

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	15-0162	I	FROM 1/1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/29/2008 TIME 14:18

PART I - CERTIFICATION

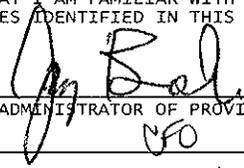
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR 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 FRANCIS HOSPITAL & HEALTH CENTERS 15-0162

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2007 AND ENDING 12/31/2007 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.



OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

5/29/08

DATE

ECR ENCRYPTION INFORMATION
DATE: 5/29/2008 TIME 14:18

ZHRFvS1FBtVnmXuyk:8NswB:RvPha0
j7Fyx0YAaeTlk1EiyyaROHNNcntjFc
917909e:1904Xaxc

PI ENCRYPTION INFORMATION
DATE: 5/29/2008 TIME 14:18

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Jx:F20fmGRtpxaZuZ4dwfZ1HYR0Tvc
MekK9fmrxxv09w0tt

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1 HOSPITAL	0	2,848,305	309,822	0		
100 TOTAL	0	2,848,305	309,822	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: 8111S. EMERSON P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46237- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;						PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED		V	XVIII	XIX
02.00	HOSPITAL	1	2.01	3	5/ 1/2006	4	5	6
	ST FRANCIS HOSPITAL & HEALTH CENTERS	15-0162				N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007
 18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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 SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE // //
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
 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. N
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 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) N N
 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 // //

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)
 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

1	2	3	4
	0	0.0000	0.0000
	0.00	0	

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

28.03 STAFFING % Y/N 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)
 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).
 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

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).
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 40.01 NAME: SISTERS OF ST FRANCIS HEALTH SERVICE FI/CONTRACTOR NAME NATIONAL GOV'T SERVICES FI/CONTRACTOR # 0130
 40.02 STREET: 1515 DRAGON TRAIL P.O. BOX:
 40.03 CITY: MISHAWAKA STATE: IN ZIP CODE: 46546-
 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 NCMQ 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	ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

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

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 338,322
 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	5	6	7	8
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.									
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)(ii)(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). 0

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) N

60.01 IF LINE 60 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)(ii)(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). 0

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	90	32,850	2.01	3	4	3,565	5 4,012
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	90	32,850				3,565	4,012
6 INTENSIVE CARE UNIT							
01 NEONATAL INTENSIVE CARE UNIT	23	8,395					1,990
7 CORONARY CARE UNIT	46	16,790				8,178	558
9 SURGICAL INTENSIVE CARE UNIT	25	9,125				3,152	269
11 NURSERY							2,200
12 TOTAL	184	67,160				14,895	9,029
13 RPCH VISITS							
25 TOTAL	184						
26 OBSERVATION BED DAYS							716
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED	TITLE XVIII / NOT ADMITTED	-- INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	16,390	6.01	6.02	7	8
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,390				
6 INTENSIVE CARE UNIT							
01 NEONATAL INTENSIVE CARE UNIT			3,546				
7 CORONARY CARE UNIT			12,773				
9 SURGICAL INTENSIVE CARE UNIT			5,532				
11 NURSERY			5,553				
12 TOTAL			43,794			4.50	
13 RPCH VISITS							
25 TOTAL						4.50	
26 OBSERVATION BED DAYS	45	671	3,068	214	2,854		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13 3,331	14 1,621	15 9,887
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
01 NEONATAL INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	4.50	1,775.25			3,331	1,621	9,887
13 RPCH VISITS							
25 TOTAL	4.50	1,775.25					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

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
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1	SALARIES					
2	TOTAL SALARY		55,727,036	2,100,966.81	26.52	
3	NON-PHYSICIAN ANESTHETIST PART A					
4	NON-PHYSICIAN ANESTHETIST PART B					
4.01	PHYSICIAN - PART A		5,000	50.00	100.00	
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
5.01	PHYSICIAN - PART B		238,165	1,356.01	175.64	
6	NON-PHYSICIAN - PART B					
6.01	INTERNS & RESIDENTS (APPRVD)					
7	CONTRACT SERVICES, I&R					
8	HOME OFFICE PERSONNEL					
8.01	SNF					
8.01	EXCLUDED AREA SALARIES		359,274	16,611.69	21.63	
9	OTHER WAGES & RELATED COSTS					
9.01	CONTRACT LABOR:		2,816,846	98,711.97	28.54	
9.01	PHARMACY SERVICES UNDER CONTRACT					
9.02	LABORATORY SERVICES UNDER CONTRACT					
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT					
10	CONTRACT LABOR: PHYS PART A		528,187	3,231.25	163.46	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)					
11	HOME OFFICE SALARIES & WAGE RELATED COSTS		13,133,648	366,001.09	35.88	
12	HOME OFFICE: PHYS PART A					
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
13	WAGE RELATED COSTS					
14	WAGE-RELATED COSTS (CORE)		17,103,457	17,103,457		CMS 339
15	WAGE-RELATED COSTS (OTHER)					CMS 339
16	EXCLUDED AREAS		105,886	105,886		CMS 339
17	NON-PHYS ANESTHETIST PART A					CMS 339
18	NON-PHYS ANESTHETIST PART B					CMS 339
18.01	PHYSICIAN PART A		1,477	1,477		CMS 339
19	PART A TEACHING PHYSICIANS					CMS 339
19.01	PHYSICIAN PART B		77,135	77,135		CMS 339
20	WAGE-RELATED COSTS (RHC/FOHC)					CMS 339
20	INTERNS & RESIDENTS (APPRVD)					CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES					
22	EMPLOYEE BENEFITS		256,547	8,041.30	31.90	
22.01	ADMINISTRATIVE & GENERAL		2,741,959	138,162.46	19.85	
23	A & G UNDER CONTRACT					
24	MAINTENANCE & REPAIRS					
25	OPERATION OF PLANT		1,374,933	62,474.09	22.01	
26	LAUNDRY & LINEN SERVICE		53,207	5,513.57	9.65	
26.01	HOUSEKEEPING		1,184,106	108,479.40	10.92	
27	HOUSEKEEPING UNDER CONTRACT					
27.01	DIETARY		818,674	25,079.00	12.63	
28	DIETARY UNDER CONTRACT		-502,035	316,639		
29	CAFETERIA		303,601	63,810.00	12.63	
30	MAINTENANCE OF PERSONNEL		502,035	805,636		
31	NURSING ADMINISTRATION		76,388	3,614.79	21.13	
32	CENTRAL SERVICE AND SUPPLY		246,260	17,158.70	14.35	
33	PHARMACY		2,111,363	63,173.15	33.42	
34	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY					
35	SOCIAL SERVICE					
35	OTHER GENERAL SERVICE					

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES		55,488,871	2,099,610.80	26.43	
2	EXCLUDED AREA SALARIES		359,274	16,611.69	21.63	
3	SUBTOTAL SALARIES		55,129,597	2,082,999.11	26.47	
4	SUBTOTAL OTHER WAGES & RELATED COSTS		16,478,681	467,944.31	35.22	
5	SUBTOTAL WAGE-RELATED COSTS		17,104,934		31.03	
6	TOTAL		88,713,212	2,550,943.42	34.78	
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		9,167,038	495,506.46	18.50	

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	957,538
17.01	GROSS MEDICAID REVENUES	12,402,775
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	13,360,313
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)	.333817
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	56,608,515
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	18,896,885
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	20,081,345
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,703,494
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	18,896,885

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
3	0300 GENERAL SERVICE COST CNTR					
4	0400 NEW CAP REL COSTS-BLDG & FIXT		6,549,150	6,549,150	5,030,072	11,579,222
5	0500 NEW CAP REL COSTS-MVBLE EQUIP		6,529,706	6,529,706	551,024	7,080,730
6.01	0640 EMPLOYEE BENEFITS	256,547	79,339	335,886		335,886
6.02	0650 ADMITTING	1,238,725	487,573	1,726,298	-2,505	1,723,793
6.03	0650 PATIENT ACCOUNTING					
8	0800 OTHER ADMINISTRATIVE AND GENERAL	1,503,234	2,759,417	4,262,651	-191,535	4,071,116
9	0800 OPERATION OF PLANT	1,374,933	3,814,016	5,188,949	-10,443	5,178,506
10	0900 LAUNDRY & LINEN SERVICE	53,207	602,846	656,053		656,053
11	1000 HOUSEKEEPING	1,184,106	742,830	1,926,936		1,926,936
12	1100 DIETARY	818,674	1,162,918	1,981,592	-1,375,861	605,731
14	1200 CAFETERIA	303,601	-98,359	205,242	1,364,598	1,569,840
15	1400 NURSING ADMINISTRATION	76,388	45,352	121,740		121,740
16	1500 CENTRAL SERVICES & SUPPLY	246,260	432,051	678,311	-238,734	439,577
17	1600 PHARMACY	2,111,363	1,736,597	3,847,960	-342,257	3,505,703
22	1700 MEDICAL RECORDS & LIBRARY		244	244		244
23	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
25	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
26	2500 INPAT ROUTINE SRVC CNTRS					
26.01	2500 ADULTS & PEDIATRICS	6,783,363	2,290,437	9,073,800	-3,585	9,070,215
27	2600 INTENSIVE CARE UNIT					
27.01	2060 NEONATAL INTENSIVE CARE UNIT	2,461,880	1,594,278	4,056,158	-56,212	3,999,946
29	2700 CORONARY CARE UNIT	8,837,440	3,049,120	11,886,560	-7,056	11,879,504
33	2900 SURGICAL INTENSIVE CARE UNIT	3,664,548	1,448,127	5,112,675	-3,152	5,109,523
37	3300 NURSERY	727,528	374,860	1,102,388	-28,817	1,073,571
39	3700 ANCILLARY SRVC COST CNTRS					
41	3700 OPERATING ROOM	5,089,654	9,341,870	14,431,524	-7,022,984	7,408,540
41.01	3900 DELIVERY ROOM & LABOR ROOM	3,495,185	1,654,309	5,149,494	-77,156	5,072,338
41.02	4100 RADIOLOGY-DIAGNOSTIC	3,689,376	10,878,688	14,568,064	-957,575	13,610,489
41.03	3950 CARDIAC NUCLEAR DIAGNOSTIC		8,093,727	8,093,727	-1,123,571	6,970,156
42	3450 NUCLEAR MEDICINE-DIAGNOSTIC	197,558	964,638	1,162,196	-95,994	1,066,202
44	3630 ULTRA SOUND	601,656	198,275	799,931	-506	799,425
48	4200 RADIOLOGY-THERAPEUTIC		7,877,632	7,877,632	-15,033	7,862,599
49	4400 LABORATORY		5,299,710	5,299,710	-39,572	5,260,138
50	4800 INTRAVENOUS THERAPY	34,546	124,863	159,409	-3,912	155,497
51	4900 RESPIRATORY THERAPY	2,040,358	969,449	3,009,807	-227,209	2,782,598
52	5000 PHYSICAL THERAPY	662,886	608,941	1,271,827	-177,756	1,094,071
53	5100 OCCUPATIONAL THERAPY	185,193	128,090	313,283	-62,042	251,241
54	5200 SPEECH PATHOLOGY	92,713	91,355	184,068	-29,346	154,722
55	5300 ELECTROCARDIOLOGY	974,374	457,262	1,431,636	-6	1,431,630
56	53.01 3120 CARDIAC CATHETERIZATION LAB	1,334,027	10,530,400	11,864,427	-9,783,559	2,080,868
57	5400 ELECTROENCEPHALOGRAPHY	194,921	1,389,510	1,584,431	-219,329	1,365,102
60	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				23,118,344	23,118,344
60.01	5600 DRUGS CHARGED TO PATIENTS		5,859,892	5,859,892	1,833,499	7,693,391
60.02	5700 RENAL DIALYSIS	84,017	55,597	139,614	-2,266	137,348
60.03	6000 OUTPAT SERVICE COST CNTRS					
60.04	6001 CLINIC	15,566	4,718	20,284		20,284
60.05	6002 HEAD & NECK CLINIC					
60.06	6002 PROMPT CARE	493,405	178,152	671,557		671,557
60.07	6003 SOUTH INDY MRY & REHAB		2,343,644	2,343,644		2,343,644
60.08	6004 WOUND CARE INSTITUTE	15,893	4,686	20,579		20,579
60.09	6005 CV DIAGNOSTIC SERVICES		4,147,792	4,147,792		4,147,792
60.10	6006 PEDIATRIC CLINIC	235,100	138,102	373,202	-227,065	146,137
60.11	6007 CARDIAC REHAB	305,445	188,667	494,112	-75,039	419,073
60.12	6008 GREENWOOD IMAGING	225	2,233,078	2,233,303	-32,768	2,200,535
60.13	6100 EMERGENCY	3,983,867	2,975,365	6,959,232	-25,509	6,933,723
60.14	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
60.15	6200 SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		4,188,749	4,188,749	-4,188,749	-
95	9500 SUBTOTALS	55,367,762	114,527,663	169,895,425	5,250,434	175,145,859
96	9600 NONREIMBURS COST CENTERS					
100	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,839	25,065	49,904		49,904
100.01	7950 MARKETING & COMMUNITY RELATIONS					
100.02	7951 ST. FRANCIS INN	126,159	44,666	170,825		170,825
100.03	7952 WOMEN'S CENTER	206,443	148,311	354,754	-845	353,909
100.04	7953 SOUTH EMERSON SURGERY CTR		3,810,814	3,810,814	-945,739	2,865,075
100.05	7954 SOUTHEAST SURGERY CTR		4,885,199	4,885,199	-2,560,992	2,324,207
100.06	7955 FRANCISCAN SURGERY CTR	1,833	5,933,320	5,933,153	-1,564,710	4,368,443
101.	7956 FRANCISCAN CARDIOVASCULAR LAB		2,022,152	2,022,152	-178,148	1,844,004
	TOTAL	55,727,036	131,395,190	187,122,226	-0-	187,122,226

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
3	0300 GENERAL SERVICE COST CNTR		
4	0400 NEW CAP REL COSTS-BLDG & FIXT	-3,411,809	8,167,413
5	0500 NEW CAP REL COSTS-MVBLE EQUIP	2,148,006	9,228,736
6.01	0640 EMPLOYEE BENEFITS	1,790,300	2,126,186
6.02	0650 ADMITTING	1,518,558	3,242,351
6.03	0660 PATIENT ACCOUNTING	2,156,590	2,156,590
8	0800 OTHER ADMINISTRATIVE AND GENERAL	17,391,218	21,462,334
9	0900 OPERATION OF PLANT	38,379	5,216,885
10	1000 LAUNDRY & LINEN SERVICE		656,053
11	1100 HOUSEKEEPING		1,926,936
12	1200 DIETARY	-62,125	543,606
14	1400 CAFETERIA	-917,106	652,734
15	1500 NURSING ADMINISTRATION	545,404	667,144
16	1600 CENTRAL SERVICES & SUPPLY	806,622	1,246,199
17	1700 PHARMACY	-103,831	3,401,872
22	2200 MEDICAL RECORDS & LIBRARY		244
23	2300 I&R SERVICES-SALARY & FRINGES APPRVD	703,332	703,332
25	2500 I&R SERVICES-OTHER PRGM COSTS APPRVD	354,600	354,600
26	2600 INPAT ROUTINE SRVC CNTRS		
26.01	2600 ADULTS & PEDIATRICS	-12,494	9,057,721
27	2700 INTENSIVE CARE UNIT		
29	2900 NEONATAL INTENSIVE CARE UNIT	-83,104	3,916,842
33	3300 CORONARY CARE UNIT		11,879,504
37	3700 SURGICAL INTENSIVE CARE UNIT		5,109,523
39	3900 NURSERY	-1,292	1,072,279
41	4100 ANCILLARY SRVC COST CNTRS		
41.01	4100 OPERATING ROOM	-360	7,408,180
41.02	4100 DELIVERY ROOM & LABOR ROOM		5,072,338
41.03	4100 RADIOLOGY-DIAGNOSTIC	-635,551	12,974,938
42	4200 CARDIAC NUCLEAR DIAGNOSTIC	-25	6,970,131
44	4400 NUCLEAR MEDICINE-DIAGNOSTIC		1,066,202
48	4800 ULTRA SOUND		799,425
49	4900 RADIOLOGY-THERAPEUTIC		7,862,599
50	5000 LABORATORY	-1,602,219	3,657,919
51	5100 INTRAVENOUS THERAPY		155,497
52	5200 RESPIRATORY THERAPY		2,782,598
53	5300 PHYSICAL THERAPY		1,094,071
53.01	5300 OCCUPATIONAL THERAPY		251,241
54	5400 SPEECH PATHOLOGY		154,722
55	5500 ELECTROCARDIOLOGY		1,431,630
56	5600 CARDIAC CATHETERIZATION LAB	-29,046	2,051,822
57	5700 ELECTROENCEPHALOGRAPHY	-138,072	1,227,030
60	6000 MEDICAL SUPPLIES CHARGED TO PATIENTS		23,118,344
60.01	6000 DRUGS CHARGED TO PATIENTS		7,693,391
60.02	6000 RENAL DIALYSIS		137,348
60.03	6000 OUTPAT SERVICE COST CNTRS		
60.04	6000 CLINIC		20,284
60.05	6001 HEAD & NECK CLINIC		
60.06	6002 PROMPT CARE	-109,994	561,563
60.07	6003 SOUTH INDY MRY & REHAB		2,343,644
60.08	6004 WOUND CARE INSTITUTE		20,579
60.09	6005 CV DIAGNOSTIC SERVICES		4,147,792
60.10	6006 PEDIATRIC CLINIC	-29,383	116,754
60.11	6007 CARDIAC REHAB	-19,256	399,817
60.12	6008 GREENWOOD IMAGING	-211,622	1,988,913
61	6100 EMERGENCY	-122,654	6,811,069
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
88	8800 SPEC PURPOSE COST CENTERS		
95	INTEREST EXPENSE		-0-
	SUBTOTALS	19,963,066	195,108,925
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		49,904
100	7950 MARKETING & COMMUNITY RELATIONS	2,794,999	2,794,999
100.01	7951 ST. FRANCIS INN		170,825
100.02	7952 WOMEN'S CENTER		353,909
100.03	7953 SOUTH EMERSON SURGERY CTR		2,865,075
100.04	7954 SOUTHEAST SURGERY CTR		2,324,207
100.05	7955 FRANCISCAN SURGERY CTR		4,368,443
100.06	7956 FRANCISCAN CARDIOVASCULAR LAB		1,844,004
101.	TOTAL		209,880,291

