WORKERS							
100 O'CONNERS							
100 01 WELLNESS		2,566	7,838	199	3		
100 02 OCC HEALTH							
100 03 SPN							
100 04 RHI							
100 05 EXTENDED CARE RESIDENTIAL							
100 06 SETON BOARD	32,921						
100 07 MARTEN HOUSE							
100 08 FOUNDATION		950			95		
100 09 NETWORK DEVELOPMENT							
100 10 EAP							
100 11 COMMUNITY OUTREACH		1,041	41	135	25	2	
100 13 MARKETING			3				
100 14 NEW HOPE							
100 15 JOINT VENTURES		289		243	145	6,075	
100 17 VACANT SPACE							
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES		92			7,230		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	472,352	323,061	1,127,331	993,824	787,599	316,993	132,365

ALLOCATION OF NEW CAPITAL RELATED COSTS

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I
I

PROVIDER NO:
15-0084

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

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

NONPHYSICIAN ANESTHETISTS 20 NURSING SCHOOL 21 I&R SERVICES- SALARY & FRI 22 I&R SERVICES- OTHER PRGM C 23 PARAMED ED PR GM 24 PARAMED ED PR GM - CPE 24.01 PARAMED ED PR GM - PHARMAC 24.02

20 21 22 23 24 24.01 24.02

001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
003	01 NEW CAP REL COSTS-BLDG-ST						
003	02 NEW CAP REL COSTS-BLDG-MA						
003	03 NEW CAP REL COSTS-BLDG-WO						
003	04 NEW CAP REL COSTS-BLDG-MC						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONES						
006	02 DATA PROCESSING						
006	03 PURCHASING, RECEIVING AND						
006	04 ADMITTING						
006	05 CASHIERING/ACCOUNTS RECEI						
006	06 OP REGISTRATION						
006	07 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI		18,666				
023	I&R SERVICES-OTHER PRGM C			462,986			
024	PARAMED ED PRGM						
024	01 PARAMED ED PRGM - CPE					35,618	
024	02 PARAMED ED PRGM - PHARMAC						401
024	03 PARAMED ED PRGM - RADIOLO						
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS						
026	INTENSIVE CARE UNIT						
027	CORONARY CARE UNIT						
027	01 CARDIAC RECOVERY						
027	02 TRANSPLANT UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
029	01 PEDIATRIC INTENSIVE CARE						
030	NEONATAL INTENSIVE CARE U						
031	SUBPROVIDER						
033	NURSERY						
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM						
037	01 AMBULATORY SURGERY						
039	DELIVERY ROOM & LABOR ROO						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC						
041	01 CARDIAC CATHETERIZATION L						
041	02 ULTRA SOUND						
041	04 EP LAB						
041	05 CATH HOLDING						
041	06 ECHOCARDIOLOGY						
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY						
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY						
049	01 SLEEP LAB						
050	PHYSICAL THERAPY						
050	01 CARDIAC REHAB						
050	02 SPORTS MEDICINE						
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PART)						
059	ENDOSCOPY						
060	OUTPAT SERVICE COST CNTRS						
	CLINIC						

ALLOCATION OF NEW CAPITAL RELATED COSTS

	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOLS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - CPE	PARAMED ED PR GM - PHARMAC
	20	21	22	23	24	24.01	24.02
060 01	OUTPAT SERVICE COST CNTRS						
061	PARTIAL HOSPITALIZATION						
061	EMERGENCY						
061 01	PATIENT SERVICES						
061 02	ANTICOAGULATION CLINIC						
061 03	LAFAYETTE RD CLINIC						
061 04	ZIONSVILLE CLINIC						
061 05	BROWNSBURG CLINIC						
061 06	ST VINCENT OUTPATIENT TRE						
061 07	WOUND CENTER						
062	OBSERVATION BEDS (NON-DIS						
064	OTHER REIMBURS COST CNTRS						
065	HOME PROGRAM DIALYSIS						
066	AMBULANCE SERVICES						
067	DURABLE MEDICAL EQUIP-REN						
067 01	DURABLE MEDICAL EQUIP-SOL						
067 02	FAMILY PRACTICE						
068	GERIATRIC CLINIC						
068 01	OTHER REIMBURSABLE COST C						
068 02	PSYCH SERVICES						
069	DIABETIC THERAPY						
070	CORF						
071	I&R SERVICES-NOT APPRVD P						
082	HOME HEALTH AGENCY						
083	LUNG ACQUISITION						
084	SPEC PURPOSE COST CENTERS						
085	KIDNEY ACQUISITION						
092	LIVER ACQUISITION						
093	HEART ACQUISITION						
095	AMBULATORY SURGICAL CENTE						
096	HOSPICE						
097	SUBTOTALS						
098	NONREIMBURS COST CENTERS						
099	GIFT, FLOWER, COFFEE SHOP						
100	RESEARCH						
100 01	PHYSICIANS' PRIVATE OFFIC						
100 02	NONPAID WORKERS						
100 03	O'CONNERS						
100 04	WELLNESS						
100 05	OCC HEALTH						
100 06	SPN						
100 07	RHI						
100 08	EXTENDED CARE RESIDENTIAL						
100 09	SETON BOARD						
100 10	MARTEN HOUSE						
100 11	FOUNDATION						
100 12	NETWORK DEVELOPMENT						
100 13	EAP						
100 14	COMMUNITY OUTREACH						
100 15	MARKETING						
100 16	NEW HOPE						
100 17	JOINT VENTURES						
100 18	VACANT SPACE						
100 19	ST VINCENT HEART CENTER						
101	MISSION SERVICES						
102	CROSS FOOT ADJUSTMENTS						
103	NEGATIVE COST CENTER						
103	TOTAL						
			18,666	462,986		35,618	401
			18,666	462,986		35,618	401

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER	DESCRIPTION	PARAMED ED PR GM = RADIOLO	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		24.03	25	26	27
001	GENERAL SERVICE COST CNTR				
002	OLD CAP REL COSTS-BLDG &				
003	OLD CAP REL COSTS-MVBLE E				
003	NEW CAP REL COSTS-BLDG &				
003	01 NEW CAP REL COSTS-BLDG-ST				
003	02 NEW CAP REL COSTS-BLDG-MA				
003	03 NEW CAP REL COSTS-BLDG-WO				
003	04 NEW CAP REL COSTS-BLDG-MC				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	01 NONPATIENT TELEPHONES				
006	02 DATA PROCESSING				
006	03 PURCHASING, RECEIVING AND				
006	04 ADMITTING				
006	05 CASHIERING/ACCOUNTS RECEI				
006	06 OP REGISTRATION				
006	07 OTHER ADMINISTRATIVE AND				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
016	PHARMACY				
017	MEDICAL RECORDS & LIBRARY				
018	SOCIAL SERVICE				
020	NONPHYSICIAN ANESTHETISTS				
021	NURSING SCHOOL				
022	I&R SERVICES-SALARY & FRI				
023	I&R SERVICES-OTHER PRGM C				
024	PARAMED ED PRGM				
024	01 PARAMED ED PRGM - CPE				
024	02 PARAMED ED PRGM - PHARMAC				
024	03 PARAMED ED PRGM - RADIOLO	3,623			
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS		9,668,030		9,668,030
026	INTENSIVE CARE UNIT		1,129,893		1,129,893
027	CORONARY CARE UNIT		716,628		716,628
027	01 CARDIAC RECOVERY		108,648		108,648
027	02 TRANSPLANT UNIT		79,122		79,122
028	BURN INTENSIVE CARE UNIT				
029	SURGICAL INTENSIVE CARE U				
029	01 PEDIATRIC INTENSIVE CARE		751,532		751,532
030	NEONATAL INTENSIVE CARE U		1,182,483		1,182,483
031	SUBPROVIDER		325,682		325,682
033	NURSERY		268,921		268,921
034	SKILLED NURSING FACILITY		331,452		331,452
035	NURSING FACILITY				
035	01 ICF/MR				
036	OTHER LONG TERM CARE				
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM		6,409,976		6,409,976
037	01 AMBULATORY SURGERY		703,739		703,739
039	DELIVERY ROOM & LABOR ROO		639,834		639,834
040	ANESTHESIOLOGY				
041	RADIOLOGY-DIAGNOSTIC		5,704,922		5,704,922
041	01 CARDIAC CATHETERIZATION L		2,703,118		2,703,118
041	02 ULTRA SOUND		157,063		157,063
041	04 EP LAB		59,949		59,949
041	05 CATH HOLDING		289,515		289,515
041	06 ECHOCARDIOLOGY		190,301		190,301
042	RADIOLOGY-THERAPEUTIC				
043	RADIOISOTOPE				
044	LABORATORY		608,042		608,042
045	PBP CLINICAL LAB SERVICES				
046	WHOLE BLOOD & PACKED RED				
047	BLOOD STORING, PROCESSING				
048	INTRAVENOUS THERAPY				
049	RESPIRATORY THERAPY		902,338		902,338
049	01 SLEEP LAB		221,753		221,753
050	PHYSICAL THERAPY		651,350		651,350
050	01 CARDIAC REHAB		23,758		23,758
050	02 SPORTS MEDICINE		77,505		77,505
051	OCCUPATIONAL THERAPY		13,031		13,031
052	SPEECH PATHOLOGY		74,382		74,382
053	ELECTROCARDIOLOGY		343,271		343,271
054	ELECTROENCEPHALOGRAPHY		178,794		178,794
055	MEDICAL SUPPLIES CHARGED		564		564
056	DRUGS CHARGED TO PATIENTS		10,142		10,142
057	RENAL DIALYSIS		105,509		105,509
058	ASC (NON-DISTINCT PART)				
059	ENDOSCOPY		664,373		664,373
060	OUTPAT SERVICE COST CNTRS				
	CLINIC		229,814		229,814

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMED ED PR GM - RADIOLO	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.03	25	26	27
060 01 OUTPAT SERVICE COST CNTRS PARTIAL HOSPITALIZATION		83,089		83,089
061 EMERGENCY		1,754,572		1,754,572
061 01 PATIENT SERVICES		182,983		182,983
061 02 ANTICOAGULATION CLINIC		42,805		42,805
061 03 LAFAYETTE RD CLINIC		36,936		36,936
061 04 ZIONSVILLE CLINIC		462,877		462,877
061 05 BROWNSBURG CLINIC		108		108
061 06 ST VINCENT OUTPATIENT TRE		6,328		6,328
061 07 WOUND CENTER		89,363		89,363
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
067 01 FAMILY PRACTICE		252,314		252,314
067 02 GERIATRIC CLINIC		47,466		47,466
068 OTHER REIMBURSABLE COST C				
068 01 PSYCH SERVICES		92		92
068 02 DIABETIC THERAPY		17,374		17,374
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY		269,634		269,634
082 LUNG ACQUISITION				
083 SPEC PURPOSE COST CENTERS KIDNEY ACQUISITION		45,136		45,136
084 LIVER ACQUISITION				
085 HEART ACQUISITION		31,335		31,335
092 AMBULATORY SURGICAL CENTE				
093 HOSPICE		789,751		789,751
095 SUBTOTALS		39,637,597		39,637,597
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		126,739		126,739
097 RESEARCH		226,804		226,804
098 PHYSICIANS' PRIVATE OFFIC		818,062		818,062
099 NONPAID WORKERS				
100 O'CONNERS		3,541		3,541
100 01 WELLNESS		13,608		13,608
100 02 OCC HEALTH		1,704		1,704
100 03 SPN		33,311		33,311
100 04 RHI		6,728		6,728
100 05 EXTENDED CARE RESIDENTIAL		369		369
100 06 SETON BOARD		32,921		32,921
100 07 MARTEN HOUSE		333,767		333,767
100 08 FOUNDATION		40,175		40,175
100 09 NETWORK DEVELPOMENT		1,458		1,458
100 10 EAP		6,045		6,045
100 11 COMMUNITY OUTREACH		6,130		6,130
100 13 MARKETING		8,446		8,446
100 14 NEW HOPE		1,065,172		1,065,172
100 15 JOINT VENTURES		142,472		142,472
100 17 VACANT SPACE		1,854,089		1,854,089
100 18 ST VINCENT HEART CENTER				
100 19 MISSION SERVICES		71,032		71,032
101 CROSS FOOT ADJUSTMENTS	3,623	521,294		521,294
102 NEGATIVE COST CENTER		1,241,294		1,241,294
103 TOTAL	3,623	46,192,758		46,192,758

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 15-0084
I

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

I PREPARED 11/29/2010
I WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG-ST	OSTS-BLDG-MA	OSTS-BLDG-WO
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(SQUARE FEET-S	(SQUARE FEET-M	(SQUARE FEET-W
	1	2	3	TRESS	ATEN HOUSE	OMENS
				3.01	3.02	3.03
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			1,202,962			
003 01 NEW CAP REL COSTS-BLD				63,957		
003 02 NEW CAP REL COSTS-BLD					154,793	
003 03 NEW CAP REL COSTS-BLD						158,334
003 04 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS			6,219	779		
006 01 NONPATIENT TELEPHONES			8,043	320		227
006 02 DATA PROCESSING			12,357	4,952		281
006 03 PURCHASING, RECEIVING						
006 04 ADMITTING			10,322	221		1,386
006 05 CASHIERING/ACCOUNTS R			1,491			
006 06 OP REGISTRATION			39			
006 07 OTHER ADMINISTRATIVE			27,843	5,750	5,603	5,209
008 OPERATION OF PLANT			215,061	3,141		14,949
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING			11,181	687		1,493
011 DIETARY			10,796	1,344		5,880
012 CAFETERIA			12,744			
014 NURSING ADMINISTRATIO			15,075	302		2,218
015 CENTRAL SERVICES & SU			35,503	47		2,683
016 PHARMACY			16,274			2,755
017 MEDICAL RECORDS & LIB			11,000	719		
018 SOCIAL SERVICE			2,080	182		52
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR			15,866			367
024 PARAMED ED PRGM						
024 01 PARAMED ED PRGM - CPE			1,372			
024 02 PARAMED ED PRGM - PHA						
024 03 PARAMED ED PRGM - RAD						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			242,601			34,887
026 INTENSIVE CARE UNIT			24,831			
027 CORONARY CARE UNIT			19,332			
027 01 CARDIAC RECOVERY			3,958			
027 02 TRANSPLANT UNIT			2,956			
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
029 01 PEDIATRIC INTENSIVE C			18,614			27,174
030 NEONATAL INTENSIVE CA						
031 SUBPROVIDER				24,194		12,724
033 NURSERY						
034 SKILLED NURSING FACIL			12,337			
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM			101,674			13,855
037 01 AMBULATORY SURGERY			21,997			
039 DELIVERY ROOM & LABOR						20,564
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC			50,261			4,472
041 01 CARDIAC CATHETERIZATI			25,804			
041 02 ULTRA SOUND			1,962			
041 04 EP LAB			2,337			
041 05 CATH HOLDING			5,425			
041 06 ECHOCARDIOLOGY			227			
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY			14,664			3,197
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			4,657	1,080		243
049 01 SLEEP LAB			200	10,980		
050 PHYSICAL THERAPY			10,244			
050 01 CARDIAC REHAB						
050 02 SPORTS MEDICINE						
051 OCCUPATIONAL THERAPY			372	107		
052 SPEECH PATHOLOGY			1,585			
053 ELECTROCARDIOLOGY			3,781			
054 ELECTROENCEPHALOGRAPH			690			
055 MEDICAL SUPPLIES CHAR			1			
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS			3,496			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG-ST	OSTS-BLDG-MA	OSTS-BLDG-WO
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(SQUARE FEET-S	(SQUARE FEET-M	(SQUARE FEET-W
	1	2	3	4	5	6
ANCILLARY SRVC COST C				3.01	3.02	3.03
058 ASC (NON-DISTINCT PAR						
059 ENDOSCOPY			11,808			
060 OUTPAT SERVICE COST C						
060 01 CLINIC						
060 01 PARTIAL HOSPITALIZATI				7,862		
061 EMERGENCY			36,075			
061 01 PATIENT SERVICES			3,304			3,057
061 02 ANTICOAGULATION CLINI			1,553			
061 03 LAFAYETTE RD CLINIC						
061 04 ZIONSVILLE CLINIC						
061 05 BROWNSBURG CLINIC						
061 06 ST VINCENT OUTPATIENT						
061 07 WOUND CENTER			3,436			
062 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
067 01 FAMILY PRACTICE						
067 02 GERIATRIC CLINIC						
068 OTHER REIMBURSABLE CO						
068 01 PSYCH SERVICES						
068 02 DIABETIC THERAPY						
069 CORP						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY			5,390			
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
092 AMBULATORY SURGICAL C						
093 HOSPICE			22,568	511		
095 SUBTOTALS			1,071,406	63,178	5,603	157,673
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			4,102			661
097 RESEARCH						
098 PHYSICIANS' PRIVATE O			8,299			
099 NONPAID WORKERS						
100 O'CONNERS			137			
100 01 WELLNESS						
100 02 OCC HEALTH						
100 03 SPN						
100 04 RHI			268			
100 05 EXTENDED CARE RESIDEN						
100 06 SETON BOARD						
100 07 MARTEN HOUSE					149,190	
100 08 FOUNDATION						
100 09 NETWORK DEVELOPMENT						
100 10 EAP				779		
100 11 COMMUNITY OUTREACH						
100 13 MARKETING						
100 14 NEW HOPE			42,429			
100 15 JOINT VENTURES						
100 17 VACANT SPACE			73,854			
100 18 ST VINCENT HEART CENT						
100 19 MISSION SERVICES			2,467			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			24,591,572	198,347	345,610	1,890,438
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			20.442518		2.232724	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED				3.101256		11.939558
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG-MC	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING (PATIENT DAYS)
	(SQUARE FEET-MCNE)	(DOLLAR VALUE)	(GROSS SALARIES)	(PHONE LINES)	(NODES)	(COSTED REQUISITIONS)	(PATIENT DAYS)
	3.04	4	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
003 04 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS		30,546					
006 01 NONPATIENT TELEPHONES		109,051	738,181				
006 02 DATA PROCESSING		100,816	8,517,309	20			
006 03 PURCHASING, RECEIVING			711,482		16		
006 04 ADMITTING		14,363	4,408,923	25	69	46,553	
006 05 CASHIERING/ACCOUNTS R			4,163,488	6	157	923	
006 06 OP REGISTRATION			2,411,841		50		
006 07 OTHER ADMINISTRATIVE	14,673	511,243	21,046,586	284	405	289,606	
008 OPERATION OF PLANT		443,411	6,018,839	158	133	44,211	
009 LAUNDRY & LINEN SERVI			237,611				
010 HOUSEKEEPING		2,569	4,536,614	27	19	520,247	
011 DIETARY		65,711	1,585,286	62	28	3,304,942	
012 CAFETERIA			3,536,802		1	21,757	
014 NURSING ADMINISTRATIO		532,238	7,249,796	69	78	158,209	
015 CENTRAL SERVICES & SU		34,329	2,802,115	23	22	1,585,317	
016 PHARMACY	797	213,200	12,521,962	29	80	21,247,202	
017 MEDICAL RECORDS & LIB		549	5,189,834	46	189	34,226	
018 SOCIAL SERVICE		19,983	5,447,369	96	42	261,867	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &			7,205,938				
023 I&R SERVICES-OTHER PR		9,159	2,039,536	115	66	330,698	
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE			223,162	4	3	2,567	
024 02 PARAMED ED PRGM - PHA			128,348				
024 03 PARAMED ED PRGM - RAD		1,458	282,905	2	3	10,920	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		1,297,982	43,195,394	663	500	3,668,125	127,849
026 INTENSIVE CARE UNIT		260,288	7,057,414	74	63	1,038,733	11,251
027 CORONARY CARE UNIT		101,526	5,785,969	74	48	600,983	6,899
027 01 CARDIAC RECOVERY				48	32		
027 02 TRANSPLANT UNIT			895,563	4		3,462	127
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
029 01 PEDIATRIC INTENSIVE C		158,964	2,386,564	26	31	1,038,529	2,680
030 NEONATAL INTENSIVE CA		398,152	10,834,890	90	132	859,150	22,304
031 SUBPROVIDER		21,348	3,477,828	35	27	37,544	12,739
033 NURSERY		40,324	2,599,392		31	175,269	6,664
034 SKILLED NURSING FACIL		1,537	1,014,426	14		49,361	4,558
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM		2,083,620	18,642,809	266	148	52,964,847	
037 01 AMBULATORY SURGERY		75,516	1,861,573	93	32	316,326	
039 DELIVERY ROOM & LABOR		175,916	4,186,282	49	87	331,778	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	13,313	3,156,104	14,382,467	337	261	2,354,434	
041 01 CARDIAC CATHETERIZATI		1,472,080	3,089,535	65	30	5,875,505	
041 02 ULTRA SOUND		79,459	1,084,518	15	5	58,809	
041 04 EP LAB				16	1		
041 05 CATH HOLDING		106,534	713,357	25	7	99,157	
041 06 ECHOCARDIOLOGY		140,811	500,133	5	8	57,920	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,162	82,882	96,658	29	18	8,586,470	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,167	326,010	5,488,288	37	20	1,894,825	
049 01 SLEEP LAB		94,042	1,107,747	27	9	90,041	
050 PHYSICAL THERAPY	7,952	236,692	7,761,079	86	65	336,007	
050 01 CARDIAC REHAB		14,497	504,701	3	1	5,785	
050 02 SPORTS MEDICINE		51,914	2,253,589	19	22	93,225	
051 OCCUPATIONAL THERAPY			626,658	10	3	7,093	
052 SPEECH PATHOLOGY	1,602	16,706	672,656	12	4	21,144	
053 ELECTROCARDIOLOGY		186,487	838,319	13	8	54,615	
054 ELECTROENCEPHALOGRAPH		119,873	864,091	17	5	139,113	
055 MEDICAL SUPPLIES CHAR		3	315			23	
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS		2,097		12	3	240,643	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0084

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

PREPARED 11/29/2010
WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP' REL' C OSTS-BLDG-MC	NEW CAP' REL' C OSTS-MVBLE	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES	DATA PROCESSING (NODES)	PURCHASING, RECEIVING AND	R ADMITTING (PATIENT DAYS)
	(SQUARE FEET-MCNE)	(DOLLAR VALUE)	(GROSS SALARIES)	(PHONE LINES)	(NODES)	(COSTED REQUISITIONS)	(PATIENT DAYS)
	3.04	4	5	6.01	6.02	6.03	6.04
058 ANCILLARY SRVC COST C							
059 ASC (NON-DISTINCT PAR							
059 ENDOSCOPY		241,407	1,601,111	36	6	1,109,494	
060 OUTPAT SERVICE COST C							
060 CLINIC		128,970	3,680,695	21	149	227,448	
060 01 PARTIAL HOSPITALIZATI		11,669	900,217	33	19	16,885	
061 EMERGENCY	16,165	362,325	10,829,779	371	133	1,338,494	
061 01 PATIENT SERVICES		18,116	2,530,316	11	9	293,478	
061 02 ANTICOAGULATION CLINI			551,561			28,280	
061 03 LAFAYETTE RD CLINIC		26,472	137,821	37	1	2,773	
061 04 ZIONSVILLE CLINIC		355,523	430,595		6	34,173	
061 05 BROWNSBURG CLINIC			241		1	16	
061 06 ST VINCENT OUTPATIENT			846,676		23	335	
061 07 WOUND CENTER			123	16	11	4,665	
062 OBSERVATION BEDS (NON							
064 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
067 01 FAMILY PRACTICE	1,670	161,943	1,982,440	91	114	97,025	
067 02 GERIATRIC CLINIC	2,315	19,081	450,541	21	24	10,792	
068 OTHER REIMBURSABLE CO							
068 01 PSYCH SERVICES				1		62	
068 02 DIABETIC THERAPY		6,939	580,182	11	9	11,395	
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY		64,617	5,470,977	74	121	120,008	
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION		13,602	350,772			373,349	
084 LIVER ACQUISITION							
085 HEART ACQUISITION		12,073	330,922	5	3	113,188	
092 AMBULATORY SURGICAL C							
093 HOSPICE		62,402	4,519,361	86	65	577,137	3,592
095 SUBTOTALS	62,816	14,275,129	278,120,472	3,944	3,656	113,217,158	198,663
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		7,461	471,792	10	3	66,070	
097 RESEARCH		171,000	636,711	25	27	32,770	
098 PHYSICIANS' PRIVATE O	2,494	365,879	9,438,510	149	301	464,617	
099 NONPAID WORKERS							
100 O'CONNERS							
100 01 WELLNESS			1,141,422	7	14	31,870	
100 02 OCC HEALTH				19	3		
100 03 SPN	5,362			3	6		
100 04 RHI							
100 05 EXTENDED CARE RESIDEN				5			
100 06 SETON BOARD							
100 07 MARTEN HOUSE							
100 08 FOUNDATION		27,792	682,708	15	12	17,499	
100 09 NETWORK DEVELOPMENT			330,846		10		
100 10 EAP							
100 11 COMMUNITY OUTREACH			555,650	11	34	55,672	
100 13 MARKETING			2,220,169	15	30	6,342	
100 14 NEW HOPE							
100 15 JOINT VENTURES	20,819	1,418	145,832		1	61,064	
100 17 VACANT SPACE							
100 18 ST VINCENT HEART CENT							
100 19 MISSION SERVICES			93,436		16	42,117	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED							
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER							
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	CASHIERING/AC'OP REGISTRATI COUNTS RECEI ON		RECONCILIATION	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
	(PATIENT REVENUE)	(OP REVENUE)		(ACCUM. COST	(SQUARE FEET	(POUNDS OF LAUNDRY	(SQUARE FEET
	6.05	6.06	6a.07	6.07	8	9	10
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
003 04 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R	2172,011,278						
006 06 OP REGISTRATION		743,547,795					
006 07 OTHER ADMINISTRATIVE			-1,455,318	720,018,184			
008 OPERATION OF PLANT				30,155,730	1,183,266		
009 LAUNDRY & LINEN SERVI				2,281,459		3,322,483	
010 HOUSEKEEPING				8,794,137	13,361		1,169,905
011 DIETARY				3,470,438	18,020		18,020
012 CAFETERIA				4,505,135	12,744		12,744
014 NURSING ADMINISTRATIO	9,587,080			11,293,645	17,595		17,595
015 CENTRAL SERVICES & SU				5,233,166	38,233		38,233
016 PHARMACY				22,520,417	19,826		19,826
017 MEDICAL RECORDS & LIB				12,751,528	11,720		11,720
018 SOCIAL SERVICE	281,907			8,911,467	2,313		2,313
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &				9,528,837			
023 I&R SERVICES-OTHER PR	12,401,176			4,921,049	16,234		16,234
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE				333,836	1,372		1,372
024 02 PARAMED ED PRGM - PHA				174,972			
024 03 PARAMED ED PRGM - RAD				318,806			
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	186,512,210			81,257,784	288,637	1,210,971	288,637
026 INTENSIVE CARE UNIT	37,526,287			12,724,436	24,831	107,937	24,831
027 CORONARY CARE UNIT	23,633,259			9,866,276	19,332	16,821	19,332
027 01 CARDIAC RECOVERY				429,691	3,958		3,958
027 02 TRANSPLANT UNIT	853,001			2,381,339	2,956	26,976	2,956
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
029 01 PEDIATRIC INTENSIVE C	14,338,175			5,959,954	18,614	15,607	18,614
030 NEONATAL INTENSIVE CA	105,475,650			19,741,235	26,956	613,313	26,956
031 SUBPROVIDER	17,495,516			5,833,146	24,194	33,189	24,194
033 NURSERY	13,853,602			4,533,356	1,576	205,171	1,576
034 SKILLED NURSING FACIL	2,443,385			1,892,345	12,337		12,337
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	495,410,630	201,014,155		94,604,716	115,529	271,202	115,529
037 01 AMBULATORY SURGERY	13,766,257	13,517,228		4,277,743	21,997	22,781	21,997
039 DELIVERY ROOM & LABOR	42,085,353	2,308,881		7,655,937	20,564	364,005	20,564
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	270,937,737	207,867,009		41,382,021	68,046	163,168	68,046
041 01 CARDIAC CATHETERIZATI	118,158,817	48,988,032		26,836,182	25,804	10,550	25,804
041 02 ULTRA SOUND	18,927,270	11,888,827		1,930,176	1,962		1,962
041 04 EP LAB				77,740	2,337		2,337
041 05 CATH HOLDING	6,836,242	4,607,094		1,478,442	5,425		5,425
041 06 ECHOCARDIOLOGY	14,858,586	4,877,482		1,150,120	227		227
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	224,896,245	56,522,738		41,647,018	19,023		19,023
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	79,327,186	9,470,457		11,104,679	9,147	4,170	9,147
049 01 SLEEP LAB	11,040,016	10,885,460		2,475,113	11,180		11,180
050 PHYSICAL THERAPY	49,002,917	34,299,005		14,711,571	18,196	6,249	18,196
050 01 CARDIAC REHAB	1,676,362	969,538		830,978			
050 02 SPORTS MEDICINE	1,186,144	1,186,144		4,493,594			
051 OCCUPATIONAL THERAPY	4,685,320	701,066		931,366	479		479
052 SPEECH PATHOLOGY	3,253,271	1,350,655		1,348,140	3,187		3,187
053 ELECTROCARDIOLOGY	3,918,281	1,871,625		1,768,005	3,781	5,279	3,781
054 ELECTROENCEPHALOGRAPH	9,122,436	2,938,141		1,627,341	690	7,691	690
055 MEDICAL SUPPLIES CHAR	3,880,443			1,918,043	1	4	1
056 DRUGS CHARGED TO PATI	185,127,291			25,826,744			
057 RENAL DIALYSIS	4,511,713	932,926		319,150	3,496		3,496