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	PATIENT ACCOUNTING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	OTHER ADMINISTRATIVE AND GENERAL	0660	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	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CARDIAC NUCLEAR DIAGNOSTIC	3950	OTHER ANCILLARY SERVICE COST CENTERS
41.02	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.03	ULTRA SOUND	3630	ULTRA SOUND
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATHETERIZATION LAB	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HEAD & NECK CLINIC	6001	CLINIC
60.02	PROMPT CARE	6002	CLINIC
60.03	SOUTH INDY MRY & REHAB	6003	CLINIC
60.04	WOUND CARE INSTITUTE	6004	CLINIC
60.05	CV DIAGNOSTIC SERVICES	6005	CLINIC
60.06	PEDIATRIC CLINIC	6006	CLINIC
60.07	CARDIAC REHAB	6007	CLINIC
60.08	GREENWOOD IMAGING	6008	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	MARKETING & COMMUNITY RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	ST. FRANCIS INN	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	WOMEN'S CENTER	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SOUTH EMERSON SURGERY CTR	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SOUTHEAST SURGERY CTR	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	FRANCISCAN SURGERY CTR	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	FRANCISCAN CARDIOVASCULAR LAB	7956	OTHER NONREIMBURSABLE COST CENTERS
101.	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 150162	PERIOD: FROM 1/ 1/2007 TO 12/31/2007	PREPARED 5/29/2008 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 CAFETERIA	A	CAFETERIA	12	502,035
2 JV CHARGABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56	862,563 1,833,499
3				
4				
5				
6				
7				
8				
9				
10 CHARGEABLE MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	23,118,344
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1 CHARGEABLE MEDICAL SUPPLIES	C			
2 RENTAL EQUIPMENT	D	NEW CAP REL COSTS-MVBLE EQUIP	4	551,024
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15 PROPERTY TAXES	E	NEW CAP REL COSTS-BLDG & FIXT	3	185,615
16 BUILDING RENTAL	F	NEW CAP REL COSTS-BLDG & FIXT	3	655,708
17				
18				
19				
20				
21				
22				
23				
24 INTEREST	G	NEW CAP REL COSTS-BLDG & FIXT	3	4,188,749
36 TOTAL RECLASSIFICATIONS				502,035 31,395,502

(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.

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 CAFETERIA	A	DIETARY	11		502,035	862,563	
2 JV CHARGABLE DRUGS	B	CARDIAC NUCLEAR DIAGNOSTIC	41.01			1,123,571	
3		RADIOLOGY-THERAPEUTIC	42			38	
4		PEDIATRIC CLINIC	60.06			165,590	
5		GREENWOOD IMAGING	60.08			640	
6		SOUTH EMERSON SURGERY CTR	100.03			41,534	
7		SOUTHEAST SURGERY CTR	100.04			236,414	
8		FRANCISCAN SURGERY CTR	100.05			251,867	
9		FRANCISCAN CARDIOVASCULAR LAB	100.06			13,845	
10 CHARGEABLE MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15			115,275	
11		ADULTS & PEDIATRICS	25			2,244	
12		NEONATAL INTENSIVE CARE UNIT	26.01			56,212	
13		CORONARY CARE UNIT	27			7,056	
14		SURGICAL INTENSIVE CARE UNIT	29			3,152	
15		NURSERY	33			24,602	
16		OPERATING ROOM	37			7,018,210	
17		DELIVERY ROOM & LABOR ROOM	39			74,011	
18		RADIOLOGY-DIAGNOSTIC	41			905,584	
19		NUCLEAR MEDICINE-DIAGNOSTIC	41.02			95,994	
20		ULTRA SOUND	41.03			506	
21		RADIOLOGY-THERAPEUTIC	42			14,995	
22		LABORATORY	44			6	
23		INTRAVENOUS THERAPY	48			3,912	
24		RESPIRATORY THERAPY	49			186,477	
25		PHYSICAL THERAPY	50			37,307	
26		OCCUPATIONAL THERAPY	51			15,433	
27		SPEECH PATHOLOGY	52			7,971	
28		ELECTROCARDIOLOGY	53			6	
29		CARDIAC CATHETERIZATION LAB	53.01			9,783,559	
30		RENAL DIALYSIS	57			2,266	
31		GREENWOOD IMAGING	60.08			32,128	
32		EMERGENCY	61			25,509	
33		SOUTH EMERSON SURGERY CTR	100.03			904,205	
34		SOUTHEAST SURGERY CTR	100.04			2,324,578	
35		FRANCISCAN SURGERY CTR	100.05			1,312,843	
1 CHARGEABLE MEDICAL SUPPLIES	C	FRANCISCAN CARDIOVASCULAR LAB	100.06			164,303	
2 RENTAL EQUIPMENT	D	ADMITTING	6.01			2,505	10
3		OTHER ADMINISTRATIVE AND GENERAL	6.03			5,920	10
4		OPERATION OF PLANT	8			10,443	10
5		DIETARY	11			11,263	10
6		CENTRAL SERVICES & SUPPLY	15			123,459	10
7		PHARMACY	16			342,257	10
8		ADULTS & PEDIATRICS	25			1,341	10
9		NURSERY	33			4,215	10
10		OPERATING ROOM	37			4,774	10
11		DELIVERY ROOM & LABOR ROOM	39			3,145	10
12		RESPIRATORY THERAPY	49			40,732	10
13		ELECTROENCEPHALOGRAPHY	54			125	10
14		WOMEN'S CENTER	100.02			845	10
15 PROPERTY TAXES	E	OTHER ADMINISTRATIVE AND GENERAL	6.03			185,615	13
16 BUILDING RENTAL	F	RADIOLOGY-DIAGNOSTIC	41			51,991	10
17		LABORATORY	44			39,566	10
18		PHYSICAL THERAPY	50			140,449	10
19		OCCUPATIONAL THERAPY	51			46,609	10
20		SPEECH PATHOLOGY	52			21,375	10
21		ELECTROENCEPHALOGRAPHY	54			219,204	10
22		PEDIATRIC CLINIC	60.06			61,475	10
23		CARDIAC REHAB	60.07			75,039	10
24 INTEREST	G	INTEREST EXPENSE	88			4,188,749	11
36 TOTAL RECLASSIFICATIONS					502,035	31,395,502	

(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.

RECLASS CODE: A
 EXPLANATION : CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	CAFETERIA	12	1,364,598	DIETARY	11	1,364,598	1,364,598
TOTAL RECLASSIFICATIONS FOR CODE A			1,364,598				

RECLASS CODE: B
 EXPLANATION : JV CHARGABLE DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,833,499	CARDIAC NUCLEAR DIAGNOSTIC	41.01	1,123,571	
2.00			0	RADIOLOGY-THERAPEUTIC	42	38	
3.00			0	PEDIATRIC CLINIC	60.06	165,590	
4.00			0	GREENWOOD IMAGING	60.08	640	
5.00			0	SOUTH EMERSON SURGERY CTR	100.03	41,534	
6.00			0	SOUTHEAST SURGERY CTR	100.04	236,414	
7.00			0	FRANCISCAN SURGERY CTR	100.05	251,867	
8.00			0	FRANCISCAN CARDIOVASCULAR LAB	100.06	13,845	
TOTAL RECLASSIFICATIONS FOR CODE B			1,833,499	1,833,499			

RECLASS CODE: C
 EXPLANATION : CHARGEABLE MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	23,118,344	CENTRAL SERVICES & SUPPLY	15	115,275	
2.00			0	ADULTS & PEDIATRICS	25	2,244	
3.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	56,212	
4.00			0	CORONARY CARE UNIT	27	7,056	
5.00			0	SURGICAL INTENSIVE CARE UNIT	29	3,152	
6.00			0	NURSERY	33	24,602	
7.00			0	OPERATING ROOM	37	7,018,210	
8.00			0	DELIVERY ROOM & LABOR ROOM	39	74,011	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	905,584	
10.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.02	95,994	
11.00			0	ULTRA SOUND	41.03	506	
12.00			0	RADIOLOGY-THERAPEUTIC	42	14,995	
13.00			0	LABORATORY	44	6	
14.00			0	INTRAVENOUS THERAPY	48	3,912	
15.00			0	RESPIRATORY THERAPY	49	186,477	
16.00			0	PHYSICAL THERAPY	50	37,307	
17.00			0	OCCUPATIONAL THERAPY	51	15,433	
18.00			0	SPEECH PATHOLOGY	52	7,971	
19.00			0	ELECTROCARDIOLOGY	53	6	
20.00			0	CARDIAC CATHETERIZATION LAB	53.01	9,783,559	
21.00			0	RENAL DIALYSIS	57	2,266	
22.00			0	GREENWOOD IMAGING	60.08	32,128	
23.00			0	EMERGENCY	61	25,509	
24.00			0	SOUTH EMERSON SURGERY CTR	100.03	904,205	
25.00			0	SOUTHEAST SURGERY CTR	100.04	2,324,578	
26.00			0	FRANCISCAN SURGERY CTR	100.05	1,312,843	
27.00			0	FRANCISCAN CARDIOVASCULAR LAB	100.06	164,303	
TOTAL RECLASSIFICATIONS FOR CODE C			23,118,344	23,118,344			

RECLASS CODE: D
 EXPLANATION : RENTAL EQUIPMENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	551,024	ADMITTING	6.01	2,505	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.03	5,920	
3.00			0	OPERATION OF PLANT	8	10,443	
4.00			0	DIETARY	11	11,263	
5.00			0	CENTRAL SERVICES & SUPPLY	15	123,459	
6.00			0	PHARMACY	16	342,257	
7.00			0	ADULTS & PEDIATRICS	25	1,341	
8.00			0	NURSERY	33	4,215	
9.00			0	OPERATING ROOM	37	4,774	
10.00			0	DELIVERY ROOM & LABOR ROOM	39	3,145	
11.00			0	RESPIRATORY THERAPY	49	40,732	
12.00			0	ELECTROENCEPHALOGRAPHY	54	125	
13.00			0	WOMEN'S CENTER	100.02	845	
TOTAL RECLASSIFICATIONS FOR CODE D			551,024	551,024			

RECLASS CODE: E
 EXPLANATION : PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	185,615	OTHER ADMINISTRATIVE AND GENER	6.03	185,615	
TOTAL RECLASSIFICATIONS FOR CODE E			185,615	185,615			

RECLASS CODE: F
 EXPLANATION : BUILDING RENTAL

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	655,708	RADIOLOGY-DIAGNOSTIC	41	51,991	

RECLASS CODE: F
 EXPLANATION : BUILDING RENTAL

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
2.00			0	LABORATORY	44	39,566	
3.00			0	PHYSICAL THERAPY	50	140,449	
4.00			0	OCCUPATIONAL THERAPY	51	46,609	
5.00			0	SPEECH PATHOLOGY	52	21,375	
6.00			0	ELECTROENCEPHALOGRAPHY	54	219,204	
7.00			0	PEDIATRIC CLINIC	60.06	61,475	
8.00			0	CARDIAC REHAB	60.07	75,039	
TOTAL RECLASSIFICATIONS FOR CODE F			655,708				655,708

RECLASS CODE: G
 EXPLANATION : INTEREST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,188,749	INTEREST EXPENSE	88	4,188,749	
TOTAL RECLASSIFICATIONS FOR CODE G			4,188,749				4,188,749

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	20,601					20,601	20,601
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	2,545,994					2,545,994	2,545,994
7 SUBTOTAL	2,566,595					2,566,595	2,566,595
8 RECONCILING ITEMS							
9 TOTAL	2,566,595					2,566,595	2,566,595

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	6,687,047					6,687,047	
2 LAND IMPROVEMENTS	3,354,034	1,357,097		1,357,097		4,711,131	
3 BUILDINGS & FIXTURE	69,866,676	800,019		800,019		70,666,695	
4 BUILDING IMPROVEMEN	40,738					40,738	
5 FIXED EQUIPMENT	66,597,929	1,209,220		1,209,220		67,807,149	
6 MOVABLE EQUIPMENT	64,458,895	5,972,605		5,972,605	176,742	70,254,758	
7 SUBTOTAL	211,005,319	9,338,941		9,338,941	176,742	220,167,518	
8 RECONCILING ITEMS							
9 TOTAL	211,005,319	9,338,941		9,338,941	176,742	220,167,518	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 3 4 5	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
	NEW CAP REL COSTS-BL								
	NEW CAP REL COSTS-MV								
	TOTAL				1.000000				

* 3 4 5	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		
	NEW CAP REL COSTS-BL	6,585,069	655,708	741,021		185,615	8,167,413	
	NEW CAP REL COSTS-MV	8,677,712	551,024				9,228,736	
	TOTAL	15,262,781	1,206,732	741,021		185,615	17,396,149	

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

* 3 4 5	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		
	NEW CAP REL COSTS-BL	6,549,150					6,549,150	
	NEW CAP REL COSTS-MV	6,529,706					6,529,706	
	TOTAL	13,078,856					13,078,856	

* 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).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0162 I FROM 1/ 1/2007 I WORKSHEET A-8
 I I TO 12/31/2007 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER	COST CENTER		
	1	2	3	3	4	5
1			**COST CENTER DELETED**		1	
2			**COST CENTER DELETED**		2	
3	B	-252,625	NEW CAP REL COSTS-BLDG &		3	11
4			NEW CAP REL COSTS-MVBLE E		4	
5	B	-248,967	NEW CAP REL COSTS-BLDG &		3	11
6			TRADE, QUANTITY AND TIME DISCOUNTS			
7	B	-80,721	PHARMACY		16	
8			REFUNDS AND REBATES OF EXPENSES			
9			RENTAL OF PRVIDER SPACE BY SUPPLIERS			
10	B	-462,568	TELEVISION AND RADIO SERVICE		6.03	
11			TELEPHONE SERVICES			
12	A-8-2	-781,741	PARKING LOT			
13			PROVIDER BASED PHYSICIAN ADJUSTMENT			
14	A-8-1	29,733,748	SALE OF SCRAP, WASTE, ETC.			
15			RELATED ORGANIZATION TRANSACTIONS			
16	B	-887,991	LAUNDRY AND LINEN SERVICE		12	
17			CAFETERIA--EMPLOYEES AND GUESTS			
18	B	-10,752	RENTAL OF QTRS TO EMPLOYEE AND OTHRS		5	
19	B	-29,115	SALE OF MED AND SURG SUPPLIES		12	
20			SALE OF DRUGS TO OTHER THAN PATIENTS			
21			SALE OF MEDICAL RECORDS & ABSTRACTS			
22			NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)			
23			VENDING MACHINES			
24			INCOME FROM IMPOSITION OF INTEREST			
25	A-8-3/A-8-4		INTRST EXP ON MEDICARE OVERPAYMENTS		49	
26	A-8-3/A-8-4		ADJUSTMENT FOR RESPIRATORY THERAPY		50	
27	A-8-3		ADJUSTMENT FOR PHYSICAL THERAPY			
28			ADJUSTMENT FOR HHA PHYSICAL THERAPY			
29			UTILIZATION REVIEW-PHYSIAN COMP		89	
30			**COST CENTER DELETED**		1	
31			**COST CENTER DELETED**		2	
32			**COST CENTER DELETED**		3	
33			DEPRECIATION-OLD BLDGS AND FIXTURES		4	
34			DEPRECIATION-OLD MOVABLE EQUIP		4	
35			DEPRECIATION-NEW BLDGS AND FIXTURES		20	
36			DEPRECIATION-NEW MOVABLE EQUIP			
37	A-8-4		NON-PHYSICIAN ANESTHETIST		51	
38	A-8-4		PHYSICIANS' ASSISTANT		52	
39	B	-85,064	ADJUSTMENT FOR OCCUPATIONAL THERAPY		6.03	
40	B	-634,952	ADJUSTMENT FOR SPEECH PATHOLOGY		6.03	
41	B	-4,442	MISC INCOME - CARDIAC SERVICE LINE A		8	
42	B	-44,069	JV REVENUE		11	
43	B	-265	JV REVENUE		11	
44	B	-17,791	JV REVENUE		11	
45	B	-580	DIETETIC INSTRUCTION		16	
46	B	-22,530	MISC OTHER OPERATING REVENUE		16	
47	B	-10,625	LACTATION SERVICES		25	
48	B	-1,115	BETTER BEGINNINGS INCOME		25	
49	B	-1,292	BABY PHOTOS		33	
49.01	B	-360	MISC OTHER OPERATING REVENUE		37	
49.02	B	-615,551	JV REVENUE		41	
49.03	B	-132,552	PROPERTY RENTAL INCOME		3	9
49.04	B	-25	MISC OPERATING REVENUE		41.01	
49.05	B	-13,118	MISC OPERATING REVENUE		53.01	
49.06	B	-1,500	MISC OPERATING REVENUE		60.06	
49.07	B	-19,256	PUL/PHASE III CLINIC REVENUE		60.07	
49.08	B	-211,622	JV REVENUE		60.08	
49.09	A	-8,694	ADVERTISING EXPENSE		14	
49.10	A	-1,500	DONATIONS EXPENSE		14	
49.11	A	703,332	I&R COSTS		22	
49.12	A	354,600	I&R COSTS		23	
50	A	-2,568,784	NON ALLOWABLE INTEREST EXPENSE		3	11
	A	-883,448	PHYSICIAN GUARANTEE		6.03	
		22,758,065	TOTAL (SUM OF LINES 1 THRU 49)			