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CASHIERING/AC OP REGISTRATI COUNTS RECEI ON		RECONCIL- IATION	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	(PATIENT REVEN UE)	(OP REVENUE)		(ACCUM. COST)	(SQUARE) FEET	(POUNDS OF) LAUNDRY	(SQUARE) FEET
	6.05	6.06	6a.07	6.07	8	9	10
058 ANCILLARY SRVC COST C							
059 ASC (NON-DISTINCT PAR ENDOSCOPY	25,438,040	16,847,493		4,531,030	11,808	28,835	11,808
060 OUTPAT SERVICE COST C CLINIC	12,172,249	12,172,249		8,077,055			
060 01 PARTIAL HOSPITALIZATI	7,248,712	7,239,759		1,618,995	7,862		7,862
061 EMERGENCY	85,904,583	63,553,009		19,111,381	52,240	198,894	52,240
061 01 PATIENT SERVICES	4,100,387	3,931,252		4,098,114	6,361	6,323	6,361
061 02 ANTICOAGULATION CLINI	1,312,703	1,309,115		871,709	1,553		1,553
061 03 LAFAYETTE RD CLINIC				321,237			
061 04 ZIONSVILLE CLINIC				1,755,184			
061 05 BROWNSBURG CLINIC				13,091			
061 06 ST VINCENT OUTPATIENT	8,758,908			4,302,537			
061 07 WOUND CENTER	9,948,513			80,217	3,436		3,436
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
067 01 FAMILY PRACTICE				4,715,489	1,670		1,670
067 02 GERIATRIC CLINIC				852,791	2,315		2,315
068 OTHER REIMBURSABLE CO							
068 01 PSYCH SERVICES	185,258			62,257			
068 02 DIABETIC THERAPY	448,850	448,804		948,484			
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	9,107,366	9,107,366		9,302,661	5,390		5,390
082 LUNG ACQUISITION SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION	2,657,717	797,417		2,888,614			
084 LIVER ACQUISITION							
085 HEART ACQUISITION	2,359,229	79,569		1,275,681			
092 AMBULATORY SURGICAL C							
093 HOSPICE	15,358,998	11,865,299		10,005,735	23,079		23,079
095 SUBTOTALS	2172,011,278	743,547,795	-1,455,318	633,041,265	1,021,594	3,319,136	1,008,233
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				2,019,327	4,764		4,764
097 RESEARCH				1,699,487			
098 PHYSICIANS' PRIVATE O				23,482,864	10,793	3,347	10,793
099 NONPAID WORKERS							
100 O'CONNERS				11,728	137		137
100 01 WELLNESS				1,902,195			
100 02 OCC HEALTH				54,720			
100 03 SPN				65,016	5,362		5,362
100 04 RHI				5,479	268		268
100 05 EXTENDED CARE RESIDEN				6,575			
100 06 SETON BOARD							
100 07 MARTEN HOUSE				2,836,270			
100 08 FOUNDATION				3,474,273			
100 09 NETWORK DEVELOPMENT				1,187,147			
100 10 EAP				2,416	779		779
100 11 COMMUNITY OUTREACH				1,684,461			
100 13 MARKETING				13,196,396			
100 14 NEW HOPE				867,356	42,429		42,429
100 15 JOINT VENTURES				32,331,156	20,819		20,819
100 17 VACANT SPACE				1,509,762	73,854		73,854
100 18 ST VINCENT HEART CENT							
100 19 MISSION SERVICES				640,291	2,467		2,467
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	18,700,329	3,836,263		1,455,318	30,216,675	2,286,070	9,153,105
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.008610	.005159		.002021	25.536671	.688061	7.823802
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	48,840	7,127		169,460	5,188,436	672	318,945
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000022	.000010		.000235	4.384843	.000202	.272625

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 15-0084
I

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

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(MEALS SERVED)	(HOURS)	(DIRECT) (SING HRS)	NR(COSTED) (EQUIS.)	R(COSTED) (EQUIS.)	R(TIME) (SPENT)	(TIME) (SPENT)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
003 04 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	382,732						
012 CAFETERIA		7,335,967					
014 NURSING ADMINISTRATIO		171,734	3,420,790				
015 CENTRAL SERVICES & SU		160,309		35,206,590			
016 PHARMACY		313,062	2,087	632,373	3,521,801		
017 MEDICAL RECORDS & LIB		148,931				276,513	
018 SOCIAL SERVICE		170,782	85,901		262		18,221
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &		279,093					
023 I&R SERVICES-OTHER PR		167,919	19,735	36,415	64,443		
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE		8,733			11		
024 02 PARAMED ED PRGM - PHA		6,494					
024 03 PARAMED ED PRGM - RAD		8,620	2,087	179			
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	277,853	1,458,981	1,174,825	2,653,545	69,013	38,141	5,888
026 INTENSIVE CARE UNIT	14,856	222,449	206,154	873,717	54,069	815	684
027 CORONARY CARE UNIT		168,998	144,519	470,593	24,771	1,726	6
027 01 CARDIAC RECOVERY	2,026						2
027 02 TRANSPLANT UNIT		23,280	6,966	1,402	40		
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
029 01 PEDIATRIC INTENSIVE C	1,669	101,355	79,473	958,398	5,017	187	1,079
030 NEONATAL INTENSIVE CA		391,060	284,738	595,951	36,264	1,119	3,137
031 SUBPROVIDER	47,382	131,430	53,246	14,632	686	2,341	
033 NURSERY		145,842	65,203	107,480	331	3,179	1,194
034 SKILLED NURSING FACIL		43,180	25,066	33,519	147	572	
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		660,155	351,130	18,761,897	873,072	3,888	
037 01 AMBULATORY SURGERY		72,990	41,459	228,765	11,631	14,181	12
039 DELIVERY ROOM & LABOR		132,863	105,398	269,520	7,270	1,104	614
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		491,154	50,811	602,607	18,088	92,516	
041 01 CARDIAC CATHETERIZATI		89,331	44,527	4,269,928	31,371	2,447	
041 02 ULTRA SOUND		25,766		53,783	329		
041 04 EP LAB							
041 05 CATH HOLDING	1,310	24,084	20,461	72,899	8,014		
041 06 ECHOCARDIOLOGY		14,646	3,089	10,747	6		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		2,087		26,374	183,619	10,727	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		189,709	9,350	107,507	1,381,945		
049 01 SLEEP LAB		41,148		51,444	550	2,732	
050 PHYSICAL THERAPY		274,750		272,499	2,105	200	
050 01 CARDIAC REHAB		16,589	10,681	2,358		1	
050 02 SPORTS MEDICINE		78,728	4	6,116	558	1,061	
051 OCCUPATIONAL THERAPY		21,803		6,471			
052 SPEECH PATHOLOGY		21,288		15,931	98		
053 ELECTROCARDIOLOGY		36,960	11,603	30,997	817		
054 ELECTROENCEPHALOGRAPH		26,718		132,599	7		
055 MEDICAL SUPPLIES CHAR		11		17			
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS				207,275	35,130		

I PROVIDER NO:
I 15-0084
I

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

I PREPARED 11/29/2010
I WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
		(MEALS SERVED)	(HOURS)	(DIRECT)SING HRS	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	R(TIME)SPENT	(TIME)SPENT
		11	12	14	15	16	17	18
058	ANCILLARY SRVC COST C							
059	ASC (NON-DISTINCT PAR							
	ENDOSCOPY		51,116	42,718	982,856	10,013	5,172	35
060	OUTPAT SERVICE COST C							
	CLINIC		165,346	60,698	105,229	52,494		244
060	01 PARTIAL HOSPITALIZATI							
	EMERGENCY	1,610	357,804	200,359	884,858	54,140	66,909	4,868
061	01 PATIENT SERVICES	1,020	129,306	19,337	103,792	2,845	4,222	15
061	02 ANTICOAGULATION CLINI		16,530	7,362	3,642	19		
061	03 LAFAYETTE RD CLINIC				887	3		
061	04 ZIONSVILLE CLINIC				4,454	501	4,834	
061	05 BROWNSBURG CLINIC						5	
061	06 ST VINCENT OUTPATIENT			7,169				
061	07 WOUND CENTER		3		119	2,758		
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
067	01 FAMILY PRACTICE	15		8,047	14,706	207	7,434	372
067	02 GERIATRIC CLINIC		25,520	9,997		821		
068	OTHER REIMBURSABLE CO							
068	01 PSYCH SERVICES							
068	02 DIABETIC THERAPY		17,360	13,338	156		912	
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY			78,610	80,631	1,323		
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION		9,938	7,110	848,303	77		
084	LIVER ACQUISITION							
085	HEART ACQUISITION		14,275	6,401	414,817	184	138	
092	AMBULATORY SURGICAL C							
093	HOSPICE	8,316		77,844	164,734	339,557		
095	SUBTOTALS	356,057	7,168,700	3,337,503	35,117,612	3,274,333	266,563	18,150
096	NONREIMBURS COST CENT							
	GIFT, FLOWER, COFFEE		33,160		15			
097	RESEARCH		21,950	3,976	142			
098	PHYSICIANS' PRIVATE O			55,394	68,401	213,940	4,649	71
099	NONPAID WORKERS							
100	O'CONNERS							
100	01 WELLNESS		58,267	23,784	7,047	14		
100	02 OCC HEALTH							
100	03 SPN							
100	04 RHI							
100	05 EXTENDED CARE RESIDEN							
100	06 SETON BOARD	26,675						
100	07 MARTEN HOUSE							
100	08 FOUNDATION		21,576			425		
100	09 NETWORK DEVELOPMENT							
100	10 EAP							
100	11 COMMUNITY OUTREACH		23,645	123	4,776	112	2	
100	13 MARKETING			10				
100	14 NEW HOPE							
100	15 JOINT VENTURES		6,569		8,597	649	5,299	
100	17 VACANT SPACE							
100	18 ST VINCENT HEART CENT							
100	19 MISSION SERVICES		2,100			32,328		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	4,078,608	4,939,386	12,019,077	6,627,151	23,564,492	13,268,561	9,423,493
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.673311		.188236		47.985306	
	(WRKSHT B, PT I)	10.656564		3.513538		6.691035		517.177597
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	472,352	323,061	1,127,331	993,824	787,599	316,993	132,365
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.044038		.028228		1.146395	
	(WRKSHT B, PT III)	1.234159		.329553		.223635		7.264420

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PARAMED ED PRGM - CPE	PARAMED ED PRGM - PHARMAC
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24	24.01	24.02
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
003 04 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &			1,656				
023 I&R SERVICES-OTHER PR				1,656			
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE						1,929	
024 02 PARAMED ED PRGM - PHA							100
024 03 PARAMED ED PRGM - RAD							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS			830	830		981	
026 INTENSIVE CARE UNIT			87	87		236	
027 CORONARY CARE UNIT			207	207		10	
027 01 CARDIAC RECOVERY							
027 02 TRANSPLANT UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
029 01 PEDIATRIC INTENSIVE C			40	40		8	
030 NEONATAL INTENSIVE CA			32	32		219	
031 SUBPROVIDER						265	
033 NURSERY			17	17			
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM			91	91			
037 01 AMBULATORY SURGERY						11	
039 DELIVERY ROOM & LABOR			74	74			
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC						2	
041 01 CARDIAC CATHETERIZATI							
041 02 ULTRA SOUND							
041 04 EP LAB							
041 05 CATH HOLDING							
041 06 ECHOCARDIOLOGY							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
049 01 SLEEP LAB							
050 PHYSICAL THERAPY			26	26			
050 01 CARDIAC REHAB							
050 02 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR							100
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS			6	6			

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - CPE	PARAMED ED PR GM - PHARMAC
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24	24.01	24.02
058 ANCILLARY SRVC COST C							
059 ASC (NON-DISTINCT PAR							
060 ENDOSCOPY			12	12			
060 OUTPAT SERVICE COST C							
061 CLINIC			40	40			
061 01 PARTIAL HOSPITALIZATI							
061 EMERGENCY			45	45		78	
061 01 PATIENT SERVICES			30	30			
061 02 ANTICOAGULATION CLINI							
061 03 LAFAYETTE RD CLINIC							
061 04 ZIONSVILLE CLINIC							
061 05 BROWNSBURG CLINIC							
061 06 ST VINCENT OUTPATIENT							
061 07 WOUND CENTER							
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
067 01 FAMILY PRACTICE			83	83			
067 02 GERIATRIC CLINIC			16	16			
068 OTHER REIMBURSABLE CO							
068 01 PSYCH SERVICES							
068 02 DIABETIC THERAPY							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL C							
093 HOSPICE			6	6		119	
095 SUBTOTALS			1,642	1,642		1,929	100
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH			14	14			
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 O'CONNERS							
100 01 WELLNESS							
100 02 OCC HEALTH							
100 03 SPN							
100 04 RHI							
100 05 EXTENDED CARE RESIDEN							
100 06 SETON BOARD							
100 07 MARTEN HOUSE							
100 08 FOUNDATION							
100 09 NETWORK DEVELOPMENT							
100 10 EAP							
100 11 COMMUNITY OUTREACH							
100 13 MARKETING							
100 14 NEW HOPE							
100 15 JOINT VENTURES							
100 17 VACANT SPACE							
100 18 ST VINCENT HEART CENT							
100 19 MISSION SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED			9,736,011	6,093,015		386,163	179,698
103 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				3,679.356884		200.188180	
104 (WRKSHT B, PT I)			5,879.233696				1,796.980000
105 COST TO BE ALLOCATED							
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED			18,666	462,986		35,618	401
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				279.580918		18.464489	
108 (WRKSHT B, PT III)			11.271739				4.010000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER
DESCRIPTION
PARAMED ED PR
GM - RADIOLO
(ASSIGNED
TIME)

24.03

100

100

- 001 GENERAL SERVICE COST
- 002 OLD CAP REL COSTS-BLD
- 003 OLD CAP REL COSTS-MVB
- 003 NEW CAP REL COSTS-BLD
- 003 01 NEW CAP REL COSTS-BLD
- 003 02 NEW CAP REL COSTS-BLD
- 003 03 NEW CAP REL COSTS-BLD
- 003 04 NEW CAP REL COSTS-BLD
- 004 NEW CAP REL COSTS-MVB
- 005 EMPLOYEE BENEFITS
- 006 01 NONPATIENT TELEPHONES
- 006 02 DATA PROCESSING
- 006 03 PURCHASING, RECEIVING
- 006 04 ADMITTING
- 006 05 CASHIERING/ACCOUNTS R
- 006 06 OP REGISTRATION
- 006 07 OTHER ADMINISTRATIVE
- 008 OPERATION OF PLANT
- 009 LAUNDRY & LINEN SERVI
- 010 HOUSEKEEPING
- 011 DIETARY
- 012 CAFETERIA
- 014 NURSING ADMINISTRATIO
- 015 CENTRAL SERVICES & SU
- 016 PHARMACY
- 017 MEDICAL RECORDS & LIB
- 018 SOCIAL SERVICE
- 020 NONPHYSICIAN ANESTHET
- 021 NURSING SCHOOL
- 022 I&R SERVICES-SALARY &
- 023 I&R SERVICES-OTHER PR
- 024 PARAMED ED PRGM
- 024 01 PARAMED ED PRGM - CPE
- 024 02 PARAMED ED PRGM - PHA
- 024 03 PARAMED ED PRGM - RAD
- 025 INPAT ROUTINE SRVC CN
- 025 ADULTS & PEDIATRICS
- 026 INTENSIVE CARE UNIT
- 027 CORONARY CARE UNIT
- 027 01 CARDIAC RECOVERY
- 027 02 TRANSPLANT UNIT
- 028 BURN INTENSIVE CARE U
- 029 SURGICAL INTENSIVE CA
- 029 01 PEDIATRIC INTENSIVE C
- 030 NEONATAL INTENSIVE CA
- 031 SUBPROVIDER
- 033 NURSERY
- 034 SKILLED NURSING FACIL
- 035 NURSING FACILITY
- 035 01 ICF/MR
- 036 OTHER LONG TERM CARE
- 037 ANCILLARY SRVC COST C
- 037 OPERATING ROOM
- 037 01 AMBULATORY SURGERY
- 039 DELIVERY ROOM & LABOR
- 040 ANESTHESIOLOGY
- 041 RADIOLOGY-DIAGNOSTIC
- 041 01 CARDIAC CATHETERIZATI
- 041 02 ULTRA SOUND
- 041 04 EP LAB
- 041 05 CATH HOLDING
- 041 06 ECHOCARDIOLOGY
- 042 RADIOLOGY-THERAPEUTIC
- 043 RADIOISOTOPE
- 044 LABORATORY
- 045 PBP CLINICAL LAB SERV
- 046 WHOLE BLOOD & PACKED
- 047 BLOOD STORING, PROCES
- 048 INTRAVENOUS THERAPY
- 049 RESPIRATORY THERAPY
- 049 01 SLEEP LAB
- 050 PHYSICAL THERAPY
- 050 01 CARDIAC REHAB
- 050 02 SPORTS MEDICINE
- 051 OCCUPATIONAL THERAPY
- 052 SPEECH PATHOLOGY
- 053 ELECTROCARDIOLOGY
- 054 ELECTROENCEPHALOGRAPH
- 055 MEDICAL SUPPLIES CHAR
- 056 DRUGS CHARGED TO PATI
- 057 RENAL DIALYSIS

COST ALLOCATION - STATISTICAL BASIS

COST CENTER	PARAMETER DESCRIPTION	ED PR GM - RADIOLO	(ASSIGNED TIME)
			24.03
058	ANCILLARY SRVC COST C		
059	ASC (NON-DISTINCT PAR		
	ENDOSCOPY		
060	OUTPAT SERVICE COST C		
	CLINIC		
060	01 PARTIAL HOSPITALIZATI		
061	EMERGENCY		
061	01 PATIENT SERVICES		
061	02 ANTICOAGULATION CLINI		
061	03 LAFAYETTE RD CLINIC		
061	04 ZIONSVILLE CLINIC		
061	05 BROWNSBURG CLINIC		
061	06 ST VINCENT OUTPATIENT		
061	07 WOUND CENTER		
062	OBSERVATION BEDS (NON		
	OTHER REIMBURS COST C		
064	HOME PROGRAM DIALYSIS		
065	AMBULANCE SERVICES		
066	DURABLE MEDICAL EQUIP		
067	DURABLE MEDICAL EQUIP		
067	01 FAMILY PRACTICE		
067	02 GERIATRIC CLINIC		
068	OTHER REIMBURSABLE CO		
068	01 PSYCH SERVICES		
068	02 DIABETIC THERAPY		
069	CORF		
070	I&R SERVICES-NOT APPR		
071	HOME HEALTH AGENCY		
082	LUNG ACQUISITION		
	SPEC PURPOSE COST CEN		
083	KIDNEY ACQUISITION		
084	LIVER ACQUISITION		
085	HEART ACQUISITION		
092	AMBULATORY SURGICAL C		
093	HOSPICE		
095	SUBTOTALS		100
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
097	RESEARCH		
098	PHYSICIANS' PRIVATE O		
099	NONPAID WORKERS		
100	O'CONNERS		
100	01 WELLNESS		
100	02 OCC HEALTH		
100	03 SPN		
100	04 RHI		
100	05 EXTENDED CARE RESIDEN		
100	06 SETON BOARD		
100	07 MARTEN HOUSE		
100	08 FOUNDATION		
100	09 NETWORK DEVELOPMENT		
100	10 EAP		
100	11 COMMUNITY OUTREACH		
100	13 MARKETING		
100	14 NEW HOPE		
100	15 JOINT VENTURES		
100	17 VACANT SPACE		
100	18 ST VINCENT HEART CENT		
100	19 MISSION SERVICES		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED		332,621
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		
	(WRKSHT B, PT I)		3,326.210000
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		3,623
107	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		
	(WRKSHT B, PT III)		36.230000

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET C
 I I TO 6/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL: 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	105,988,394		105,988,394		105,988,394
26	INTENSIVE CARE UNIT	15,651,558		15,651,558		15,651,558
27	CORONARY CARE UNIT	11,506,531		11,506,531		11,506,531
27 01	CARDIAC RECOVERY	585,224		585,224		585,224
27 02	TRANSPLANT UNIT	2,544,008		2,544,008		2,544,008
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
29 01	PEDIATRIC INTENSIVE CARE	7,751,554		7,751,554		7,751,554
30	NEONATAL INTENSIVE CARE U	24,440,883		24,440,883		24,440,883
31	SUBPROVIDER	7,628,126		7,628,126		7,628,126
33	NURSERY	5,856,056		5,856,056		5,856,056
34	SKILLED NURSING FACILITY	2,459,622		2,459,622		2,459,622
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	110,074,969		110,074,969		110,074,969
37 01	AMBULATORY SURGERY	6,040,479		6,040,479		6,040,479
39	DELIVERY ROOM & LABOR ROO	9,537,571		9,537,571		9,537,571
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	49,364,081		49,364,081		49,364,081
41 01	CARDIAC CATHETERIZATION L	29,106,183		29,106,183		29,106,183
41 02	ULTRA SOUND	2,029,204		2,029,204		2,029,204
41 04	EP LAB	155,860		155,860		155,860
41 05	CATH HOLDING	1,831,821		1,831,821		1,831,821
41 06	ECHOCARDIOLOGY	1,182,794		1,182,794		1,182,794
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	44,115,512		44,115,512		44,115,512
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	20,862,602		20,862,602		20,862,602
49 01	SLEEP LAB	3,025,250		3,025,250		3,025,250
50	PHYSICAL THERAPY	15,612,598		15,612,598		15,612,598
50 01	CARDIAC REHAB	881,847		881,847		881,847
50 02	SPORTS MEDICINE	4,611,495		4,611,495		4,611,495
51	OCCUPATIONAL THERAPY	965,126		965,126		965,126
52	SPEECH PATHOLOGY	1,475,172		1,475,172		1,475,172
53	ELECTROCARDIOLOGY	1,978,302		1,978,302		1,978,302
54	ELECTROENCEPHALOGRAPHY	1,701,937		1,701,937		1,701,937
55	MEDICAL SUPPLIES CHARGED	1,921,966		1,921,966		1,921,966
56	DRUGS CHARGED TO PATIENTS	26,058,638		26,058,638		26,058,638
57	RENAL DIALYSIS	710,496		710,496		710,496
58	ASC (NON-DISTINCT PART)					
59	ENDOSCOPY	5,656,742		5,656,742		5,656,742
60	OUTPAT SERVICE COST CNTRS CLINIC	8,915,211		8,915,211		8,915,211
60 01	PARTIAL HOSPITALIZATION	1,910,490		1,910,490		1,910,490
61	EMERGENCY	28,264,346		28,264,346		28,264,346
61 01	PATIENT SERVICES	4,737,752		4,737,752		4,737,752
61 02	ANTICOAGULATION CLINIC	963,089		963,089		963,089
61 03	LAFAYETTE RD CLINIC	322,073		322,073		322,073
61 04	ZIONSVILLE CLINIC	1,994,882		1,994,882		1,994,882
61 05	BROWNSBURG CLINIC	13,357		13,357		13,357
61 06	ST VINCENT OUTPATIENT TRE	4,336,421		4,336,421		4,336,421
61 07	WOUND CENTER	213,484		213,484		213,484
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	8,525,528		8,525,528		8,525,528
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
67 01	FAMILY PRACTICE	5,362,430		5,362,430		5,362,430
67 02	GERIATRIC CLINIC	989,544		989,544		989,544
68	OTHER REIMBURSABLE COST C					
68 01	PSYCH SERVICES	62,383		62,383		62,383
68 02	DIABETIC THERAPY	1,052,746		1,052,746		1,052,746
101	SUBTOTAL	590,976,337		590,976,337		590,976,337
102	LESS OBSERVATION BEDS	8,525,528		8,525,528		8,525,528
103	TOTAL	582,450,809		582,450,809		582,450,809

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST LINE NO.	A COST CENTER DESCRIPTION	INPATIENT CHARGES	OUTPATIENT CHARGES	TOTAL CHARGES	COST OR OTHER RATIO	TEFRA INPAT- IENT RATIO	PPS INPAT- IENT RATIO
		6	7	8	9	10	11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	164,862,196		164,862,196			
26	INTENSIVE CARE UNIT	37,526,287		37,526,287			
27	CORONARY CARE UNIT	23,633,259		23,633,259			
27 01	CARDIAC RECOVERY						
27 02	TRANSPLANT UNIT	853,001		853,001			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
29 01	PEDIATRIC INTENSIVE CARE	14,338,175		14,338,175			
30	NEONATAL INTENSIVE CARE U	105,475,650		105,475,650			
31	SUBPROVIDER	17,495,516		17,495,516			
33	NURSERY	13,853,602		13,853,602			
34	SKILLED NURSING FACILITY	2,443,385		2,443,385			
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	294,396,475	201,014,155	495,410,630	.222189	.222189	.222189
37 01	AMBULATORY SURGERY	249,128	13,517,228	13,766,356	.438786	.438786	.438786
39	DELIVERY ROOM & LABOR ROO	39,776,472	2,308,881	42,085,353	.226624	.226624	.226624
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	63,070,729	207,867,009	270,937,738	.182197	.182197	.182197
41 01	CARDIAC CATHETERIZATION L	69,170,786	48,988,032	118,158,818	.246331	.246331	.246331
41 02	ULTRA SOUND	7,038,443	11,888,827	18,927,270	.107211	.107211	.107211
41 04	EP LAB						
41 05	CATH HOLDING	2,229,148	4,607,094	6,836,242	.267957	.267957	.267957
41 06	ECHOCARDIOLOGY	9,981,104	4,877,482	14,858,586	.079603	.079603	.079603
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	168,373,507	56,522,738	224,896,245	.196159	.196159	.196159
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	69,856,729	9,470,457	79,327,186	.262994	.262994	.262994
49 01	SLEEP LAB	154,556	10,885,460	11,040,016	.274026	.274026	.274026
50	PHYSICAL THERAPY	14,703,912	34,299,005	49,002,917	.318605	.318605	.318605
50 01	CARDIAC REHAB	706,824	969,538	1,676,362	.526048	.526048	.526048
50 02	SPORTS MEDICINE		1,186,144	1,186,144	3.887804	3.887804	3.887804
51	OCCUPATIONAL THERAPY	3,984,254	701,066	4,685,320	.205989	.205989	.205989
52	SPEECH PATHOLOGY	1,902,616	1,350,655	3,253,271	.453443	.453443	.453443
53	ELECTROCARDIOLOGY	2,046,656	1,871,625	3,918,281	.504890	.504890	.504890
54	ELECTROENCEPHALOGRAPHY	6,184,295	2,938,141	9,122,436	.186566	.186566	.186566
55	MEDICAL SUPPLIES CHARGED	3,662,756	217,687	3,880,443	.495296	.495296	.495296
56	DRUGS CHARGED TO PATIENTS	145,078,775	40,048,516	185,127,291	.140761	.140761	.140761
57	RENAL DIALYSIS	3,578,787	932,926	4,511,713	.157478	.157478	.157478
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	8,590,547	16,847,493	25,438,040	.222373	.222373	.222373
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		12,172,249	12,172,249	.732421	.732421	.732421
60 01	PARTIAL HOSPITALIZATION	8,953	7,239,759	7,248,712	.263563	.263563	.263563
61	EMERGENCY	22,351,574	63,553,009	85,904,583	.329020	.329020	.329020
61 01	PATIENT SERVICES	169,135	3,931,252	4,100,387	1.155440	1.155440	1.155440
61 02	ANTICOAGULATION CLINIC	3,588	1,309,115	1,312,703	.733669	.733669	.733669
61 03	LAFAYETTE RD CLINIC	3,085	1,167,697	1,170,782	.275092	.275092	.275092
61 04	ZIONSVILLE CLINIC	31,138	6,495,930	6,527,068	.305632	.305632	.305632
61 05	BROWNSBURG CLINIC						
61 06	ST VINCENT OUTPATIENT TRE		8,758,908	8,758,908	.495087	.495087	.495087
61 07	WOUND CENTER	370,532	9,577,981	9,948,513	.021459	.021459	.021459
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,505,907	17,144,107	21,650,014	.393789	.393789	.393789
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE	276,650	12,559,172	12,835,822	.417771	.417771	.417771
67 02	GERIATRIC CLINIC		1,717,108	1,717,108	.576285	.576285	.576285
68	OTHER REIMBURSABLE COST C						
68 01	PSYCH SERVICES	185,258		185,258	.336736	.336736	.336736
68 02	DIABETIC THERAPY	46	448,804	448,850	2.345429	2.345429	2.345429
101	SUBTOTAL	1323,123,436	819,385,250	2142,508,686			
102	LESS OBSERVATION BEDS						
103	TOTAL	1323,123,436	819,385,250	2142,508,686			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0084 I FROM 7/ 1/2009 I WORKSHEET C
I I TO 6/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL: 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	113,922,029		113,922,029		113,922,029
26	INTENSIVE CARE UNIT	16,483,155		16,483,155		16,483,155
27	CORONARY CARE UNIT	13,485,159		13,485,159		13,485,159
27	01 CARDIAC RECOVERY	585,224		585,224		585,224
27	02 TRANSPLANT UNIT	2,544,008		2,544,008		2,544,008
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
29	01 PEDIATRIC INTENSIVE CARE	8,133,897		8,133,897		8,133,897
30	NEONATAL INTENSIVE CARE U	24,746,757		24,746,757		24,746,757
31	SUBPROVIDER	7,628,126		7,628,126		7,628,126
33	NURSERY	6,018,552		6,018,552		6,018,552
34	SKILLED NURSING FACILITY	2,459,622		2,459,622		2,459,622
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	110,944,800		110,944,800		110,944,800
37	01 AMBULATORY SURGERY	6,040,479		6,040,479		6,040,479
39	DELIVERY ROOM & LABOR ROO	10,244,906		10,244,906		10,244,906
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	49,364,081		49,364,081		49,364,081
41	01 CARDIAC CATHETERIZATION L	29,106,183		29,106,183		29,106,183
41	02 ULTRA SOUND	2,029,204		2,029,204		2,029,204
41	04 EP LAB	155,860		155,860		155,860
41	05 CATH HOLDING	1,831,821		1,831,821		1,831,821
41	06 ECHOCARDIOLOGY	1,182,794		1,182,794		1,182,794
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	44,115,512		44,115,512		44,115,512
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	20,862,602		20,862,602		20,862,602
49	01 SLEEP LAB	3,025,250		3,025,250		3,025,250
50	PHYSICAL THERAPY	15,861,121		15,861,121		15,861,121
50	01 CARDIAC REHAB	881,847		881,847		881,847
50	02 SPORTS MEDICINE	4,611,495		4,611,495		4,611,495
51	OCCUPATIONAL THERAPY	965,126		965,126		965,126
52	SPEECH PATHOLOGY	1,475,172		1,475,172		1,475,172
53	ELECTROCARDIOLOGY	1,978,302		1,978,302		1,978,302
54	ELECTROENCEPHALOGRAPHY	1,701,937		1,701,937		1,701,937
55	MEDICAL SUPPLIES CHARGED	1,921,966		1,921,966		1,921,966
56	DRUGS CHARGED TO PATIENTS	26,058,638		26,058,638		26,058,638
57	RENAL DIALYSIS	767,847		767,847		767,847
58	ASC (NON-DISTINCT PART)					
59	ENDOSCOPY	5,771,445		5,771,445		5,771,445
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	9,297,554		9,297,554		9,297,554
60	01 PARTIAL HOSPITALIZATION	1,910,490		1,910,490		1,910,490
61	EMERGENCY	28,694,483		28,694,483		28,694,483
61	01 PATIENT SERVICES	5,024,510		5,024,510		5,024,510
61	02 ANTICOAGULATION CLINIC	963,089		963,089		963,089
61	03 LAFAYETTE RD CLINIC	322,073		322,073		322,073
61	04 ZIONSVILLE CLINIC	1,994,882		1,994,882		1,994,882
61	05 BROWNSBURG CLINIC	13,357		13,357		13,357
61	06 ST VINCENT OUTPATIENT TRE	4,336,421		4,336,421		4,336,421
61	07 WOUND CENTER	213,484		213,484		213,484
62	OBSERVATION BEDS (NON-DIS	8,525,528		8,525,528		8,525,528
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
67	01 FAMILY PRACTICE	6,155,793		6,155,793		6,155,793
67	02 GERIATRIC CLINIC	1,142,482		1,142,482		1,142,482
68	OTHER REIMBURSABLE COST C					
68	01 PSYCH SERVICES	62,383		62,383		62,383
68	02 DIABETIC THERAPY	1,052,746		1,052,746		1,052,746
101	SUBTOTAL	606,614,192		606,614,192		606,614,192
102	LESS OBSERVATION BEDS	8,525,528		8,525,528		8,525,528
103	TOTAL	598,088,664		598,088,664		598,088,664