(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 & BUILDING	6,547		6,547	9
2	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT	1,861,583		1,861,583	9
3	6 3	OTHER ADMINISTRATIVE AND A&G	9,736,242	121,265	9,614,977	
4	3	NEW CAP REL COSTS-BLDG & INTEREST EXPENSE	2,890,479	4,188,749	-1,298,270	11
4.01	3	NEW CAP REL COSTS-BLDG & LOSS ON DEFEASANCE	920,918		920,918	11
4.02	44	LABORATORY APHL	3,723,037	5,314,423	-1,591,386	
4.03	3	NEW CAP REL COSTS-BLDG & SHARED SERVICES BUILDING	161,924		161,924	9
4.04	4	NEW CAP REL COSTS-MVBLE E SHARED SERVICES EQUIPEMEN	286,423		286,423	9
4.05	5	EMPLOYEE BENEFITS SHARED SERVICES EMPLOYEE	1,801,052		1,801,052	
4.06	6 3	OTHER ADMINISTRATIVE AND SHARED SERVICES A&G OTHER	10,094,792		10,094,792	
4.07	6 1	ADMITTING SHARED SERVICES AMITTING	1,518,558		1,518,558	
4.08	6 2	PATIENT ACCOUNTING SHARED SERVICES PATIENT A	2,156,590		2,156,590	
4.09	8	OPERATION OF PLANT SHARED SERVICES OP OF PLA	42,821		42,821	
4.10	14	NURSING ADMINISTRATION SHARED SERVICES NURSING A	555,598		555,598	
4.11	15	CENTRAL SERVICES & SUPPLY SHARED SERVICES - CS& S	806,622		806,622	
4.12	100	MARKETING & COMMUNITY REL SHARED SERVICES - MARKETI	2,794,999		2,794,999	
5		TOTALS	39,358,185	9,624,437	29,733,748	

* 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	A	100.00		0.00	
2	B	100.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

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	6 3 CSA AND IHP	435,798	24,998	410,800	177,200	2,162	184,186	9,209
2	6 3 LUPTON	2,100		2,100	177,200	14	1,193	60
3	26 1 UNIV PED ASSOC & IN PED O	83,104	83,104					
4	41 RADIOLOGY ASSOCIATES	20,000	20,000					
5	44 AMERIPATH	10,833	10,833					
6	53 1 STROBEL	15,928	15,928					
7	54 COUSINS	30,000		30,000	177,200	158	13,460	673
8	54 SHELLMAN	35,825	3,287	32,538	177,200	171	14,568	728
9	60 2 WIKSE	2,750		2,750	177,200	226	19,253	963
10	61 PREMIER SURG & ER PHYSICI	165,250	115,250	50,000	177,200	500	42,596	2,130
11	25 HODSON	5,014	14	5,000	177,200	50	4,260	213
12	60 2 WIKSE	109,994	109,994					
13	60 6 PEDIATRIC CLINIC	27,883	27,883					
14	54 VASCULAR CLINIC	100,275	100,275					
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,044,754	511,566	533,188		3,281	279,516	13,976

WKSHT A LINE NO.	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
10	11	12	13	14	15	16	17	18
1	6 3 CSA AND IHP					184,186	226,614	251,612
2	6 3 LUPTON					1,193	907	907
3	26 1 UNIV PED ASSOC & IN PED O							83,104
4	41 RADIOLOGY ASSOCIATES							20,000
5	44 AMERIPATH							10,833
6	53 1 STROBEL							15,928
7	54 COUSINS					13,460	16,540	16,540
8	54 SHELLMAN					14,568	17,970	21,257
9	60 2 WIKSE					19,253		
10	61 PREMIER SURG & ER PHYSICI					42,596	7,404	122,654
11	25 HODSON					4,260	740	754
12	60 2 WIKSE							109,994
13	60 6 PEDIATRIC CLINIC							27,883
14	54 VASCULAR CLINIC							100,275
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					279,516	270,175	781,741

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMITTING	4	INPATIENT	REVENUES	ENTERED
6.02	PATIENT ACCOUNTING	16	GROSS	REVENUES	ENTERED
6.03	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	PATIENT	DAYS	ENTERED
12	CAFETERIA	11	FTES		ENTERED
14	NURSING ADMINISTRATION	10	PATIENT	DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	REVENUES	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE ADMITTING	PATIENT ACCOU NTING	SUBTOTAL	
	0	3	4	5	6.01	6.02	6a.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	8,167,413	8,167,413					
005 NEW CAP REL COSTS-MVBLE E	9,228,736		9,228,736				
006 EMPLOYEE BENEFITS	2,126,186	61,657	69,669	2,257,512			
006 01 ADMITTING	3,242,351	44,722	50,534	50,025	3,387,632		
006 02 PATIENT ACCOUNTING	2,156,590	29,347	33,161			2,219,098	
006 03 OTHER ADMINISTRATIVE AND	21,462,334	259,877	293,646	60,707			22,076,564
008 OPERATION OF PLANT	5,216,885	1,268,951	1,433,844	55,525			7,975,205
009 LAUNDRY & LINEN SERVICE	656,053	29,935	33,825	2,149			721,962
010 HOUSEKEEPING	1,926,936	143,572	162,229	47,819			2,280,556
011 DIETARY	543,606	168,284	190,152	12,787			914,829
012 CAFETERIA	652,734	76,444	86,377	32,535			848,090
014 NURSING ADMINISTRATION	667,144	5,065	5,723	3,085			681,017
015 CENTRAL SERVICES & SUPPLY	1,246,199	191,165	216,007	9,945			1,663,316
016 PHARMACY	3,401,872	92,655	104,695	85,265			3,684,487
017 MEDICAL RECORDS & LIBRARY	244	86,889	98,180				185,313
022 I&R SERVICES-SALARY & FRI	703,332			17,370			720,702
023 I&R SERVICES-OTHER PRGM C	354,600						354,600
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	9,057,721	701,400	792,544	273,939	288,317	68,245	11,182,166
026 01 INTENSIVE CARE UNIT							
027 NEONATAL INTENSIVE CARE U	3,916,842	119,199	134,688	99,421	148,377	35,121	4,453,648
027 CORONARY CARE UNIT	11,879,504	701,581	792,748	356,907	246,293	58,298	14,035,331
029 SURGICAL INTENSIVE CARE U	5,109,523	388,051	438,477	147,989	112,237	26,567	6,222,844
033 NURSERY	1,072,279	57,745	65,249	29,385	65,251	15,445	1,305,354
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	7,408,180	890,870	1,006,635	205,541	338,979	139,676	9,989,881
041 DELIVERY ROOM & LABOR ROO	5,072,338	272,289	307,672	141,150	4,956	77,012	5,875,417
041 RADIOLOGY-DIAGNOSTIC	12,974,938	665,473	751,949	148,992	154,069	332,484	15,027,905
041 01 CARDIAC NUCLEAR DIAGNOSTI	6,970,131					82,683	7,052,814
041 02 NUCLEAR MEDICINE-DIAGNOST	1,066,202	209,253	236,445	7,978	11,076	9,124	1,540,078
041 03 ULTRA SOUND	799,425	31,088	35,128	24,297	25,899	35,357	951,194
042 RADIOLOGY-THERAPEUTIC	7,862,599				284,098	96,783	7,959,382
044 LABORATORY	3,657,919	210,904	238,310		202,012	4,593,243	4,593,243
048 INTRAVENOUS THERAPY	155,497			1,395	11,796	2,852	171,540
049 RESPIRATORY THERAPY	2,782,598	36,153	40,851	82,398	135,480	39,405	3,116,885
050 PHYSICAL THERAPY	1,094,071			26,770	22,473	18,230	1,161,544
051 OCCUPATIONAL THERAPY	251,241	11,463	12,953	7,479	7,989	4,329	295,454
052 SPEECH PATHOLOGY	154,722			3,744	1,139	2,294	161,899
053 ELECTROCARDIOLOGY	1,431,630	233,604	263,960	39,349	63,482	25,254	2,057,279
053 01 CARDIAC CATHETERIZATION L	2,051,822	442,202	499,664	53,873	286,503	114,263	3,448,327
054 ELECTROENCEPHALOGRAPHY	1,227,030			7,872	1,059	16,758	1,252,719
055 MEDICAL SUPPLIES CHARGED	23,118,344				730,182	295,931	24,144,457
056 DRUGS CHARGED TO PATIENTS	7,693,391				278,078	135,435	8,106,904
057 RENAL DIALYSIS	137,348			3,393	11,787	2,811	155,339
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	20,284			629		11	20,924
060 01 HEAD & NECK CLINIC						2	2
060 02 PROMPT CARE	561,563	21,705	24,526	19,926		10,914	638,634
060 03 SOUTH INDY MRY & REHAB	2,343,644					13,385	2,357,029
060 04 WOUND CARE INSTITUTE	20,579			642		679	21,900
060 05 CV DIAGNOSTIC SERVICES	4,147,792					30,550	4,178,342
060 06 PEDIATRIC CLINIC	116,754			9,494		1,781	128,029
060 07 CARDIAC REHAB	399,817			12,335		3,277	415,429
060 08 GREENWOOD IMAGING	1,988,913			9		15,068	2,003,990
061 EMERGENCY	6,811,069	319,205	360,684	160,884	158,112	205,948	8,015,902
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	195,108,925	7,770,748	8,780,525	2,243,003	3,387,632	2,117,984	194,148,426
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	49,904	45,513	51,428	1,003			147,848
100 MARKETING & COMMUNITY REL	2,794,999						2,794,999
100 01 ST. FRANCIS INN	170,825	264,986	299,420	5,095			740,326
100 02 WOMEN'S CENTER	353,909	86,166	97,363	8,337			545,775
100 03 SOUTH EMERSON SURGERY CTR	2,865,075					22,815	2,887,890
100 04 SOUTHEAST SURGERY CTR	2,324,207					29,711	2,353,918
100 05 FRANCISCAN SURGERY CTR	4,368,443			74		35,543	4,404,060
100 06 FRANCISCAN CARDIOVASCULAR	1,844,004					13,045	1,857,049
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	209,880,291	8,167,413	9,228,736	2,257,512	3,387,632	2,219,098	209,880,291

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN
	TRATIVE AND	PLANT	EN SERVICE				ISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE AND	22,076,564						
008 OPERATION OF PLANT	937,493	8,912,698					
009 LAUNDRY & LINEN SERVICE	84,867	41,029	847,858				
010 HOUSEKEEPING	268,082	196,777		2,745,415			
011 DIETARY	107,539	230,647			1,326,010		
012 CAFETERIA	99,694	104,772				1,085,714	
014 NURSING ADMINISTRATION	80,054	6,941				2,326	772,535
015 CENTRAL SERVICES & SUPPLY	195,524	262,008		82,920		11,028	
016 PHARMACY	433,115	126,991		40,190		40,598	
017 MEDICAL RECORDS & LIBRARY	21,784	119,089		37,689			
022 I&R SERVICES-SALARY & FRI	84,719						
023 I&R SERVICES-OTHER PRGM C	41,684						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,314,475	961,326	139,107	304,239	626,410	151,991	364,947
026 INTENSIVE CARE UNIT							
026 01 NEONATAL INTENSIVE CARE U	523,531	163,371	10,304	51,704		46,854	
027 CORONARY CARE UNIT	1,649,867	961,573	115,308	304,317	488,172	173,928	284,410
029 SURGICAL INTENSIVE CARE U	731,502	531,856	55,597	168,321	211,428	71,878	123,178
033 NURSERY	153,446	79,145	18,552	25,048		14,878	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,174,321	1,221,009	84,560	386,421		105,512	
039 DELIVERY ROOM & LABOR ROO	690,661	373,195	102,068	118,108		75,608	
041 RADIOLOGY-DIAGNOSTIC	1,766,545	912,085	49,487	288,655		121,165	
041 01 CARDIAC NUCLEAR DIAGNOSTI	829,065						
041 02 NUCLEAR MEDICINE-DIAGNOST	181,038	286,799	3,383	90,766		3,837	
041 03 ULTRA SOUND	111,814	42,609	30,865	13,485		11,884	
042 RADIOLOGY-THERAPEUTIC	935,633						
044 LABORATORY	539,940	289,061	333	91,481			
048 INTRAVENOUS THERAPY	20,165					642	
049 RESPIRATORY THERAPY	366,393	49,551	494	15,682		45,103	
050 PHYSICAL THERAPY	136,541		17,720			18,046	
051 OCCUPATIONAL THERAPY	34,731	15,711		4,972		4,104	
052 SPEECH PATHOLOGY	19,031					2,192	
053 ELECTROCARDIOLOGY	241,835	320,173	4,419	101,328		29,048	
053 01 CARDIAC CATHETERIZATION L	405,354	606,073	41,693	191,809		26,495	
054 ELECTROENCEPHALOGRAPHY	147,258		580			2,125	
055 MEDICAL SUPPLIES CHARGED	2,838,255						
056 DRUGS CHARGED TO PATIENTS	952,975						
057 RENAL DIALYSIS	18,260		1,239			1,430	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,460					441	
060 01 HEAD & NECK CLINIC							
060 02 PROMPT CARE	75,072	29,749		9,415		9,063	
060 03 SOUTH INDY MRY & REHAB	277,071						
060 04 WOUND CARE INSTITUTE	2,574					334	
060 05 CV DIAGNOSTIC SERVICES	491,168						
060 06 PEDIATRIC CLINIC	15,050					5,267	
060 07 CARDIAC REHAB	48,834		57			7,660	
060 08 GREENWOOD IMAGING	235,571						
061 EMERGENCY	942,277	437,496	165,921	138,458		91,609	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	20,227,268	8,369,036	841,687	2,573,358	1,326,010	1,075,046	772,535
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	17,380	62,380		19,742		1,444	
100 MARKETING & COMMUNITY REL	328,555						
100 01 ST. FRANCIS INN	87,026	363,185		114,940		5,160	
100 02 WOMEN'S CENTER	64,156	118,097	6,171	37,375		4,024	
100 03 SOUTH EMERSON SURGERY CTR	339,474						
100 04 SOUTHEAST SURGERY CTR	276,705						
100 05 FRANCISCAN SURGERY CTR	517,702					40	
100 06 FRANCISCAN CARDIOVASCULAR	218,298						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	22,076,564	8,912,698	847,858	2,745,415	1,326,010	1,085,714	772,535

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY		MEDICAL RECOR	I&R SERVICES-	I&R SERVICES-	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	15	16	17	SALARY & FRI	OTHER PRGM C		
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	2,214,796						
016 PHARMACY		4,325,381					
017 MEDICAL RECORDS & LIBRARY			363,875				
022 I&R SERVICES-SALARY & FRI				805,421			
023 I&R SERVICES-OTHER PRGM C					396,284		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,307		11,180	805,421	396,284	16,264,853	
026 01 INTENSIVE CARE UNIT							
027 02 NEONATAL INTENSIVE CARE U	12,067		5,754			5,267,233	
029 03 CORONARY CARE UNIT	10,317		9,551			18,032,774	
033 04 SURGICAL INTENSIVE CARE U	4,328		4,352			8,125,284	
037 05 NURSERY	9,653		2,530			1,608,606	
037 06 ANCILLARY SRVC COST CNTRS							
039 07 OPERATING ROOM	1,823		22,882			12,986,409	
041 08 DELIVERY ROOM & LABOR ROO	32,077		12,616			7,279,750	
041 09 RADIOLOGY-DIAGNOSTIC	34,850		54,806			18,255,498	
041 01 01 CARDIAC NUCLEAR DIAGNOSTI			13,545			7,895,424	
041 02 02 NUCLEAR MEDICINE-DIAGNOST			1,495			2,107,396	
041 03 03 ULTRA SOUND	422		5,792			1,168,065	
042 04 RADIOLOGY-THERAPEUTIC			15,855			8,910,870	
044 05 LABORATORY	9		33,094			5,547,161	
048 06 INTRAVENOUS THERAPY	9,421		467			202,235	
049 07 RESPIRATORY THERAPY	3,117		6,455			3,603,680	
050 08 PHYSICAL THERAPY	51		2,986			1,336,888	
051 09 OCCUPATIONAL THERAPY			709			355,681	
052 10 SPEECH PATHOLOGY			376			183,498	
053 11 ELECTROCARDIOLOGY	6,890		4,137			2,765,109	
053 01 01 CARDIAC CATHETERIZATION L			18,719			4,738,470	
054 02 02 ELECTROENCEPHALOGRAPHY			2,745			1,405,427	
055 03 03 MEDICAL SUPPLIES CHARGED	1,953,831		48,481			28,985,024	
056 04 04 DRUGS CHARGED TO PATIENTS		4,325,381	22,187			13,407,447	
057 05 05 RENAL DIALYSIS	2,310		460			179,038	
060 06 06 OUTPAT SERVICE COST CNTRS							
060 07 07 CLINIC			2			23,827	
060 01 01 HEAD & NECK CLINIC						2	
060 02 02 PROMPT CARE			1,788			763,721	
060 03 03 SOUTH INDY MRY & REHAB			2,193			2,636,293	
060 04 04 WOUND CARE INSTITUTE			111			24,919	
060 05 05 CV DIAGNOSTIC SERVICES			5,005			4,674,515	
060 06 06 PEDIATRIC CLINIC			292			148,638	
060 07 07 CARDIAC REHAB			537			472,517	
060 08 08 GREENWOOD IMAGING	1,236		2,469			2,243,266	
061 09 09 EMERGENCY	46,525		33,739			9,871,927	
062 10 10 OBSERVATION BEDS (NON-DIS							
095 11 11 SPEC PURPOSE COST CENTERS							
096 12 12 SUBTOTALS	2,136,234	4,325,381	347,310	805,421	396,284	191,471,445	
100 13 13 NONREIMBURS COST CENTERS							
100 14 14 GIFT, FLOWER, COFFEE SHOP						248,794	
100 15 15 MARKETING & COMMUNITY REL						3,123,554	
100 16 16 ST. FRANCIS INN						1,310,637	
100 17 17 WOMEN'S CENTER						775,598	
100 18 18 SOUTH EMERSON SURGERY CTR	15,641		3,738			3,246,743	
100 19 19 SOUTHEAST SURGERY CTR	40,211		4,867			2,675,701	
100 20 20 FRANCISCAN SURGERY CTR	22,710		5,823			4,950,335	
101 21 21 FRANCISCAN CARDIOVASCULAR			2,137			2,077,484	
101 22 22 CROSS FOOT ADJUSTMENT							
102 23 23 NEGATIVE COST CENTER							
103 24 24 TOTAL	2,214,796	4,325,381	363,875	805,421	396,284	209,880,291	

TOTAL		
COST CENTER DESCRIPTION		
	27	
GENERAL SERVICE COST CNTR		
003 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 ADMITTING		
006 02 PATIENT ACCOUNTING		
006 03 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		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	16,264,853	
026 INTENSIVE CARE UNIT		
026 01 NEONATAL INTENSIVE CARE U	5,267,233	
027 CORONARY CARE UNIT	18,032,774	
029 SURGICAL INTENSIVE CARE U	8,125,284	
033 NURSERY	1,608,606	
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM	12,986,409	
039 DELIVERY ROOM & LABOR ROO	7,279,750	
041 RADIOLOGY-DIAGNOSTIC	18,255,498	
041 01 CARDIAC NUCLEAR DIAGNOSTI	7,895,424	
041 02 NUCLEAR MEDICINE-DIAGNOST	2,107,396	
041 03 ULTRA SOUND	1,168,065	
042 RADIOLOGY-THERAPEUTIC	8,910,870	
044 LABORATORY	5,547,161	
048 INTRAVENOUS THERAPY	202,235	
049 RESPIRATORY THERAPY	3,603,680	
050 PHYSICAL THERAPY	1,336,888	
051 OCCUPATIONAL THERAPY	355,681	
052 SPEECH PATHOLOGY	183,498	
053 ELECTROCARDIOLOGY	2,765,109	
053 01 CARDIAC CATHETERIZATION I	4,738,470	
054 ELECTROENCEPHALOGRAPHY	1,405,427	
055 MEDICAL SUPPLIES CHARGED	28,985,024	
056 DRUGS CHARGED TO PATIENTS	13,407,447	
057 RENAL DIALYSIS	179,038	
OUTPAT SERVICE COST CNTRS		
060 CLINIC	23,827	
060 01 HEAD & NECK CLINIC	2	
060 02 PROMPT CARE	763,721	
060 03 SOUTH INDY MRY & REHAB	2,636,293	
060 04 WOUND CARE INSTITUTE	24,919	
060 05 CV DIAGNOSTIC SERVICES	4,674,515	
060 06 PEDIATRIC CLINIC	148,638	
060 07 CARDIAC REHAB	472,517	
060 08 GREENWOOD IMAGING	2,243,266	
061 EMERGENCY	9,871,927	
062 OBSERVATION BEDS (NON-DIS		
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS	191,471,445	
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP	248,794	
100 MARKETING & COMMUNITY REL	3,123,554	
100 01 ST. FRANCIS INN	1,310,637	
100 02 WOMEN'S CENTER	775,598	
100 03 SOUTH EMERSON SURGERY CTR	3,246,743	
100 04 SOUTHEAST SURGERY CTR	2,675,701	
100 05 FRANCISCAN SURGERY CTR	4,950,335	
100 06 FRANCISCAN CARDIOVASCULAR	2,077,484	
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL	209,880,291	

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL COSTS-BLDG & OSTS-3	NEW CAP REL COSTS-MVBLE E OSTS-4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMITTING 6.01	PATIENT ACCOUNTING 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		61,657	69,669	131,326	131,326		
006 01 ADMITTING		44,722	50,534	95,256	2,910	98,166	
006 02 PATIENT ACCOUNTING		29,347	33,161	62,508			62,508
006 03 OTHER ADMINISTRATIVE AND OPERATION OF PLANT		259,877	293,646	553,523	3,531		
008 LAUNDRY & LINEN SERVICE		1,268,951	1,433,844	2,702,795	3,230		
009 HOUSEKEEPING		29,935	33,825	63,760	125		
010 DIETARY		143,572	162,229	305,801	2,781		
011 CAFETERIA		168,284	190,152	358,436	744		
012 NURSING ADMINISTRATION		76,444	86,377	162,821	1,892		
014 CENTRAL SERVICES & SUPPLY		5,065	5,723	10,788	179		
015 PHARMACY		191,165	216,007	407,172	578		
016 MEDICAL RECORDS & LIBRARY		92,655	104,695	197,350	4,960		
017 I&R SERVICES-SALARY & FRI		86,889	98,180	185,069		1,010	
022 I&R SERVICES-OTHER PRGM C							
023 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		701,400	792,544	1,493,944	15,934	8,353	1,922
026 01 NEONATAL INTENSIVE CARE U							
026 02 CORONARY CARE UNIT		119,199	134,688	253,887	5,783	4,299	989
027 SURGICAL INTENSIVE CARE U		701,581	792,748	1,494,329	20,777	7,135	1,642
029 NURSERY		388,051	438,477	826,528	8,608	3,252	748
033 ANCILLARY SRVC COST CNTRS		57,745	65,249	122,994	1,709	1,890	435
037 OPERATING ROOM		890,870	1,006,635	1,897,505	11,956	9,820	3,933
039 DELIVERY ROOM & LABOR ROO		272,289	307,672	579,961	8,210	144	2,169
041 RADIOLOGY-DIAGNOSTIC		665,473	751,949	1,417,422	8,666	4,463	9,380
041 01 CARDIAC NUCLEAR DIAGNOSTI							
041 02 NUCLEAR MEDICINE-DIAGNOST		209,253	236,445	445,698	464	321	257
041 03 ULTRA SOUND		31,088	35,128	66,216	1,413	750	996
042 RADIOLOGY-THERAPEUTIC							2,726
044 LABORATORY		210,904	238,310	449,214		8,230	5,689
048 INTRAVENOUS THERAPY					81	342	80
049 RESPIRATORY THERAPY		36,153	40,851	77,004	4,793	3,925	1,110
050 PHYSICAL THERAPY					1,557	651	513
051 OCCUPATIONAL THERAPY		11,463	12,953	24,416	435	231	122
052 SPEECH PATHOLOGY					218	33	65
053 ELECTROCARDIOLOGY		233,604	263,960	497,564	2,289	1,839	711
053 01 CARDIAC CATHETERIZATION L		442,202	499,664	941,866	3,134	8,300	3,218
054 ELECTROENCEPHALOGRAPHY					458	31	472
055 MEDICAL SUPPLIES CHARGED						21,179	8,334
056 DRUGS CHARGED TO PATIENTS						8,056	3,814
057 RENAL DIALYSIS					197	341	79
060 OUTPAT SERVICE COST CNTRS							
060 01 HEAD & NECK CLINIC					37		
060 02 PROMPT CARE		21,705	24,526	46,231	1,159		307
060 03 SOUTH INDY MRY & REHAB							377
060 04 WOUND CARE INSTITUTE					37		19
060 05 CV DIAGNOSTIC SERVICES							860
060 06 PEDIATRIC CLINIC					552		50
060 07 CARDIAC REHAB					717		92
060 08 GREENWOOD IMAGING					1		424
061 EMERGENCY		319,205	360,684	679,889	9,358	4,581	5,800
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		7,770,748	8,780,525	16,551,273	130,483	98,166	59,661
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		45,513	51,428	96,941	58		
100 01 MARKETING & COMMUNITY REL							
100 02 ST. FRANCIS INN		264,986	299,420	564,406	296		
100 03 WOMEN'S CENTER		86,166	97,363	183,529	485		
100 04 SOUTH EMERSON SURGERY CTR							642
100 05 SOUTHEAST SURGERY CTR							837
100 06 FRANCISCAN SURGERY CTR					4		1,001
101 FRANCISCAN CARDIOVASCULAR							367
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		8,167,413	9,228,736	17,396,149	131,326	98,166	62,508

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE AND	557,054						
008 OPERATION OF PLANT	23,654	2,729,679					
009 LAUNDRY & LINEN SERVICE	2,141	12,566	78,592				
010 HOUSEKEEPING	6,764	60,267		375,613			
011 DIETARY	2,713	70,640		9,987	442,520		
012 CAFETERIA	2,515	32,088		4,537		203,853	
014 NURSING ADMINISTRATION	2,020	2,126		301		437	15,851
015 CENTRAL SERVICES & SUPPLY	4,933	80,245		11,345		2,071	
016 PHARMACY	10,928	38,893		5,499		7,623	
017 MEDICAL RECORDS & LIBRARY	550	36,473		5,156			
022 I&R SERVICES-SALARY & FRI	2,138						
023 I&R SERVICES-OTHER PRGM C	1,052						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	33,166	294,424	12,895	41,624	209,048	28,538	7,488
026 01 INTENSIVE CARE UNIT							
026 02 NEONATAL INTENSIVE CARE U	13,210	50,036	955	7,074		8,797	
027 CORONARY CARE UNIT	41,629	294,500	10,688	41,635	162,914	32,655	5,836
029 SURGICAL INTENSIVE CARE U	18,457	162,891	5,154	23,029	70,558	13,496	2,527
033 NURSERY	3,872	24,240	1,720	3,427		2,794	
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	29,630	373,956	7,838	52,868		19,811	
041 DELIVERY ROOM & LABOR ROO	17,426	114,298	9,461	16,159		14,196	
041 RADIOLOGY-DIAGNOSTIC	44,573	279,343	4,587	39,492		22,750	
041 01 CARDIAC NUCLEAR DIAGNOSTI	20,919						
041 02 NUCLEAR MEDICINE-DIAGNOST	4,568	87,837	314	12,418		720	
041 03 ULTRA SOUND	2,821	13,050	2,861	1,845		2,231	
042 RADIOLOGY-THERAPEUTIC	23,608						
044 LABORATORY	13,624	88,530	31	12,516			
048 INTRAVENOUS THERAPY	509					120	
049 RESPIRATORY THERAPY	9,245	15,176	46	2,145		8,468	
050 PHYSICAL THERAPY	3,445		1,643			3,388	
051 OCCUPATIONAL THERAPY	876	4,812		680		771	
052 SPEECH PATHOLOGY	480					412	
053 ELECTROCARDIOLOGY	6,102	98,059	410	13,863		5,454	
053 01 CARDIAC CATHETERIZATION L	10,228	185,621	3,865	26,242		4,975	
054 ELECTROENCEPHALOGRAPHY	3,716		54			399	
055 MEDICAL SUPPLIES CHARGED	71,639						
056 DRUGS CHARGED TO PATIENTS	24,045						
057 RENAL DIALYSIS	461		115			269	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	62					83	
060 02 HEAD & NECK CLINIC							
060 03 PROMPT CARE	1,894	9,111		1,288		1,702	
060 04 SOUTH INDY MRY & REHAB	6,991						
060 05 WOUND CARE INSTITUTE	65					63	
060 06 CV DIAGNOSTIC SERVICES	12,393						
060 07 PEDIATRIC CLINIC	380					989	
060 08 CARDIAC REHAB	1,232		5			1,438	
060 09 GREENWOOD IMAGING	5,944						
061 EMERGENCY	23,775	133,991	15,378	18,943		17,200	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	510,393	2,563,173	78,020	352,073	442,520	201,850	15,851
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	439	19,105		2,701		271	
100 MARKETING & COMMUNITY REL	8,290						
100 01 ST. FRANCIS INN	2,196	111,232		15,726		969	
100 02 WOMEN'S CENTER	1,619	36,169	572	5,113		755	
100 03 SOUTH EMERSON SURGERY CTR	8,565						
100 04 SOUTHEAST SURGERY CTR	6,982						
100 05 FRANCISCAN SURGERY CTR	13,062					8	
100 06 FRANCISCAN CARDIOVASCULAR	5,508						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	557,054	2,729,679	78,592	375,613	442,520	203,853	15,851

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0162 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	I&R SERVICES-	I&R SERVICES-	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	CES & SUPPLY		DS & LIBRARY	SALARY & FRI	OTHER PRGM C		
	15	16	17	22	23	25	26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	506,344						
016 PHARMACY		265,253					
017 MEDICAL RECORDS & LIBRARY			227,248				
022 I&R SERVICES-SALARY & FRI				3,148			
023 I&R SERVICES-OTHER PRGM C					1,052		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,671		6,985			2,155,992	
026 01 INTENSIVE CARE UNIT							
027 NEONATAL INTENSIVE CARE U	2,759		3,595			351,384	
029 CORONARY CARE UNIT	2,359		5,967			2,122,066	
033 SURGICAL INTENSIVE CARE U	989		2,719			1,138,956	
033 NURSERY	2,207		1,581			166,869	
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	417		14,297			2,422,031	
041 DELIVERY ROOM & LABOR ROO	7,333		7,883			777,240	
041 RADIOLOGY-DIAGNOSTIC	7,967		34,145			1,872,788	
041 01 CARDIAC NUCLEAR DIAGNOSTI			8,463			31,710	
041 02 NUCLEAR MEDICINE-DIAGNOST			934			553,531	
041 03 ULTRA SOUND	96		3,619			95,898	
042 RADIOLOGY-THERAPEUTIC			9,906			36,240	
044 LABORATORY	2		20,677			598,513	
048 INTRAVENOUS THERAPY	2,154		292			3,578	
049 RESPIRATORY THERAPY	713		4,033			126,658	
050 PHYSICAL THERAPY	12		1,866			13,075	
051 OCCUPATIONAL THERAPY			443			32,786	
052 SPEECH PATHOLOGY			235			1,443	
053 ELECTROCARDIOLOGY	1,575		2,585			630,451	
053 01 CARDIAC CATHETERIZATION L			11,695			1,199,144	
054 ELECTROENCEPHALOGRAPHY			1,715			6,845	
055 MEDICAL SUPPLIES CHARGED	446,682		30,290			578,124	
056 DRUGS CHARGED TO PATIENTS		265,253	13,863			315,031	
057 RENAL DIALYSIS	528		288			2,278	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			1			183	
060 01 HEAD & NECK CLINIC							
060 02 PROMPT CARE			1,117			62,809	
060 03 SOUTH INDY MRY & REHAB			1,370			8,738	
060 04 WOUND CARE INSTITUTE			69			253	
060 05 CV DIAGNOSTIC SERVICES			3,127			16,380	
060 06 PEDIATRIC CLINIC			182			2,153	
060 07 CARDIAC REHAB			335			3,819	
060 08 GREENWOOD IMAGING	283		1,542			8,194	
061 EMERGENCY	10,636		21,080			940,631	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	488,383	265,253	216,899			16,275,791	
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP						119,515	
100 MARKETING & COMMUNITY REL						8,290	
100 01 ST. FRANCIS INN						694,825	
100 02 WOMEN'S CENTER						228,242	
100 03 SOUTH EMERSON SURGERY CTR	3,576		2,335			15,118	
100 04 SOUTHEAST SURGERY CTR	9,193		3,041			20,053	
100 05 FRANCISCAN SURGERY CTR	5,192		3,638			22,905	
100 06 FRANCISCAN CARDIOVASCULAR			1,335			7,210	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	506,344	265,253	227,248	3,148	1,052	17,396,149	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMITTING	
006 02	PATIENT ACCOUNTING	
006 03	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	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
025	INPAT ROUTINE SRVC CNTRS	2,155,992
026	ADULTS & PEDIATRICS	
026 01	INTENSIVE CARE UNIT	351,384
027	NEONATAL INTENSIVE CARE U	2,122,066
029	CORONARY CARE UNIT	1,138,956
033	SURGICAL INTENSIVE CARE U	166,869
037	NURSERY	
039	ANCILLARY SRVC COST CNTRS	2,422,031
041	OPERATING ROOM	777,240
041 01	DELIVERY ROOM & LABOR ROO	1,872,788
041 02	RADIOLOGY--DIAGNOSTIC	31,710
041 03	CARDIAC NUCLEAR DIAGNOSTI	553,531
042	NUCLEAR MEDICINE-DIAGNOST	95,898
044	ULTRA SOUND	36,240
048	RADIOLOGY-THERAPEUTIC	598,513
049	LABORATORY	3,578
050	INTRAVENOUS THERAPY	126,658
051	RESPIRATORY THERAPY	13,075
052	PHYSICAL THERAPY	32,786
053	OCCUPATIONAL THERAPY	1,443
053 01	SPEECH PATHOLOGY	630,451
054	ELECTROCARDIOLOGY	1,199,144
055	CARDIAC CATHETERIZATION L	6,845
056	ELECTROENCEPHALOGRAPHY	578,124
057	MEDICAL SUPPLIES CHARGED	315,031
060	DRUGS CHARGED TO PATIENTS	2,278
060 01	RENAL DIALYSIS	183
060 02	CLINIC	
060 03	HEAD & NECK CLINIC	62,809
060 04	PROMPT CARE	8,738
060 05	SOUTH INDY MRY & REHAB	253
060 06	WOUND CARE INSTITUTE	16,380
060 07	CV DIAGNOSTIC SERVICES	2,153
060 08	PEDIATRIC CLINIC	3,819
061	CARDIAC REHAB	8,194
062	GREENWOOD IMAGING	940,631
062	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
095	SPEC PURPOSE COST CENTERS	16,275,791
096	SUBTOTALS	
100	NONREIMBURS COST CENTERS	119,515
100 01	GIFT, FLOWER, COFFEE SHOP	8,290
100 02	MARKETING & COMMUNITY REL	694,825
100 03	ST. FRANCIS INN	228,242
100 04	WOMEN'S CENTER	15,118
100 05	SOUTH EMERSON SURGERY CTR	20,053
100 06	SOUTHEAST SURGERY CTR	22,905
101	FRANCISCAN SURGERY CTR	7,210
102	FRANCISCAN CARDIOVASCULAR	
103	CROSS FOOT ADJUSTMENTS	
103	NEGATIVE COST CENTER	
103	TOTAL	17,391,949