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS			164,862,196			
26	ADULTS & PEDIATRICS	164,862,196		164,862,196			
27	INTENSIVE CARE UNIT	37,526,287		37,526,287			
27	CORONARY CARE UNIT	23,633,259		23,633,259			
27	01 CARDIAC RECOVERY						
27	02 TRANSPLANT UNIT	853,001		853,001			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
29	01 PEDIATRIC INTENSIVE CARE	14,338,175		14,338,175			
30	NEONATAL INTENSIVE CARE U	105,475,650		105,475,650			
31	SUBPROVIDER	17,495,516		17,495,516			
33	NURSERY	13,853,602		13,853,602			
34	SKILLED NURSING FACILITY	2,443,385		2,443,385			
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	294,396,475	201,014,155	495,410,630	.223945	.223945	.223945
37	01 AMBULATORY SURGERY	249,128	13,517,228	13,766,356	.438786	.438786	.438786
39	DELIVERY ROOM & LABOR ROO	39,776,472	2,308,881	42,085,353	.243432	.243432	.243432
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	63,070,729	207,867,009	270,937,738	.182197	.182197	.182197
41	01 CARDIAC CATHETERIZATION L	69,170,786	48,988,032	118,158,818	.246331	.246331	.246331
41	02 ULTRA SOUND	7,038,443	11,888,827	18,927,270	.107211	.107211	.107211
41	04 EP LAB						
41	05 CATH HOLDING	2,229,148	4,607,094	6,836,242	.267957	.267957	.267957
41	06 ECHOCARDIOLOGY	9,981,104	4,877,482	14,858,586	.079603	.079603	.079603
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	168,373,507	56,522,738	224,896,245	.196159	.196159	.196159
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	69,856,729	9,470,457	79,327,186	.262994	.262994	.262994
49	01 SLEEP LAB	154,556	10,885,460	11,040,016	.274026	.274026	.274026
50	PHYSICAL THERAPY	14,703,912	34,299,005	49,002,917	.323677	.323677	.323677
50	01 CARDIAC REHAB	706,824	969,538	1,676,362	.526048	.526048	.526048
50	02 SPORTS MEDICINE		1,186,144	1,186,144	3.887804	3.887804	3.887804
51	OCCUPATIONAL THERAPY	3,984,254	701,066	4,685,320	.205989	.205989	.205989
52	SPEECH PATHOLOGY	1,902,616	1,350,655	3,253,271	.453443	.453443	.453443
53	ELECTROCARDIOLOGY	2,046,656	1,871,625	3,918,281	.504890	.504890	.504890
54	ELECTROENCEPHALOGRAPHY	6,184,295	2,938,141	9,122,436	.186566	.186566	.186566
55	MEDICAL SUPPLIES CHARGED	3,662,756	217,687	3,880,443	.495296	.495296	.495296
56	DRUGS CHARGED TO PATIENTS	145,078,775	40,048,516	185,127,291	.140761	.140761	.140761
57	RENAL DIALYSIS	3,578,787	932,926	4,511,713	.170190	.170190	.170190
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	8,590,547	16,847,493	25,438,040	.226882	.226882	.226882
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		12,172,249	12,172,249	.763832	.763832	.763832
60	01 PARTIAL HOSPITALIZATION	8,953	7,239,759	7,248,712	.263563	.263563	.263563
61	EMERGENCY	22,351,574	63,553,009	85,904,583	.334027	.334027	.334027
61	01 PATIENT SERVICES	169,135	3,931,252	4,100,387	1.225375	1.225375	1.225375
61	02 ANTICOAGULATION CLINIC	3,588	1,309,115	1,312,703	.733669	.733669	.733669
61	03 LAFAYETTE RD CLINIC	3,085	1,167,697	1,170,782	.275092	.275092	.275092
61	04 ZIONSVILLE CLINIC	31,138	6,495,930	6,527,068	.305632	.305632	.305632
61	05 BROWNSBURG CLINIC						
61	06 ST VINCENT OUTPATIENT TRE		8,758,908	8,758,908	.495087	.495087	.495087
61	07 WOUND CENTER	370,532	9,577,981	9,948,513	.021459	.021459	.021459
62	OBSERVATION BEDS (NON-DIS	4,505,907	17,144,107	21,650,014	.393789	.393789	.393789
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE	276,650	12,559,172	12,835,822	.479579	.479579	.479579
67	02 GERIATRIC CLINIC		1,717,108	1,717,108	.665352	.665352	.665352
68	OTHER REIMBURSABLE COST C						
68	01 PSYCH SERVICES	185,258		185,258	.336736	.336736	.336736
68	02 DIABETIC THERAPY	46	448,804	448,850	2.345429	2.345429	2.345429
101	SUBTOTAL	1323,123,436	819,385,250	2142,508,686			
102	LESS OBSERVATION BEDS						
103	TOTAL	1323,123,436	819,385,250	2142,508,686			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	110,074,969	6,409,976	103,664,993			110,074,969
37	01 AMBULATORY SURGERY	6,040,479	703,739	5,336,740			6,040,479
39	DELIVERY ROOM & LABOR ROO	9,537,571	639,834	8,897,737			9,537,571
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	49,364,081	5,704,922	43,659,159			49,364,081
41	01 CARDIAC CATHETERIZATION L	29,106,183	2,703,118	26,403,065			29,106,183
41	02 ULTRA SOUND	2,029,204	157,063	1,872,141			2,029,204
41	04 EP LAB	155,860	59,949	95,911			155,860
41	05 CATH HOLDING	1,831,821	289,515	1,542,306			1,831,821
41	06 ECHOCARDIOLOGY	1,182,794	190,301	992,493			1,182,794
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	44,115,512	608,042	43,507,470			44,115,512
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	20,862,602	902,338	19,960,264			20,862,602
49	01 SLEEP LAB	3,025,250	221,753	2,803,497			3,025,250
50	PHYSICAL THERAPY	15,612,598	651,350	14,961,248			15,612,598
50	01 CARDIAC REHAB	881,847	23,758	858,089			881,847
50	02 SPORTS MEDICINE	4,611,495	77,505	4,533,990			4,611,495
51	OCCUPATIONAL THERAPY	965,126	13,031	952,095			965,126
52	SPEECH PATHOLOGY	1,475,172	74,382	1,400,790			1,475,172
53	ELECTROCARDIOLOGY	1,978,302	343,271	1,635,031			1,978,302
54	ELECTROENCEPHALOGRAPHY	1,701,937	178,794	1,523,143			1,701,937
55	MEDICAL SUPPLIES CHARGED	1,921,966	564	1,921,402			1,921,966
56	DRUGS CHARGED TO PATIENTS	26,058,638	10,142	26,048,496			26,058,638
57	RENAL DIALYSIS	710,496	105,509	604,987			710,496
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	5,656,742	664,373	4,992,369			5,656,742
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8,915,211	229,814	8,685,397			8,915,211
60	01 PARTIAL HOSPITALIZATION	1,910,490	83,089	1,827,401			1,910,490
61	EMERGENCY	28,264,346	1,754,572	26,509,774			28,264,346
61	01 PATIENT SERVICES	4,737,752	182,983	4,554,769			4,737,752
61	02 ANTICOAGULATION CLINIC	963,089	42,805	920,284			963,089
61	03 LAFAYETTE RD CLINIC	322,073	36,936	285,137			322,073
61	04 ZIONSVILLE CLINIC	1,994,882	462,877	1,532,005			1,994,882
61	05 BROWNSBURG CLINIC	13,357	108	13,249			13,357
61	06 ST VINCENT OUTPATIENT TRE	4,336,421	6,328	4,330,093			4,336,421
61	07 WOUND CENTER	213,484	89,363	124,121			213,484
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	8,525,528	777,682	7,747,846			8,525,528
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE	5,362,430	252,314	5,110,116			5,362,430
67	02 GERIATRIC CLINIC	989,544	47,466	942,078			989,544
68	OTHER REIMBURSABLE COST C						
68	01 PSYCH SERVICES	62,383	92	62,291			62,383
68	02 DIABETIC THERAPY	1,052,746	17,374	1,035,372			1,052,746
101	SUBTOTAL	406,564,381	24,717,032	381,847,349			406,564,381
102	LESS OBSERVATION BEDS	8,525,528	777,682	7,747,846			8,525,528
103	TOTAL	398,038,853	23,939,350	374,099,503			398,038,853

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	495,410,630	.222189	.222189
37 01	AMBULATORY SURGERY	13,766,356	.438786	.438786
39	DELIVERY ROOM & LABOR ROO	42,085,353	.226624	.226624
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	270,937,738	.182197	.182197
41 01	CARDIAC CATHETERIZATION L	118,158,818	.246331	.246331
41 02	ULTRA SOUND	18,927,270	.107211	.107211
41 04	EP LAB			
41 05	CATH HOLDING	6,836,242	.267957	.267957
41 06	ECHOCARDIOLOGY	14,858,586	.079603	.079603
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	224,896,245	.196159	.196159
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	79,327,186	.262994	.262994
49 01	SLEEP LAB	11,040,016	.274026	.274026
50	PHYSICAL THERAPY	49,002,917	.318605	.318605
50 01	CARDIAC REHAB	1,676,362	.526048	.526048
50 02	SPORTS MEDICINE	1,186,144	3.887804	3.887804
51	OCCUPATIONAL THERAPY	4,685,320	.205989	.205989
52	SPEECH PATHOLOGY	3,253,271	.453443	.453443
53	ELECTROCARDIOLOGY	3,918,281	.504890	.504890
54	ELECTROENCEPHALOGRAPHY	9,122,436	.186566	.186566
55	MEDICAL SUPPLIES CHARGED	3,880,443	.495296	.495296
56	DRUGS CHARGED TO PATIENTS	185,127,291	.140761	.140761
57	RENAL DIALYSIS	4,511,713	.157478	.157478
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	25,438,040	.222373	.222373
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	12,172,249	.732421	.732421
60 01	PARTIAL HOSPITALIZATION	7,248,712	.263563	.263563
61	EMERGENCY	85,904,583	.329020	.329020
61 01	PATIENT SERVICES	4,100,387	1.155440	1.155440
61 02	ANTICOAGULATIDN CLINIC	1,312,703	.733669	.733669
61 03	LAFAYETTE RD CLINIC	1,170,782	.275092	.275092
61 04	ZIONSVILLE CLINIC	6,527,068	.305632	.305632
61 05	BROWNSBURG CLINIC			
61 06	ST VINCENT OUTPATIENT TRE	8,758,908	.495087	.495087
61 07	WOUND CENTER	9,948,513	.021459	.021459
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	21,650,014	.393789	.393789
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
67 01	FAMILY PRACTICE	12,835,822	.417771	.417771
67 02	GERIATRIC CLINIC	1,717,108	.576285	.576285
68	OTHER REIMBURSABLE COST C			
68 01	PSYCH SERVICES	185,258	.336736	.336736
68 02	DIABETIC THERAPY	448,850	2.345429	2.345429
101	SUBTOTAL	1762,027,615		
102	LESS OBSERVATION BEDS	21,650,014		
103	TOTAL	1740,377,601		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	110,944,800	6,409,976	104,534,824	640,998	6,063,020	104,240,782
37	01 AMBULATORY SURGERY	6,040,479	703,739	5,336,740	70,374	309,531	5,660,574
39	DELIVERY ROOM & LABOR ROO	10,244,906	639,834	9,605,072	63,983	557,094	9,623,829
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	49,364,081	5,704,922	43,659,159	570,492	2,532,231	46,261,358
41	01 CARDIAC CATHETERIZATION L	29,106,183	2,703,118	26,403,065	270,312	1,531,378	27,304,493
41	02 ULTRA SOUND	2,029,204	157,063	1,872,141	15,706	108,584	1,904,914
41	04 EP LAB	155,860	59,949	95,911	5,995	5,563	144,302
41	05 CATH HOLDING	1,831,821	289,515	1,542,306	28,952	89,454	1,713,415
41	06 ECHOCARDIOLOGY	1,182,794	190,301	992,493	19,030	57,565	1,106,199
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	44,115,512	608,042	43,507,470	60,804	2,523,433	41,531,275
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	20,862,602	902,338	19,960,264	90,234	1,157,695	19,614,673
49	01 SLEEP LAB	3,025,250	221,753	2,803,497	22,175	162,603	2,840,472
50	PHYSICAL THERAPY	15,861,121	651,350	15,209,771	65,135	882,167	14,913,819
50	01 CARDIAC REHAB	881,847	23,758	858,089	2,376	49,769	829,702
50	02 SPORTS MEDICINE	4,611,495	77,505	4,533,990	7,751	262,971	4,340,773
51	OCCUPATIONAL THERAPY	965,126	13,031	952,095	1,303	55,222	908,601
52	SPEECH PATHOLOGY	1,475,172	74,382	1,400,790	7,438	81,246	1,386,488
53	ELECTROCARDIOLOGY	1,978,302	343,271	1,635,031	34,327	94,832	1,849,143
54	ELECTROENCEPHALOGRAPHY	1,701,937	178,794	1,523,143	17,879	88,342	1,595,716
55	MEDICAL SUPPLIES CHARGED	1,921,966	564	1,921,402	56	111,441	1,810,469
56	DRUGS CHARGED TO PATIENTS	26,058,638	10,142	26,048,496	1,014	1,510,813	24,546,811
57	RENAL DIALYSIS	767,847	105,509	662,338	10,551	38,416	718,880
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	5,771,445	664,373	5,107,072	66,437	296,210	5,408,798
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,297,554	229,814	9,067,740	22,981	525,929	8,748,644
60	01 PARTIAL HOSPITALIZATION	1,910,490	83,089	1,827,401	8,309	105,989	1,796,192
61	EMERGENCY	28,694,483	1,754,572	26,939,911	175,457	1,562,515	26,956,511
61	01 PATIENT SERVICES	5,024,510	182,983	4,841,527	18,298	280,809	4,725,403
61	02 ANTICOAGULATION CLINIC	963,089	42,805	920,284	4,281	53,376	905,432
61	03 LAFAYETTE RD CLINIC	322,073	36,936	285,137	3,694	16,538	301,841
61	04 ZIONSVILLE CLINIC	1,994,882	462,877	1,532,005	46,288	88,856	1,859,738
61	05 BROWNSBURG CLINIC	13,357	108	13,249	11	768	12,578
61	06 ST VINCENT OUTPATIENT TRE	4,336,421	6,328	4,330,093	633	251,145	4,084,643
61	07 WOUND CENTER	213,484	89,363	124,121	8,936	7,199	197,349
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	8,525,528	777,682	7,747,846	77,768	449,375	7,998,385
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE	6,155,793	252,314	5,903,479	25,231	342,402	5,788,160
67	02 GERIATRIC CLINIC	1,142,482	47,466	1,095,016	4,747	63,511	1,074,224
68	OTHER REIMBURSABLE COST C						
68	01 PSYCH SERVICES	62,383	92	62,291	9	3,613	58,761
68	02 DIABETIC THERAPY	1,052,746	17,374	1,035,372	1,737	60,052	990,957
101	SUBTOTAL	410,607,663	24,717,032	385,890,631	2,471,702	22,381,657	385,754,304
102	LESS OBSERVATION BEDS	8,525,528	777,682	7,747,846	77,768	449,375	7,998,385
103	TOTAL	402,082,135	23,939,350	378,142,785	2,393,934	21,932,282	377,755,919

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	495,410,630	.210413	.222651
37 01	AMBULATORY SURGERY	13,766,356	.411189	.433674
39	DELIVERY ROOM & LABOR ROO	42,085,353	.228674	.241911
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	270,937,738	.170745	.180092
41 01	CARDIAC CATHETERIZATION L	118,158,818	.231083	.244043
41 02	ULTRA SOUND	18,927,270	.100644	.106381
41 04	EP LAB			
41 05	CATH HOLDING	6,836,242	.250637	.263722
41 06	ECHOCARDIOLOGY	14,858,586	.074448	.078323
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	224,896,245	.184669	.195889
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	79,327,186	.247263	.261857
49 01	SLEEP LAB	11,040,016	.257289	.272017
50	PHYSICAL THERAPY	49,002,917	.304346	.322348
50 01	CARDIAC REHAB	1,676,362	.494942	.524631
50 02	SPORTS MEDICINE	1,186,144	3.659567	3.881269
51	OCCUPATIONAL THERAPY	4,685,320	.193925	.205711
52	SPEECH PATHOLOGY	3,253,271	.426183	.451156
53	ELECTROCARDIOLOGY	3,918,281	.471927	.496130
54	ELECTROENCEPHALOGRAPHY	9,122,436	.174922	.184606
55	MEDICAL SUPPLIES CHARGED	3,880,443	.466562	.495281
56	DRUGS CHARGED TO PATIENTS	185,127,291	.132594	.140755
57	RENAL DIALYSIS	4,511,713	.159336	.167851
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	25,438,040	.212626	.224271
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	12,172,249	.718737	.761944
60 01	PARTIAL HOSPITALIZATION	7,248,712	.247795	.262416
61	EMERGENCY	85,904,583	.313796	.331985
61 01	PATIENT SERVICES	4,100,387	1.152429	1.220912
61 02	ANTICOAGULATION CLINIC	1,312,703	.689746	.730407
61 03	LAFAYETTE RD CLINIC	1,170,782	.257811	.271937
61 04	ZIONSVILLE CLINIC	6,527,068	.284927	.298540
61 05	BROWNSBURG CLINIC			
61 06	ST VINCENT OUTPATIENT TRE	8,758,908	.466342	.495015
61 07	WOUND CENTER	9,948,513	.019837	.020561
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	21,650,014	.369440	.390197
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
67 01	FAMILY PRACTICE	12,835,822	.450938	.477614
67 02	GERIATRIC CLINIC	1,717,108	.625601	.662588
68	OTHER REIMBURSABLE COST C			
68 01	PSYCH SERVICES	185,258	.317185	.336687
68 02	DIABETIC THERAPY	448,850	2.207769	2.341560
101	SUBTOTAL	1762,027,615		
102	LESS OBSERVATION BEDS	21,650,014		
103	TOTAL	1740,377,601		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
 I I TO 6/30/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				9,668,030		9,668,030
26	INTENSIVE CARE UNIT				1,129,893		1,129,893
27	CORONARY CARE UNIT				716,628		716,628
27	01 CARDIAC RECOVERY				108,648		108,648
27	02 TRANSPLANT UNIT				79,122		79,122
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
29	01 PEDIATRIC INTENSIVE CARE				751,532		751,532
30	NEONATAL INTENSIVE CARE U				1,182,483		1,182,483
31	SUBPROVIDER				325,682		325,682
33	NURSERY				268,921		268,921
101	TOTAL				14,230,939		14,230,939

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
 I I TO 6/30/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	125,711	45,565			76.91	3,504,404
26	INTENSIVE CARE UNIT	11,251	5,525			100.43	554,876
27	CORONARY CARE UNIT	6,899	3,569			103.87	370,712
27	01 CARDIAC RECOVERY						
27	02 TRANSPLANT UNIT	127	59			623.01	36,758
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
29	01 PEDIATRIC INTENSIVE CARE	2,680				280.42	
30	NEONATAL INTENSIVE CARE U	22,304				53.02	
31	SUBPROVIDER	12,739	3,323			25.57	84,969
33	NURSERY	6,664				40.35	
101	TOTAL	188,375	58,041				4,551,719

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-0084 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		6,409,976	495,410,630	117,194,665		
37	01 AMBULATORY SURGERY		703,739	13,766,356	50,229		
39	DELIVERY ROOM & LABOR ROO		639,834	42,085,353	135,273		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		5,704,922	270,937,738	27,601,401		
41	01 CARDIAC CATHETERIZATION L		2,703,118	118,158,818	31,221,789		
41	02 ULTRA SOUND		157,063	18,927,270	2,983,572		
41	04 EP LAB		59,949				
41	05 CATH HOLDING		289,515	6,836,242	1,708,160		
41	06 ECHOCARDIOLOGY		190,301	14,858,586	1,485,525		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		608,042	224,896,245	51,394,579		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		902,338	79,327,186	28,113,302		
49	01 SLEEP LAB		221,753	11,040,016	25,733		
50	PHYSICAL THERAPY		651,350	49,002,917	5,897,439		
50	01 CARDIAC REHAB		23,758	1,676,362	369,747		
50	02 SPORTS MEDICINE		77,505	1,186,144			
51	OCCUPATIONAL THERAPY		13,031	4,685,320	1,390,954		
52	SPEECH PATHOLOGY		74,382	3,253,271	1,020,748		
53	ELECTROCARDIOLOGY		343,271	3,918,281	229,766		
54	ELECTROENCEPHALOGRAPHY		178,794	9,122,436	1,958,653		
55	MEDICAL SUPPLIES CHARGED		564	3,880,443	328,118		
56	DRUGS CHARGED TO PATIENTS		10,142	185,127,291	51,623,346		
57	RENAL DIALYSIS		105,509	4,511,713	2,354,439		
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY		664,373	25,438,040	4,221,531		
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		229,814	12,172,249			
60	01 PARTIAL HOSPITALIZATION		83,089	7,248,712			
61	EMERGENCY		1,754,572	85,904,583	10,533,853		
61	01 PATIENT SERVICES		182,983	4,100,387	68,328		
61	02 ANTICOAGULATION CLINIC		42,805	1,312,703			
61	03 LAFAYETTE RD CLINIC		36,936	1,170,782	696		
61	04 ZIONSVILLE CLINIC		462,877	6,527,068	10,412		
61	05 BROWNSBURG CLINIC		108				
61	06 ST VINCENT OUTPATIENT TRE		6,328	8,758,908			
61	07 WOUND CENTER		89,363	9,948,513	184,792		
62	OBSERVATION BEDS (NON-DIS		777,682	21,650,014			
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE		252,314	12,835,822	4,114		
67	02 GERIATRIC CLINIC		47,466	1,717,108			
68	OTHER REIMBURSABLE COST C						
68	01 PSYCH SERVICES		92	185,258			
68	02 DIABETIC THERAPY		17,374	448,850			
101	TOTAL		24,717,032	1762,027,615	342,111,164		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-0084 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.012939	1,516,382
37 01	AMBULATORY SURGERY	.051120	2,568
39	DELIVERY ROOM & LABOR ROO	.015203	2,057
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.021056	581,175
41 01	CARDIAC CATHETERIZATION L	.022877	714,261
41 02	ULTRA SOUND	.008298	24,758
41 04	EP LAB		
41 05	CATH HOLDING	.042350	72,341
41 06	ECHOCARDIOLOGY	.012807	19,025
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.002704	138,971
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.011375	319,789
49 01	SLEEP LAB	.020086	517
50	PHYSICAL THERAPY	.013292	78,389
50 01	CARDIAC REHAB	.014172	5,240
50 02	SPORTS MEDICINE	.065342	
51	OCCUPATIONAL THERAPY	.002781	3,868
52	SPEECH PATHOLOGY	.022864	23,338
53	ELECTROCARDIOLOGY	.087608	20,129
54	ELECTROENCEPHALOGRAPHY	.019599	38,388
55	MEDICAL SUPPLIES CHARGED	.000145	48
56	DRUGS CHARGED TO PATIENTS	.000055	2,839
57	RENAL DIALYSIS	.023386	55,061
58	ASC (NON-DISTINCT PART)		
59	ENDOSCOPY	.026117	110,254
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.018880	
60 01	PARTIAL HOSPITALIZATION	.011463	
61	EMERGENCY	.020425	215,154
61 01	PATIENT SERVICES	.044626	3,049
61 02	ANTICOAGULATION CLINIC	.032608	
61 03	LAFAYETTE RD CLINIC	.031548	22
61 04	ZIONSVILLE CLINIC	.070917	738
61 05	BROWNSBURG CLINIC		
61 06	ST VINCENT OUTPATIENT TRE	.000722	
61 07	WOUND CENTER	.008983	1,660
62	OBSERVATION BEDS (NON-DIS	.035921	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
67 01	FAMILY PRACTICE	.019657	81
67 02	GERIATRIC CLINIC	.027643	
68	OTHER REIMBURSABLE COST C		
68 01	PSYCH SERVICES	.000497	
68 02	DIABETIC THERAPY	.038708	
101	TOTAL		3,950,102

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

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
I I TO 6/30/2010 I PART III
PPS

WKST LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		196,385		196,385	125,711	1.56
26	INTENSIVE CARE UNIT		47,244		47,244	11,251	4.20
27	CORONARY CARE UNIT		2,002		2,002	6,899	.29
27	01 CARDIAC RECOVERY						
27	02 TRANSPLANT UNIT					127	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
29	01 PEDIATRIC INTENSIVE CARE		1,602		1,602	2,680	.60
30	NEONATAL INTENSIVE CARE U		43,841		43,841	22,304	1.97
31	SUBPROVIDER		53,050		53,050	12,739	4.16
33	NURSERY					6,664	
34	SKILLED NURSING FACILITY					4,558	
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL		344,124		344,124	192,933	

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	45,565	71,081
26	INTENSIVE CARE UNIT	5,525	23,205
27	CORONARY CARE UNIT	3,569	1,035
27	01 CARDIAC RECOVERY		
27	02 TRANSPLANT UNIT	59	
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
29	01 PEDIATRIC INTENSIVE CARE		
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER	3,323	13,824
33	NURSERY		
34	SKILLED NURSING FACILITY	3,311	
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL	61,352	109,145

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.			ANESTHETIST	SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
			1	2	2.01	2.02	2.03
		1.01					
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
37	01	AMBULATORY SURGERY		2,202			
39		DELIVERY ROOM & LABOR ROO					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC		333,021			
41	01	CARDIAC CATHETERIZATION L					
41	02	ULTRA SOUND					
41	04	EP LAB					
41	05	CATH HOLDING					
41	06	ECHOCARDIOLOGY					
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE					
44		LABORATORY					
45		PBP CLINICAL LAB SERVICES					
46		WHOLE BLOOD & PACKED RED					
47		BLOOD STORING, PROCESSING					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY					
49	01	SLEEP LAB					
50		PHYSICAL THERAPY					
50	01	CARDIAC REHAB					
50	02	SPORTS MEDICINE					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS		179,698			
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
59		ENDOSCOPY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	PARTIAL HOSPITALIZATION					
61		EMERGENCY		15,615			
61	01	PATIENT SERVICES					
61	02	ANTICOAGULATION CLINIC					
61	03	LAFAYETTE RD CLINIC					
61	04	ZIONSVILLE CLINIC					
61	05	BROWNSBURG CLINIC					
61	06	ST VINCENT OUTPATIENT TRE					
61	07	WOUND CENTER					
62		OBSERVATION BEDS (NON-DIS		15,798			
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
67	01	FAMILY PRACTICE					
67	02	GERIATRIC CLINIC					
68		OTHER REIMBURSABLE COST C					
68	01	PSYCH SERVICES					
68	02	DIABETIC THERAPY					
101		TOTAL		546,334			