COST CENTER DESCRIPTION	NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	ADMITTING	PATIENT ACCOU	R RECONCIL- IATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (SQUARE FEET)	E FITS (GROSS SALARIES)	(INPATIENT) EVENUES	R(GROSS) EVENUES	
	3	4	5	6.01	6.02	6a.03
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	361,234					
004 NEW CAP REL COSTS-MVB		361,234				
005 EMPLOYEE BENEFITS	2,727	2,727	55,900,698			
006 01 ADMITTING	1,978	1,978	1,238,725	217,130,040		
006 02 PATIENT ACCOUNTING	1,298	1,298			600,962,172	
006 03 OTHER ADMINISTRATIVE	11,494	11,494	1,503,234			-22,076,564
008 OPERATION OF PLANT	56,124	56,124	1,374,933			
009 LAUNDRY & LINEN SERVI	1,324	1,324	53,207			
010 HOUSEKEEPING	6,350	6,350	1,184,106			
011 DIETARY	7,443	7,443	316,639			
012 CAFETERIA	3,381	3,381	805,636			
014 NURSING ADMINISTRATIO	224	224	76,388			
015 CENTRAL SERVICES & SU	8,455	8,455	246,260			
016 PHARMACY	4,098	4,098	2,111,363			
017 MEDICAL RECORDS & LIB	3,843	3,843				
022 I&R SERVICES--SALARY &			430,109			
023 I&R SERVICES--OTHER PR						
025 INPAT ROUTINE SRVC CN	31,022	31,022	6,783,363	18,479,514	18,479,514	
026 ADULTS & PEDIATRICS						
026 01 INTENSIVE CARE UNIT						
026 01 NEONATAL INTENSIVE CA	5,272	5,272	2,461,880	9,510,127	9,510,127	
027 CORONARY CARE UNIT	31,030	31,030	8,837,440	15,785,966	15,785,966	
029 SURGICAL INTENSIVE CA	17,163	17,163	3,664,548	7,193,784	7,193,784	
033 NURSERY	2,554	2,554	727,628	4,182,238	4,182,238	
037 ANCILLARY SRVC COST C						
039 OPERATING ROOM	39,402	39,402	5,089,654	21,726,658	37,821,733	
041 DELIVERY ROOM & LABOR	12,043	12,043	3,495,185	317,634	20,853,570	
041 RADIOLOGY-DIAGNOSTIC	29,433	29,433	3,689,376	9,874,955	90,101,254	
041 01 CARDIAC NUCLEAR DIAGN					22,389,200	
041 02 NUCLEAR MEDICINE-DIAG	9,255	9,255	197,558	709,929	2,470,721	
041 03 ULTRA SOUND	1,375	1,375	601,656	1,659,994	9,574,059	
042 RADIOLOGY-THERAPEUTIC					26,207,217	
044 LABORATORY	9,328	9,328		18,209,054	54,701,313	
048 INTRAVENOUS THERAPY			34,546	756,065	772,144	
049 RESPIRATORY THERAPY	1,599	1,599	2,040,358	8,683,505	10,670,184	
050 PHYSICAL THERAPY			662,886	1,440,399	4,936,295	
051 OCCUPATIONAL THERAPY	507	507	185,193	512,029	1,172,188	
052 SPEECH PATHOLOGY			92,713	72,979	621,108	
053 ELECTROCARDIOLOGY	10,332	10,332	974,374	4,068,852	6,838,211	
053 01 CARDIAC CATHETERIZATI	19,558	19,558	1,334,027	18,363,218	30,940,378	
054 ELECTROENCEPHALOGRAPH			194,921	67,846	4,537,901	
055 MEDICAL SUPPLIES CHAR				46,802,520	80,133,058	
056 DRUGS CHARGED TO PATI				17,823,242	36,673,337	
057 RENAL DIALYSIS			84,017	755,460	761,092	
060 OUTPAT SERVICE COST C						
060 01 CLINIC			15,566		2,858	
060 01 HEAD & NECK CLINIC					424	
060 02 PROMPT CARE	960	960	493,405		2,955,208	
060 03 SOUTH INDY MRY & REHA					3,624,399	
060 04 WOUND CARE INSTITUTE			15,893		183,821	
060 05 CV DIAGNOSTIC SERVICE					8,272,471	
060 06 PEDIATRIC CLINIC			235,100		482,187	
060 07 CARDIAC REHAB			305,445		887,256	
060 08 GREENWOOD IMAGING			225		4,080,242	
061 EMERGENCY	14,118	14,118	3,983,867	10,134,072	55,767,127	
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS	343,690	343,690	55,541,424	217,130,040	573,582,585	-22,076,564
096 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE	2,013	2,013	24,839			
100 MARKETING & COMMUNITY						
100 01 ST. FRANCIS INN	11,720	11,720	126,159			
100 02 WOMEN'S CENTER	3,811	3,811	206,443			
100 03 SOUTH EMERSON SURGERY					6,177,778	
100 04 SOUTHEAST SURGERY CTR					8,045,131	
100 05 FRANCISCAN SURGERY CT			1,833		9,624,335	
100 06 FRANCISCAN CARDIOVASC					3,532,343	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	8,167,413	9,228,736	2,257,512	3,387,632	2,219,098	
(WRKSHT 8, PART I)						
104 UNIT COST MULTIPLIER	22.609757	25.547806	.040384	.015602	.003693	
(WRKSHT 8, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT 8, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT 8, PT II)						
107 COST TO BE ALLOCATED			131,326	98,166	62,508	
(WRKSHT 8, PART III)						
108 UNIT COST MULTIPLIER			.002349	.000452	.000104	
(WRKSHT 8, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN
	TRATIVE AND	PLANT	EN SERVICE				ISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT)AYS	D(FTES)	(PATIENT)AYS
	6.03	8	9	10	11	12	14
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE	187,803,727						
008 OPERATION OF PLANT	7,975,205	287,613					
009 LAUNDRY & LINEN SERVI	721,962	1,324	1,191,588				
010 HOUSEKEEPING	2,280,556	6,350		279,939			
011 DIETARY	914,829	7,443		7,443	34,695		
012 CAFETERIA	848,090	3,381		3,381		81,219	
014 NURSING ADMINISTRATIO	681,017	224		224		174	34,695
015 CENTRAL SERVICES & SU	1,663,316	8,455		8,455		825	
016 PHARMACY	3,684,487	4,098		4,098		3,037	
017 MEDICAL RECORDS & LIB	185,313	3,843		3,843			
022 I&R SERVICES-SALARY &	720,702						
023 I&R SERVICES-OTHER PR	354,600						
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	11,182,166	31,022	195,502	31,022	16,390	11,370	16,390
026 01 NEONATAL INTENSIVE CA	4,453,648	5,272	14,481	5,272		3,505	
027 CORONARY CARE UNIT	14,035,331	31,030	162,055	31,030	12,773	13,011	12,773
029 SURGICAL INTENSIVE CA	6,222,844	17,163	78,136	17,163	5,532	5,377	5,532
033 NURSERY	1,305,354	2,554	26,073	2,554		1,113	
037 ANCILLARY SRVC COST C							
039 OPERATING ROOM	9,989,881	39,402	118,841	39,402		7,893	
041 DELIVERY ROOM & LABOR	5,875,417	12,043	143,448	12,043		5,656	
041 01 RADIOLOGY-DIAGNOSTIC	15,027,905	29,433	69,549	29,433		9,064	
041 02 CARDIAC NUCLEAR DIAGN	7,052,814						
041 03 NUCLEAR MEDICINE-DIAG	1,540,078	9,255	4,755	9,255		287	
042 03 ULTRA SOUND	951,194	1,375	43,378	1,375		889	
044 RADIOLOGY-THERAPEUTIC	7,959,382						
048 LABORATORY	4,593,243	9,328	468	9,328			
049 INTRAVENOUS THERAPY	171,540					48	
050 RESPIRATORY THERAPY	3,116,885	1,599	694	1,599		3,374	
051 PHYSICAL THERAPY	1,161,544		24,904			1,350	
052 OCCUPATIONAL THERAPY	295,454	507		507		307	
053 SPEECH PATHOLOGY	161,899					164	
053 01 ELECTROCARDIOLOGY	2,057,279	10,332	6,210	10,332		2,173	
054 01 CARDIAC CATHETERIZATI	3,448,327	19,558	58,596	19,558		1,982	
055 ELECTROENCEPHALOGRAPH	1,252,719		815			159	
056 MEDICAL SUPPLIES CHAR	24,144,457						
057 DRUGS CHARGED TO PATI	8,106,904						
060 RENAL DIALYSIS	155,339		1,742			107	
060 OUTPAT SERVICE COST C							
060 01 CLINIC	20,924					33	
060 02 HEAD & NECK CLINIC	2						
060 03 PROMPT CARE	638,634	960		960		678	
060 04 SOUTH INDY MRY & REHA	2,357,029						
060 05 WOUND CARE INSTITUTE	21,900					25	
060 06 CV DIAGNOSTIC SERVICE	4,178,342						
060 07 PEDIATRIC CLINIC	128,029					394	
060 08 CARDIAC REHAB	415,429		80			573	
061 GREENWOOD IMAGING	2,003,990						
062 EMERGENCY	8,015,902	14,118	233,188	14,118		6,853	
095 OBSERVATION BEDS (NON							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	172,071,862	270,069	1,182,915	262,395	34,695	80,421	34,695
096 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE	147,848	2,013		2,013		108	
100 01 MARKETING & COMMUNITY	2,794,999						
100 02 ST. FRANCIS INN	740,326	11,720		11,720		386	
100 03 WOMEN'S CENTER	545,775	3,811	8,673	3,811		301	
100 04 SOUTH EMERSON SURGERY	2,887,890						
100 05 SOUTHEAST SURGERY CTR	2,353,918						
100 06 FRANCISCAN SURGERY CT	4,404,060					3	
101 FRANCISCAN CARDIOVASC	1,857,049						
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	22,076,564	8,912,698	847,858	2,745,415	1,326,010	1,085,714	772,535
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		30.988509	.711536	9.807190	38.219052	13.367734	22.266465
(WRKSHT B, PT I)	.117551						
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	557,054	2,729,679	78,592	375,613	442,520	203,853	15,851
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		9.490805	.065956	1.341767	12.754576	2.509918	.456867
(WRKSHT B, PT III)	.002966						

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS REVENUES)	R(ASSIGNED TIME)	(ASSIGNED TIME)
	15	16	17	22	23
GENERAL SERVICE COST					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 ADMITTING					
006 02 PATIENT ACCOUNTING					
006 03 OTHER ADMINISTRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATIO					
015 CENTRAL SERVICES & SU	26,019,904				
016 PHARMACY		100			
017 MEDICAL RECORDS & LIB			600,962,172		
022 I&R SERVICES-SALARY &				100	
023 I&R SERVICES-OTHER PR					100
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	85,846		18,479,514	100	100
026 INTENSIVE CARE UNIT					
026 01 NEONATAL INTENSIVE CA	141,764		9,510,127		
027 CORONARY CARE UNIT	121,203		15,785,966		
029 SURGICAL INTENSIVE CA	50,846		7,193,784		
033 NURSERY	113,401		4,182,238		
ANCILLARY SRVC COST C					
037 OPERATING ROOM	21,421		37,821,733		
039 DELIVERY ROOM & LABOR	376,848		20,853,570		
041 RADIOLOGY-DIAGNOSTIC	409,422		90,101,254		
041 01 CARDIAC NUCLEAR DIAGN			22,389,200		
041 02 NUCLEAR MEDICINE-DIAG			2,470,721		
041 03 ULTRA SOUND	4,952		9,574,059		
042 RADIOLOGY-THERAPEUTIC			26,207,217		
044 LABORATORY	104		54,701,313		
048 INTRAVENOUS THERAPY	110,680		772,144		
049 RESPIRATORY THERAPY	36,617		10,670,184		
050 PHYSICAL THERAPY	596		4,936,295		
051 OCCUPATIONAL THERAPY			1,172,188		
052 SPEECH PATHOLOGY			621,108		
053 ELECTROCARDIOLOGY	80,946		6,838,211		
053 01 CARDIAC CATHETERIZATI			30,940,378		
054 ELECTROENCEPHALOGRAPH			4,537,901		
055 MEDICAL SUPPLIES CHAR	22,954,041		80,133,058		
056 DRUGS CHARGED TO PATI		100	36,673,337		
057 RENAL DIALYSIS	27,143		761,092		
OUTPAT SERVICE COST C					
060 CLINIC			2,858		
060 01 HEAD & NECK CLINIC			424		
060 02 PROMPT CARE			2,955,208		
060 03 SOUTH INDY MRY & REHA			3,624,399		
060 04 WOUND CARE INSTITUTE			183,821		
060 05 CV DIAGNOSTIC SERVICE			8,272,471		
060 06 PEDIATRIC CLINIC			482,187		
060 07 CARDIAC REHAB			887,256		
060 08 GREENWOOD IMAGING	14,522		4,080,242		
061 EMERGENCY	546,582		55,767,127		
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN					
095 SUBTOTALS	25,096,934	100	573,582,585	100	100
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
100 MARKETING & COMMUNITY					
100 01 ST. FRANCIS INN					
100 02 WOMEN'S CENTER					
100 03 SOUTH EMERSON SURGERY	183,757		6,177,778		
100 04 SOUTHEAST SURGERY CTR	472,411		8,045,131		
100 05 FRANCISCAN SURGERY CT	266,802		9,624,335		
100 06 FRANCISCAN CARDIOVASC			3,532,343		
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	2,214,796	4,325,381	363,875	805,421	396,284
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		43,253.810000		8,054.210000	
(WRKSHT B, PT I)	.085119		.000605		3,962.840000
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	506,344	265,253	227,248	3,148	1,052
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		2,652.530000		31.480000	
(WRKSHT B, PT III)	.019460		.000378		10.520000

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	16,264,853		16,264,853	740	16,265,593
26	INTENSIVE CARE UNIT					
26	01 NEONATAL INTENSIVE CARE U	5,267,233		5,267,233		5,267,233
27	CORONARY CARE UNIT	18,032,774		18,032,774		18,032,774
29	SURGICAL INTENSIVE CARE U	8,125,284		8,125,284		8,125,284
33	NURSERY	1,608,606		1,608,606		1,608,606
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,986,409		12,986,409		12,986,409
39	DELIVERY ROOM & LABOR ROO	7,279,750		7,279,750		7,279,750
41	RADIOLOGY-DIAGNOSTIC	18,255,498		18,255,498		18,255,498
41	01 CARDIAC NUCLEAR DIAGNOSTI	7,895,424		7,895,424		7,895,424
41	02 NUCLEAR MEDICINE-DIAGNOST	2,107,396		2,107,396		2,107,396
41	03 ULTRA SOUND	1,168,065		1,168,065		1,168,065
42	RADIOLOGY-THERAPEUTIC	8,910,870		8,910,870		8,910,870
44	LABORATORY	5,547,161		5,547,161		5,547,161
48	INTRAVENOUS THERAPY	202,235		202,235		202,235
49	RESPIRATORY THERAPY	3,603,680		3,603,680		3,603,680
50	PHYSICAL THERAPY	1,336,888		1,336,888		1,336,888
51	OCCUPATIONAL THERAPY	355,681		355,681		355,681
52	SPEECH PATHOLOGY	183,498		183,498		183,498
53	ELECTROCARDIOLOGY	2,765,109		2,765,109		2,765,109
53	01 CARDIAC CATHETERIZATION L	4,738,470		4,738,470		4,738,470
54	ELECTROENCEPHALOGRAPHY	1,405,427		1,405,427	34,510	1,439,937
55	MEDICAL SUPPLIES CHARGED	28,985,024		28,985,024		28,985,024
56	DRUGS CHARGED TO PATIENTS	13,407,447		13,407,447		13,407,447
57	RENAL DIALYSIS	179,038		179,038		179,038
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	23,827		23,827		23,827
60	01 HEAD & NECK CLINIC	2		2		2
60	02 PROMPT CARE	763,721		763,721		763,721
60	03 SOUTH INDY MRY & REHAB	2,636,293		2,636,293		2,636,293
60	04 WOUND CARE INSTITUTE	24,919		24,919		24,919
60	05 CV DIAGNOSTIC SERVICES	4,674,515		4,674,515		4,674,515
60	06 PEDIATRIC CLINIC	148,638		148,638		148,638
60	07 CARDIAC REHAB	472,517		472,517		472,517
60	08 GREENWOOD IMAGING	2,243,266		2,243,266		2,243,266
61	EMERGENCY	9,871,927		9,871,927	7,404	9,879,331
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,564,633		2,564,633		2,564,633
101	SUBTOTAL	194,036,078		194,036,078	42,654	194,078,732
102	LESS OBSERVATION BEDS	2,564,633		2,564,633		2,564,633
103	TOTAL	191,471,445		191,471,445	42,654	191,514,099

COMPUTATION OF RATIO OF COSTS TO CHARGES

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 ADULTS & PEDIATRICS	13,932,448		13,932,448			
26	INTENSIVE CARE UNIT						
26 01	NEONATAL INTENSIVE CARE U	9,510,127		9,510,127			
27	CORONARY CARE UNIT	15,785,966		15,785,966			
29	SURGICAL INTENSIVE CARE U	7,193,784		7,193,784			
33	NURSERY	4,182,238		4,182,238			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,726,658	16,095,075	37,821,733	.343358	.343358	.343358
39	DELIVERY ROOM & LABOR ROO	20,317,634	535,937	20,853,571	.349089	.349089	.349089
41	RADIOLOGY-DIAGNOSTIC	9,874,955	80,226,300	90,101,255	.202611	.202611	.202611
41 01	CARDIAC NUCLEAR DIAGNOSTI		22,389,200	22,389,200	.352644	.352644	.352644
41 02	NUCLEAR MEDICINE-DIAGNOST	709,929	1,760,793	2,470,722	.852947	.852947	.852947
41 03	ULTRA SOUND	1,659,994	7,914,065	9,574,059	.122003	.122003	.122003
42	RADIOLOGY-THERAPEUTIC		26,207,217	26,207,217	.340016	.340016	.340016
44	LABORATORY	18,209,054	36,492,259	54,701,313	.101408	.101408	.101408
48	INTRAVENOUS THERAPY	756,065	16,080	772,145	.261913	.261913	.261913
49	RESPIRATORY THERAPY	8,683,505	1,986,679	10,670,184	.337734	.337734	.337734
50	PHYSICAL THERAPY	1,440,399	3,495,896	4,936,295	.270828	.270828	.270828
51	OCCUPATIONAL THERAPY	512,029	660,159	1,172,188	.303433	.303433	.303433
52	SPEECH PATHOLOGY	72,979	548,129	621,108	.295437	.295437	.295437
53	ELECTROCARDIOLOGY	4,068,852	2,769,359	6,838,211	.404361	.404361	.404361
53 01	CARDIAC CATHETERIZATION L	18,363,218	12,577,160	30,940,378	.153148	.153148	.153148
54	ELECTROENCEPHALOGRAPHY	67,846	4,470,055	4,537,901	.309709	.309709	.317313
55	MEDICAL SUPPLIES CHARGED	46,802,520	33,330,538	80,133,058	.361711	.361711	.361711
56	DRUGS CHARGED TO PATIENTS	17,823,242	18,850,096	36,673,338	.365591	.365591	.365591
57	RENAL DIALYSIS	755,460	5,632	761,092	.235238	.235238	.235238
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		2,858	2,858	8.336949	8.336949	8.336949
60 01	HEAD & NECK CLINIC						
60 02	PROMPT CARE		2,955,208	2,955,208	.258432	.258432	.258432
60 03	SOUTH INDY MRY & REHAB		3,624,399	3,624,399	.727374	.727374	.727374
60 04	WOUND CARE INSTITUTE		183,821	183,821	.135561	.135561	.135561
60 05	CV DIAGNOSTIC SERVICES		8,272,471	8,272,471	.565069	.565069	.565069
60 06	PEDIATRIC CLINIC		482,187	482,187	.308258	.308258	.308258
60 07	CARDIAC REHAB		887,256	887,256	.532560	.532560	.532560
60 08	GREENWOOD IMAGING		4,080,242	4,080,242	.549787	.549787	.549787
61	EMERGENCY	10,134,072	45,633,054	55,767,126	.177021	.177021	.177153
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	563,437	3,983,630	4,547,067	.564019	.564019	.564019
101	SUBTOTAL	233,146,411	340,435,755	573,582,166			
102	LESS OBSERVATION BEDS						
103	TOTAL	233,146,411	340,435,755	573,582,166			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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	16,264,853		16,264,853	740	16,265,593
26	INTENSIVE CARE UNIT					
26	01 NEONATAL INTENSIVE CARE U	5,267,233		5,267,233		5,267,233
27	CORONARY CARE UNIT	18,032,774		18,032,774		18,032,774
29	SURGICAL INTENSIVE CARE U	8,125,284		8,125,284		8,125,284
33	NURSERY	1,608,606		1,608,606		1,608,606
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	12,986,409		12,986,409		12,986,409
39	DELIVERY ROOM & LABOR ROO	7,279,750		7,279,750		7,279,750
41	RADIOLOGY-DIAGNOSTIC	18,255,498		18,255,498		18,255,498
41	01 CARDIAC NUCLEAR DIAGNOSTI	7,895,424		7,895,424		7,895,424
41	02 NUCLEAR MEDICINE-DIAGNOST	2,107,396		2,107,396		2,107,396
41	03 ULTRA SOUND	1,168,065		1,168,065		1,168,065
42	RADIOLOGY-THERAPEUTIC	8,910,870		8,910,870		8,910,870
44	LABORATORY	5,547,161		5,547,161		5,547,161
48	INTRAVENOUS THERAPY	202,235		202,235		202,235
49	RESPIRATORY THERAPY	3,603,680		3,603,680		3,603,680
50	PHYSICAL THERAPY	1,336,888		1,336,888		1,336,888
51	OCCUPATIONAL THERAPY	355,681		355,681		355,681
52	SPEECH PATHOLOGY	183,498		183,498		183,498
53	ELECTROCARDIOLOGY	2,765,109		2,765,109		2,765,109
53	01 CARDIAC CATHETERIZATION L	4,738,470		4,738,470		4,738,470
54	ELECTROENCEPHALOGRAPHY	1,405,427		1,405,427	34,510	1,439,937
55	MEDICAL SUPPLIES CHARGED	28,985,024		28,985,024		28,985,024
56	DRUGS CHARGED TO PATIENTS	13,407,447		13,407,447		13,407,447
57	RENAL DIALYSIS	179,038		179,038		179,038
60	OUTPAT SERVICE COST CNTRS CLINIC	23,827		23,827		23,827
60	01 HEAD & NECK CLINIC	2		2		2
60	02 PROMPT CARE	763,721		763,721		763,721
60	03 SOUTH INDY MRY & REHAB	2,636,293		2,636,293		2,636,293
60	04 WOUND CARE INSTITUTE	24,919		24,919		24,919
60	05 CV DIAGNOSTIC SERVICES	4,674,515		4,674,515		4,674,515
60	06 PEDIATRIC CLINIC	148,638		148,638		148,638
60	07 CARDIAC REHAB	472,517		472,517		472,517
60	08 GREENWOOD IMAGING	2,243,266		2,243,266		2,243,266
61	EMERGENCY	9,871,927		9,871,927	7,404	9,879,331
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,564,633		2,564,633		2,564,633
101	SUBTOTAL	194,036,078		194,036,078	42,654	194,078,732
102	LESS OBSERVATION BEDS	2,564,633		2,564,633		2,564,633
103	TOTAL	191,471,445		191,471,445	42,654	191,514,099

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 ADULTS & PEDIATRICS	13,932,448		13,932,448			
26	INTENSIVE CARE UNIT						
26	01 NEONATAL INTENSIVE CARE U	9,510,127		9,510,127			
27	CORONARY CARE UNIT	15,785,966		15,785,966			
29	SURGICAL INTENSIVE CARE U	7,193,784		7,193,784			
33	NURSERY	4,182,238		4,182,238			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,726,658	16,095,075	37,821,733	.343358	.343358	.343358
39	DELIVERY ROOM & LABOR ROO	20,317,634	535,937	20,853,571	.349089	.349089	.349089
41	RADIOLOGY-DIAGNOSTIC	9,874,955	80,226,300	90,101,255	.202611	.202611	.202611
41	01 CARDIAC NUCLEAR DIAGNOSTI		22,389,200	22,389,200	.352644	.352644	.352644
41	02 NUCLEAR MEDICINE-DIAGNOST	709,929	1,760,793	2,470,722	.852947	.852947	.852947
41	03 ULTRA SOUND	1,659,994	7,914,065	9,574,059	.122003	.122003	.122003
42	RADIOLOGY-THERAPEUTIC		26,207,217	26,207,217	.340016	.340016	.340016
44	LABORATORY	18,209,054	36,492,259	54,701,313	.101408	.101408	.101408
48	INTRAVENOUS THERAPY	756,065	16,080	772,145	.261913	.261913	.261913
49	RESPIRATORY THERAPY	8,683,505	1,986,679	10,670,184	.337734	.337734	.337734
50	PHYSICAL THERAPY	1,440,399	3,495,896	4,936,295	.270828	.270828	.270828
51	OCCUPATIONAL THERAPY	512,029	660,159	1,172,188	.303433	.303433	.303433
52	SPEECH PATHOLOGY	72,979	548,129	621,108	.295437	.295437	.295437
53	ELECTROCARDIOLOGY	4,068,852	2,769,359	6,838,211	.404361	.404361	.404361
53	01 CARDIAC CATHETERIZATION L	18,363,218	12,577,160	30,940,378	.153148	.153148	.153148
54	ELECTROENCEPHALOGRAPHY	67,846	4,470,055	4,537,901	.309709	.309709	.317313
55	MEDICAL SUPPLIES CHARGED	46,802,520	33,330,538	80,133,058	.361711	.361711	.361711
56	DRUGS CHARGED TO PATIENTS	17,823,242	18,850,096	36,673,338	.365591	.365591	.365591
57	RENAL DIALYSIS	755,460	5,632	761,092	.235238	.235238	.235238
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		2,858	2,858	8.336949	8.336949	8.336949
60	01 HEAD & NECK CLINIC						
60	02 PROMPT CARE		2,955,208	2,955,208	.258432	.258432	.258432
60	03 SOUTH INDY MRY & REHAB		3,624,399	3,624,399	.727374	.727374	.727374
60	04 WOUND CARE INSTITUTE		183,821	183,821	.135561	.135561	.135561
60	05 CV DIAGNOSTIC SERVICES		8,272,471	8,272,471	.565069	.565069	.565069
60	06 PEDIATRIC CLINIC		482,187	482,187	.308258	.308258	.308258
60	07 CARDIAC REHAB		887,256	887,256	.532560	.532560	.532560
60	08 GREENWOOD IMAGING		4,080,242	4,080,242	.549787	.549787	.549787
61	EMERGENCY	10,134,072	45,633,054	55,767,126	.177021	.177021	.177153
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	563,437	3,983,630	4,547,067	.564019	.564019	.564019
101	SUBTOTAL	233,146,411	340,435,755	573,582,166			
102	LESS OBSERVATION BEDS						
103	TOTAL	233,146,411	340,435,755	573,582,166			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	12,986,409	2,422,031	10,564,378			12,986,409
39	DELIVERY ROOM & LABOR ROO	7,279,750	777,240	6,502,510			7,279,750
41	RADIOLOGY-DIAGNOSTIC	18,255,498	1,872,788	16,382,710			18,255,498
41 01	CARDIAC NUCLEAR DIAGNOSTI	7,895,424	31,710	7,863,714			7,895,424
41 02	NUCLEAR MEDICINE-DIAGNOST	2,107,396	553,531	1,553,865			2,107,396
41 03	ULTRA SOUND	1,168,065	95,898	1,072,167			1,168,065
42	RADIOLOGY-THERAPEUTIC	8,910,870	36,240	8,874,630			8,910,870
44	LABORATORY	5,547,161	598,513	4,948,648			5,547,161
48	INTRAVENOUS THERAPY	202,235	3,578	198,657			202,235
49	RESPIRATORY THERAPY	3,603,680	126,658	3,477,022			3,603,680
50	PHYSICAL THERAPY	1,336,888	13,075	1,323,813			1,336,888
51	OCCUPATIONAL THERAPY	355,681	32,786	322,895			355,681
52	SPEECH PATHOLOGY	183,498	1,443	182,055			183,498
53	ELECTROCARDIOLOGY	2,765,109	630,451	2,134,658			2,765,109
53 01	CARDIAC CATHETERIZATION L	4,738,470	1,199,144	3,539,326			4,738,470
54	ELECTROENCEPHALOGRAPHY	1,405,427	6,845	1,398,582			1,405,427
55	MEDICAL SUPPLIES CHARGED	28,985,024	578,124	28,406,900			28,985,024
56	DRUGS CHARGED TO PATIENTS	13,407,447	315,031	13,092,416			13,407,447
57	RENAL DIALYSIS	179,038	2,278	176,760			179,038
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	23,827	183	23,644			23,827
60 01	HEAD & NECK CLINIC						
60 02	PROMPT CARE	763,721	62,809	700,912			763,721
60 03	SOUTH INDY MRY & REHAB	2,636,293	8,738	2,627,555			2,636,293
60 04	WOUND CARE INSTITUTE	24,919	253	24,666			24,919
60 05	CV DIAGNOSTIC SERVICES	4,674,515	16,380	4,658,135			4,674,515
60 06	PEDIATRIC CLINIC	148,638	2,153	146,485			148,638
60 07	CARDIAC REHAB	472,517	3,819	468,698			472,517
60 08	GREENWOOD IMAGING	2,243,266	8,194	2,235,072			2,243,266
61	EMERGENCY	9,871,927	940,631	8,931,296			9,871,927
62	OBSERVATION BEDS (NON-DIS	2,564,633	339,940	2,224,693			2,564,633
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	144,737,328	10,680,464	134,056,864			144,737,328
102	LESS OBSERVATION BEDS	2,564,633	339,940	2,224,693			2,564,633
103	TOTAL	142,172,695	10,340,524	131,832,171			142,172,695

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	37,821,733	.343358	.343358
39	DELIVERY ROOM & LABOR ROO	20,853,571	.349089	.349089
41	RADIOLOGY-DIAGNOSTIC	90,101,255	.202611	.202611
41 01	CARDIAC NUCLEAR DIAGNOSTI	22,389,200	.352644	.352644
41 02	NUCLEAR MEDICINE-DIAGNOST	2,470,722	.852947	.852947
41 03	ULTRA SOUND	9,574,059	.122003	.122003
42	RADIOLOGY-THERAPEUTIC	26,207,217	.340016	.340016
44	LABORATORY	54,701,313	.101408	.101408
48	INTRAVENOUS THERAPY	772,145	.261913	.261913
49	RESPIRATORY THERAPY	10,670,184	.337734	.337734
50	PHYSICAL THERAPY	4,936,295	.270828	.270828
51	OCCUPATIONAL THERAPY	1,172,188	.303433	.303433
52	SPEECH PATHOLOGY	621,108	.295437	.295437
53	ELECTROCARDIOLOGY	6,838,211	.404361	.404361
53 01	CARDIAC CATHETERIZATION L	30,940,378	.153148	.153148
54	ELECTROENCEPHALOGRAPHY	4,537,901	.309709	.309709
55	MEDICAL SUPPLIES CHARGED	80,133,058	.361711	.361711
56	DRUGS CHARGED TO PATIENTS	36,673,338	.365591	.365591
57	RENAL DIALYSIS	761,092	.235238	.235238
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,858	8.336949	8.336949
60 01	HEAD & NECK CLINIC			
60 02	PROMPT CARE	2,955,208	.258432	.258432
60 03	SOUTH INDY MRY & REHAB	3,624,399	.727374	.727374
60 04	WOUND CARE INSTITUTE	183,821	.135561	.135561
60 05	CV DIAGNOSTIC SERVICES	8,272,471	.565069	.565069
60 06	PEDIATRIC CLINIC	482,187	.308258	.308258
60 07	CARDIAC REHAB	887,256	.532560	.532560
60 08	GREENWOOD IMAGING	4,080,242	.549787	.549787
61	EMERGENCY	55,767,126	.177021	.177021
62	OBSERVATION BEDS (NON-DIS	4,547,067	.564019	.564019
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	522,977,603		
102	LESS OBSERVATION BEDS	4,547,067		
103	TOTAL	518,430,536		