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P 3.01	PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P 5.01	RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM				495,410,630				117,194,665	
37 01	AMBULATORY SURGERY	2,202		2,202	13,766,356	.000160		.000160	50,229	8
39	DELIVERY ROOM & LABOR ROO				42,085,353				135,273	
40	ANESTHESIOLOGY									
41	RADIOLOGY-DIAGNOSTIC	333,021		333,021	270,937,738	.001229		.001229	27,601,401	33,922
41 01	CARDIAC CATHETERIZATION L				118,158,818				31,221,789	
41 02	ULTRA SOUND				18,927,270				2,983,572	
41 04	EP LAB									
41 05	CATH HOLDING				6,836,242				1,708,160	
41 06	ECHOCARDIOLOGY				14,858,586				1,485,525	
42	RADIOLOGY-THERAPEUTIC									
43	RADIOISOTOPE									
44	LABORATORY				224,896,245				51,394,579	
45	PBP CLINICAL LAB SERVICES									
46	WHOLE BLOOD & PACKED RED									
47	BLOOD STORING, PROCESSING									
48	INTRAVENOUS THERAPY									
49	RESPIRATORY THERAPY				79,327,186				28,113,302	
49 01	SLEEP LAB				11,040,016				25,733	
50	PHYSICAL THERAPY				49,002,917				5,897,439	
50 01	CARDIAC REHAB				1,676,362				369,747	
50 02	SPORTS MEDICINE				1,186,144					
51	OCCUPATIONAL THERAPY				4,685,320				1,390,954	
52	SPEECH PATHOLOGY				3,253,271				1,020,748	
53	ELECTROCARDIOLOGY				3,918,281				229,766	
54	ELECTROENCEPHALOGRAPHY				9,122,436				1,958,653	
55	MEDICAL SUPPLIES CHARGED				3,880,443				328,118	
56	DRUGS CHARGED TO PATIENTS	179,698		179,698	185,127,291	.000971		.000971	51,623,346	50,126
57	RENAL DIALYSIS				4,511,713				2,354,439	
58	ASC (NON-DISTINCT PART)									
59	ENDOSCOPY				25,438,040				4,221,531	
60	OUTPAT SERVICE COST CNTRS CLINIC				12,172,249					
60 01	PARTIAL HOSPITALIZATION				7,248,712					
61	EMERGENCY	15,615		15,615	85,904,583	.000182		.000182	10,533,853	1,917
61 01	PATIENT SERVICES				4,100,387				68,328	
61 02	ANTICOAGULATION CLINIC				1,312,703					
61 03	LAFAYETTE RD CLINIC				1,170,782				696	
61 04	ZIONSVILLE CLINIC				6,527,068				10,412	
61 05	BROWNSBURG CLINIC									
61 06	ST VINCENT OUTPATIENT TRE				8,758,908					
61 07	WOUND CENTER				9,948,513				184,792	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	15,798		15,798	21,650,014	.000730		.000730		
64	HOME PROGRAM DIALYSIS									
65	AMBULANCE SERVICES									
66	DURABLE MEDICAL EQUIP-REN									
67	DURABLE MEDICAL EQUIP-SOL									
67 01	FAMILY PRACTICE				12,835,822				4,114	
67 02	GERIATRIC CLINIC				1,717,108					
68	OTHER REIMBURSABLE COST C									
68 01	PSYCH SERVICES				185,258					
68 02	DIABETIC THERAPY				448,850					
101	TOTAL	546,334		546,334	1762,027,615				342,111,164	85,973

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	COL 8:01	COL 8:02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	34,991,638					
37 01	AMBULATORY SURGERY	166,350			27		
39	DELIVERY ROOM & LABOR ROO	5,494					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	55,468,493			68,171		
41 01	CARDIAC CATHETERIZATION L	18,843,666					
41 02	ULTRA SOUND	2,165,442					
41 04	EP LAB						
41 05	CATH HOLDING	1,768,824					
41 06	ECHOCARDIOLOGY	427,038					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	13,133,325					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,578,109					
49 01	SLEEP LAB	1,684,595					
50	PHYSICAL THERAPY	191,426					
50 01	CARDIAC REHAB	476,579					
50 02	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	1,205					
52	SPEECH PATHOLOGY	105,258					
53	ELECTROCARDIOLOGY	171,726					
54	ELECTROENCEPHALOGRAPHY	483,071					
55	MEDICAL SUPPLIES CHARGED	34,181					
56	DRUGS CHARGED TO PATIENTS	1,793,369			1,741		
57	RENAL DIALYSIS	394,504					
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	4,713,677					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSPITALIZATION						
61	EMERGENCY	10,031,946			1,826		
61 01	PATIENT SERVICES	1,189,101					
61 02	ANTICOAGULATION CLINIC						
61 03	LAFAYETTE RD CLINIC	204,289					
61 04	ZIONSVILLE CLINIC	1,581,601					
61 05	BROWNSBURG CLINIC						
61 06	ST VINCENT OUTPATIENT TRE	1,986,162					
61 07	WOUND CENTER	4,702,582					
62	OBSERVATION BEDS (NON-DIS	4,659,311			3,401		
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE	88,229					
67 02	GERIATRIC CLINIC						
68	OTHER REIMBURSABLE COST C						
68 01	PSYCH SERVICES						
68 02	DIABETIC THERAPY	15					
101	TOTAL	164,041,206			75,166		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART V
 I 15-0084 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.222189	.222189			
37 01 AMBULATORY SURGERY	.438786	.438786			
39 DELIVERY ROOM & LABOR ROOM	.226624	.226624			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.182197	.182197			
41 01 CARDIAC CATHETERIZATION LABORATORY	.246331	.246331			
41 02 ULTRA SOUND	.107211	.107211			
41 04 EP LAB					
41 05 CATH HOLDING	.267957	.267957			
41 06 ECHOCARDIOLOGY	.079603	.079603			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE LABORATORY	.196159	.196159			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.262994	.262994			
49 01 SLEEP LAB	.274026	.274026			
50 PHYSICAL THERAPY	.318605	.318605			
50 01 CARDIAC REHAB	.526048	.526048			
50 02 SPORTS MEDICINE	3.887804	3.887804			
51 OCCUPATIONAL THERAPY	.205989	.205989			
52 SPEECH PATHOLOGY	.453443	.453443			
53 ELECTROCARDIOLOGY	.504890	.504890			
54 ELECTROENCEPHALOGRAPHY	.186566	.186566			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.495296	.495296			
56 DRUGS CHARGED TO PATIENTS	.140761	.140761			
57 RENAL DIALYSIS	.157478	.157478			
58 ASC (NON-DISTINCT PART)					
59 ENDOSCOPY	.222373	.222373			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.732421	.732421			
60 01 PARTIAL HOSPITALIZATION	.263563	.263563			
61 EMERGENCY	.329020	.329020			
61 01 PATIENT SERVICES	1.155440	1.155440			
61 02 ANTICOAGULATION CLINIC	.733669	.733669			
61 03 LAFAYETTE RD CLINIC	.275092	.275092			
61 04 ZIONSVILLE CLINIC	.305632	.305632			
61 05 BROWNSBURG CLINIC					
61 06 ST VINCENT OUTPATIENT TREATMENT	.495087	.495087			
61 07 WOUND CENTER	.021459	.021459			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.393789	.393789			
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
67 01 FAMILY PRACTICE	.417771	.417771			
67 02 GERIATRIC CLINIC	.576285	.576285			
68 OTHER REIMBURSABLE COST CENTERS					
68 01 PSYCH SERVICES	.336736	.336736			
68 02 DIABETIC THERAPY	2.345429	2.345429			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART V
 I 15-0084 I I

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		34,991,638	25,511		
37	01 AMBULATORY SURGERY		166,350			
39	DELIVERY ROOM & LABOR ROOM		5,494			
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		55,468,493			
41	01 CARDIAC CATHETERIZATION LABORATORY		18,843,666			
41	02 ULTRA SOUND		2,165,442			
41	04 EP LAB					
41	05 CATH HOLDING		1,768,824			
41	06 ECHOCARDIOLOGY		427,038			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY		13,133,325			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		2,578,109			
49	01 SLEEP LAB		1,684,595			
50	PHYSICAL THERAPY		191,426	27		
50	01 CARDIAC REHAB		476,579			
50	02 SPORTS MEDICINE					
51	OCCUPATIONAL THERAPY		1,205			
52	SPEECH PATHOLOGY		105,258			
53	ELECTROCARDIOLOGY		171,726			
54	ELECTROENCEPHALOGRAPHY		483,071			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		34,181			
56	DRUGS CHARGED TO PATIENTS		1,793,369			
57	RENAL DIALYSIS		394,504			
58	ASC (NON-DISTINCT PART)					
59	ENDOSCOPY		4,713,677			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PARTIAL HOSPITALIZATION					
61	EMERGENCY		10,031,946	202		
61	01 PATIENT SERVICES		1,189,101	22		
61	02 ANTICOAGULATION CLINIC					
61	03 LAFAYETTE RD CLINIC		204,289			
61	04 ZIONSVILLE CLINIC		1,581,601			
61	05 BROWNSBURG CLINIC					
61	06 ST VINCENT OUTPATIENT TREATMENT		1,986,162			
61	07 WOUND CENTER		4,702,582			
62	OBSERVATION BEDS (NON-DISTINCT PART)		4,659,311			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
67	01 FAMILY PRACTICE		88,229			
67	02 GERIATRIC CLINIC					
68	OTHER REIMBURSABLE COST CENTERS					
68	01 PSYCH SERVICES					
68	02 DIABETIC THERAPY		15			
101	SUBTOTAL		164,041,206	25,762		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		164,041,206	25,762		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				7,774,757	5,668
37 01 AMBULATORY SURGERY				72,992	
39 DELIVERY ROOM & LABOR ROOM				1,245	
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				10,106,193	
41 01 CARDIAC CATHETERIZATION LABORATORY				4,641,779	
41 02 ULTRA SOUND				232,159	
41 04 EP LAB					
41 05 CATH HOLDING				473,969	
41 06 ECHOCARDIOLOGY				33,994	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE LABORATORY				2,576,220	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				678,027	
49 01 SLEEP LAB				461,623	
50 PHYSICAL THERAPY				60,989	9
50 01 CARDIAC REHAB				250,703	
50 02 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY				248	
52 SPEECH PATHOLOGY				47,729	
53 ELECTROCARDIOLOGY				86,703	
54 ELECTROENCEPHALOGRAPHY				90,125	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				16,930	
56 DRUGS CHARGED TO PATIENTS				252,436	
57 RENAL DIALYSIS				62,126	
58 ASC (NON-DISTINCT PART)					
59 ENDOSCOPY				1,048,194	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PARTIAL HOSPITALIZATION					
61 EMERGENCY				3,300,711	66
61 01 PATIENT SERVICES				1,373,935	25
61 02 ANTICOAGULATION CLINIC					
61 03 LAFAYETTE RD CLINIC				56,198	
61 04 ZIONSVILLE CLINIC				483,388	
61 05 BROWNSBURG CLINIC					
61 06 ST VINCENT OUTPATIENT TREATMENT				983,323	
61 07 WOUND CENTER				100,913	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,834,785	
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
67 01 FAMILY PRACTICE				36,860	
67 02 GERIATRIC CLINIC					
68 OTHER REIMBURSABLE COST CENTERS					
68 01 PSYCH SERVICES					
68 02 DIABETIC THERAPY				35	
101 SUBTOTAL				37,139,289	5,768
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				37,139,289	5,768

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

TITLE XVIII, PART B HOSPITAL

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 AMBULATORY SURGERY			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CARDIAC CATHETERIZATION LABORATORY			
41 02 ULTRA SOUND			
41 04 EP LAB			
41 05 CATH HOLDING			
41 06 ECHOCARDIOLOGY			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
49 01 SLEEP LAB			
50 PHYSICAL THERAPY			
50 01 CARDIAC REHAB			
50 02 SPORTS MEDICINE			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
59 ENDOSCOPY			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 PARTIAL HOSPITALIZATION			
61 EMERGENCY			
61 01 PATIENT SERVICES			
61 02 ANTICOAGULATION CLINIC			
61 03 LAFAYETTE RD CLINIC			
61 04 ZIONSVILLE CLINIC			
61 05 BROWNSBURG CLINIC			
61 06 ST VINCENT OUTPATIENT TREATMENT			
61 07 WOUND CENTER			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 OTHER REIMBURS COST CNTRS			
64 HOME PROGRAM DIALYSIS			
65 AMBULANCE SERVICES			
66 DURABLE MEDICAL EQUIP-RENTED			
67 DURABLE MEDICAL EQUIP-SOLD			
67 01 FAMILY PRACTICE			
67 02 GERIATRIC CLINIC			
68 OTHER REIMBURSABLE COST CENTERS			
68 01 PSYCH SERVICES			
68 02 DIABETIC THERAPY			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

Health Financial Systems MCRIF32 FOR ST. VINCENT HOSPITAL & HCC IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

APPORIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
	I	15-0084	I	FROM 7/ 1/2009	I	WORKSHEET.D
	I	COMPONENT NO:	I	TO 6/30/2010	I	PART VI
	I	15-0084	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.140761
2	PROGRAM VACCINE CHARGES		77,471
3	PROGRAM COSTS		10,905

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-S084 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		6,409,976	495,410,630	3,691		
37 01	AMBULATORY SURGERY		703,739	13,766,356			
39	DELIVERY ROOM & LABOR ROO		639,834	42,085,353			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		5,704,922	270,937,738	227,919		
41 01	CARDIAC CATHETERIZATION L		2,703,118	118,158,818	20,539		
41 02	ULTRA SOUND		157,063	18,927,270	4,387		
41 04	EP LAB		59,949				
41 05	CATH HOLDING		289,515	6,836,242			
41 06	ECHOCARDIOLOGY		190,301	14,858,586			
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		608,042	224,896,245	448,881		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		902,338	79,327,186	31,400		
49 01	SLEEP LAB		221,753	11,040,016			
50	PHYSICAL THERAPY		651,350	49,002,917	92,524		
50 01	CARDIAC REHAB		23,758	1,676,362			
50 02	SPORTS MEDICINE		77,505	1,186,144			
51	OCCUPATIONAL THERAPY		13,031	4,685,320	40,703		
52	SPEECH PATHOLOGY		74,382	3,253,271	2,351		
53	ELECTROCARDIOLOGY		343,271	3,918,281	9,263		
54	ELECTROENCEPHALOGRAPHY		178,794	9,122,436	10,967		
55	MEDICAL SUPPLIES CHARGED		564	3,880,443	17,273		
56	DRUGS CHARGED TO PATIENTS		10,142	185,127,291	521,928		
57	RENAL DIALYSIS		105,509	4,511,713	5,249		
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY		664,373	25,438,040			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		229,814	12,172,249			
60 01	PARTIAL HOSPITALIZATION		83,089	7,248,712			
61	EMERGENCY		1,754,572	85,904,583	208,182		
61 01	PATIENT SERVICES		182,983	4,100,387			
61 02	ANTICOAGULATION CLINIC		42,805	1,312,703			
61 03	LAFAYETTE RD CLINIC		36,936	1,170,782			
61 04	ZIONSVILLE CLINIC		462,877	6,527,068			
61 05	BROWNSBURG CLINIC		108				
61 06	ST VINCENT OUTPATIENT TRE		6,328	8,758,908			
61 07	WOUND CENTER		89,363	9,948,513			
62	OBSERVATION BEDS (NON-DIS		777,682	21,650,014			
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE		252,314	12,835,822			
67 02	GERIATRIC CLINIC		47,466	1,717,108			
68	OTHER REIMBURSABLE COST C						
68 01	PSYCH SERVICES		92	185,258	127,341		
68 02	DIABETIC THERAPY		17,374	448,850			
101	TOTAL		24,717,032	1762,027,615	1,772,598		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-S084 I PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER	DESCRIPTION	NEW CAPITAL CST/CHRG 7 RATIO	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.012939	48
37	01	AMBULATORY SURGERY	.051120	
39		DELIVERY ROOM & LABOR ROO	.015203	
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC	.021056	4,799
41	01	CARDIAC CATHETERIZATION L	.022877	470
41	02	ULTRA SOUND	.008298	36
41	04	EP LAB		
41	05	CATH HOLDING	.042350	
41	06	ECHOCARDIOLOGY	.012807	
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE		
44		LABORATORY	.002704	1,214
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.011375	357
49	01	SLEEP LAB	.020086	
50		PHYSICAL THERAPY	.013292	1,230
50	01	CARDIAC REHAB	.014172	
50	02	SPORTS MEDICINE	.065342	
51		OCCUPATIONAL THERAPY	.002781	113
52		SPEECH PATHOLOGY	.022864	54
53		ELECTROCARDIOLOGY	.087608	812
54		ELECTROENCEPHALOGRAPHY	.019599	215
55		MEDICAL SUPPLIES CHARGED	.000145	3
56		DRUGS CHARGED TO PATIENTS	.000055	29
57		RENAL DIALYSIS	.023386	123
58		ASC (NON-DISTINCT PART)		
59		ENDOSCOPY	.026117	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.018880	
60	01	PARTIAL HOSPITALIZATION	.011463	
61		EMERGENCY	.020425	4,252
61	01	PATIENT SERVICES	.044626	
61	02	ANTICOAGULATION CLINIC	.032608	
61	03	LAFAYETTE RD CLINIC	.031548	
61	04	ZIONSVILLE CLINIC	.070917	
61	05	BROWNSBURG CLINIC		
61	06	ST VINCENT OUTPATIENT TRE	.000722	
61	07	WOUND CENTER	.008983	
62		OBSERVATION BEDS (NON-DIS	.035921	
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
67	01	FAMILY PRACTICE	.019657	
67	02	GERIATRIC CLINIC	.027643	
68		OTHER REIMBURSABLE COST C		
68	01	PSYCH SERVICES	.000497	63
68	02	DIABETIC THERAPY	.038708	
101		TOTAL		13,818

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM					
37 01	AMBULATORY SURGERY		2,202			
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		333,021			
41 01	CARDIAC CATHETERIZATION L					
41 02	ULTRA SOUND					
41 04	EP LAB					
41 05	CATH HOLDING					
41 06	ECHOCARDIOLOGY					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
49 01	SLEEP LAB					
50	PHYSICAL THERAPY					
50 01	CARDIAC REHAB					
50 02	SPORTS MEDICINE					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS		179,698			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	ENDOSCOPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	PARTIAL HOSPITALIZATION					
61	EMERGENCY		15,615			
61 01	PATIENT SERVICES					
61 02	ANTICOAGULATION CLINIC					
61 03	LAFAYETTE RD CLINIC					
61 04	ZIONSVILLE CLINIC					
61 05	BROWNSBURG CLINIC					
61 06	ST VINCENT OUTPATIENT TRE					
61 07	WOUND CENTER					
62	OBSERVATION BEDS (NON-DIS		15,798			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
67 01	FAMILY PRACTICE					
67 02	GERIATRIC CLINIC					
68	OTHER REIMBURSABLE COST C					
68 01	PSYCH SERVICES					
68 02	DIABETIC THERAPY					
101	TOTAL		546,334			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS			495,410,630			3,691	
37	OPERATING ROOM			13,766,356	.000160	.000160		
37 01	AMBULATORY SURGERY	2,202	2,202	42,085,353				
39	DELIVERY ROOM & LABOR ROD							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	333,021	333,021	270,937,738	.001229	.001229	227,919	280
41 01	CARDIAC CATHETERIZATION L			118,158,818			20,539	
41 02	ULTRA SOUND			18,927,270			4,387	
41 04	EP LAB							
41 05	CATH HOLDING			6,836,242				
41 06	ECHOCARDIOLOGY			14,858,586				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			224,896,245			448,881	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			79,327,186			31,400	
49 01	SLEEP LAB			11,040,016				
50	PHYSICAL THERAPY			49,002,917			92,524	
50 01	CARDIAC REHAB			1,676,362				
50 02	SPORTS MEDICINE			1,186,144				
51	OCCUPATIONAL THERAPY			4,685,320			40,703	
52	SPEECH PATHOLOGY			3,253,271			2,351	
53	ELECTROCARDIOLOGY			3,918,281			9,263	
54	ELECTROENCEPHALOGRAPHY			9,122,436			10,967	
55	MEDICAL SUPPLIES CHARGED			3,880,443			17,273	
56	DRUGS CHARGED TO PATIENTS	179,698	179,698	185,127,291	.000971	.000971	521,928	507
57	RENAL DIALYSIS			4,511,713			5,249	
58	ASC (NON-DISTINCT PART)							
59	ENDOSCOPY			25,438,040				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			12,172,249				
60 01	PARTIAL HOSPITALIZATION			7,248,712				
61	EMERGENCY	15,615	15,615	85,904,583	.000182	.000182	208,182	38
61 01	PATIENT SERVICES			4,100,387				
61 02	ANTICOAGULATION CLINIC			1,312,703				
61 03	LAFAYETTE RD CLINIC			1,170,782				
61 04	ZIONSVILLE CLINIC			6,527,068				
61 05	BROWNSBURG CLINIC							
61 06	ST VINCENT OUTPATIENT TRE			8,758,908				
61 07	WOUND CENTER			9,948,513				
62	OBSERVATION BEDS (NON-DIS	15,798	15,798	21,650,014	.000730	.000730		
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
67 01	FAMILY PRACTICE			12,835,822				
67 02	GERIATRIC CLINIC			1,717,108				
68	OTHER REIMBURSABLE COST C							
68 01	PSYCH SERVICES			185,258			127,341	
68 02	DIABETIC THERAPY			448,850				
101	TOTAL	546,334	546,334	1762,027,615			1,772,598	825

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CARDIAC CATHETERIZATION L						
41	02 ULTRA SOUND						
41	04 EP LAB						
41	05 CATH HOLDING						
41	06 ECHOCARDIOLOGY						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB						
50	02 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
61	01 PATIENT SERVICES						
61	02 ANTICOAGULATION CLINIC						
61	03 LAFAYETTE RD CLINIC						
61	04 ZIONSVILLE CLINIC						
61	05 BROWNSBURG CLINIC						
61	06 ST VINCENT OUTPATIENT TRE						
61	07 WOUND CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE						
67	02 GERIATRIC CLINIC						
68	OTHER REIMBURSABLE COST C						
68	01 PSYCH SERVICES		4,230				
68	02 DIABETIC THERAPY						
101	TOTAL		4,230				

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	outpatient Ambulatory Surgical Ctr	outpatient Radiology	other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.222189	.222189			
37 01 AMBULATORY SURGERY	.438786	.438786			
39 DELIVERY ROOM & LABOR ROOM	.226624	.226624			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.182197	.182197			
41 01 CARDIAC CATHETERIZATION LABORATORY	.246331	.246331			
41 02 ULTRA SOUND	.107211	.107211			
41 04 EP LAB					
41 05 CATH HOLDING	.267957	.267957			
41 06 ECHOCARDIOLOGY	.079603	.079603			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE LABORATORY	.196159	.196159			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.262994	.262994			
49 01 SLEEP LAB	.274026	.274026			
50 PHYSICAL THERAPY	.318605	.318605			
50 01 CARDIAC REHAB	.526048	.526048			
50 02 SPORTS MEDICINE	3.887804	3.887804			
51 OCCUPATIONAL THERAPY	.205989	.205989			
52 SPEECH PATHOLOGY	.453443	.453443			
53 ELECTROCARDIOLOGY	.504890	.504890			
54 ELECTROENCEPHALOGRAPHY	.186566	.186566			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.495296	.495296			
56 DRUGS CHARGED TO PATIENTS	.140761	.140761			
57 RENAL DIALYSIS	.157478	.157478			
58 ASC (NON-DISTINCT PART)					
59 ENDOSCOPY	.222373	.222373			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.732421	.732421			
60 01 PARTIAL HOSPITALIZATION	.263563	.263563			
61 EMERGENCY	.329020	.329020			
61 01 PATIENT SERVICES	1.155440	1.155440			
61 02 ANTICOAGULATION CLINIC	.733669	.733669			
61 03 LAFAYETTE RD CLINIC	.275092	.275092			
61 04 ZIONSVILLE CLINIC	.305632	.305632			
61 05 BROWNSBURG CLINIC					
61 06 ST VINCENT OUTPATIENT TREATMENT	.495087	.495087			
61 07 WOUND CENTER	.021459	.021459			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.393789	.393789			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
67 01 FAMILY PRACTICE	.417771	.417771			
67 02 GERIATRIC CLINIC	.576285	.576285			
68 OTHER REIMBURSABLE COST CENTERS					
68 01 PSYCH SERVICES	.336736	.336736			
68 02 DIABETIC THERAPY	2.345429	2.345429			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	5	PPS Services FYB to 12/31	5.01	Non-PPS Services	5.02	PPS Services 1/1 to FYE	5.03	Outpatient Ambulatory Surgical Ctr	6
(A) ANCILLARY SRVC COST CNTRS									
37 OPERATING ROOM									
37 01 AMBULATORY SURGERY									
39 DELIVERY ROOM & LABOR ROOM									
40 ANESTHESIOLOGY									
41 RADIOLOGY-DIAGNOSTIC									
41 01 CARDIAC CATHETERIZATION LABORATORY									
41 02 ULTRA SOUND									
41 04 EP LAB									
41 05 CATH HOLDING									
41 06 ECHOCARDIOLOGY									
42 RADIOLOGY-THERAPEUTIC									
43 RADIOISOTOPE									
44 LABORATORY									
45 PBP CLINICAL LAB SERVICES-PRGM ONLY									
46 WHOLE BLOOD & PACKED RED BLOOD CELLS									
47 BLOOD STORING, PROCESSING & TRANS.									
48 INTRAVENOUS THERAPY									
49 RESPIRATORY THERAPY									
49 01 SLEEP LAB									
50 PHYSICAL THERAPY									
50 01 CARDIAC REHAB									
50 02 SPORTS MEDICINE									
51 OCCUPATIONAL THERAPY									
52 SPEECH PATHOLOGY									
53 ELECTROCARDIOLOGY									
54 ELECTROENCEPHALOGRAPHY									
55 MEDICAL SUPPLIES CHARGED TO PATIENTS									
56 DRUGS CHARGED TO PATIENTS									
57 RENAL DIALYSIS									
58 ASC (NON-DISTINCT PART)									
59 ENDOSCOPY									
OUTPAT SERVICE COST CNTRS									
60 CLINIC									
60 01 PARTIAL HOSPITALIZATION									
61 EMERGENCY									
61 01 PATIENT SERVICES									
61 02 ANTICOAGULATION CLINIC									
61 03 LAFAYETTE RD CLINIC									
61 04 ZIONSVILLE CLINIC									
61 05 BROWNSBURG CLINIC									
61 06 ST VINCENT OUTPATIENT TREATMENT									
61 07 WOUND CENTER									
62 OBSERVATION BEDS (NON-DISTINCT PART)									
OTHER REIMBURS COST CNTRS									
64 HOME PROGRAM DIALYSIS									
65 AMBULANCE SERVICES									
66 DURABLE MEDICAL EQUIP-RENTED									
67 DURABLE MEDICAL EQUIP-SOLD									
67 01 FAMILY PRACTICE									
67 02 GERIATRIC CLINIC									
68 OTHER REIMBURSABLE COST CENTERS									
68 01 PSYCH SERVICES					4,230				
68 02 DIABETIC THERAPY									
101 SUBTOTAL					4,230				
102 CRNA CHARGES									
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES									
104 NET CHARGES					4,230				

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

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 AMBULATORY SURGERY					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CARDIAC CATHETERIZATION LABORATORY					
41 02 ULTRA SOUND					
41 04 EP LAB					
41 05 CATH HOLDING					
41 06 ECHOCARDIOLOGY					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
49 01 SLEEP LAB					
50 PHYSICAL THERAPY					
50 01 CARDIAC REHAB					
50 02 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 ENDOSCOPY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PARTIAL HOSPITALIZATION					
61 EMERGENCY					
61 01 PATIENT SERVICES					
61 02 ANTICOAGULATION CLINIC					
61 03 LAFAYETTE RD CLINIC					
61 04 ZIONSVILLE CLINIC					
61 05 BROWNSBURG CLINIC					
61 06 ST VINCENT OUTPATIENT TREATMENT					
61 07 WOUND CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
67 01 FAMILY PRACTICE					
67 02 GERIATRIC CLINIC					
68 OTHER REIMBURSABLE COST CENTERS					
68 01 PSYCH SERVICES				1,424	
68 02 DIABETIC THERAPY					
101 SUBTOTAL				1,424	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				1,424	

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

TITLE XVIII, PART B SUBPROVIDER 1

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 AMBULATORY SURGERY			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CARDIAC CATHETERIZATION LABORATORY			
41 02 ULTRA SOUND			
41 04 EP LAB			
41 05 CATH HOLDING			
41 06 ECHOCARDIOLOGY			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
49 01 SLEEP LAB			
50 PHYSICAL THERAPY			
50 01 CARDIAC REHAB			
50 02 SPORTS MEDICINE			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
59 ENDOSCOPY			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 PARTIAL HOSPITALIZATION			
61 EMERGENCY			
61 01 PATIENT SERVICES			
61 02 ANTICOAGULATION CLINIC			
61 03 LAFAYETTE RD CLINIC			
61 04 ZIONSVILLE CLINIC			
61 05 BROWNSBURG CLINIC			
61 06 ST VINCENT OUTPATIENT TREATMENT			
61 07 WOUND CENTER			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
64 HOME PROGRAM DIALYSIS			
65 AMBULANCE SERVICES			
66 DURABLE MEDICAL EQUIP-RENTED			
67 DURABLE MEDICAL EQUIP-SOLD			
67 01 FAMILY PRACTICE			
67 02 GERIATRIC CLINIC			
68 OTHER REIMBURSABLE COST CENTERS			
68 01 PSYCH SERVICES			
68 02 DIABETIC THERAPY			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-5748 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CARDIAC CATHETERIZATION L						
41	02 ULTRA SOUND						
41	04 EP LAB						
41	05 CATH HOLDING						
41	06 ECHOCARDIOLOGY						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB						
50	02 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
61	01 PATIENT SERVICES						
61	02 ANTICOAGULATION CLINIC						
61	03 LAFAYETTE RD CLINIC						
61	04 ZIONSVILLE CLINIC						
61	05 BROWNSBURG CLINIC						
61	06 ST VINCENT OUTPATIENT TRE						
61	07 WOUND CENTER						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE						
67	02 GERIATRIC CLINIC						
68	OTHER REIMBURSABLE COST C						
68	01 PSYCH SERVICES						
68	02 DIABETIC THERAPY						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37 01	AMBULATORY SURGERY		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	CARDIAC CATHETERIZATION L		
41 02	ULTRA SOUND		
41 04	EP LAB		
41 05	CATH HOLDING		
41 06	ECHOCARDIOLOGY		
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY		
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
49 01	SLEEP LAB		
50	PHYSICAL THERAPY		
50 01	CARDIAC REHAB		
50 02	SPORTS MEDICINE		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	ENDOSCOPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	PARTIAL HOSPITALIZATION		
61	EMERGENCY		
61 01	PATIENT SERVICES		
61 02	ANTICOAGULATION CLINIC		
61 03	LAFAYETTE RD CLINIC		
61 04	ZIONSVILLE CLINIC		
61 05	BROWNSBURG CLINIC		
61 06	ST VINCENT OUTPATIENT TRE		
61 07	WOUND CENTER		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
67 01	FAMILY PRACTICE		
67 02	GERIATRIC CLINIC		
68	OTHER REIMBURSABLE COST C		
68 01	PSYCH SERVICES		
68 02	DIABETIC THERAPY		
101	TOTAL		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	AMBULATORY SURGERY			2,202			
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			333,021			
41 01	CARDIAC CATHETERIZATION L						
41 02	ULTRA SOUND						
41 04	EP LAB						
41 05	CATH HOLDING						
41 06	ECHOCARDIOLOGY						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
50 01	CARDIAC REHAB						
50 02	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS			179,698			
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSPITALIZATION						
61	EMERGENCY			15,615			
61 01	PATIENT SERVICES						
61 02	ANTICOAGULATION CLINIC						
61 03	LAFAYETTE RD CLINIC						
61 04	ZIONSVILLE CLINIC						
61 05	BROWNSBURG CLINIC						
61 06	ST VINCENT OUTPATIENT TRE						
61 07	WOUND CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE						
67 02	GERIATRIC CLINIC						
68	OTHER REIMBURSABLE COST C						
68 01	PSYCH SERVICES						
68 02	DIABETIC THERAPY						
101	TOTAL			530,536			