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						
	OPERATING ROOM	12,986,409	2,422,031	10,564,378			12,986,409
39	DELIVERY ROOM & LABOR ROO	7,279,750	777,240	6,502,510			7,279,750
41	RADIOLOGY-DIAGNOSTIC	18,255,498	1,872,788	16,382,710			18,255,498
41 01	CARDIAC NUCLEAR DIAGNOSTI	7,895,424	31,710	7,863,714			7,895,424
41 02	NUCLEAR MEDICINE-DIAGNOST	2,107,396	553,531	1,553,865			2,107,396
41 03	ULTRA SOUND	1,168,065	95,898	1,072,167			1,168,065
42	RADIOLOGY-THERAPEUTIC	8,910,870	36,240	8,874,630			8,910,870
44	LABORATORY	5,547,161	598,513	4,948,648			5,547,161
48	INTRAVENOUS THERAPY	202,235	3,578	198,657			202,235
49	RESPIRATORY THERAPY	3,603,680	126,658	3,477,022			3,603,680
50	PHYSICAL THERAPY	1,336,888	13,075	1,323,813			1,336,888
51	OCCUPATIONAL THERAPY	355,681	32,786	322,895			355,681
52	SPEECH PATHOLOGY	183,498	1,443	182,055			183,498
53	ELECTROCARDIOLOGY	2,765,109	630,451	2,134,658			2,765,109
53 01	CARDIAC CATHETERIZATION L	4,738,470	1,199,144	3,539,326			4,738,470
54	ELECTROENCEPHALOGRAPHY	1,405,427	6,845	1,398,582			1,405,427
55	MEDICAL SUPPLIES CHARGED	28,985,024	578,124	28,406,900			28,985,024
56	DRUGS CHARGED TO PATIENTS	13,407,447	315,031	13,092,416			13,407,447
57	RENAL DIALYSIS	179,038	2,278	176,760			179,038
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	23,827	183	23,644			23,827
60 01	HEAD & NECK CLINIC		2	2			2
60 02	PROMPT CARE	763,721	62,809	700,912			763,721
60 03	SOUTH INDY MRY & REHAB	2,636,293	8,738	2,627,555			2,636,293
60 04	WOUND CARE INSTITUTE	24,919	253	24,666			24,919
60 05	CV DIAGNOSTIC SERVICES	4,674,515	16,380	4,658,135			4,674,515
60 06	PEDIATRIC CLINIC	148,638	2,153	146,485			148,638
60 07	CARDIAC REHAB	472,517	3,819	468,698			472,517
60 08	GREENWOOD IMAGING	2,243,266	8,194	2,235,072			2,243,266
61	EMERGENCY	9,871,927	940,631	8,931,296			9,871,927
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,564,633	339,940	2,224,693			2,564,633
101	SUBTOTAL	144,737,328	10,680,464	134,056,864			144,737,328
102	LESS OBSERVATION BEDS	2,564,633	339,940	2,224,693			2,564,633
103	TOTAL	142,172,695	10,340,524	131,832,171			142,172,695

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	37,821,733	.343358	.343358
39	DELIVERY ROOM & LABOR ROO	20,853,571	.349089	.349089
41	RADIOLOGY-DIAGNOSTIC	90,101,255	.202611	.202611
41	01 CARDIAC NUCLEAR DIAGNOSTI	22,389,200	.352644	.352644
41	02 NUCLEAR MEDICINE-DIAGNOST	2,470,722	.852947	.852947
41	03 ULTRA SOUND	9,574,059	.122003	.122003
42	RADIOLOGY-THERAPEUTIC	26,207,217	.340016	.340016
44	LABORATORY	54,701,313	.101408	.101408
48	INTRAVENOUS THERAPY	772,145	.261913	.261913
49	RESPIRATORY THERAPY	10,670,184	.337734	.337734
50	PHYSICAL THERAPY	4,936,295	.270828	.270828
51	OCCUPATIONAL THERAPY	1,172,188	.303433	.303433
52	SPEECH PATHOLOGY	621,108	.295437	.295437
53	ELECTROCARDIOLOGY	6,838,211	.404361	.404361
53	01 CARDIAC CATHETERIZATION L	30,940,378	.153148	.153148
54	ELECTROENCEPHALOGRAPHY	4,537,901	.309709	.309709
55	MEDICAL SUPPLIES CHARGED	80,133,058	.361711	.361711
56	DRUGS CHARGED TO PATIENTS	36,673,338	.365591	.365591
57	RENAL DIALYSIS	761,092	.235238	.235238
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,858	8.336949	8.336949
60	01 HEAD & NECK CLINIC			
60	02 PROMPT CARE	2,955,208	.258432	.258432
60	03 SOUTH INDY MRY & REHAB	3,624,399	.727374	.727374
60	04 WOUND CARE INSTITUTE	183,821	.135561	.135561
60	05 CV DIAGNOSTIC SERVICES	8,272,471	.565069	.565069
60	06 PEDIATRIC CLINIC	482,187	.308258	.308258
60	07 CARDIAC REHAB	887,256	.532560	.532560
60	08 GREENWOOD IMAGING	4,080,242	.549787	.549787
61	EMERGENCY	55,767,126	.177021	.177021
62	OBSERVATION BEDS (NON-DIS	4,547,067	.564019	.564019
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	522,977,603		
102	LESS OBSERVATION BEDS	4,547,067		
103	TOTAL	518,430,536		

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				2,155,992		2,155,992
26	ADULTS & PEDIATRICS						
26	01 INTENSIVE CARE UNIT				351,384		351,384
27	NEONATAL INTENSIVE CARE U				2,122,066		2,122,066
29	CORONARY CARE UNIT				1,138,956		1,138,956
33	SURGICAL INTENSIVE CARE U				166,869		166,869
101	NURSERY				5,935,267		5,935,267
	TOTAL						

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
25	INPAT ROUTINE SRVC CNTRS	19,458	3,565				
26	ADULTS & PEDIATRICS					110.80	395,002
26	INTENSIVE CARE UNIT						
26	01 NEONATAL INTENSIVE CARE U	3,546				99.09	
27	CORONARY CARE UNIT	12,773	8,178			166.14	1,358,693
29	SURGICAL INTENSIVE CARE U	5,532	3,152			205.89	648,965
33	NURSERY	5,553				30.05	
101	TOTAL	46,862	14,895				2,402,660

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	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,422,031	37,821,733	7,123,611		
39	DELIVERY ROOM & LABOR ROO		777,240	20,853,571	10,255		
41	RADIOLOGY-DIAGNOSTIC		1,872,788	90,101,255	4,819,324		
41 01	CARDIAC NUCLEAR DIAGNOSTI		31,710	22,389,200			
41 02	NUCLEAR MEDICINE-DIAGNOST		553,531	2,470,722	512,448		
41 03	ULTRA SOUND		95,898	9,574,059	736,579		
42	RADIOLOGY-THERAPEUTIC		36,240	26,207,217			
44	LABORATORY		598,513	54,701,313	8,968,356		
48	INTRAVENOUS THERAPY		3,578	772,145	323,582		
49	RESPIRATORY THERAPY		126,658	10,670,184	3,016,429		
50	PHYSICAL THERAPY		13,075	4,936,295	969,269		
51	OCCUPATIONAL THERAPY		32,786	1,172,188	253,381		
52	SPEECH PATHOLOGY		1,443	621,108	41,764		
53	ELECTROCARDIOLOGY		630,451	6,838,211	2,511,597		
53 01	CARDIAC CATHETERIZATION L		1,199,144	30,940,378	9,536,503		
54	ELECTROENCEPHALOGRAPHY		6,845	4,537,901	38,165		
55	MEDICAL SUPPLIES CHARGED		578,124	80,133,058	26,364,696		
56	DRUGS CHARGED TO PATIENTS		315,031	36,673,338	12,843,540		
57	RENAL DIALYSIS		2,278	761,092	481,317		
	OUTPAT SERVICE COST CNTRS						
	CLINIC		183	2,858			
60 01	HEAD & NECK CLINIC						
60 02	PROMPT CARE		62,809	2,955,208			
60 03	SOUTH INDY MRY & REHAB		8,738	3,624,399			
60 04	WOUND CARE INSTITUTE		253	183,821			
60 05	CV DIAGNOSTIC SERVICES		16,380	8,272,471			
60 06	PEDIATRIC CLINIC		2,153	482,187			
60 07	CARDIAC REHAB		3,819	887,256			
60 08	GREENWOOD IMAGING		8,194	4,080,242			
61	EMERGENCY		940,631	55,767,126	5,299,631		
62	OBSERVATION BEDS (NON-DIS		339,940	4,547,067	412,721		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		10,680,464	522,977,603	84,263,168		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0162 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0162 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.064038	456,182
39	DELIVERY ROOM & LABOR ROO	.037271	382
41	RADIOLOGY-DIAGNOSTIC	.020785	100,170
41 01	CARDIAC NUCLEAR DIAGNOSTI	.001416	
41 02	NUCLEAR MEDICINE-DIAGNOST	.224036	114,807
41 03	ULTRA SOUND	.010016	7,378
42	RADIOLOGY-THERAPEUTIC	.001383	
44	LABORATORY	.010941	98,123
48	INTRAVENOUS THERAPY	.004634	1,499
49	RESPIRATORY THERAPY	.011870	35,805
50	PHYSICAL THERAPY	.002649	2,568
51	OCCUPATIONAL THERAPY	.027970	7,087
52	SPEECH PATHOLOGY	.002323	97
53	ELECTROCARDIOLOGY	.092195	231,557
53 01	CARDIAC CATHETERIZATION L	.038757	369,606
54	ELECTROENCEPHALOGRAPHY	.001508	58
55	MEDICAL SUPPLIES CHARGED	.007215	190,221
56	DRUGS CHARGED TO PATIENTS	.008590	110,326
57	RENAL DIALYSIS	.002993	1,441
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.064031	
60 01	HEAD & NECK CLINIC		
60 02	PROMPT CARE	.021254	
60 03	SOUTH INDY MRY & REHAB	.002411	
60 04	WOUND CARE INSTITUTE	.001376	
60 05	CV DIAGNOSTIC SERVICES	.001980	
60 06	PEDIATRIC CLINIC	.004465	
60 07	CARDIAC REHAB	.004304	
60 08	GREENWOOD IMAGING	.002008	
61	EMERGENCY	.016867	89,389
62	OBSERVATION BEDS (NON-DIS	.074760	30,855
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,847,551

PPS

WKST A 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
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS		1,201,705		1,201,705	19,458	61.76
26	01 INTENSIVE CARE UNIT						
27	NEONATAL INTENSIVE CARE U					3,546	
29	CORONARY CARE UNIT					12,773	
33	SURGICAL INTENSIVE CARE U					5,532	
101	NURSERY					5,553	
	TOTAL		1,201,705		1,201,705	46,862	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
26	INTENSIVE CARE UNIT	3,565	220,174
26 01	NEONATAL INTENSIVE CARE U		
27	CORONARY CARE UNIT	8,178	
29	SURGICAL INTENSIVE CARE U	3,152	
33	NURSERY		
101	TOTAL	14,895	220,174

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2		2.01	2.02	2.03
37	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC							
41	01 CARDIAC NUCLEAR DIAGNOSTI							
41	02 NUCLEAR MEDICINE-DIAGNOST							
41	03 ULTRA SOUND							
42	RADIOLOGY-THERAPEUTIC							
44	LABORATORY							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
53	01 CARDIAC CATHETERIZATION L							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 HEAD & NECK CLINIC							
60	02 PROMPT CARE							
60	03 SOUTH INDY MRY & REHAB							
60	04 WOUND CARE INSTITUTE							
60	05 CV DIAGNOSTIC SERVICES							
60	06 PEDIATRIC CLINIC							
60	07 CARDIAC REHAB							
60	08 GREENWOOD IMAGING							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS					189,475		
	OTHER REIMBURS COST CNTRS							
101	TOTAL					189,475		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF CST TO CHARGES	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			37,821,733				7,123,611	
39	DELIVERY ROOM & LABOR ROO			20,853,571				10,255	
41	RADIOLOGY-DIAGNOSTIC			90,101,255				4,819,324	
41	01 CARDIAC NUCLEAR DIAGNOSTI			22,389,200					
41	02 NUCLEAR MEDICINE-DIAGNOST			2,470,722				512,448	
41	03 ULTRA SOUND			9,574,059				736,579	
42	RADIOLOGY-THERAPEUTIC			26,207,217					
44	LABORATORY			54,701,313				8,968,356	
48	INTRAVENOUS THERAPY			772,145				323,582	
49	RESPIRATORY THERAPY			10,670,184				3,016,429	
50	PHYSICAL THERAPY			4,936,295				969,269	
51	OCCUPATIONAL THERAPY			1,172,188				253,381	
52	SPEECH PATHOLOGY			621,108				41,764	
53	ELECTROCARDIOLOGY			6,838,211				2,511,597	
53	01 CARDIAC CATHETERIZATION L			30,940,378				9,536,503	
54	ELECTROENCEPHALOGRAPHY			4,537,901				38,165	
55	MEDICAL SUPPLIES CHARGED			80,133,058				26,364,696	
56	DRUGS CHARGED TO PATIENTS			36,673,338				12,843,540	
57	RENAL DIALYSIS			761,092				481,317	
60	OUTPAT SERVICE COST CNTRS CLINIC			2,858					
60	01 HEAD & NECK CLINIC								
60	02 PROMPT CARE			2,955,208					
60	03 SOUTH INDY MRY & REHAB			3,624,399					
60	04 WOUND CARE INSTITUTE			183,821					
60	05 CV DIAGNOSTIC SERVICES			8,272,471					
60	06 PEDIATRIC CLINIC			482,187					
60	07 CARDIAC REHAB			887,256					
60	08 GREENWOOD IMAGING			4,080,242					
61	EMERGENCY			55,767,126				5,299,631	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	189,475	189,475	4,547,067	.041670	.041670		412,721	17,198
101	TOTAL	189,475	189,475	522,977,603				84,263,168	17,198

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,957,350					
39	DELIVERY ROOM & LABOR ROO	11,141					
41	RADIOLOGY-DIAGNOSTIC	22,095,151					
41 01	CARDIAC NUCLEAR DIAGNOSTI	7,622,973					
41 02	NUCLEAR MEDICINE-DIAGNOST	1,369,808					
41 03	ULTRA SOUND	1,535,834					
42	RADIOLOGY-THERAPEUTIC	695,908					
44	LABORATORY	874,241					
48	INTRAVENOUS THERAPY	9,501					
49	RESPIRATORY THERAPY	506,352					
50	PHYSICAL THERAPY	1,103					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	31,974					
53	ELECTROCARDIOLOGY	635,037					
53 01	CARDIAC CATHETERIZATION L	6,567,978					
54	ELECTROENCEPHALOGRAPHY	1,870,872					
55	MEDICAL SUPPLIES CHARGED	12,381,711					
56	DRUGS CHARGED TO PATIENTS	16,695,799					
57	RENAL DIALYSIS	4,004					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HEAD & NECK CLINIC						
60 02	PROMPT CARE	98,122					
60 03	SOUTH INDY MRY & REHAB	294,248					
60 04	WOUND CARE INSTITUTE	129					
60 05	CV DIAGNOSTIC SERVICES	2,989,774					
60 06	PEDIATRIC CLINIC						
60 07	CARDIAC REHAB	318,479					
60 08	GREENWOOD IMAGING	549,204					
61	EMERGENCY	8,657,322					
62	OBSERVATION BEDS (NON-DIS	1,284,993			53,546		
	OTHER REIMBURS COST CNTRS						
101	TOTAL	90,059,008			53,546		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.343358	.343358			
39 DELIVERY ROOM & LABOR ROOM	.349089	.349089			
41 RADIOLOGY-DIAGNOSTIC	.202611	.202611			
41 01 CARDIAC NUCLEAR DIAGNOSTIC	.352644	.352644			
41 02 NUCLEAR MEDICINE-DIAGNOSTIC	.852947	.852947			
41 03 ULTRA SOUND	.122003	.122003			
42 RADIOLOGY-THERAPEUTIC	.340016	.340016			
44 LABORATORY	.101408	.101408			
48 INTRAVENOUS THERAPY	.261913	.261913			
49 RESPIRATORY THERAPY	.337734	.337734			
50 PHYSICAL THERAPY	.270828	.270828			
51 OCCUPATIONAL THERAPY	.303433	.303433			
52 SPEECH PATHOLOGY	.295437	.295437			
53 ELECTROCARDIOLOGY	.404361	.404361			
53 01 CARDIAC CATHETERIZATION LAB	.153148	.153148			
54 ELECTROENCEPHALOGRAPHY	.309709	.309709			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.361711	.361711			
56 DRUGS CHARGED TO PATIENTS	.365591	.365591			
57 RENAL DIALYSIS	.235238	.235238			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	8.336949	8.336949			
60 01 HEAD & NECK CLINIC					
60 02 PROMPT CARE	.258432	.258432			
60 03 SOUTH INDY MRY & REHAB	.727374	.727374			
60 04 WOUND CARE INSTITUTE	.135561	.135561			
60 05 CV DIAGNOSTIC SERVICES	.565069	.565069			
60 06 PEDIATRIC CLINIC	.308258	.308258			
60 07 CARDIAC REHAB	.532560	.532560			
60 08 GREENWOOD IMAGING	.549787	.549787			
61 EMERGENCY	.177021	.177021			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.564019	.564019			
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 8

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		2,957,350			
39 DELIVERY ROOM & LABOR ROOM		11,141			
41 RADIOLOGY-DIAGNOSTIC		22,095,151			
41 01 CARDIAC NUCLEAR DIAGNOSTIC		7,622,973			
41 02 NUCLEAR MEDICINE-DIAGNOSTIC		1,369,808			
41 03 ULTRA SOUND		1,535,834			
42 RADIOLOGY-THERAPEUTIC		695,908			
44 LABORATORY		874,241			
48 INTRAVENOUS THERAPY		9,501			
49 RESPIRATORY THERAPY		506,352			
50 PHYSICAL THERAPY		1,103			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		31,974			
53 ELECTROCARDIOLOGY		635,037			
53 01 CARDIAC CATHETERIZATION LAB		6,567,978			
54 ELECTROENCEPHALOGRAPHY		1,870,872			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,381,711			
56 DRUGS CHARGED TO PATIENTS		16,695,799			
57 RENAL DIALYSIS		4,004			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEAD & NECK CLINIC					
60 02 PROMPT CARE		98,122			
60 03 SOUTH INDY MRY & REHAB		294,248			
60 04 WOUND CARE INSTITUTE		129			
60 05 CV DIAGNOSTIC SERVICES		2,989,774			
60 06 PEDIATRIC CLINIC					
60 07 CARDIAC REHAB		318,479			
60 08 GREENWOOD IMAGING		549,204			
61 EMERGENCY		8,657,322			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,284,993			
101 SUBTOTAL		90,059,008			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		90,059,008			