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS			495,410,630			2,532	
37	OPERATING ROOM			13,766,356	.000160	.000160		
37 01	AMBULATORY SURGERY	2,202	2,202	42,085,353				
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	333,021	333,021	270,937,738	.001229	.001229	43,650	54
41 01	CARDIAC CATHETERIZATION L			118,158,818			1,700	
41 02	ULTRA SOUND			18,927,270			607	
41 04	EP LAB							
41 05	CATH HOLDING			6,836,242				
41 06	ECHOCARDIOLOGY			14,858,586			433	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			224,896,245			342,410	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			79,327,186			29,198	
49 01	SLEEP LAB			11,040,016				
50	PHYSICAL THERAPY			49,002,917			1,732,083	
50 01	CARDIAC REHAB			1,676,362			180	
50 02	SPORTS MEDICINE			1,186,144				
51	OCCUPATIONAL THERAPY			4,685,320			693,671	
52	SPEECH PATHOLOGY			3,253,271			3,622	
53	ELECTROCARDIOLOGY			3,918,281			2,658	
54	ELECTROENCEPHALOGRAPHY			9,122,436				
55	MEDICAL SUPPLIES CHARGED			3,880,443			70,611	
56	DRUGS CHARGED TO PATIENTS	179,698	179,698	185,127,291	.000971	.000971	682,956	663
57	RENAL DIALYSIS			4,511,713				
58	ASC (NON-DISTINCT PART)							
59	ENDOSCOPY			25,438,040			8,196	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			12,172,249				
60 01	PARTIAL HOSPITALIZATION			7,248,712				
61	EMERGENCY	15,615	15,615	85,904,583	.000182	.000182	13,579	2
61 01	PATIENT SERVICES			4,100,387				
61 02	ANTICOAGULATION CLINIC			1,312,703				
61 03	LAFAYETTE RD CLINIC			1,170,782				
61 04	ZIONSVILLE CLINIC			6,527,068				
61 05	BROWNSBURG CLINIC							
61 06	ST VINCENT OUTPATIENT TRE			8,758,908				
61 07	WOUND CENTER			9,948,513				
62	OBSERVATION BEDS (NON-DIS			21,650,014				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
67 01	FAMILY PRACTICE			12,835,822				
67 02	GERIATRIC CLINIC			1,717,108				
68	OTHER REIMBURSABLE COST C							
68 01	PSYCH SERVICES			185,258				
68 02	DIABETIC THERAPY			448,850				
101	TOTAL	530,536	530,536	1762,027,615			3,628,086	719

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
37 01	AMBULATORY SURGERY						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CARDIAC CATHETERIZATION L						
41 02	ULTRA SOUND						
41 04	EP LAB						
41 05	CATH HOLDING						
41 06	ECHOCARDIOLOGY						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
50 01	CARDIAC REHAB						
50 02	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSPITALIZATION						
61	EMERGENCY						
61 01	PATIENT SERVICES						
61 02	ANTICOAGULATION CLINIC						
61 03	LAFAYETTE RD CLINIC						
61 04	ZIONSVILLE CLINIC						
61 05	BROWNSBURG CLINIC						
61 06	ST VINCENT OUTPATIENT TRE						
61 07	WOUND CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE						
67 02	GERIATRIC CLINIC						
68	OTHER REIMBURSABLE COST C						
68 01	PSYCH SERVICES						
68 02	DIABETIC THERAPY						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	125,711
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	125,711
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	125,711
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	45,565
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	105,988,394
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	105,988,394
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	164,862,196
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	164,862,196
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.642891
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,311.44
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	105,988,394

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-0084 I I

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				843.11
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				38,416,307
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				38,416,307

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	15,651,558	11,251	1,391.13	5,525	7,685,993
44	11,506,531	6,899	1,667.85	3,569	5,952,557
44.01	585,224				
44.02	2,544,008	127	20,031.56	59	1,181,862
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
46.01	7,751,554	2,680	2,892.37		
47	24,440,883	22,304	1,095.81		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1

72,786,583
 126,023,302

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4,562,071
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4,036,075
52	TOTAL PROGRAM EXCLUDABLE COST	8,598,146
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	117,425,156

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A

HOSPITAL

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 10,112
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 843.11
- 85 OBSERVATION BED COST 8,525,528

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		105,988,394		8,525,528	
87 NEW CAPITAL-RELATED COST	9,668,030	105,988,394	.091218	8,525,528	777,682
88 NON PHYSICIAN ANESTHETIST		105,988,394		8,525,528	
89 MEDICAL EDUCATION	196,385	105,988,394	.001853	8,525,528	15,798
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	12,739
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,739
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,739
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,323
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,628,126
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,628,126

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,495,516
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,495,516
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.436005
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,373.38
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,628,126

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	598.80
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,989,812
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,989,812

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
44.01	CARDIAC RECOVERY				
44.02	TRANSPLANT UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
46.01	PEDIATRIC INTENSIVE CARE UNIT				
47	NEONATAL INTENSIVE CARE UNIT				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					384,062
					2,373,874

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	98,793
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	14,643
52	TOTAL PROGRAM EXCLUDABLE COST	113,436
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,260,438

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	598.80
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	7,628,126			
87	NEW CAPITAL-RELATED COST	325,682	.042695		
88	NON PHYSICIAN ANESTHETIST	7,628,126			
89	MEDICAL EDUCATION	53,050	.006955		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	15-0084	I	FROM 7/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2010	I	PART I
I	15-5748	I		I	

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,558
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,558
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,558
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,311
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,459,622
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,459,622

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,443,385
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,443,385
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.006645
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	536.07
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,459,622

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1 2,459,622
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	539.63
68	PROGRAM ROUTINE SERVICE COST	1,786,715
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,786,715
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	331,452
72	PER DIEM CAPITAL-RELATED COSTS	72.72
73	PROGRAM CAPITAL-RELATED COSTS	240,776
74	INPATIENT ROUTINE SERVICE COST	1,545,939
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,545,939
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,786,715
80	PROGRAM INPATIENT ANCILLARY SERVICES	919,096
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,705,811

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2010 I
 I 15-0084 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		68,778,268	
26	INTENSIVE CARE UNIT		18,588,042	
27	CORONARY CARE UNIT		12,427,385	
27 01	CARDIAC RECOVERY			
27 02	TRANSPLANT UNIT		87,314	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 01	PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.222189	117,194,665	26,039,365
37 01	AMBULATORY SURGERY	.438786	50,229	22,040
39	DELIVERY ROOM & LABOR ROOM	.226624	135,273	30,656
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.182197	27,601,401	5,028,892
41 01	CARDIAC CATHETERIZATION LABORATORY	.246331	31,221,789	7,690,895
41 02	ULTRA SOUND	.107211	2,983,572	319,872
41 04	EP LAB			
41 05	CATH HOLDING	.267957	1,708,160	457,713
41 06	ECHOCARDIOLOGY	.079603	1,485,525	118,252
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE LABORATORY	.196159	51,394,579	10,081,509
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.262994	28,113,302	7,393,630
49 01	SLEEP LAB	.274026	25,733	7,052
50	PHYSICAL THERAPY	.318605	5,897,439	1,878,954
50 01	CARDIAC REHAB	.526048	369,747	194,505
50 02	SPORTS MEDICINE	3.887804		
51	OCCUPATIONAL THERAPY	.205989	1,390,954	286,521
52	SPEECH PATHOLOGY	.453443	1,020,748	462,851
53	ELECTROCARDIOLOGY	.504890	229,766	116,007
54	ELECTROENCEPHALOGRAPHY	.186566	1,958,653	365,418
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.495296	328,118	162,516
56	DRUGS CHARGED TO PATIENTS	.140761	51,623,346	7,266,554
57	RENAL DIALYSIS	.157478	2,354,439	370,772
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.222373	4,221,531	938,755
60	OUTPAT SERVICE COST CNTRS CLINIC	.732421		
60 01	PARTIAL HOSPITALIZATION	.263563		
61	EMERGENCY	.329020	10,533,853	3,465,848
61 01	PATIENT SERVICES	1.155440	68,328	78,949
61 02	ANTICOAGULATION CLINIC	.733669		
61 03	LAFAYETTE RD CLINIC	.275092	696	191
61 04	ZIONSVILLE CLINIC	.305632	10,412	3,182
61 05	BROWNSBURG CLINIC			
61 06	ST VINCENT OUTPATIENT TREATMENT	.495087		
61 07	WOUND CENTER	.021459	184,792	3,965
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.393789		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67 01	FAMILY PRACTICE	.417771	4,114	1,719
67 02	GERIATRIC CLINIC	.576285		
68	OTHER REIMBURSABLE COST CENTERS			
68 01	PSYCH SERVICES	.336736		
68 02	DIABETIC THERAPY	2.345429		
101	TOTAL		342,111,164	72,786,583
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		342,111,164	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27 01	CARDIAC RECOVERY			
27 02	TRANSPLANT UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 01	PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		4,725,720	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.222189	3,691	820
37 01	AMBULATORY SURGERY	.438786		
39	DELIVERY ROOM & LABOR ROOM	.226624		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.182197	227,919	41,526
41 01	CARDIAC CATHETERIZATION LABORATORY	.246331	20,539	5,059
41 02	ULTRA SOUND	.107211	4,387	470
41 04	EP LAB			
41 05	CATH HOLDING	.267957		
41 06	ECHOCARDIOLOGY	.079603		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.196159	448,881	88,052
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.262994	31,400	8,258
49 01	SLEEP LAB	.274026		
50	PHYSICAL THERAPY	.318605	92,524	29,479
50 01	CARDIAC REHAB	.526048		
50 02	SPORTS MEDICINE	3.887804		
51	OCCUPATIONAL THERAPY	.205989	40,703	8,384
52	SPEECH PATHOLOGY	.453443	2,351	1,066
53	ELECTROCARDIOLOGY	.504890	9,263	4,677
54	ELECTROENCEPHALOGRAPHY	.186566	10,967	2,046
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.495296	17,273	8,555
56	DRUGS CHARGED TO PATIENTS	.140761	521,928	73,467
57	RENAL DIALYSIS	.157478	5,249	827
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.222373		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.732421		
60 01	PARTIAL HOSPITALIZATION	.263563		
61	EMERGENCY	.329020	208,182	68,496
61 01	PATIENT SERVICES	1.155440		
61 02	ANTICOAGULATION CLINIC	.733669		
61 03	LAFAYETTE RD CLINIC	.275092		
61 04	ZIONSVILLE CLINIC	.305632		
61 05	BROWNSBURG CLINIC			
61 06	ST VINCENT OUTPATIENT TREATMENT	.495087		
61 07	WOUND CENTER	.021459		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.393789		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67 01	FAMILY PRACTICE	.417771		
67 02	GERIATRIC CLINIC	.576285		
68	OTHER REIMBURSABLE COST CENTERS			
68 01	PSYCH SERVICES	.336736	127,341	42,880
68 02	DIABETIC THERAPY	2.345429		
101	TOTAL		1,772,598	384,062
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,772,598	

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0084	I FROM 7/ 1/2009	I --AUDITED --DESK REVIEW	I	/ /
	I		I TO 6/30/2010	I --INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I	I --FINAL 1-MCR CODE	I	
				I 00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 19:45

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
ST. VINCENT HOSPITAL & HCC 15-0084
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 11/29/2010 TIME 19:45

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uf3cx0TprG3YvwPadeqabiYlw5suvk
Gp2l2wwlMY0qxzht

PI ENCRYPTION INFORMATION
DATE: 11/29/2010 TIME 19:45

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	6
1	HOSPITAL	0	3,793,470	327,911	0	0
2	SUBPROVIDER	0	20,293	1	0	0
5	HOSPITAL-BASED SNF	0	2,972	0	0	0
7	HOSPITAL-BASED HHA	0	0	1,886	0	0
100	TOTAL	0	3,816,735	329,798	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2001 WEST 86TH STREET P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46260- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-0084	2.01	7/ 1/1966	N	P	O
03.00	SUBPROVIDER	15-5084		7/ 7/1992	N	P	O
06.00	HOSPITAL-BASED SNF	15-5748		2/ 3/2006	N	P	N
09.00	HOSPITAL-BASED HHA	15-7083		10/22/1983	N	O	N
12.00	HOSP-BASED HOSPICE	15-1507		2/ 9/1990			

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 26900

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. Y

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. 7/28/1995 / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. 7/28/1995 / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

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

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

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

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

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

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

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

	1	2	3	4
28.01	100	0.9908	0.9742	
28.02	0.00	1	3480	26900

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 15H046
 40.01 NAME: ST. VINCENT HEALTH FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES FI/CONTRACTOR #
 40.02 STREET: 10330 N. MERIDIAN ST P.O. BOX:
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46290-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 4,406,779
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

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

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/13/2010

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	521	192,355			45,565		14,008
2 HMO					7,469		23,407
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	521	192,355			45,565		14,008
6 INTENSIVE CARE UNIT	38	13,870			5,525		464
7 CORONARY CARE UNIT	24	9,490			3,569		
7 01 CARDIAC RECOVERY							
7 02 TRANSPLANT UNIT	3	3,285			59		
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
9 01 PEDIATRIC INTENSIVE CARE UNIT	15	5,475					
10 NEONATAL INTENSIVE CARE UNIT	75	27,375					595
11 NURSERY							6,664
12 TOTAL	676	251,850			54,718		21,731
13 RPCH VISITS							
14 SUBPROVIDER	54	19,710			3,323		1,898
15 SKILLED NURSING FACILITY	20	7,300			3,311		
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY						33,547	3,005
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE	24	7,300					
23 CORF							
25 TOTAL	774						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	--- INTERNS & RES. FTES --- / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			115,599			
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			115,599			
6 INTENSIVE CARE UNIT			11,251			
7 CORONARY CARE UNIT			6,899			
7 01 CARDIAC RECOVERY						
7 02 TRANSPLANT UNIT			127			
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
9 01 PEDIATRIC INTENSIVE CARE UNIT			2,680			
10 NEONATAL INTENSIVE CARE UNIT			22,304			
11 NURSERY			6,664			
12 TOTAL			165,524		141.64	
13 RPCH VISITS						
14 SUBPROVIDER			12,739			
15 SKILLED NURSING FACILITY			4,558			
16 NURSING FACILITY						
16 01 ICF/MR						
17 OTHER LONG TERM CARE						
18 HOME HEALTH AGENCY			54,550			
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE			3,592			
23 CORF						
25 TOTAL					141.64	
26 OBSERVATION BED DAYS			10,112		10,112	
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					10,300	4,091	28,567
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET 5-3
 I I TO 6/30/2010 I PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		TITLE V	DISCHARGES		TOTAL ALL PATIENTS
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE XVIII 13		TITLE XIX 14		
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS								
6 INTENSIVE CARE UNIT								
7 CORONARY CARE UNIT								
7 01 CARDIAC RECOVERY								
7 02 TRANSPLANT UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
9 01 PEDIATRIC INTENSIVE CARE UNI								
10 NEONATAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL	141.64	5,135.44				10,300	4,091	28,567
13 RPCH VISITS								
14 SUBPROVIDER		67.40				374	384	2,347
15 SKILLED NURSING FACILITY		22.14						
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY		99.30						
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE		79.89						
23 CORF								
25 TOTAL	141.64	5,404.17						
26 OBSERVATION BED DAYS								
26 01 OBSERVATION BED DAYS--SUB I								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET S-3
 I I TO 6/30/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	331,698,116		331,698,116	10,538,125.91	31.48	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A	1,264,711		1,264,711	14,480.00	87.34	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	8,293,766		8,293,766	90,580.00	91.56	
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		7,205,938	7,205,938	279,093.00	25.82	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	979,821	34,605	1,014,426	43,180.07	23.49	
8.01 EXCLUDED AREA SALARIES	29,261,509	-383,846	28,877,663	896,312.75	32.22	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	464,786		464,786	9,710.00	47.87	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	29,246,776		29,246,776	552,030.00	52.98	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	83,278,555		83,278,555			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	7,865,238		7,865,238			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	238,581		238,581			CMS 339
18.01 PART A TEACHING PHYSICIANS	3,650,169		3,650,169			CMS 339
19 PHYSICIAN PART B	3,115,790		3,115,790			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	1,880,799		1,880,799			CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	7,369,416	213,704	7,583,120	107,943.69	70.25	
22 ADMINISTRATIVE & GENERAL	51,403,967	-928,258	50,475,709	1,413,382.01	35.71	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	5,839,403		5,839,403	262,920.52	22.21	
25 LAUNDRY & LINEN SERVICE		237,611	237,611	17,981.00	13.21	
26 HOUSEKEEPING	4,568,816	-32,202	4,536,614	380,405.54	11.93	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	5,122,088	-3,536,802	1,585,286	105,877.39	14.97	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		3,536,802	3,536,802	293,934.00	12.03	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	6,056,884	294,417	6,351,301	171,734.34	36.98	
31 CENTRAL SERVICE AND SUPPLY	3,119,882	-188,393	2,931,489	160,308.92	18.29	
32 PHARMACY	12,608,224	-86,262	12,521,962	313,062.23	40.00	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,099,486	2,142	3,101,628	148,931.39	20.83	
34 SOCIAL SERVICE	5,679,901	-52,876	5,627,025	170,782.32	32.95	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	323,404,350	-7,205,938	316,198,412	10,168,452.91	31.10	
2 EXCLUDED AREA SALARIES	30,241,330	-349,241	29,892,089	939,492.82	31.82	
3 SUBTOTAL SALARIES	293,163,020	-6,856,697	286,306,323	9,228,960.09	31.02	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	29,711,562		29,711,562	561,740.00	52.89	
5 SUBTOTAL WAGE-RELATED COSTS	83,517,136		83,517,136		29.17	
6 TOTAL	406,391,718	-6,856,697	399,535,021	9,790,700.09	40.81	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	104,868,067	-540,117	104,327,950	3,547,263.35	29.41	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0084 I FROM 7/ 1/2009 I WORKSHEET S-4
I HHA NO: I TO 6/30/2010 I
I 15-7083 I
COUNTY: MARION I

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	6	5
2	UNDULICATED CENSUS COUNT		1,927.00	81.00
	TOTAL			
	5			

1	HOME HEALTH AIDE HOURS	1,218
2	UNDULICATED CENSUS COUNT	2,304.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)		
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		
5	OTHER ADMINISTRATIVE PERSONEL	12.66	12.66
6	DIRECTING NURSING SERVICE	37.85	37.85
7	NURSING SUPERVISOR		
8	PHYSICAL THERAPY SERVICE	17.86	17.86
9	PHYSICAL THERAPY SUPERVISOR		
10	OCCUPATIONAL THERAPY SERVICE	3.32	3.32
11	OCCUPATIONAL THERAPY SUPERVISOR		
12	SPEECH PATHOLOGY SERVICE	.60	.60
13	SPEECH PATHOLOGY SUPERVISOR		
14	MEDICAL SOCIAL SERVICE	1.68	1.68
15	MEDICAL SOCIAL SERVICE SUPERVISOR		
16	HOME HEALTH AIDE	11.80	11.80
17	HOME HEALTH AIDE SUPERVISOR		
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	5
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		18020
20.01			26900
20.02			29140
20.03			45460
20.04			99915

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	12,361	359	475
22	SKILLED NURSING VISIT CHARGES	2,026,744	58,401	81,734
23	PHYSICAL THERAPY VISITS	12,002	23	162
24	PHYSICAL THERAPY VISIT CHARGES	2,328,386	4,439	34,818
25	OCCUPATIONAL THERAPY VISITS	2,158	4	14
26	OCCUPATIONAL THERAPY VISIT CHARGES	428,131	771	3,126
27	SPEECH PATHOLOGY VISITS	242	0	5
28	SPEECH PATHOLOGY VISIT CHARGES	47,866	0	953
29	MEDICAL SOCIAL SERVICE VISITS	400	3	8
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	101,340	775	2,060
31	HOME HEALTH AIDE VISITS	4,606	67	16
32	HOME HEALTH AIDE VISIT CHARGES	475,352	7,060	1,656
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	31,769	456	680
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	5,407,819	71,446	124,347
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,867	0	271
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	94,182	5,612	3,066

Health Financial Systems MCRIF32 FOR ST. VINCENT HOSPITAL & HCC IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)
 HOSPITAL-BASED HOME HEALTH AGENCY I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 STATISTICAL DATA I 15-0084 I FROM 7/ 1/2009 I WORKSHEET 5-4
 HOME HEALTH AGENCY STATISTICAL DATA I HHA NO: I TO 6/30/2010 I
 I 15-7083 I
 COUNTY: MARION

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
 OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	13,471
22 SKILLED NURSING VISIT CHARGES	0	0	2,212,817
23 PHYSICAL THERAPY VISITS	0	0	12,391
24 PHYSICAL THERAPY VISIT CHARGES	0	0	2,407,244
25 OCCUPATIONAL THERAPY VISITS	0	0	2,195
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	436,112
27 SPEECH PATHOLOGY VISITS	0	0	247
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	48,819
29 MEDICAL SOCIAL SERVICE VISITS	0	0	419
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	106,195
31 HOME HEALTH AIDE VISITS	0	0	4,807
32 HOME HEALTH AIDE VISIT CHARGES	0	0	496,168
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	33,530
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	5,707,355
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	2,138
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	11
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	104,102

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL		87				
4	RVC						
5	RVB		10				
6	RVA						
6 .01	RVX		52				
6 .02	RVL		2,368				
7	RHC						
8	RHB						
9	RHA		6				
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX		68				
12 .02	RML		719				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		1				
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD1						
45 .23	CD1						
46	TOTAL		3,311				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0084 I FROM 7/ 1/2009 I WORKSHEET 5-7
I I TO 6/30/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9908
 Wage Index Factor (after 10/01): 0.9742
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : 26900

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			
45 .16	LC2			
45 .17	LC1			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0084 I FROM 7/ 1/2009 I WORKSHEET S-7
I I TO 6/30/2010 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
		RUGs	DAYS		
1	2	4.05	4.06		5
45 .18 LB2					
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD1					
45 .23 CD1					
46 TOTAL					

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9908
 Wage Index Factor (after 10/01) : 0.9742
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : 26900

HOSPICE IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET S-9
 I HOSPICE NO: I TO 6/30/2010 I
 I 15-1507 I

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	29,535		17	
3 INPATIENT RESPITE CARE	195			
4 GENERAL INPATIENT CARE	2,816			
5 TOTAL HOSPICE DAYS	32,546		17	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	3,860	33,412
3 INPATIENT RESPITE CARE	15	210
4 GENERAL INPATIENT CARE	1,649	4,465
5 TOTAL HOSPICE DAYS	5,524	38,087

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	1,063		1	
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	30.62		17.00	
9 UNDUPLICATED CENSUS COUNT	1,063		1	

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	180	1,244
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	30.69	30.62
9 UNDUPLICATED CENSUS COUNT	180	1,244

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0084
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	55,596,956
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	55,596,956
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.271855
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	360,233,232

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	15-0084	I	FROM 7/ 1/2009	I	WORKSHEET S-10
I		I	TO 6/30/2010	I	
I		I		I	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	97,931,205
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	109,481,460
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	29,763,082
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	97,931,205

I PROVIDER NO:
I 15-0084
I

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

I PREPARED 11/29/2010
I WORKSHEET A
I

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2				
	GENERAL SERVICE COST CNTR						
1	0100 OLD CAP REL COSTS-BLDG & FIXT						
2	0200 OLD CAP REL COSTS-MVBLE EQUIP						
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,633,931		4,633,931	14,352,581	18,986,512
3.01	0301 NEW CAP REL COSTS-BLDG-STRESS					385,468	385,468
3.02	0302 NEW CAP REL COSTS-BLDG-MATEN HOUSE					345,610	345,610
3.03	0303 NEW CAP REL COSTS-BLDG-WOMENS					1,897,695	1,897,695
3.04	0304 NEW CAP REL COSTS-BLDG-MCNE					128,128	128,128
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					19,011,233	19,011,233
5	0500 EMPLOYEE BENEFITS	7,369,416	82,793,404		90,162,820	150,727	90,313,547
6.01	0610 NONPATIENT TELEPHONES	114,815	4,426,141		4,540,956	-35,549	4,505,407
6.02	0620 DATA PROCESSING	1,191,348	208,582		1,399,930	-119,441	1,280,489
6.03	0630 PURCHASING, RECEIVING AND STORES	205,305	38,269		243,574		243,574
6.04	0640 ADMITTING	3,972,882	617,699		4,590,581	-8,118	4,582,463
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	2,330,256	6,125,639		8,455,895		8,455,895
6.06	0660 OP REGISTRATION	2,284,237	10,677		2,294,914		2,294,914
6.07	0661 OTHER ADMINISTRATIVE AND GENERAL	41,305,124	97,101,525		138,406,649	-4,508,749	133,897,900
8	0800 OPERATION OF PLANT	5,839,403	19,868,683		25,708,086	-3,672,435	22,035,651
9	0900 LAUNDRY & LINEN SERVICE					2,204,863	2,204,863
10	1000 HOUSEKEEPING	4,568,816	2,347,983		6,916,799	-49,635	6,867,164
11	1100 DIETARY	5,122,088	5,468,326		10,590,414	-5,726,392	4,864,022
12	1200 CAFETERIA		23,481		23,481	5,482,007	5,505,488
14	1400 NURSING ADMINISTRATION	6,056,884	1,255,216		7,312,100	-245,444	7,066,656
15	1500 CENTRAL SERVICES & SUPPLY	3,119,882	4,498,696		7,618,578	-4,147,891	3,470,687
16	1600 PHARMACY	12,608,224	32,812,189		45,420,413	-23,489,763	21,930,650
17	1700 MEDICAL RECORDS & LIBRARY	3,099,486	3,982,668		7,082,154	225	7,082,379
18	1800 SOCIAL SERVICE	5,679,901	1,163,325		6,843,226	-78,193	6,765,033
20	2000 NONPHYSICIAN ANESTHETISTS						
21	2100 NURSING SCHOOL						
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					7,205,938	7,205,938
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	16,694,285	1,480,873		18,175,158	-6,986,627	11,188,531
24	2400 PARAMED ED PRGM						
24.01	2401 PARAMED ED PRGM - CPE	407,784	27,004		434,788	-200,291	234,497
24.02	2402 PARAMED ED PRGM - PHARMACY	116,223	5,250		121,473	12,125	133,598
24.03	2403 PARAMED ED PRGM - RADIOLOGY	177,568	-9,900		167,668	103,879	271,547
	INPAT ROUTINE SRVC CNTRS						
25	2500 ADULTS & PEDIATRICS	46,921,410	8,544,478		55,465,888	-5,488,921	49,976,967
26	2600 INTENSIVE CARE UNIT	7,021,281	1,617,475		8,638,756	-344,077	8,294,679
27	2700 CORONARY CARE UNIT	5,854,035	791,651		6,645,686	-200,190	6,445,496
27.01	2701 CARDIAC RECOVERY						
27.02	2702 TRANSPLANT UNIT	280,846	3,931		284,777	1,729,409	2,014,186
28	2800 BURN INTENSIVE CARE UNIT						
29	2900 SURGICAL INTENSIVE CARE UNIT						
29.01	2080 PEDIATRIC INTENSIVE CARE UNIT	4,524,285	1,307,347		5,831,632	-282,874	5,548,758
30	2060 NEONATAL INTENSIVE CARE UNIT	17,749,538	2,649,981		20,399,519	-825,307	19,574,212
31	3100 SUBPROVIDER	3,477,828	284,269		3,762,097	-129,909	3,632,188
33	3300 NURSERY	853,182	87,956		941,138	1,869,961	2,811,099
34	3400 SKILLED NURSING FACILITY	979,821	70,564		1,050,385	31,665	1,082,050
35	3500 NURSING FACILITY						
35.01	3510 ICF/MR						
36	3600 OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	3700 OPERATING ROOM	19,954,727	65,465,507		85,420,234	-5,928,090	79,492,144
37.01	3701 AMBULATORY SURGERY	3,652,700	854,503		4,507,203	-174,604	4,332,599
39	3900 DELIVERY ROOM & LABOR ROOM	4,186,282	431,634		4,617,916	-2,835	4,615,081
40	4000 ANESTHESIOLOGY						
41	4100 RADIOLOGY-DIAGNOSTIC	15,377,328	18,779,371		34,156,699	-6,021,397	28,135,302
41.01	3120 CARDIAC CATHETERIZATION LABORATORY	3,234,274	22,398,331		25,632,605	-3,257,453	22,375,152
41.02	3630 ULTRA SOUND	1,074,294	130,946		1,205,240	-56,190	1,149,050
41.04	3950 EP LAB						
41.05	3952 CATH HOLDING	708,047	278,919		986,966	-165,445	821,521
41.06	3260 ECHOCARDIOLOGY	496,904	213,255		710,159	-138,395	571,764
42	4200 RADIOLOGY-THERAPEUTIC						
43	4300 RADIOISOTOPE						
44	4400 LABORATORY	96,658	39,504,863		39,601,521	-313,848	39,287,673
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY						
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS						
47	4700 BLOOD STORING, PROCESSING & TRANS.						
48	4800 INTRAVENOUS THERAPY						
49	4900 RESPIRATORY THERAPY	5,122,467	2,565,255		7,687,722	156,587	7,844,309
49.01	3951 SLEEP LAB	1,112,244	726,410		1,838,654	-134,089	1,704,565
50	5000 PHYSICAL THERAPY	7,650,454	3,014,347		10,664,801	-254,774	10,410,027
50.01	3953 CARDIAC REHAB	501,043	127,159		628,202	-10,900	617,302
50.02	3954 SPORTS MEDICINE	2,240,546	1,364,158		3,604,704	-29,675	3,575,029
51	5100 OCCUPATIONAL THERAPY	618,720	13,426		632,146	5,280	637,426
52	5200 SPEECH PATHOLOGY	664,050	337,310		1,001,360	-12,254	989,106
53	5300 ELECTROCARDIOLOGY	375,370	626,177		1,001,547	347,119	1,348,666
54	5400 ELECTROENCEPHALOGRAPHY	840,454	319,595		1,160,049	-114,323	1,045,726
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					1,884,506	1,884,506
56	5600 DRUGS CHARGED TO PATIENTS					24,232,798	24,232,798
57	5700 RENAL DIALYSIS	-3,320	1,521,327		1,518,007	-16,064	1,501,943
58	5800 ASC (NON-DISTINCT PART)						
59	3330 ENDOSCOPY	1,590,265	2,211,073		3,801,338	-404,477	3,396,861
	OUTPAT SERVICE COST CNTRS						
60	6000 CLINIC	3,707,669	2,206,174		5,913,843	-499,174	5,414,669
60.01	4950 PARTIAL HOSPITALIZATION	899,383	94,511		993,894	-16,232	977,662

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-0084
I

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

I PREPARED 11/29/2010
I WORKSHEET A
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COST CENTER		COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	10,829,779	5,818,404	16,648,183	-1,039,680	15,608,503
61.01	4951	PATIENT SERVICES	2,706,834	569,290	3,276,124	-9,125	3,266,999
61.02	6101	ANTICOAGULATION CLINIC	549,245	93,324	642,569	9,886	652,455
61.03	4953	LAFAYETTE RD CLINIC	135,910	86,274	222,184	-36,937	185,247
61.04	4954	ZIONSVILLE CLINIC	424,767	1,091,509	1,516,276	-409,813	1,106,463
61.05	4955	BROWNSBURG CLINIC	241	3,845	4,086		4,086
61.06	6102	ST VINCENT OUTPATIENT TREATMENT	846,676	3,082,295	3,928,971		3,928,971
61.07	4957	WOUND CENTER	123	2,254,645	2,254,768	-9,754	2,245,014
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
67.01	5950	FAMILY PRACTICE	5,920,575	1,812,948	7,733,523	-446,524	7,286,999
67.02	5951	GERIATRIC CLINIC	1,175,148	237,763	1,412,911	-43,609	1,369,302
68	5952	OTHER REIMBURSABLE COST CENTERS					
68.01	5953	PSYCH SERVICES		59,346	59,346		59,346
68.02	5954	DIABETIC THERAPY	577,120	111,250	688,370	-15,850	672,520
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY	5,391,200	852,730	6,243,930	-42	6,243,888
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION	720,677	3,265,668	3,986,345	-1,260,804	2,725,541
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION	501,657	1,205,834	1,707,491	-408,793	1,298,698
88	8800	INTEREST EXPENSE		5,631,901	5,631,901	-5,631,901	
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE	4,805,480	2,815,422	7,620,902	-166,017	7,454,885
95		SUBTOTALS	318,612,144	476,414,012	795,026,156	-2,021,184	793,004,972
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	471,792	1,263,753	1,735,545	-10,531	1,725,014
97	9700	RESEARCH	628,578	542,530	1,171,108	-170,514	1,000,594
98	9800	PHYSICIANS' PRIVATE OFFICES	9,427,319	7,818,977	17,246,296	-338,160	16,908,136
99	9900	NONPAID WORKERS					
100	7950	O'CONNERS					
100.01	7951	WELLNESS	1,103,197	258,168	1,361,365	38,225	1,399,590
100.02	7952	OCC HEALTH		2,956	2,956		2,956
100.03	7953	SPN					
100.04	7954	RHI					
100.05	7955	EXTENDED CARE RESIDENTIAL					
100.06	7956	SETON BOARD					
100.07	7957	MARTEN HOUSE				2,503,170	2,503,170
100.08	7958	FOUNDATION	682,708	2,440,405	3,123,113	-31,660	3,091,453
100.09	7959	NETWORK DEVELOPMENT		-1,713	-1,713		-1,713
100.10	7960	EAP					
100.11	7961	COMMUNITY OUTREACH	538,880	630,881	1,169,761	16,770	1,186,531
100.13	7963	MARKETING	-3,163	11,011	7,848	196,365	204,213
100.14	7964	NEW HOPE					
100.15	7965	JOINT VENTURES	143,225	32,282,591	32,425,816	-182,481	32,243,335
100.17	7967	VACANT SPACE					
100.18	7968	ST VINCENT HEART CENTER					
100.19	7969	MISSION SERVICES	93,436	322,844	416,280		416,280
101		TOTAL	331,698,116	521,986,415	853,684,531	-0-	853,684,531

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-0084
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I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010

I PREPARED 11/29/2010
I WORKSHEET A
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COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	5,605,060	24,591,572
3.01 0301	NEW CAP REL COSTS-BLDG-STRESS	-187,121	198,347
3.02 0302	NEW CAP REL COSTS-BLDG-MATEN HOUSE		345,610
3.03 0303	NEW CAP REL COSTS-BLDG-WOMENS	-7,257	1,890,438
3.04 0304	NEW CAP REL COSTS-BLDG-MCNE		128,128
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	27,430	19,038,663
5 0500	EMPLOYEE BENEFITS	4,238,977	94,552,524
6.01 0610	NONPATIENT TELEPHONES	475,303	4,980,710
6.02 0620	DATA PROCESSING	32,272,684	33,553,173
6.03 0630	PURCHASING, RECEIVING AND STORES	1,082,300	1,325,874
6.04 0640	ADMITTING	1,508,988	6,091,451
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	7,462,373	15,918,268
6.06 0660	OP REGISTRATION	316,723	2,611,637
6.07 0661	OTHER ADMINISTRATIVE AND GENERAL	-144,558,096	-10,660,196
8 0800	OPERATION OF PLANT	-369,001	21,666,650
9 0900	LAUNDRY & LINEN SERVICE		2,204,863
10 1000	HOUSEKEEPING	-130	6,867,034
11 1100	DIETARY	-2,664,649	2,199,373
12 1200	CAFETERIA	-2,410,243	3,095,245
14 1400	NURSING ADMINISTRATION		7,066,656
15 1500	CENTRAL SERVICES & SUPPLY	-193,027	3,277,660
16 1600	PHARMACY	-5,155,643	16,775,007
17 1700	MEDICAL RECORDS & LIBRARY	2,020,158	9,102,537
18 1800	SOCIAL SERVICE	-186,395	6,578,638
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		7,205,938
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-8,117,509	3,071,022
24 2400	PARAMED ED PRGM		
24.01 2401	PARAMED ED PRGM - CPE	-32,725	201,772
24.02 2402	PARAMED ED PRGM - PHARMACY		133,598
24.03 2403	PARAMED ED PRGM - RADIOLOGY	-75,381	196,166
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-2,091,146	47,885,821
26 2600	INTENSIVE CARE UNIT	-161,113	8,133,566
27 2700	CORONARY CARE UNIT		6,445,496
27.01 2701	CARDIAC RECOVERY		
27.02 2702	TRANSPLANT UNIT		2,014,186
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
29.01 2080	PEDIATRIC INTENSIVE CARE UNIT	-1,505,755	4,043,003
30 2060	NEONATAL INTENSIVE CARE UNIT	-7,322,370	12,251,842
31 3100	SUBPROVIDER	-10	3,632,178
33 3300	NURSERY		2,811,099
34 3400	SKILLED NURSING FACILITY	-3,994	1,078,056
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-3,574,322	75,917,822
37.01 3701	AMBULATORY SURGERY	-1,802,376	2,530,223
39 3900	DELIVERY ROOM & LABOR ROOM		4,615,081
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC	-2,749,391	25,385,911
41.01 3120	CARDIAC CATHETERIZATION LABORATORY	-660,756	21,714,396
41.02 3630	ULTRA SOUND		1,149,050
41.04 3950	EP LAB		
41.05 3952	CATH HOLDING		821,521
41.06 3260	ECHOCARDIOLOGY		571,764
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-672,332	38,615,341
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-20,000	7,824,309
49.01 3951	SLEEP LAB	-13,664	1,690,901
50 5000	PHYSICAL THERAPY	-21,548	10,388,479
50.01 3953	CARDIAC REHAB		617,302
50.02 3954	SPORTS MEDICINE	-113,561	3,461,468
51 5100	OCCUPATIONAL THERAPY		637,426
52 5200	SPEECH PATHOLOGY	-649	988,457
53 5300	ELECTROCARDIOLOGY	-300,020	1,048,646
54 5400	ELECTROENCEPHALOGRAPHY	-27,500	1,018,226
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,884,506
56 5600	DRUGS CHARGED TO PATIENTS		24,232,798
57 5700	RENAL DIALYSIS	-1,346,753	155,190
58 5800	ASC (NON-DISTINCT PART)		
59 3330	ENDOSCOPY	-356,240	3,040,621
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-218,206	5,196,463
60.01 4950	PARTIAL HOSPITALIZATION	-1,222	976,440

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-0084
I

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

I PREPARED 11/29/2010
I WORKSHEET A
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COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,975,440	11,633,063
61.01	4951 PATIENT SERVICES	-266,588	3,000,411
61.02	6101 ANTICOAGULATION CLINIC	-8,771	643,684
61.03	4953 LAFAYETTE RD CLINIC		185,247
61.04	4954 ZIONSVILLE CLINIC		1,106,463
61.05	4955 BROWNSBURG CLINIC		4,086
61.06	6102 ST VINCENT OUTPATIENT TREATMENT	-180,108	3,748,863
61.07	4957 WOUND CENTER	-2,440,039	-195,025
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
67.01	5950 FAMILY PRACTICE	-4,559,327	2,727,672
67.02	5951 GERIATRIC CLINIC	-931,476	437,826
68	5952 OTHER REIMBURSABLE COST CENTERS		
68.01	5953 PSYCH SERVICES		59,346
68.02	5954 DIABETIC THERAPY	-21,117	651,403
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	-202,540	6,041,348
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		2,725,541
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION	-200,938	1,097,760
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE	-496,379	6,958,506
95	SUBTOTALS	-145,192,832	647,812,140
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,725,014
97	9700 RESEARCH		1,000,594
98	9800 PHYSICIANS' PRIVATE OFFICES		16,908,136
99	9900 NONPAID WORKERS		
100	7950 O'CONNERS		
100.01	7951 WELLNESS		1,399,590
100.02	7952 OCC HEALTH		2,956
100.03	7953 SPN		
100.04	7954 RHI		
100.05	7955 EXTENDED CARE RESIDENTIAL		
100.06	7956 SETON BOARD		
100.07	7957 MARTEN HOUSE		2,503,170
100.08	7958 FOUNDATION		3,091,453
100.09	7959 NETWORK DEVELOPMENT	992,939	991,226
100.10	7960 EAP		
100.11	7961 COMMUNITY OUTREACH		1,186,531
100.13	7963 MARKETING	11,988,864	12,193,077
100.14	7964 NEW HOPE		
100.15	7965 JOINT VENTURES		32,243,335
100.17	7967 VACANT SPACE		
100.18	7968 ST VINCENT HEART CENTER		416,280
100.19	7969 MISSION SERVICES		
101	TOTAL	-132,211,029	721,473,502

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG-STRESS	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-BLDG-WOMENS	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-BLDG-MCNE	0304	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OP REGISTRATION	0660	OTHER ADMINISTRATIVE AND GENERAL
6.07	OTHER ADMINISTRATIVE AND GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM - CPE	2401	PARAMED ED PRGM
24.02	PARAMED ED PRGM - PHARMACY	2402	PARAMED ED PRGM
24.03	PARAMED ED PRGM - RADIOLOGY	2403	PARAMED ED PRGM
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
27.01	CARDIAC RECOVERY	2701	CORONARY CARE UNIT
27.02	TRANSPLANT UNIT	2702	CORONARY CARE UNIT
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
29.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
37.01	AMBULATORY SURGERY	3701	OPERATING ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
41.02	ULTRA SOUND	3630	ULTRA SOUND
41.04	EP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
41.05	CATH HOLDING	3952	OTHER ANCILLARY SERVICE COST CENTERS
41.06	ECHOCARDIOLOGY	3260	ECHOCARDIOGRAPHY
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	3953	OTHER ANCILLARY SERVICE COST CENTERS
50.02	SPORTS MEDICINE	3954	OTHER ANCILLARY SERVICE COST CENTERS
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	ENDOSCOPY	3330	ENDOSCOPY
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	PARTIAL HOSPITALIZATION	4950	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
OUTPAT SERVICE COST			
61.01	PATIENT SERVICES	4951	OTHER OUTPATIENT SERVICE COST CENTER
61.02	ANTICOAGULATION CLINIC	6101	EMERGENCY
61.03	LAFAYETTE RD CLINIC	4953	OTHER OUTPATIENT SERVICE COST CENTER
61.04	ZIONSVILLE CLINIC	4954	OTHER OUTPATIENT SERVICE COST CENTER
61.05	BROWNSBURG CLINIC	4955	OTHER OUTPATIENT SERVICE COST CENTER
61.06	ST VINCENT OUTPATIENT TREATMENT	6102	EMERGENCY
61.07	WOUND CENTER	4957	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
67.01	FAMILY PRACTICE	5950	OTHER REIMBURSABLE COST CENTERS
67.02	GERIATRIC CLINIC	5951	OTHER REIMBURSABLE COST CENTERS
68	OTHER REIMBURSABLE COST CENTERS	5952	OTHER REIMBURSABLE COST CENTERS
68.01	PSYCH SERVICES	5953	OTHER REIMBURSABLE COST CENTERS
68.02	DIABETIC THERAPY	5954	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	O'CONNERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	WELLNESS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCC HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SPN	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	RHI	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	EXTENDED CARE RESIDENTIAL	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	SETON BOARD	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	MARTEN HOUSE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	FOUNDATION	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	NETWORK DEVELOPMENT	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	EAP	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	COMMUNITY OUTREACH	7961	OTHER NONREIMBURSABLE COST CENTERS
100.13	MARKETING	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	NEW HOPE	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	JOINT VENTURES	7965	OTHER NONREIMBURSABLE COST CENTERS
100.17	VACANT SPACE	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	ST VINCENT HEART CENTER	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	MISSION SERVICES	7969	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 PHARMACY	A	DRUGS CHARGED TO PATIENTS	56		23,058,079
2 DRUGS- DIRECTLY ASSIGNED	B	DRUGS CHARGED TO PATIENTS	56		1,175,526
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		5,424,785
35		NEW CAP REL COSTS-BLDG-STRESS	3.01		198,864
1 INTEREST	C	NEW CAP REL COSTS-BLDG-WOMENS	3.03		8,252
2 DEPRECIATION- DIRECTLY ASSIGNED	D	NEW CAP REL COSTS-BLDG & FIXT	3		31,081,592
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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34					
35					

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6
CONTD

		INCREASE			
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DEPRECIATION- DIRECTLY ASSIGNED	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,579,458
27 LAUNDRY	F	LAUNDRY & LINEN SERVICE	9	237,611	1,967,252
28					
29 DEPARTMENTAL DIRECTORS	G	EMPLOYEE BENEFITS	5	213,758	
30		ADMITTING	6.04	1,870	
31		OTHER ADMINISTRATIVE AND GENERAL	6.07	24,536	
32		NURSING ADMINISTRATION	14	295,012	
33		CENTRAL SERVICES & SUPPLY	15	17,016	
34		MEDICAL RECORDS & LIBRARY	17	2,142	
35		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	13,818	
1 DEPARTMENTAL DIRECTORS	G	PARAMED ED PRGM - PHARMACY	24.02	3,787	
2		PARAMED ED PRGM - RADIOLOGY	24.03	20,265	
3		ADULTS & PEDIATRICS	25	263,996	
4		INTENSIVE CARE UNIT	26	39,250	
5		CORONARY CARE UNIT	27	37,949	
6		TRANSPLANT UNIT	27.02	1,392	
7		PEDIATRIC INTENSIVE CARE UNIT	29.01	2,623	
8		SKILLED NURSING FACILITY	34	34,605	
9		OPERATING ROOM	37	22,214	
10		AMBULATORY SURGERY	37.01	8,209	
11		RADIOLOGY-DIAGNOSTIC	41	1,095	
12		ULTRA SOUND	41.02	10,224	
13		CATH HOLDING	41.05	5,310	
14		ECHOCARDIOLOGY	41.06	3,229	
15		PHYSICAL THERAPY	50	110,625	
16		CARDIAC REHAB	50.01	3,658	
17		SPORTS MEDICINE	50.02	34,243	
18		OCCUPATIONAL THERAPY	51	7,938	
19		SPEECH PATHOLOGY	52	8,606	
20		ELECTROCARDIOLOGY	53	4,825	
21		ELECTROENCEPHALOGRAPHY	54	23,637	
22		ENDOSCOPY	59	10,846	
23		CLINIC	60	80,035	
24		PARTIAL HOSPITALIZATION	60.01	834	
25		PATIENT SERVICES	61.01	4,326	
26		ANTICOAGULATION CLINIC	61.02	9,886	
27		LAFAYETTE RD CLINIC	61.03	2,320	
28		ZIONSVILLE CLINIC	61.04	6,715	
29		FAMILY PRACTICE	67.01	19,308	
30		DIABETIC THERAPY	68.02	3,062	
31		HOME HEALTH AGENCY	71	79,777	
32		KIDNEY ACQUISITION	83	4,846	
33		HEART ACQUISITION	85	3,588	
34		HOSPICE	93	64,189	
35		RESEARCH	97	8,133	

RECLASSIFICATIONS

PROVIDER NO: 150084	PERIOD: FROM 7/1/2009 TO 6/30/2010	PREPARED 11/29/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4 OTHER 5	
1 DEPARTMENTAL DIRECTORS	G	PHYSICIANS' PRIVATE OFFICES	98	11,191	
2		WELLNESS	100.01	38,225	
3		COMMUNITY OUTREACH	100.11	16,770	
4		JOINT VENTURES	100.15	2,607	
5 MED ED DIRECTOR	L	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	349,059	
6 DIETARY/CAFETERIA	M	CAFETERIA	12	3,536,802	1,945,205
7 INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		421,440
8 NURSERY	P	NURSERY	33	1,746,210	123,754
9 RESIDENT SALARIES	Q	I&R SERVICES-SALARY & FRINGES APPRVD	22	7,205,938	
10 CARE 2003/2002	R	OPERATING ROOM	37	53,740	8,774
11		RESPIRATORY THERAPY	49	365,821	61,869
12		ELECTROCARDIOLOGY	53	458,124	70,362
13		MEDICAL SUPPLIES CHARGED TO PATIENTS	55	315	50
14 STRESS BUILDING RENT	S	NEW CAP REL COSTS-BLDG-STRESS	3.01		6,000
15 MARTEN HOUSE	T	MARTEN HOUSE	100.07		2,503,170
16 MARTEN HOUSE DEPRECIATION	U	NEW CAP REL COSTS-BLDG-MATEN HOUSE	3.02		345,610
17					
18 DEPRECIATION	V	NEW CAP REL COSTS-BLDG-STRESS	3.01		219,150
19		NEW CAP REL COSTS-BLDG-WOMENS	3.03		1,890,938
20		NEW CAP REL COSTS-BLDG-MCNE	3.04		128,128
21		NEW CAP REL COSTS-MVBLE EQUIP	4		19,035,449
22 RENTAL BEDS	W	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		362,086
23 SALARIES FOR TRANSPLANT	X	HEART ACQUISITION	85	255,879	
24		KIDNEY ACQUISITION	83	41,616	
25					
26 RADIOLOGY PARAMED	Y	PARAMED ED PRGM - RADIOLOGY	24.03	85,072	
27					
28					
29					
30					
31					
32					
33 CPE PARAMED	Z	OTHER ADMINISTRATIVE AND GENERAL	6.07	184,622	15,669
34 PHARMACY PARAMED	AA	PARAMED ED PRGM - PHARMACY	24.02	8,338	
35 ASCENSION INTEREST	BB	OTHER ADMINISTRATIVE AND GENERAL	6.07		1,020,218
1 ASCENSION INTEREST	BB				
2					
3 HOSPICE	CC	HOSPICE	93		95,327
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 ORGAN ACQUISITION	DD	TRANSPLANT UNIT	27.02	426,809	223,793
16		TRANSPLANT UNIT	27.02	186,516	890,899
17 MEDICAL AIR TRANSPORT	EE	MARKETING	100.13		196,365
36 TOTAL RECLASSIFICATIONS				16,724,962	94,058,064

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

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 PHARMACY	A	PHARMACY	16		23,058,079	
2 DRUGS- DIRECTLY ASSIGNED	B	ADULTS & PEDIATRICS	25		41,229	
3		INTENSIVE CARE UNIT	26		8,817	
4		CORONARY CARE UNIT	27		7,400	
5		PEDIATRIC INTENSIVE CARE UNIT	29.01		1,506	
6		NEONATAL INTENSIVE CARE UNIT	30		30,567	
7		SUBPROVIDER	31		686	
8		NURSERY	33		3	
9		OPERATING ROOM	37		733,721	
10		AMBULATORY SURGERY	37.01		11,630	
11		DELIVERY ROOM & LABOR ROOM	39		2,835	
12		RADIOLOGY-DIAGNOSTIC	41		15,119	
13		CARDIAC CATHETERIZATION LABORATORY	41.01		10,490	
14		ULTRA SOUND	41.02		329	
15		CATH HOLDING	41.05		2,392	
16		ECHOCARDIOLOGY	41.06		6	
17		LABORATORY	44		183,610	
18		RESPIRATORY THERAPY	49		7,747	
19		PHYSICAL THERAPY	50		1,957	
20		SPORTS MEDICINE	50.02		558	
21		SPEECH PATHOLOGY	52		92	
22		ELECTROENCEPHALOGRAPHY	54		7	
23		RENAL DIALYSIS	57		8,315	
24		ENDOSCOPY	59		3,730	
25		CLINIC	60		46,904	
26		EMERGENCY	61		49,289	
27		PATIENT SERVICES	61.01		1,138	
28		ZIONSVILLE CLINIC	61.04		287	
29		WOUND CENTER	61.07		2,758	
30		FAMILY PRACTICE	67.01		152	
31		GERIATRIC CLINIC	67.02		821	
32		HOME HEALTH AGENCY	71		1,079	
33		HEART ACQUISITION	85		352	
34 INTEREST	C	INTEREST EXPENSE	88		5,631,901	11
35						11
1 INTEREST	C					11
2 DEPRECIATION- DIRECTLY ASSIGNED	D	EMPLOYEE BENEFITS	5		56,977	9
3		NONPATIENT TELEPHONES	6.01		35,549	
4		DATA PROCESSING	6.02		119,441	
5		ADMITTING	6.04		9,988	
6		OTHER ADMINISTRATIVE AND GENERAL	6.07		1,665,503	
7		OPERATION OF PLANT	8		3,672,435	
8		HOUSEKEEPING	10		2,611	
9		DIETARY	11		244,385	
10		NURSING ADMINISTRATION	14		539,861	
11		CENTRAL SERVICES & SUPPLY	15		65,524	
12		PHARMACY	16		345,422	
13		MEDICAL RECORDS & LIBRARY	17		1,917	
14		SOCIAL SERVICE	18		25,317	
15		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		31,995	
16		PARAMED ED PRGM - RADIOLOGY	24.03		1,458	
17		ADULTS & PEDIATRICS	25		3,012,931	
18		INTENSIVE CARE UNIT	26		370,674	
19		CORONARY CARE UNIT	27		110,388	
20		PEDIATRIC INTENSIVE CARE UNIT	29.01		173,489	
21		NEONATAL INTENSIVE CARE UNIT	30		794,740	
22		SUBPROVIDER	31		129,223	
23		SKILLED NURSING FACILITY	34		2,940	
24		OPERATING ROOM	37		5,239,176	
25		AMBULATORY SURGERY	37.01		171,183	
26		RADIOLOGY-DIAGNOSTIC	41		5,903,511	
27		CARDIAC CATHETERIZATION LABORATORY	41.01		3,102,224	
28		ULTRA SOUND	41.02		65,998	
29		CATH HOLDING	41.05		168,363	
30		ECHOCARDIOLOGY	41.06		141,618	
31		LABORATORY	44		126,619	
32		RESPIRATORY THERAPY	49		263,059	
33		SLEEP LAB	49.01		134,089	
34		PHYSICAL THERAPY	50		363,442	
35		CARDIAC REHAB	50.01		14,497	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150084	FROM 7/ 1/2009	11/29/2010
	TO 6/30/2010	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 DEPRECIATION- DIRECTLY ASSIGNED	D	6	50.02			63,343	10
2			51			2,658	
3			52			20,768	
4			53			186,192	
5			54			137,953	
6			57			7,749	
7			59			411,493	
8			60			532,305	
9			60.01			17,066	
10			61			771,374	
11			61.01			12,087	
12			61.03			38,848	
13			61.04			415,354	
14			61.07			6,996	
15			67.01			116,621	
16			67.02			42,788	
17			68.02			17,987	
18			71			78,740	
19			85			13,913	
20			93			325,533	
21			96			10,531	
22			97			178,647	
23			98			349,351	
24			100.08			31,660	
25			100.15			185,088	
26 MEDICAL SUPPLIES	E		15			1,579,458	
27 LAUNDRY	F		10		32,202	14,822	
28			15		205,409	1,952,430	
29 DEPARTMENTAL DIRECTORS	G		6.07		1,139,286		
30			16		13,673		
31			18		52,876		
32			23		111,571		
33			25		37,455		
34			37		37,890		
35			41		22,699		
1 DEPARTMENTAL DIRECTORS	G		41.01		144,739		
2			50.02		17		
3			61		22,284		

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 DEPARTMENTAL DIRECTORS	G					
2						
3						
4						
5 MED ED DIRECTOR	L	FAMILY PRACTICE	67.01	349,059		
6 DIETARY/CAFETERIA	M	DIETARY	11	3,536,802	1,945,205	
7 INSURANCE	O	OTHER ADMINISTRATIVE AND GENERAL	6.07		421,440	12
8 NURSERY	P	ADULTS & PEDIATRICS	25	1,746,210	123,754	
9 RESIDENT SALARIES	Q	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	7,205,938		
10 CARE 2003/2002	R	ADULTS & PEDIATRICS	25	676,692	107,674	
11		INTENSIVE CARE UNIT	26	3,117	719	
12		CORONARY CARE UNIT	27	106,015	14,336	
13		PEDIATRIC INTENSIVE CARE UNIT	29.01	92,176	18,326	
14 STRESS BUILDING RENT	S	EMPLOYEE BENEFITS	5		6,000	9
15 MARTEN HOUSE	T	OTHER ADMINISTRATIVE AND GENERAL	6.07		2,503,170	
16 MARTEN HOUSE DEPRECIATION	U	NEW CAP REL COSTS-BLDG & FIXT	3		321,394	9
17		NEW CAP REL COSTS-MVBLE EQUIP	4		24,216	9
18 DEPRECIATION	V	NEW CAP REL COSTS-BLDG & FIXT	3		21,273,665	9
19						9
20						9
21						9
22 RENTAL BEDS	W	CENTRAL SERVICES & SUPPLY	15		362,086	
23 SALARIES FOR TRANSPLANT	X	KIDNEY ACQUISITION	83	229,851		
24		HEART ACQUISITION	85	3,393		
25		PHARMACY	16	64,251		
26 RADIOLOGY PARAMED	Y	RADIOLOGY-DIAGNOSTIC	41	80,870		
27		ZIONSVILLE CLINIC	61.04	887		
28		OPERATING ROOM	37	2,031		
29		NURSING ADMINISTRATION	14	595		
30		EMPLOYEE BENEFITS	5	54		
31		PATIENT SERVICES	61.01	226		
32		LAFAYETTE RD CLINIC	61.03	409		
33 CPE PARAMED	Z	PARAMED ED PRGM - CPE	24.01	184,622	15,669	
34 PHARMACY PARAMED	AA	PHARMACY	16	8,338		
35 ASCENSION INTEREST	BB	NEW CAP REL COSTS-BLDG & FIXT	3		980,177	11
1 ASCENSION INTEREST	BB	NEW CAP REL COSTS-BLDG-STRESS	3.01		38,546	11
2		NEW CAP REL COSTS-BLDG-WOMENS	3.03		1,495	11
3 HOSPICE	CC	OTHER ADMINISTRATIVE AND GENERAL	6.07		24,395	
4		ADULTS & PEDIATRICS	25		6,972	
5		RADIOLOGY-DIAGNOSTIC	41		293	
6		ULTRA SOUND	41.02		87	
7		LABORATORY	44		3,619	
8		RESPIRATORY THERAPY	49		297	
9		CARDIAC REHAB	50.01		61	
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		57,403	
11		DRUGS CHARGED TO PATIENTS	56		807	
12		ENDOSCOPY	59		100	
13		EMERGENCY	61		368	
14		DIABETIC THERAPY	68.02		925	
15 ORGAN ACQUISITION	DD	HEART ACQUISITION	85	426,809	223,793	
16		KIDNEY ACQUISITION	83	186,516	890,899	
17 MEDICAL AIR TRANSPORT	EE	EMERGENCY	61		196,365	
36 TOTAL RECLASSIFICATIONS				16,724,962	94,058,064	

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

RECLASSIFICATIONS

PROVIDER NO:
150084

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

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	23,058,079
TOTAL RECLASSIFICATIONS FOR CODE A			23,058,079

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	23,058,079	
		23,058,079	

RECLASS CODE: B
EXPLANATION : DRUGS- DIRECTLY ASSIGNED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,175,526
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			1,175,526

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	41,229	
INTENSIVE CARE UNIT	26	8,817	
CORONARY CARE UNIT	27	7,400	
PEDIATRIC INTENSIVE CARE UNIT	29.01	1,506	
NEONATAL INTENSIVE CARE UNIT	30	30,567	
SUBPROVIDER	31	686	
NURSERY	33	3	
OPERATING ROOM	37	733,721	
AMBULATORY SURGERY	37.01	11,630	
DELIVERY ROOM & LABOR ROOM	39	2,835	
RADIOLOGY-DIAGNOSTIC	41	15,119	
CARDIAC CATHETERIZATION LABORA	41.01	10,490	
ULTRA SOUND	41.02	329	
CATH HOLDING	41.05	2,392	
ECHOCARDIOLOGY	41.06	6	
LABORATORY	44	183,610	
RESPIRATORY THERAPY	49	7,747	
PHYSICAL THERAPY	50	1,957	
SPORTS MEDICINE	50.02	558	
SPEECH PATHOLOGY	52	92	
ELECTROENCEPHALOGRAPHY	54	7	
RENAL DIALYSIS	57	8,315	
ENDOSCOPY	59	3,730	
CLINIC	60	46,904	
EMERGENCY	61	49,289	
PATIENT SERVICES	61.01	1,138	
ZIONSVILLE CLINIC	61.04	287	
WOUND CENTER	61.07	2,758	
FAMILY PRACTICE	67.01	152	
GERIATRIC CLINIC	67.02	821	
HOME HEALTH AGENCY	71	1,079	
HEART ACQUISITION	85	352	
		1,175,526	

RECLASS CODE: C
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,424,785
2.00	NEW CAP REL COSTS-BLDG-STRESS	3.01	198,864
3.00	NEW CAP REL COSTS-BLDG-WOMENS	3.03	8,252
TOTAL RECLASSIFICATIONS FOR CODE C			5,631,901

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	5,631,901	
		0	
		0	
		5,631,901	

RECLASS CODE: D
EXPLANATION : DEPRECIATION- DIRECTLY ASSIGNED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	31,081,592
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	56,977	
NONPATIENT TELEPHONES	6.01	35,549	
DATA PROCESSING	6.02	119,441	
ADMITTING	6.04	9,988	
OTHER ADMINISTRATIVE AND GENER	6.07	1,665,503	
OPERATION OF PLANT	8	3,672,435	
HOUSEKEEPING	10	2,611	
DIETARY	11	244,385	
NURSING ADMINISTRATION	14	539,861	
CENTRAL SERVICES & SUPPLY	15	65,524	
PHARMACY	16	345,422	
MEDICAL RECORDS & LIBRARY	17	1,917	
SOCIAL SERVICE	18	25,317	
I&R SERVICES-OTHER PRGM COSTS	23	31,995	
PARAMED ED PRGM - RADIOLOGY	24.03	1,458	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
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RECLASS CODE: D
 EXPLANATION : DEPRECIATION- DIRECTLY ASSIGNED

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
16.00			0	ADULTS & PEDIATRICS	25	3,012,931	
17.00			0	INTENSIVE CARE UNIT	26	370,674	
18.00			0	CORONARY CARE UNIT	27	110,388	
19.00			0	PEDIATRIC INTENSIVE CARE UNIT	29.01	173,489	
20.00			0	NEONATAL INTENSIVE CARE UNIT	30	794,740	
21.00			0	SUBPROVIDER	31	129,223	
22.00			0	SKILLED NURSING FACILITY	34	2,940	
23.00			0	OPERATING ROOM	37	5,239,176	
24.00			0	AMBULATORY SURGERY	37.01	171,183	
25.00			0	RADIOLOGY-DIAGNOSTIC	41	5,903,511	
26.00			0	CARDIAC CATHETERIZATION LABORA	41.01	3,102,224	
27.00			0	ULTRA SOUND	41.02	65,998	
28.00			0	CATH HOLDING	41.05	168,363	
29.00			0	ECHOCARDIOLOGY	41.06	141,618	
30.00			0	LABORATORY	44	126,619	
31.00			0	RESPIRATORY THERAPY	49	263,059	
32.00			0	SLEEP LAB	49.01	134,089	
33.00			0	PHYSICAL THERAPY	50	363,442	
34.00			0	CARDIAC REHAB	50.01	14,497	
35.00			0	SPORTS MEDICINE	50.02	63,343	
36.00			0	OCCUPATIONAL THERAPY	51	2,658	
37.00			0	SPEECH PATHOLOGY	52	20,768	
38.00			0	ELECTROCARDIOLOGY	53	186,192	
39.00			0	ELECTROENCEPHALOGRAPHY	54	137,953	
40.00			0	RENAL DIALYSIS	57	7,749	
41.00			0	ENDOSCOPY	59	411,493	
42.00			0	CLINIC	60	532,305	
43.00			0	PARTIAL HOSPITALIZATION	60.01	17,066	
44.00			0	EMERGENCY	61	771,374	
45.00			0	PATIENT SERVICES	61.01	12,087	
46.00			0	LAFAYETTE RD CLINIC	61.03	38,848	
47.00			0	ZIONSVILLE CLINIC	61.04	415,354	
48.00			0	WOUND CENTER	61.07	6,996	
49.00			0	FAMILY PRACTICE	67.01	116,621	
50.00			0	GERIATRIC CLINIC	67.02	42,788	
51.00			0	DIABETIC THERAPY	68.02	17,987	
52.00			0	HOME HEALTH AGENCY	71	78,740	
53.00			0	HEART ACQUISITION	85	13,913	
54.00			0	HOSPICE	93	325,533	
55.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	10,531	
56.00			0	RESEARCH	97	178,647	
57.00			0	PHYSICIANS' PRIVATE OFFICES	98	349,351	
58.00			0	FOUNDATION	100.08	31,660	
59.00			0	JOINT VENTURES	100.15	185,088	
TOTAL RECLASSIFICATIONS FOR CODE D			31,081,592				31,081,592

RECLASS CODE: E
 EXPLANATION : MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,579,458	CENTRAL SERVICES & SUPPLY	15	1,579,458	
TOTAL RECLASSIFICATIONS FOR CODE E			1,579,458				1,579,458

RECLASS CODE: F
 EXPLANATION : LAUNDRY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	2,204,863	HOUSEKEEPING	10	47,024	
2.00			0	CENTRAL SERVICES & SUPPLY	15	2,157,839	
TOTAL RECLASSIFICATIONS FOR CODE F			2,204,863				2,204,863

RECLASS CODE: G
 EXPLANATION : DEPARTMENTAL DIRECTORS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	213,758	OTHER ADMINISTRATIVE AND GENER	6.07	1,139,286	
2.00	ADMITTING	6.04	1,870	PHARMACY	16	13,673	
3.00	OTHER ADMINISTRATIVE AND GENER	6.07	24,536	SOCIAL SERVICE	18	52,876	
4.00	NURSING ADMINISTRATION	14	295,012	I&R SERVICES-OTHER PRGM COSTS	23	111,571	

RECLASSIFICATIONS

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RECLASS CODE: G
EXPLANATION : DEPARTMENTAL DIRECTORS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
5.00	CENTRAL SERVICES & SUPPLY	15	17,016	ADULTS & PEDIATRICS	25	37,455	
6.00	MEDICAL RECORDS & LIBRARY	17	2,142	OPERATING ROOM	37	37,890	
7.00	I&R SERVICES-OTHER PRGM COSTS	23	13,818	RADIOLOGY-DIAGNOSTIC	41	22,699	
8.00	PARAMED ED PRGM - PHARMACY	24.02	3,787	CARDIAC CATHETERIZATION LABORA	41.01	144,739	
9.00	PARAMED ED PRGM - RADIOLOGY	24.03	20,265	SPORTS MEDICINE	50.02	17	
10.00	ADULTS & PEDIATRICS	25	263,996	EMERGENCY	61	22,284	
11.00	INTENSIVE CARE UNIT	26	39,250			0	
12.00	CORONARY CARE UNIT	27	37,949			0	
13.00	TRANSPLANT UNIT	27.02	1,392			0	
14.00	PEDIATRIC INTENSIVE CARE UNIT	29.01	2,623			0	
15.00	SKILLED NURSING FACILITY	34	34,605			0	
16.00	OPERATING ROOM	37	22,214			0	
17.00	AMBULATORY SURGERY	37.01	8,209			0	
18.00	RADIOLOGY-DIAGNOSTIC	41	1,095			0	
19.00	ULTRA SOUND	41.02	10,224			0	
20.00	CATH HOLDING	41.05	5,310			0	
21.00	ECHOCARDIOLOGY	41.06	3,229			0	
22.00	PHYSICAL THERAPY	50	110,625			0	
23.00	CARDIAC REHAB	50.01	3,658			0	
24.00	SPORTS MEDICINE	50.02	34,243			0	
25.00	OCCUPATIONAL THERAPY	51	7,938			0	
26.00	SPEECH PATHOLOGY	52	8,606			0	
27.00	ELECTROCARDIOLOGY	53	4,825			0	
28.00	ELECTROENCEPHALOGRAPHY	54	23,637			0	
29.00	ENDOSCOPY	59	10,846			0	
30.00	CLINIC	60	80,035			0	
31.00	PARTIAL HOSPITALIZATION	60.01	834			0	
32.00	PATIENT SERVICES	61.01	4,326			0	
33.00	ANTICOAGULATION CLINIC	61.02	9,886			0	
34.00	LAFAYETTE RD CLINIC	61.03	2,320			0	
35.00	ZIONSVILLE CLINIC	61.04	6,715			0	
36.00	FAMILY PRACTICE	67.01	19,308			0	
37.00	DIABETIC THERAPY	68.02	3,062			0	
38.00	HOME HEALTH AGENCY	71	79,777			0	
39.00	KIDNEY ACQUISITION	83	4,846			0	
40.00	HEART ACQUISITION	85	3,588			0	
41.00	HOSPICE	93	64,189			0	
42.00	RESEARCH	97	8,133			0	
43.00	PHYSICIANS' PRIVATE OFFICES	98	11,191			0	
44.00	WELLNESS	100.01	38,225			0	
45.00	COMMUNITY OUTREACH	100.11	16,770			0	
46.00	JOINT VENTURES	100.15	2,607			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,582,490	TOTAL RECLASSIFICATIONS FOR CODE G			1,582,490

RECLASS CODE: L
EXPLANATION : MED ED DIRECTOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	349,059	FAMILY PRACTICE	67.01	349,059	
TOTAL RECLASSIFICATIONS FOR CODE L			349,059	TOTAL RECLASSIFICATIONS FOR CODE L			349,059

RECLASS CODE: M
EXPLANATION : DIETARY/CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	5,482,007	DIETARY	11	5,482,007	
TOTAL RECLASSIFICATIONS FOR CODE M			5,482,007	TOTAL RECLASSIFICATIONS FOR CODE M			5,482,007

RECLASS CODE: O
EXPLANATION : INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	421,440	OTHER ADMINISTRATIVE AND GENER	6.07	421,440	
TOTAL RECLASSIFICATIONS FOR CODE O			421,440	TOTAL RECLASSIFICATIONS FOR CODE O			421,440

RECLASS CODE: P
EXPLANATION : NURSERY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,869,964	ADULTS & PEDIATRICS	25	1,869,964	
TOTAL RECLASSIFICATIONS FOR CODE P			1,869,964	TOTAL RECLASSIFICATIONS FOR CODE P			1,869,964

RECLASSIFICATIONS

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RECLASS CODE: Q
EXPLANATION : RESIDENT SALARIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	7,205,938	I&R SERVICES-OTHER PRGM COSTS	23	7,205,938	
TOTAL RECLASSIFICATIONS FOR CODE Q			7,205,938				7,205,938

RECLASS CODE: R
EXPLANATION : CARE 2003/2002

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	62,514	ADULTS & PEDIATRICS	25	784,366	
2.00	RESPIRATORY THERAPY	49	427,690	INTENSIVE CARE UNIT	26	3,836	
3.00	ELECTROCARDIOLOGY	53	528,486	CORONARY CARE UNIT	27	120,351	
4.00	MEDICAL SUPPLIES CHARGED TO PA	55	365	PEDIATRIC INTENSIVE CARE UNIT	29.01	110,502	
TOTAL RECLASSIFICATIONS FOR CODE R			1,019,055				1,019,055

RECLASS CODE: S
EXPLANATION : STRESS BUILDING RENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG-STRESS	3.01	6,000	EMPLOYEE BENEFITS	5	6,000	
TOTAL RECLASSIFICATIONS FOR CODE S			6,000				6,000

RECLASS CODE: T
EXPLANATION : MARTEN HOUSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARTEN HOUSE	100.07	2,503,170	OTHER ADMINISTRATIVE AND GENER	6.07	2,503,170	
TOTAL RECLASSIFICATIONS FOR CODE T			2,503,170				2,503,170

RECLASS CODE: U
EXPLANATION : MARTEN HOUSE DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG-MATEN H	3.02	345,610	NEW CAP REL COSTS-BLDG & FIXT	3	321,394	
2.00			0	NEW CAP REL COSTS-MVBLE EQUIP	4	24,216	
TOTAL RECLASSIFICATIONS FOR CODE U			345,610				345,610

RECLASS CODE: V
EXPLANATION : DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG-STRESS	3.01	219,150	NEW CAP REL COSTS-BLDG & FIXT	3	21,273,665	
2.00	NEW CAP REL COSTS-BLDG-WOMENS	3.03	1,890,938			0	
3.00	NEW CAP REL COSTS-BLDG-MCNE	3.04	128,128			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	19,035,449			0	
TOTAL RECLASSIFICATIONS FOR CODE V			21,273,665				21,273,665

RECLASS CODE: W
EXPLANATION : RENTAL BEDS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	362,086	CENTRAL SERVICES & SUPPLY	15	362,086	
TOTAL RECLASSIFICATIONS FOR CODE W			362,086				362,086

RECLASS CODE: X
EXPLANATION : SALARIES FOR TRANSPLANT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HEART ACQUISITION	85	255,879	KIDNEY ACQUISITION	83	229,851	
2.00	KIDNEY ACQUISITION	83	41,616	HEART ACQUISITION	85	3,393	
3.00			0	PHARMACY	16	64,251	
TOTAL RECLASSIFICATIONS FOR CODE X			297,495				297,495

RECLASS CODE: Y
EXPLANATION : RADIOLOGY PARAMED

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM - RADIOLOGY	24.03	85,072	RADIOLOGY-DIAGNOSTIC	41	80,870	

RECLASSIFICATIONS

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RECLASS CODE: Y
EXPLANATION : RADIOLOGY PARAMED

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE Y			85,072

DECREASE			
COST CENTER	LINE	AMOUNT	
ZIONSVILLE CLINIC	61.04	887	
OPERATING ROOM	37	2,031	
NURSING ADMINISTRATION	14	595	
EMPLOYEE BENEFITS	5	54	
PATIENT SERVICES	61.01	226	
LAFAYETTE RD CLINIC	61.03	409	
		85,072	

RECLASS CODE: Z
EXPLANATION : CPE PARAMED

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	200,291
TOTAL RECLASSIFICATIONS FOR CODE Z			200,291

DECREASE			
COST CENTER	LINE	AMOUNT	
PARAMED ED PRGM - CPE	24.01	200,291	
		200,291	

RECLASS CODE: AA
EXPLANATION : PHARMACY PARAMED

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM - PHARMACY	24.02	8,338
TOTAL RECLASSIFICATIONS FOR CODE AA			8,338

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	8,338	
		8,338	

RECLASS CODE: BB
EXPLANATION : ASCENSION INTEREST

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	1,020,218
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE BB			1,020,218

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	980,177	
NEW CAP REL COSTS-BLDG-STRESS	3.01	38,546	
NEW CAP REL COSTS-BLDG-WOMENS	3.03	1,495	
		1,020,218	

RECLASS CODE: CC
EXPLANATION : HOSPICE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	95,327
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
TOTAL RECLASSIFICATIONS FOR CODE CC			95,327

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	24,395	
ADULTS & PEDIATRICS	25	6,972	
RADIOLOGY-DIAGNOSTIC	41	293	
ULTRA SOUND	41.02	87	
LABORATORY	44	3,619	
RESPIRATORY THERAPY	49	297	
CARDIAC REHAB	50.01	61	
MEDICAL SUPPLIES CHARGED TO PA	55	57,403	
DRUGS CHARGED TO PATIENTS	56	807	
ENDOSCOPY	59	100	
EMERGENCY	61	368	
DIABETIC THERAPY	68.02	925	
		95,327	

RECLASS CODE: DD
EXPLANATION : ORGAN ACQUISITION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	TRANSPLANT UNIT	27.02	650,602
2.00	TRANSPLANT UNIT	27.02	1,077,415
TOTAL RECLASSIFICATIONS FOR CODE DD			1,728,017

DECREASE			
COST CENTER	LINE	AMOUNT	
HEART ACQUISITION	85	650,602	
KIDNEY ACQUISITION	83	1,077,415	
		1,728,017	

RECLASS CODE: EE
EXPLANATION : MEDICAL AIR TRANSPORT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.13	196,365
TOTAL RECLASSIFICATIONS FOR CODE EE			196,365

DECREASE			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	196,365	
		196,365	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	17,193,513					17,193,513	
2 LAND IMPROVEMENTS	10,655,430					10,655,430	
3 BUILDINGS & FIXTURE	420,270,912	3,315,961		3,315,961		423,586,873	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	263,382,737				11,941,609	251,441,128	
7 SUBTOTAL	711,502,592	3,315,961		3,315,961	11,941,609	702,876,944	
8 RECONCILING ITEMS							
9 TOTAL	711,502,592	3,315,961		3,315,961	11,941,609	702,876,944	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-BL							
3 03	NEW CAP REL COSTS-BL							
3 04	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	251,441,128		251,441,128	1.000000			
5	TOTAL	251,441,128		251,441,128	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	24,483,805		-313,673	421,440		24,591,572	
3 01	NEW CAP REL COSTS-BL	225,150		-26,803			198,347	
3 02	NEW CAP REL COSTS-BL	345,610					345,610	
3 03	NEW CAP REL COSTS-BL	1,890,938		-500			1,890,438	
3 04	NEW CAP REL COSTS-BL	128,128					128,128	
4	NEW CAP REL COSTS-MV	19,038,663					19,038,663	
5	TOTAL	46,112,294		-340,976	421,440		46,192,758	

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,633,931					4,633,931	
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-BL							
3 03	NEW CAP REL COSTS-BL							
3 04	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,633,931					4,633,931	

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-37,204	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-90,805	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-47,458,525			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-38,378,319			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-2,375,743	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	A	-24,263	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 GUEST TRAY OFFSET	A	-23,944	DIETARY	11	
38 CARRYFORWARD ADJUSTMENT	A	27,430	NEW CAP REL COSTS-MVBLE E	4	9
39 VISITOR PARKING LOT	A	-125,530	OPERATION OF PLANT	8	
40 VISITOR PARKING LOT - BENEFITS	A	-7,325	EMPLOYEE BENEFITS	5	
41 VISITOR PARKING LOT - CAPITAL	A	-28,173	NEW CAP REL COSTS-BLDG &	3	9
42 MISC INCOME	B	-824,242	EMPLOYEE BENEFITS	5	
43 MISC INCOME	B	-92,841	CASHIERING/ACCOUNTS RECEI	6.05	
44 MISC INCOME	B	-26,409,430	OTHER ADMINISTRATIVE AND	6.07	
45 MISC INCOME	B	-351,978	OPERATION OF PLANT	8	
46 MISC INCOME	B	-130	HOUSEKEEPING	10	
47 MISC INCOME	B	-2,640,705	DIETARY	11	
48 MISC INCOME	B	-10,237	CAFETERIA	12	
49 MISC INCOME	B	-10,781	CENTRAL SERVICES & SUPPLY	15	
49.01 MISC INCOME	B	-5,155,643	PHARMACY	16	
49.02 MISC INCOME	B	-3,234	MEDICAL RECORDS & LIBRARY	17	
49.03 MISC INCOME	B	-5,857	SOCIAL SERVICE	18	
49.04 MISC INCOME	B	-75,462	I&R SERVICES-OTHER PRGM C	23	
49.05 MISC INCOME	B	-32,725	PARAMED ED PRGM - CPE	24.01	
49.06 MISC INCOME	B	-75,381	PARAMED ED PRGM - RADIOLO	24.03	
49.07 MISC INCOME	B	-42,168	ADULTS & PEDIATRICS	25	
49.08 MISC INCOME	B	-178,106	NEONATAL INTENSIVE CARE U	30	
49.09 MISC INCOME	B	-10	SUBPROVIDER	31	
49.10 MISC INCOME	B	-4,889	OPERATING ROOM	37	
49.11 MISC INCOME	B	-40	AMBULATORY SURGERY	37.01	
49.12 MISC INCOME	B	-42,061	RADIOLOGY-DIAGNOSTIC	41	
49.13 MISC INCOME	B	-125,192	CARDIAC CATHETERIZATION L	41.01	
49.14 MISC INCOME	B	-19,805	PHYSICAL THERAPY	50	
49.15 MISC INCOME	B	-92,148	SPORTS MEDICINE	50.02	
49.16 MISC INCOME	B	-563	SPEECH PATHOLOGY	52	
49.17 MISC INCOME	B	-20	ELECTROCARDIOLOGY	53	
49.18 MISC INCOME	B	-84,194	CLINIC	60	
49.19 MISC INCOME	B	-1,643,419	EMERGENCY	61	
49.20 MISC INCOME	B	-108,254	PATIENT SERVICES	61.01	
49.21 MISC INCOME	B	-212,420	FAMILY PRACTICE	67.01	
49.22 MISC INCOME	B	-206,869	GERIATRIC CLINIC	67.02	
49.23 MISC INCOME	B	-21,117	DIABETIC THERAPY	68.02	
49.24 MISC INCOME	B	-202,540	HOME HEALTH AGENCY	71	
49.25 MISC INCOME	B	-496,379	HOSPICE	93	
49.26 INTEREST EXPENSE - SERIES 99 BONDS	A	-3,109,237	NEW CAP REL COSTS-BLDG &	3	11
49.27 INTEREST EXPENSE - SERIES 99 BONDS	A	-107,042	NEW CAP REL COSTS-BLDG-ST	3.01	11
49.28 LOBBYING DUES	A	-17,959	OTHER ADMINISTRATIVE AND	6.07	
49.29 TCU START-UP COSTS	A	1,839	SKILLED NURSING FACILITY	34	
49.30 SWAP INTEREST	A	367,826	NEW CAP REL COSTS-BLDG &	3	11
49.31 SWAP INTEREST	A	540	NEW CAP REL COSTS-BLDG-WO	3.03	11
49.32 INT INC GREATER THAN INT EXP	A	-774,809	NEW CAP REL COSTS-BLDG &	3	11
49.33 INT INC GREATER THAN INT EXP	A	-31,234	NEW CAP REL COSTS-BLDG-ST	3.01	11
49.34 INT INC GREATER THAN INT EXP	A	-5,902	NEW CAP REL COSTS-BLDG-WO	3.03	11
49.35 PARKVIEW'S NICU	A	-843,810	NEONATAL INTENSIVE CARE U	30	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0084
I

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

	DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
		BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50	TOTAL (SUM OF LINES 1 THRU 49)		-132,211,029				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & SVH	10,391,514		10,391,514	9
2	5	EMPLOYEE BENEFITS SVH	9,401,556		9,401,556	
3	6 1	NONPATIENT TELEPHONES SVH	512,507		512,507	
4	6 2	DATA PROCESSING SVH	32,272,684		32,272,684	
4.01	6 3	PURCHASING, RECEIVING AND SVH	1,082,300		1,082,300	
4.02	6 4	ADMITTING SVH	1,508,988		1,508,988	
4.03	6 5	CASHIERING/ACCOUNTS RECEI SVH	7,555,214		7,555,214	
4.04	6 6	OP REGISTRATION SVH	316,723		316,723	
4.05	6 7	OTHER ADMINISTRATIVE AND SVH	11,278,820	121,367,190	-110,088,370	
4.06	8	OPERATION OF PLANT SVH	199,312		199,312	
4.07	15	CENTRAL SERVICES & SUPPLY SVH		182,246	-182,246	
4.08	17	MEDICAL RECORDS & LIBRARY SVH	2,023,392		2,023,392	
4.09	100 9	NETWORK DEVELOPMENT SVH	992,939		992,939	
4.10	100 13	MARKETING SVH	11,988,864		11,988,864	
4.11	3	NEW CAP REL COSTS-BLDG & ASCENSION - INTEREST	2,834,674	4,076,735	-1,242,061	11
4.12	3 1	NEW CAP REL COSTS-BLDG-ST ASCENSION - INTEREST	111,474	160,319	-48,845	11
4.13	3 3	NEW CAP REL COSTS-BLDG-WO ASCENSION - INTEREST	4,323	6,218	-1,895	11
4.14	6 7	OTHER ADMINISTRATIVE AND ASCENSION - INTEREST	709,387	1,020,218	-310,831	
4.15	6 7	OTHER ADMINISTRATIVE AND ASCENSION - TRIMEDX	6,661,955	7,204,064	-542,109	
4.16	5	EMPLOYEE BENEFITS ASCENSION - PENSION	10,439,091	14,881,719	-4,442,628	
4.17	5	EMPLOYEE BENEFITS SVH - SELF-INSURANCE	32,829,070	32,594,397	234,673	
5		TOTALS	143,114,787	181,493,106	-38,378,319	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 15-0084 I

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 5	EMPLOYEE BENEFITS	118,494	118,494					
2 6 7	OTHER ADMINISTRATIVE AND	966,666	966,666					
3 18	SOCIAL SERVICE	179,656	179,656					
4 23	I&R SERVICES-OTHER PRGM C	7,700,117	7,700,117					
5 25	ADULTS & PEDIATRICS	1,994,811	1,994,811					
6 29 1	PICU	1,505,755	1,505,755					
7 30	NEONATAL INTENSIVE CARE U	5,954,018	5,954,018					
8 37	OPERATING ROOM	526,712	526,712					
9 37 1	AMBULATORY SURGERY	1,799,336	1,799,336					
10 41	RADIOLOGY-DIAGNOSTIC	892,387	892,387					
11 49 1	SLEEP LAB	4,497	4,497					
12 50 2	SPORTS MEDICINE	21,183	21,183					
13 60	CLINIC	107,009	107,009					
14 61 1	PATIENT SERVICE	158,334	158,334					
15 61 2	ANTICOAGULATION CLINIC	7,570	7,570					
16 67 1	FAMILY PRACTICE	3,608,384	3,608,384					
17 67 2	GERIATRIC CLINIC	724,607	724,607					
18 5	EMPLOYEE BENEFITS	4,563	4,563					
19 6 7	A&G	6,222,731	6,222,731					
20 18	SOCIAL SERVICE	882	882					
21 23	I&R	341,930	341,930					
22 25	A&P	54,167	54,167					
23 26	ICU	161,113	161,113					
24 30	NICU	346,436	346,436					
25 34	ORTHO TCU	5,833	5,833					
26 37	SURGERY	3,042,721	3,042,721					
27 37 1	AMBULATORY SURGERY	3,000	3,000					
28 41	RADIOLOGY	1,814,943	1,814,943					
29 41 1	CARDIAC CATH LAB	535,564	535,564					
30 44	LABORATORY	672,332	672,332					
31 49	RT	20,000	20,000					
32 49 1	SLEEP LAB	9,167	9,167					
33 50	PT	1,743	1,743					
34 50 2	SPORTS MEDICINE	230	230					
35 52	SPEECH THERAPY	86	86					
36 53	EKG	300,000	300,000					
37 54	EEG	27,500	27,500					
38 57	DIALYSIS	1,346,753	1,346,753					
39 59	ENDOSCOPY	356,240	356,240					
40 60	CLINIC	27,003	27,003					
41 60 1	PARTIAL HOSPITALIZATION	1,222	1,222					
42 61	ER	2,332,021	2,332,021					
43 61 2	ANTICOAGULATION CLINIC	1,201	1,201					
44 61 6	OUTPATIENT TREATMENT	180,108	180,108					
45 61 7	WOUND CENTER	2,440,039	2,440,039					
46 67 1	FAMILY PRACTICE	738,523	738,523					
47 85	CARDIAC TRANSPLANT	200,938	200,938					
101	TOTAL	47,458,525	47,458,525					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET A-8-2
 I I TO 6/30/2010 I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
LINE NO.	11	12	13	14	15	16	17	18
1	5	EMPLOYEE BENEFITS						118,494
2	6	7 OTHER ADMINISTRATIVE AND						966,666
3	18	SOCIAL SERVICE						179,656
4	23	I&R SERVICES-OTHER PRGM C						7,700,117
5	25	ADULTS & PEDIATRICS						1,994,811
6	29	1 PICU						1,505,755
7	30	NEONATAL INTENSIVE CARE U						5,954,018
8	37	OPERATING ROOM						526,712
9	37	1 AMBULATORY SURGERY						1,799,336
10	41	RADIOLOGY-DIAGNOSTIC						892,387
11	49	1 SLEEP LAB						4,497
12	50	2 SPORTS MEDICINE						21,183
13	60	CLINIC						107,009
14	61	1 PATIENT SERVICE						158,334
15	61	2 ANTICOAGULATION CLINIC						7,570
16	67	1 FAMILY PRACTICE						3,608,384
17	67	2 GERIATRIC CLINIC						724,607
18	5	EMPLOYEE BENEFITS						4,563
19	6	7 A& G						6,222,731
20	18	SOCIAL SERVICE						882
21	23	I& R						341,930
22	25	A&P						54,167
23	26	ICU						161,113
24	30	NICU						346,436
25	34	ORTHO TCU						5,833
26	37	SURGERY						3,042,721
27	37	1 AMBULATORY SURGERY						3,000
28	41	RADIOLOGY						1,814,943
29	41	1 CARDIAC CATH LAB						535,564
30	44	LABORATORY						672,332
31	49	RT						20,000
32	49	1 SLEEP LAB						9,167
33	50	PT						1,743
34	50	2 SPORTS MEDICINE						230
35	52	SPEECH THERAPY						86
36	53	EKG						300,000
37	54	EEG						27,500
38	57	DIALYSIS						1,346,753
39	59	ENDOSCOPY						356,240
40	60	CLINIC						27,003
41	60	1 PARTIAL HOSPITALIZATION						1,222
42	61	ER						2,332,021
43	61	2 ANTICOAGULATION CLINIC						1,201
44	61	6 OUTPATIENT TREATMENT						180,108
45	61	7 WOUND CENTER						2,440,039
46	67	1 FAMILY PRACTICE						738,523
47	85	CARDIAC TRANSPLANT						200,938
101		TOTAL						47,458,525

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG-STRESS	28	SQUARE FEET-STRESS	ENTERED
3.02	NEW CAP REL COSTS-BLDG-MATEN HOUSE	29	SQUARE FEET-MATEN HOUSE	ENTERED
3.03	NEW CAP REL COSTS-BLDG-WOMENS	30	SQUARE FEET-WOMENS	ENTERED
3.04	NEW CAP REL COSTS-BLDG-MCNE	31	SQUARE FEET-MCNE	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	23	PHONE LINES	ENTERED
6.02	DATA PROCESSING	24	NODES	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	25	COSTED REQUISITIONS	ENTERED
6.04	ADMITTING	26	PATIENT DAYS	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	27	PATIENT REVENUE	ENTERED
6.06	OP REGISTRATION	32	OP REVENUE	ENTERED
6.07	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED
24.01	PARAMED ED PRGM - CPE	35	ASSIGNED TIME	ENTERED
24.02	PARAMED ED PRGM - PHARMACY	34	ASSIGNED TIME	ENTERED
24.03	PARAMED ED PRGM - RADIOLOGY	33	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG-ST	NEW CAP REL C OSTS-BLDG-MA	NEW CAP REL C OSTS-BLDG-WO
	0	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	24,591,572			24,591,572			
003 01 NEW CAP REL COSTS-BLDG-ST	198,347				198,347		
003 02 NEW CAP REL COSTS-BLDG-MA	345,610					345,610	
003 03 NEW CAP REL COSTS-BLDG-WO	1,890,438						1,890,438
003 04 NEW CAP REL COSTS-BLDG-MC	128,128						
004 NEW CAP REL COSTS-MVBLE E	19,038,663						
005 EMPLOYEE BENEFITS	94,552,524			127,132	2,416		
006 01 NONPATIENT TELEPHONES	4,980,710			164,419	992		2,710
006 02 DATA PROCESSING	33,553,173			252,608	15,357		3,355
006 03 PURCHASING, RECEIVING AND	1,325,874						
006 04 ADMITTING	6,091,451			211,008	685		16,548
006 05 CASHIERING/ACCOUNTS RECEI	15,918,268			30,480			
006 06 OP REGISTRATION	2,611,637			797			
006 07 OTHER ADMINISTRATIVE AND	-10,660,196			569,181	17,832	12,510	62,193
008 OPERATION OF PLANT	21,666,650			4,396,388	9,741		178,484
009 LAUNDRY & LINEN SERVICE	2,204,863						
010 HOUSEKEEPING	6,867,034			228,568	2,131		17,826
011 DIETARY	2,199,373			220,697	4,168		70,205
012 CAFETERIA	3,095,245			260,519			
014 NURSING ADMINISTRATION	7,066,656			308,171	937		26,482
015 CENTRAL SERVICES & SUPPLY	3,277,660			725,771	146		32,034
016 PHARMACY	16,775,007			332,682			32,893
017 MEDICAL RECORDS & LIBRARY	9,102,537			224,868	2,230		
018 SOCIAL SERVICE	6,578,638			42,520	564		621
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	7,205,938						
023 I&R SERVICES-OTHER PRGM C	3,071,022			324,341			4,382
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE	201,772			28,047			
024 02 PARAMED ED PRGM - PHARMAC	133,598						
024 03 PARAMED ED PRGM - RADIOLO	196,166						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,885,821			4,959,377			416,535
026 INTENSIVE CARE UNIT	8,133,566			507,608			
027 CORONARY CARE UNIT	6,445,496			395,195			
027 01 CARDIAC RECOVERY				80,911			
027 02 TRANSPLANT UNIT	2,014,186			60,428			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	4,043,003			380,517			
030 NEONATAL INTENSIVE CARE U	12,251,842						324,446
031 SUBPROVIDER	3,632,178				75,032		
033 NURSERY	2,811,099						151,919
034 SKILLED NURSING FACILITY	1,078,056			252,199			
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	75,917,822			2,078,473			165,423
037 01 AMBULATORY SURGERY	2,530,223			449,674			
039 DELIVERY ROOM & LABOR ROO	4,615,081						245,525
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	25,385,911			1,027,461			53,394
041 01 CARDIAC CATHETERIZATION L	21,714,396			527,499			
041 02 ULTRA SOUND	1,149,050			40,108			
041 04 EP LAB				47,774			
041 05 CATH HOLDING	821,521			110,901			
041 06 ECHOCARDIOLOGY	571,764			4,640			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	38,615,341			299,769			38,171
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	7,824,309			95,201	3,349		2,901
049 01 SLEEP LAB	1,690,901			4,089	34,052		
050 PHYSICAL THERAPY	10,388,479			209,413			
050 01 CARDIAC REHAB	617,302						
050 02 SPORTS MEDICINE	3,461,468						
051 OCCUPATIONAL THERAPY	637,426			7,605	332		
052 SPEECH PATHOLOGY	988,457			32,401			
053 ELECTROCARDIOLOGY	1,048,646			77,293			
054 ELECTROENCEPHALOGRAPHY	1,018,226			14,105			
055 MEDICAL SUPPLIES CHARGED	1,884,506			20			
056 DRUGS CHARGED TO PATIENTS	24,232,798						
057 RENAL DIALYSIS	155,190			71,467			
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	3,040,621			241,385			
059 OUTPAT SERVICE COST CNTRS							
060 CLINIC	5,196,463						

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
		OSTS-BLDG & ST	OSTS-MVBLE E	OSTS-BLDG & ST	OSTS-BLDG-ST	OSTS-BLDG-MA	OSTS-BLDG-WO
	0	1	2	3	3.01	3.02	3.03
060 01 OUTPAT SERVICE COST CNTRS							
061 PARTIAL HOSPITALIZATION	976,440				24,382		
061 EMERGENCY	11,633,063			737,464			
061 01 PATIENT SERVICES	3,000,411			67,542			36,499
061 02 ANTICOAGULATION CLINIC	643,684			31,747			
061 03 LAFAYETTE RD CLINIC	185,247						
061 04 ZIONSVILLE CLINIC	1,106,463						
061 05 BROWNSBURG CLINIC	4,086						
061 06 ST VINCENT OUTPATIENT TRE	3,748,863						
061 07 WOUND CENTER	-195,025			70,240			
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE	2,727,672						
067 02 GERIATRIC CLINIC	437,826						
068 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES	59,346						
068 02 DIABETIC THERAPY	651,403						
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	6,041,348			110,185			
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	2,725,541						
084 LIVER ACQUISITION							
085 HEART ACQUISITION	1,097,760						
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	6,958,506			461,347	1,585		
095 SUBTOTALS	647,812,140			21,902,235	195,931	12,510	1,882,546
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,725,014			83,855			7,892
097 RESEARCH	1,000,594						
098 PHYSICIANS' PRIVATE OFFIC	16,908,136			169,652			
099 NONPAID WORKERS							
100 O'CONNERS				2,801			
100 01 WELLNESS	1,399,590						
100 02 OCC HEALTH	2,956						
100 03 SPN							
100 04 RHI				5,479			
100 05 EXTENDED CARE RESIDENTIAL							
100 06 SETON BOARD							
100 07 MARTEN HOUSE	2,503,170					333,100	
100 08 FOUNDATION	3,091,453						
100 09 NETWORK DEVELOPMENT	991,226						
100 10 EAP					2,416		
100 11 COMMUNITY OUTREACH	1,186,531						
100 13 MARKETING	12,193,077						
100 14 NEW HOPE				867,356			
100 15 JOINT VENTURES	32,243,335						
100 17 VACANT SPACE				1,509,762			
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES	416,280			50,432			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	721,473,502			24,591,572	198,347	345,610	1,890,438

COST ALLOCATION - GENERAL SERVICE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG-MC	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING
	3.04	4	5	6.01	6.02	6.03	6.04
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG-ST							
003 02 NEW CAP REL COSTS-BLDG-MA							
003 03 NEW CAP REL COSTS-BLDG-WO							
003 04 NEW CAP REL COSTS-BLDG-MC	128,128						
004 NEW CAP REL COSTS-MVBLE E		19,038,663					
005 EMPLOYEE BENEFITS		39,165	94,721,237				
006 01 NONPATIENT TELEPHONES		139,823	237,959	5,526,613			
006 02 DATA PROCESSING		129,264	2,745,631	26,298	36,725,686		
006 03 PURCHASING, RECEIVING AND			229,353		142,832	1,698,059	
006 04 ADMITTING		18,416	1,421,256	32,873	615,963	693	8,408,893
006 05 CASHIERING/ACCOUNTS RECEI			1,342,138	7,890	1,401,539	14	
006 06 OP REGISTRATION			777,479		446,350		
006 07 OTHER ADMINISTRATIVE AND	20,549	655,505	6,784,556	373,438	3,615,436	4,314	
008 OPERATION OF PLANT		568,532	1,940,227	207,758	1,187,291	659	
009 LAUNDRY & LINEN SERVICE			76,596				
010 HOUSEKEEPING		3,294	1,462,418	35,503	169,613	7,750	
011 DIETARY		84,253	511,031	81,525	249,956	49,230	
012 CAFETERIA			1,140,120		8,927	324	
014 NURSING ADMINISTRATION		682,424	2,337,037	90,730	696,306	2,357	
015 CENTRAL SERVICES & SUPPLY		44,016	903,287	30,243	196,394	23,615	
016 PHARMACY	1,116	273,361	4,036,567	38,133	714,160	316,498	
017 MEDICAL RECORDS & LIBRARY		704	1,672,990	60,486	1,687,203	510	
018 SOCIAL SERVICE		25,622	1,756,008	126,232	374,934	3,901	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL			2,322,899				
022 I&R SERVICES-SALARY & FRI			657,463	151,216	589,182	4,926	
023 I&R SERVICES-OTHER PRGM C		11,743					
024 PARAMED ED PRGM			71,938	5,260	26,781	38	
024 01 PARAMED ED PRGM - CPE			41,374				
024 02 PARAMED ED PRGM - PHARMAC			91,197	2,630	26,781	163	
024 03 PARAMED ED PRGM - RADIOLO		1,869					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,664,245	13,924,480	871,792	4,463,505	54,640	5,411,519
026 INTENSIVE CARE UNIT		333,736	2,275,021	97,304	562,401	15,473	476,226
027 CORONARY CARE UNIT		130,175	1,865,159	97,304	428,496	8,952	292,017
027 01 CARDIAC RECOVERY				63,116	285,664		
027 02 TRANSPLANT UNIT			288,693	5,260		52	5,376
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE		203,820	769,330	34,188	276,737	15,470	113,437
030 NEONATAL INTENSIVE CARE U		510,502	3,492,724	118,343	1,178,364	12,798	944,071
031 SUBPROVIDER		27,372	1,121,109	46,022	241,029	559	539,209
033 NURSERY		51,703	837,937		276,737	2,611	282,070
034 SKILLED NURSING FACILITY		1,971	327,009	18,409		735	192,928
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2,671,574	6,009,677	349,769	1,321,196	788,951	
037 01 AMBULATORY SURGERY		96,825	600,095	122,288	285,664	4,712	
039 DELIVERY ROOM & LABOR ROO		225,556	1,349,486	64,431	776,649	4,942	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	18,644	4,046,685	4,636,318	443,128	2,329,948	35,072	
041 01 CARDIAC CATHETERIZATION L		1,887,470	995,939	85,470	267,810	87,522	
041 02 ULTRA SOUND		101,881	349,604	19,724	44,635	876	
041 04 EP LAB				21,039	8,927		
041 05 CATH HOLDING		136,596	229,957	32,873	62,489	1,477	
041 06 ECHOCARDIOLOGY		180,545	161,222	6,575	71,416	863	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,627	106,270	31,159	38,133	160,686	127,904	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,435	418,003	1,769,199	48,652	178,540	28,225	
049 01 SLEEP LAB		120,579	357,092	35,503	80,343	1,341	
050 PHYSICAL THERAPY	11,136	303,482	2,501,854	113,083	580,255	5,005	
050 01 CARDIAC REHAB		18,588	162,695	3,945	8,927	86	
050 02 SPORTS MEDICINE		66,563	726,465	24,983	196,394	1,389	
051 OCCUPATIONAL THERAPY			202,009	13,149	26,781	106	
052 SPEECH PATHOLOGY	2,244	21,420	216,837	15,779	35,708	315	
053 ELECTROCARDIOLOGY		239,110	270,240	17,094	71,416	814	
054 ELECTROENCEPHALOGRAPHY		153,699	278,548	22,354	44,635	2,072	
055 MEDICAL SUPPLIES CHARGED		4	102				
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		2,689		15,779	26,781	3,585	
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY		309,527	516,133	47,337	53,562	16,527	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		165,363	1,186,505	27,613	1,330,123	3,388	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG-MC	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING
	3.04	4	5	6.01	6.02	6.03	6.04
060 01 OUTPAT SERVICE COST CNTRS							
061 01 PARTIAL HOSPITALIZATION		14,962	290,193	43,392	169,613	252	
061 EMERGENCY	22,638	464,566	3,491,077	487,836	1,187,291	19,938	
061 01 PATIENT SERVICES		23,228	815,670	14,464	80,343	4,372	
061 02 ANTICOAGULATION CLINIC			177,801			421	
061 03 LAFAYETTE RD CLINIC		33,942	44,428	48,652	8,927	41	
061 04 ZIONSVILLE CLINIC		455,844	138,806		53,562	509	
061 05 BROWNSBURG CLINIC			78		8,927		
061 06 ST VINCENT OUTPATIENT TRE			272,934		205,321	5	
061 07 WOUND CENTER			40	21,039	98,197	69	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE	2,339	207,640	639,057	119,658	1,017,678	1,445	
067 02 GERIATRIC CLINIC	3,242	24,465	145,236	27,613	214,248	161	
068 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES				1,315		1	
068 02 DIABETIC THERAPY		8,897	187,027	14,464	80,343	170	
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		82,851	1,763,619	97,304	1,080,167	1,788	
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION		17,440	113,075			5,561	
084 LIVER ACQUISITION							
085 HEART ACQUISITION		15,480	106,676	6,575	26,781	1,686	
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE		80,011	1,456,857	113,083	580,255	8,597	152,040
095 SUBTOTALS	87,970	18,303,270	89,654,696	5,186,049	32,637,119	1,686,470	8,408,893
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		9,566	152,086	13,149	26,781	984	
097 RESEARCH		219,253	205,250	32,873	241,029	488	
098 PHYSICIANS' PRIVATE OFFIC	3,493	469,122	3,042,589	195,923	2,687,028	6,921	
099 NONPAID WORKERS							
100 O'CONNERS					8,927		
100 01 WELLNESS			367,948	9,204	124,978	475	
100 02 OCC HEALTH				24,983	26,781		
100 03 SPN	7,509			3,945	53,562		
100 04 RHI							
100 05 EXTENDED CARE RESIDENTIAL				6,575			
100 06 SETON BOARD							
100 07 MARTEN HOUSE							
100 08 FOUNDATION		35,634	220,077	19,724	107,124	261	
100 09 NETWORK DEVELOPMENT			106,651		89,270		
100 10 EAP							
100 11 COMMUNITY OUTREACH			179,119	14,464	303,518	829	
100 13 MARKETING			715,691	19,724	267,810	94	
100 14 NEW HOPE							
100 15 JOINT VENTURES	29,156	1,818	47,010		8,927	910	
100 17 VACANT SPACE							
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES			30,120		142,832	627	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	128,128	19,038,663	94,721,237	5,526,613	36,725,686	1,698,059	8,408,893

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	CASHIERING/AC	OP REGISTRATI	SUBTOTAL	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
	COUNTS RECEI	ON	6a.06	TRATIVE AND	PLANT	EN SERVICE	
	6.05	6.06		6.07	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG-ST							
003 03 NEW CAP REL COSTS-BLDG-MA							
003 04 NEW CAP REL COSTS-BLDG-WO							
004 NEW CAP REL COSTS-BLDG-MC							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI	18,700,329						
006 06 OP REGISTRATION		3,836,263					
006 07 OTHER ADMINISTRATIVE AND			1,455,318	1,455,318			
008 OPERATION OF PLANT			30,155,730	60,945	30,216,675		
009 LAUNDRY & LINEN SERVICE			2,281,459	4,611		2,286,070	
010 HOUSEKEEPING			8,794,137	17,773	341,195		9,153,105
011 DIETARY			3,470,438	7,014	460,171		140,985
012 CAFETERIA			4,505,135	9,105	325,439		99,707
014 NURSING ADMINISTRATION	82,545		11,293,645	22,824	449,318		137,660
015 CENTRAL SERVICES & SUPPLY			5,233,166	10,576	976,344		299,127
016 PHARMACY			22,520,417	45,514	506,290		155,115
017 MEDICAL RECORDS & LIBRARY			12,751,528	25,771	299,290		91,695
018 SOCIAL SERVICE	2,427		8,911,467	18,010	59,066		18,096
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			9,528,837	19,258			
023 I&R SERVICES-OTHER PRGM C	106,774		4,921,049	9,945	414,562		127,012
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE			333,836	675	35,036		10,734
024 02 PARAMED ED PRGM - PHARMAC			174,972	354			
024 03 PARAMED ED PRGM - RADIOLO			318,806	644			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,605,870		81,257,784	164,222	7,370,831	833,219	2,258,241
026 INTENSIVE CARE UNIT	323,101		12,724,436	25,716	634,101	74,267	194,273
027 CORONARY CARE UNIT	203,482		9,866,276	19,940	493,675	11,574	151,250
027 01 CARDIAC RECOVERY			429,691	868	101,074		30,967
027 02 TRANSPLANT UNIT	7,344		2,381,339	4,813	75,486	18,561	23,127
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	123,452		5,959,954	12,045	475,340	10,739	145,632
030 NEONATAL INTENSIVE CARE U	908,145		19,741,235	39,897	688,367	421,997	210,898
031 SUBPROVIDER	150,636		5,833,146	11,789	617,834	22,836	189,289
033 NURSERY	119,280		4,533,356	9,162	40,246	141,170	12,330
034 SKILLED NURSING FACILITY	21,038		1,892,345	3,824	315,046		96,522
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,264,799	1,037,032	94,604,716	191,358	2,950,226	186,604	903,876
037 01 AMBULATORY SURGERY	118,527	69,735	4,277,743	8,645	561,730	15,675	172,100
039 DELIVERY ROOM & LABOR ROO	362,355	11,912	12,724,937	15,473	525,136	250,458	160,889
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,332,774	1,072,686	41,382,021	83,633	1,737,668	112,270	532,378
041 01 CARDIAC CATHETERIZATION L	1,017,347	252,729	26,836,182	54,236	658,948	7,259	201,885
041 02 ULTRA SOUND	162,964	61,334	1,930,176	3,901	50,103		15,350
041 04 EP LAB			77,740	157	59,679		18,284
041 05 CATH HOLDING	58,860	23,768	1,478,442	2,988	138,536		42,444
041 06 ECHOCARDIOLOGY	127,932	25,163	1,150,120	2,324	5,797		1,776
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,936,357	291,601	41,647,018	84,169	485,784		148,832
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	683,007	48,858	11,104,679	22,443	233,584	2,869	71,564
049 01 SLEEP LAB	95,055	56,158	2,475,113	5,002	285,500		87,470
050 PHYSICAL THERAPY	421,915	176,949	14,711,571	29,732	464,665	4,300	142,362
050 01 CARDIAC REHAB	14,433	5,002	830,978	1,679			
050 02 SPORTS MEDICINE	10,213	6,119	4,493,594	9,082			
051 OCCUPATIONAL THERAPY	40,341	3,617	931,366	1,882	12,232		3,748
052 SPEECH PATHOLOGY	28,011	6,968	1,348,140	2,725	81,385		24,934
053 ELECTROCARDIOLOGY	33,736	9,656	1,768,005	3,573	96,554	3,632	29,582
054 ELECTROENCEPHALOGRAPHY	78,544	15,158	1,627,341	3,289	17,620	5,292	5,398
055 MEDICAL SUPPLIES CHARGED	33,411		1,918,043	3,876	26	3	8
056 DRUGS CHARGED TO PATIENTS	1,593,946		25,826,744	52,196			
057 RENAL DIALYSIS	38,846	4,813	319,150	645	89,276		27,352
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	219,022	86,916	4,531,030	9,157	301,537	19,840	92,383
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	104,803	62,797	8,077,055	16,324			

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS	OP REGISTRATI RECEI TION	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6.05	6.06	6a.06	6.07	8	9	10
060 01 OUTPAT SERVICE COST CNTRS							
061 01 PARTIAL HOSPITALIZATION	62,411	37,350	1,618,995	3,272	200,769		61,511
061 02 EMERGENCY	739,638	327,870	19,111,381	38,624	1,334,036	136,851	408,715
061 01 PATIENT SERVICES	35,304	20,281	4,098,114	8,282	162,439	4,351	49,767
061 02 ANTICOAGULATION CLINIC	11,302	6,754	871,709	1,762	39,658		12,150
061 03 LAFAYETTE RD CLINIC			321,237	649			
061 04 ZIONSVILLE CLINIC			1,755,184	3,547			
061 05 BROWNSBURG CLINIC			13,091	26			
061 06 ST VINCENT OUTPATIENT TRE	75,414		4,302,537	8,695			
061 07 WOUND CENTER	85,657		80,217	162	87,744		26,883
062 01 OBSERVATION BEDS (NON-DIS							
062 02 OTHER REIMBURS COST CNTRS							
064 01 HOME PROGRAM DIALYSIS							
065 01 AMBULANCE SERVICES							
066 01 DURABLE MEDICAL EQUIP-REN							
067 01 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE			4,715,489	9,530	42,646		13,066
067 02 GERIATRIC CLINIC			852,791	1,723	59,117		18,112
068 01 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES	1,595		62,257	126			
068 02 DIABETIC THERAPY	3,865	2,315	948,484	1,917			
069 01 CORF							
070 01 I&R SERVICES-NOT APPRVD P							
071 01 HOME HEALTH AGENCY	78,414	46,985	9,302,661	18,801	137,643		42,170
082 01 LUNG ACQUISITION							
082 02 SPEC PURPOSE COST CENTERS							
083 01 KIDNEY ACQUISITION	22,883	4,114	2,888,614	5,838			
084 01 LIVER ACQUISITION							
085 01 HEART ACQUISITION	20,313	410	1,275,681	2,578			
092 01 AMBULATORY SURGICAL CENTE							
093 01 HOSPICE	132,241	61,213	10,005,735	20,222	589,361		180,566
095 01 SUBTOTALS	18,700,329	3,836,263	634,496,583	1,279,538	26,088,110	2,283,767	7,888,215
096 01 NONREIMBURS COST CENTERS							
096 02 GIFT, FLOWER, COFFEE SHOP			2,019,327	4,081	121,657		37,273
097 01 RESEARCH			1,699,487	3,435			
098 01 PHYSICIANS' PRIVATE OFFIC			23,482,864	47,459	275,617	2,303	84,442
099 01 NONPAID WORKERS							
100 01 O'CONNERS			11,728	24	3,499		1,072
100 01 WELLNESS			1,902,195	3,844			
100 02 OCC HEALTH			54,720	111			
100 03 SPN			65,016	131	136,928		41,951
100 04 RHI			5,479	11	6,844		2,097
100 05 EXTENDED CARE RESIDENTIAL			6,575	13			
100 06 SETON BOARD							
100 07 MARTEN HOUSE			2,836,270	5,732			
100 08 FOUNDATION			3,474,273	7,022			
100 09 NETWORK DEVELOPMENT			1,187,147	2,399			
100 10 EAP			2,416	5	19,893		6,095
100 11 COMMUNITY OUTREACH			1,684,461	3,404			
100 13 MARKETING			13,196,396	26,670			
100 14 NEW HOPE			867,356	1,753	1,083,495		331,956
100 15 JOINT VENTURES			32,331,156	65,341	531,648		162,884
100 17 VACANT SPACE			1,509,762	3,051	1,885,985		577,819
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES			640,291	1,294	62,999		19,301
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	18,700,329	3,836,263	721,473,502	1,455,318	30,216,675	2,286,070	9,153,105

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG-ST							
003 03 NEW CAP REL COSTS-BLDG-MA							
003 04 NEW CAP REL COSTS-BLDG-WO							
004 NEW CAP REL COSTS-BLDG-MC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	4,078,608						
012 CAFETERIA		4,939,386					
014 NURSING ADMINISTRATION		115,630	12,019,077				
015 CENTRAL SERVICES & SUPPLY		107,938		6,627,151			
016 PHARMACY		210,788	7,333	119,035	23,564,492		
017 MEDICAL RECORDS & LIBRARY		100,277				13,268,561	
018 SOCIAL SERVICE		114,989	301,816		49		9,423,493
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		187,916					
023 I&R SERVICES-OTHER PRGM C		113,062	69,340	6,855	431,190		
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - CPE		5,880			2		
024 02 PARAMED ED PRGM - PHARMAC		4,372					
024 03 PARAMED ED PRGM - RADIOLO		5,804	7,333		34		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,960,958	982,350	4,127,793	499,493	461,768	1,830,208	3,045,142
026 INTENSIVE CARE UNIT	158,314	149,777	724,330	164,465	361,778	39,108	353,749
027 CORONARY CARE UNIT		113,788	507,773	88,583	165,744	82,823	3,103
027 01 CARDIAC RECOVERY	21,590						1,034
027 02 TRANSPLANT UNIT		15,675	24,475	264	268		
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	17,786	68,243	279,231	180,405	33,569	8,973	558,035
030 NEONATAL INTENSIVE CARE U		263,305	1,000,438	112,179	242,644	53,696	1,622,386
031 SUBPROVIDER	504,929	88,493	187,082	2,754	4,590	112,334	
033 NURSERY		98,197	229,093	20,232	2,215	152,545	617,510
034 SKILLED NURSING FACILITY		29,074	88,070	6,309	984	27,448	
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		444,490	1,233,709	3,531,668	5,841,755	186,567	
037 01 AMBULATORY SURGERY		49,145	145,668	43,062	77,823	680,480	6,206
039 DELIVERY ROOM & LABOR ROO		89,458	370,320	50,733	48,644	52,976	317,547
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		330,699	178,526	113,432	121,027	4,439,406	
041 01 CARDIAC CATHETERIZATION L		60,148	156,447	803,754	209,904	117,420	
041 02 ULTRA SOUND		17,349		10,124	2,201		
041 04 EP LAB							
041 05 CATH HOLDING	13,960	16,216	71,891	13,722	53,622		
041 06 ECHOCARDIOLOGY		9,861	10,853	2,023	40		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		1,405		4,965	1,228,601	514,738	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		127,733	32,852	20,237	9,246,641		
049 01 SLEEP LAB		27,705		9,684	3,680	131,096	
050 PHYSICAL THERAPY		184,992		51,294	14,085	9,597	
050 01 CARDIAC REHAB		11,170	37,528	444		48	
050 02 SPORTS MEDICINE		53,008	14	1,151	3,734	50,912	
051 OCCUPATIONAL THERAPY		14,680		1,218			
052 SPEECH PATHOLOGY		14,333		2,999	656		
053 ELECTROCARDIOLOGY		24,886	40,768	5,835	5,467		
054 ELECTROENCEPHALOGRAPHY		17,990		24,960	47		
055 MEDICAL SUPPLIES CHARGED		7		3			
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				39,017	235,056		
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY		34,417	150,091	185,009	66,997	248,180	18,101
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		111,329	213,265	19,808	351,239		126,191

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0084 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
	11	12	14	15	16	17	18
060 01 OUTPAT SERVICE COST CNTRS							
061 01 PARTIAL HOSPITALIZATION		25,902			41		
061 01 EMERGENCY	17,157	240,913	703,969	166,562	362,253	3,210,649	2,517,621
061 01 PATIENT SERVICES	10,870	87,063	67,941	19,537	19,036	202,594	7,758
061 02 ANTICOAGULATION CLINIC		11,130	25,867	686	127		
061 03 LAFAYETTE RD CLINIC				167	20		
061 04 ZIONSVILLE CLINIC				838	3,352	231,961	
061 05 BROWNSBURG CLINIC						240	
061 06 ST VINCENT OUTPATIENT TRE			25,189				
061 07 WOUND CENTER		2		22	18,454		
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OTHER REIMBURS COST CNTRS							
064 01 HOME PROGRAM DIALYSIS							
065 01 AMBULANCE SERVICES							
066 01 DURABLE MEDICAL EQUIP-REN							
067 01 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE	160		28,273	2,768	1,385	356,723	192,390
067 02 GERIATRIC CLINIC		17,183	35,125		5,493		
068 01 OTHER REIMBURSABLE COST C							
068 01 PSYCH SERVICES							
068 02 DIABETIC THERAPY		11,689	46,864	29		43,763	
069 01 CORF							
070 01 I&R SERVICES-NOT APPRVD P							
071 01 HOME HEALTH AGENCY			276,199	15,178	8,852		
082 01 LUNG ACQUISITION							
082 01 SPEC PURPOSE COST CENTERS							
083 01 KIDNEY ACQUISITION		6,691	24,981	159,681	515		
084 01 LIVER ACQUISITION							
085 01 HEART ACQUISITION		9,612	22,490	78,083	1,231	6,622	
092 01 AMBULATORY SURGICAL CENTE							
093 01 HOSPICE	88,620		273,508	31,009	2,271,988		
095 01 SUBTOTALS	3,794,344	4,826,764	11,726,445	6,610,402	21,908,675	12,791,107	9,386,773
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		22,327		3			
097 01 RESEARCH		14,779	13,970	27			
098 01 PHYSICIANS' PRIVATE OFFIC			194,629	12,876	1,431,480	223,084	36,720
099 01 NONPAID WORKERS							
100 01 O'CONNERS							
100 01 WELLNESS		39,232	83,566	1,326	94		
100 02 OCC HEALTH							
100 03 SPN							
100 04 RHT							
100 05 EXTENDED CARE RESIDENTIAL							
100 06 SETON BOARD	284,264						
100 07 MARTEN HOUSE							
100 08 FOUNDATION		14,527			2,844		
100 09 NETWORK DEVELPOMENT							
100 10 EAP							
100 11 COMMUNITY OUTREACH		15,920	432	899	749	96	
100 13 MARKETING			35				
100 14 NEW HOPE							
100 15 JOINT VENTURES		4,423		1,618	4,342	254,274	
100 17 VACANT SPACE							
100 18 ST VINCENT HEART CENTER							
100 19 MISSION SERVICES		1,414			216,308		
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	4,078,608	4,939,386	12,019,077	6,627,151	23,564,492	13,268,561	9,423,493