(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 FY8 to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,015,430	
39 DELIVERY ROOM & LABOR ROOM				3,889	
41 RADIOLOGY-DIAGNOSTIC				4,476,721	
41 01 CARDIAC NUCLEAR DIAGNOSTIC				2,688,196	
41 02 NUCLEAR MEDICINE-DIAGNOSTIC				1,168,374	
41 03 ULTRA SOUND				187,376	
42 RADIOLOGY-THERAPEUTIC				236,620	
44 LABORATORY				88,655	
48 INTRAVENOUS THERAPY				2,488	
49 RESPIRATORY THERAPY				171,012	
50 PHYSICAL THERAPY				299	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				9,446	
53 ELECTROCARDIOLOGY				256,784	
53 01 CARDIAC CATHETERIZATION LAB				1,005,873	
54 ELECTROENCEPHALOGRAPHY				579,426	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,478,601	
56 DRUGS CHARGED TO PATIENTS				6,103,834	
57 RENAL DIALYSIS				942	
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEAD & NECK CLINIC					
60 02 PROMPT CARE				25,358	
60 03 SOUTH INDY MRY & REHAB				214,028	
60 04 WOUND CARE INSTITUTE				17	
60 05 CV DIAGNOSTIC SERVICES				1,689,429	
60 06 PEDIATRIC CLINIC					
60 07 CARDIAC REHAB				169,609	
60 08 GREENWOOD IMAGING				301,945	
61 EMERGENCY				1,532,528	
62 OBSERVATION BEDS (NON-DISTINCT PART)				724,760	
101 SUBTOTAL				27,131,640	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				27,131,640	

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CARDIAC NUCLEAR DIAGNOSTIC			
41 02 NUCLEAR MEDICINE-DIAGNOSTIC			
41 03 ULTRA SOUND			
42 RADIOLOGY-THERAPEUTIC			
44 LABORATORY			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
53 01 CARDIAC CATHETERIZATION LAB			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 HEAD & NECK CLINIC			
60 02 PROMPT CARE			
60 03 SOUTH INDY MRY & REHAB			
60 04 WOUND CARE INSTITUTE			
60 05 CV DIAGNOSTIC SERVICES			
60 06 PEDIATRIC CLINIC			
60 07 CARDIAC REHAB			
60 08 GREENWOOD IMAGING			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				2,155,992		2,155,992
26	INTENSIVE CARE UNIT						
26	01 NEONATAL INTENSIVE CARE U				351,384		351,384
27	CORONARY CARE UNIT				2,122,066		2,122,066
29	SURGICAL INTENSIVE CARE U				1,138,956		1,138,956
33	NURSERY				166,869		166,869
101	TOTAL				5,935,267		5,935,267

TITLE XIX

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
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	19,458	4,012			110.80	444,530
26	INTENSIVE CARE UNIT						
26	01 NEONATAL INTENSIVE CARE U	3,546	1,990			99.09	197,189
27	CORONARY CARE UNIT	12,773	558			166.14	92,706
29	SURGICAL INTENSIVE CARE U	5,532	269			205.89	55,384
33	NURSERY	5,553	2,200			30.05	66,110
101	TOTAL	46,862	9,029				855,919

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	NEW CAPITAL RELATED COST 2	OLD CAPITAL RELATED COST 1	COSTS 6
		NEW CAPITAL RELATED COST 2	OLD CAPITAL RELATED COST 1						
37	ANCILLARY SRVC COST CNTRS								
	OPERATING ROOM		2,422,031	37,821,733	621,487				
39	DELIVERY ROOM & LABOR ROO		777,240	20,853,571	6,291,695				
41	RADIOLOGY-DIAGNOSTIC		1,872,788	90,101,255	681,692				
41 01	CARDIAC NUCLEAR DIAGNOSTI		31,710	22,389,200					
41 02	NUCLEAR MEDICINE-DIAGNOST		553,531	2,470,722	35,993				
41 03	ULTRA SOUND		95,898	9,574,059	216,381				
42	RADIOLOGY-THERAPEUTIC		36,240	26,207,217					
44	LABORATORY		598,513	54,701,313	1,945,156				
48	INTRAVENOUS THERAPY		3,578	772,145	41,868				
49	RESPIRATORY THERAPY		126,658	10,670,184	892,147				
50	PHYSICAL THERAPY		13,075	4,936,295	109,281				
51	OCCUPATIONAL THERAPY		32,786	1,172,188	100,567				
52	SPEECH PATHOLOGY		1,443	621,108	6,614				
53	ELECTROCARDIOLOGY		630,451	6,838,211	201,894				
53 01	CARDIAC CATHETERIZATION L		1,199,144	30,940,378	601,246				
54	ELECTROENCEPHALOGRAPHY		6,845	4,537,901	10,383				
55	MEDICAL SUPPLIES CHARGED		578,124	80,133,058	2,641,073				
56	DRUGS CHARGED TO PATIENTS		315,031	36,673,338	3,401,846				
57	RENAL DIALYSIS		2,278	761,092	59,337				
	OUTPAT SERVICE COST CNTRS								
60	CLINIC		183	2,858					
60 01	HEAD & NECK CLINIC								
60 02	PROMPT CARE		62,809	2,955,208					
60 03	SOUTH INDY MRY & REHAB		8,738	3,624,399					
60 04	WOUND CARE INSTITUTE		253	183,821					
60 05	CV DIAGNOSTIC SERVICES		16,380	8,272,471					
60 06	PEDIATRIC CLINIC		2,153	482,187					
60 07	CARDIAC REHAB		3,819	887,256					
60 08	GREENWOOD IMAGING		8,194	4,080,242					
61	EMERGENCY		940,631	55,767,126	660,005				
62	OBSERVATION BEDS (NON-DIS		339,940	4,547,067	114,204				
	OTHER REIMBURS COST CNTRS								
101	TOTAL		10,680,464	522,977,603	18,632,869				

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.064038	39,799
39	DELIVERY ROOM & LABOR ROO	.037271	234,498
41	RADIOLOGY-DIAGNOSTIC	.020785	14,169
41 01	CARDIAC NUCLEAR DIAGNOSTI	.001416	
41 02	NUCLEAR MEDICINE-DIAGNOST	.224036	8,064
41 03	ULTRA SOUND	.010016	2,167
42	RADIOLOGY-THERAPEUTIC	.001383	
44	LABORATORY	.010941	21,282
48	INTRAVENOUS THERAPY	.004634	194
49	RESPIRATORY THERAPY	.011870	10,590
50	PHYSICAL THERAPY	.002649	289
51	OCCUPATIONAL THERAPY	.027970	2,813
52	SPEECH PATHOLOGY	.002323	15
53	ELECTROCARDIOLOGY	.092195	18,614
53 01	CARDIAC CATHETERIZATION L	.038757	23,302
54	ELECTROENCEPHALOGRAPHY	.001508	16
55	MEDICAL SUPPLIES CHARGED	.007215	19,055
56	DRUGS CHARGED TO PATIENTS	.008590	29,222
57	RENAL DIALYSIS	.002993	178
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.064031	
60 01	HEAD & NECK CLINIC		
60 02	PROMPT CARE	.021254	
60 03	SOUTH INDY MRY & REHAB	.002411	
60 04	WOUND CARE INSTITUTE	.001376	
60 05	CV DIAGNOSTIC SERVICES	.001980	
60 06	PEDIATRIC CLINIC	.004465	
60 07	CARDIAC REHAB	.004304	
60 08	GREENWOOD IMAGING	.002008	
61	EMERGENCY	.016867	11,132
62	OBSERVATION BEDS (NON-DIS	.074760	8,538
	OTHER REIMBURS COST CNTRS		
101	TOTAL		443,937

WKST A 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
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS		1,201,705		1,201,705	19,458	61.76
26	INTENSIVE CARE UNIT						
26	01 NEONATAL INTENSIVE CARE U					3,546	
27	CORONARY CARE UNIT					12,773	
29	SURGICAL INTENSIVE CARE U					5,532	
33	NURSERY					5,553	
101	TOTAL		1,201,705		1,201,705	46,862	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
26	INTENSIVE CARE UNIT	4,012	247,781
26 01	NEONATAL INTENSIVE CARE U	1,990	
27	CORONARY CARE UNIT	558	
29	SURGICAL INTENSIVE CARE U	269	
33	NURSERY	2,200	
101	TOTAL	9,029	247,781

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CARDIAC NUCLEAR DIAGNOSTI						
41	02 NUCLEAR MEDICINE-DIAGNOST						
41	03 ULTRA SOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATHETERIZATION L						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 HEAD & NECK CLINIC						
60	02 PROMPT CARE						
60	03 SOUTH INDY MRY & REHAB						
60	04 WOUND CARE INSTITUTE						
60	05 CV DIAGNOSTIC SERVICES						
60	06 PEDIATRIC CLINIC						
60	07 CARDIAC REHAB						
60	08 GREENWOOD IMAGING						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS			189,475			
	OTHER REIMBURS COST CNTRS						
101	TOTAL			189,475			

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL		PPS			INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01		
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			37,821,733			621,487	
39	DELIVERY ROOM & LABOR ROO			20,853,571			6,291,695	
41	RADIOLOGY-DIAGNOSTIC			90,101,255			681,692	
41 01	CARDIAC NUCLEAR DIAGNOSTI			22,389,200				
41 02	NUCLEAR MEDICINE-DIAGNOST			2,470,722			35,993	
41 03	ULTRA SOUND			9,574,059			216,381	
42	RADIOLOGY-THERAPEUTIC			26,207,217				
44	LABORATORY			54,701,313			1,945,156	
48	INTRAVENOUS THERAPY			772,145			41,868	
49	RESPIRATORY THERAPY			10,670,184			892,147	
50	PHYSICAL THERAPY			4,936,295			109,281	
51	OCCUPATIONAL THERAPY			1,172,188			100,567	
52	SPEECH PATHOLOGY			621,108			6,614	
53	ELECTROCARDIOLOGY			6,838,211			201,894	
53 01	CARDIAC CATHETERIZATION L			30,940,378			601,246	
54	ELECTROENCEPHALOGRAPHY			4,537,901			10,383	
55	MEDICAL SUPPLIES CHARGED			80,133,058			2,641,073	
56	DRUGS CHARGED TO PATIENTS			36,673,338			3,401,846	
57	RENAL DIALYSIS			761,092			59,337	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,858				
60 01	HEAD & NECK CLINIC							
60 02	PROMPT CARE			2,955,208				
60 03	SOUTH INDY MRY & REHAB			3,624,399				
60 04	WOUND CARE INSTITUTE			183,821				
60 05	CV DIAGNOSTIC SERVICES			8,272,471				
60 06	PEDIATRIC CLINIC			482,187				
60 07	CARDIAC REHAB			887,256				
60 08	GREENWOOD IMAGING			4,080,242				
61	EMERGENCY			55,767,126			660,005	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	189,475	189,475	4,547,067	.041670	.041670	114,204	4,759
101	TOTAL	189,475	189,475	522,977,603			18,632,869	4,759

TITLE XIX		HOSPITAL				PPS	
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS		8	8.01	8.02		
37	OPERATING ROOM	425,369					
39	DELIVERY ROOM & LABOR ROO	182,627					
41	RADIOLOGY-DIAGNOSTIC	2,137,177					
41	01 CARDIAC NUCLEAR DIAGNOSTI						
41	02 NUCLEAR MEDICINE-DIAGNOST	146,825					
41	03 ULTRA SOUND	426,773					
42	RADIOLOGY-THERAPEUTIC	75,107					
44	LABORATORY	1,177,815					
48	INTRAVENOUS THERAPY	1,261					
49	RESPIRATORY THERAPY	77,117					
50	PHYSICAL THERAPY	53,129					
51	OCCUPATIONAL THERAPY	15,881					
52	SPEECH PATHOLOGY	14,540					
53	ELECTROCARDIOLOGY	89,290					
53	01 CARDIAC CATHETERIZATION L	307,005					
54	ELECTROENCEPHALOGRAPHY	95,304					
55	MEDICAL SUPPLIES CHARGED	598,643					
56	DRUGS CHARGED TO PATIENTS	485,285					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,151					
60	01 HEAD & NECK CLINIC						
60	02 PROMPT CARE	175,799					
60	03 SOUTH INDY MRY & REHAB	2,769					
60	04 WOUND CARE INSTITUTE						
60	05 CV DIAGNOSTIC SERVICES	202,887					
60	06 PEDIATRIC CLINIC	187,442					
60	07 CARDIAC REHAB	5,428					
60	08 GREENWOOD IMAGING	228,268					
61	EMERGENCY	2,836,266					
62	OBSERVATION BEDS (NON-DIS	252,988				10,542	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	10,202,146				10,542	

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.343358				425,369
39 DELIVERY ROOM & LABOR ROOM	.349089				182,627
41 RADIOLOGY-DIAGNOSTIC	.202611				2,137,177
41 01 CARDIAC NUCLEAR DIAGNOSTIC	.352644				
41 02 NUCLEAR MEDICINE-DIAGNOSTIC	.852947				146,825
41 03 ULTRA SOUND	.122003				426,773
42 RADIOLOGY-THERAPEUTIC	.340016				75,107
44 LABORATORY	.101408				1,177,815
48 INTRAVENOUS THERAPY	.261913				1,261
49 RESPIRATORY THERAPY	.337734				77,117
50 PHYSICAL THERAPY	.270828				53,129
51 OCCUPATIONAL THERAPY	.303433				15,881
52 SPEECH PATHOLOGY	.295437				14,540
53 ELECTROCARDIOLOGY	.404361				89,290
53 01 CARDIAC CATHETERIZATION LAB	.153148				307,005
54 ELECTROENCEPHALOGRAPHY	.309709				95,304
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.361711				598,643
56 DRUGS CHARGED TO PATIENTS	.365591				485,285
57 RENAL DIALYSIS	.235238				
OUTPUT SERVICE COST CNTRS					
60 CLINIC	8.336949				1,151
60 01 HEAD & NECK CLINIC					
60 02 PROMPT CARE	.258432				175,799
60 03 SOUTH INDY MRY & REHAB	.727374				2,769
60 04 WOUND CARE INSTITUTE	.135561				
60 05 CV DIAGNOSTIC SERVICES	.565069				202,887
60 06 PEDIATRIC CLINIC	.308258				187,442
60 07 CARDIAC REHAB	.532560				5,428
60 08 GREENWOOD IMAGING	.549787				228,268
61 EMERGENCY	.177021				2,836,266
62 OBSERVATION BEDS (NON-DISTINCT PART)	.564019				252,988
101 SUBTOTAL					10,202,146
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					10,202,146

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	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	Outpatient Radiology 7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CARDIAC NUCLEAR DIAGNOSTIC					
41 02 NUCLEAR MEDICINE-DIAGNOSTIC					
41 03 ULTRA SOUND					
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC CATHETERIZATION LAB					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEAD & NECK CLINIC					
60 02 PROMPT CARE					
60 03 SOUTH INDY MRY & REHAB					
60 04 WOUND CARE INSTITUTE					
60 05 CV DIAGNOSTIC SERVICES					
60 06 PEDIATRIC CLINIC					
60 07 CARDIAC REHAB					
60 08 GREENWOOD IMAGING					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		146,054			
39 DELIVERY ROOM & LABOR ROOM		63,753			
41 RADIOLOGY-DIAGNOSTIC		433,016			
41 01 CARDIAC NUCLEAR DIAGNOSTIC					
41 02 NUCLEAR MEDICINE-DIAGNOSTIC		125,234			
41 03 ULTRA SOUND		52,068			
42 RADIOLOGY-THERAPEUTIC		25,538			
44 LABORATORY		119,440			
48 INTRAVENOUS THERAPY		330			
49 RESPIRATORY THERAPY		26,045			
50 PHYSICAL THERAPY		14,389			
51 OCCUPATIONAL THERAPY		4,819			
52 SPEECH PATHOLOGY		4,296			
53 ELECTROCARDIOLOGY		36,105			
53 01 CARDIAC CATHETERIZATION LAB		47,017			
54 ELECTROENCEPHALOGRAPHY		29,517			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		216,536			
56 DRUGS CHARGED TO PATIENTS		177,416			
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		9,596			
60 01 HEAD & NECK CLINIC					
60 02 PROMPT CARE		45,432			
60 03 SOUTH INDY MRY & REHAB		2,014			
60 04 WOUND CARE INSTITUTE					
60 05 CV DIAGNOSTIC SERVICES		114,645			
60 06 PEDIATRIC CLINIC		57,780			
60 07 CARDIAC REHAB		2,891			
60 08 GREENWOOD IMAGING		125,499			
61 EMERGENCY		502,079			
62 OBSERVATION BEDS (NON-DISTINCT PART)		142,690			
101 SUBTOTAL		2,524,199			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		2,524,199			

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

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)	19,458
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	19,458
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19,458
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)	3,565
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	16,265,593
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	16,265,593

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,114,686
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,114,686
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.897923
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	930.96
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	16,265,593

TITLE XVIII PART A HOSPITAL PPS
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					835.93
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,980,090
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,980,090

	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				
43.01	5,267,233	3,546	1,485.40		
44	18,032,774	12,773	1,411.79	8,178	11,545,619
45	BURN INTENSIVE CARE UNIT				
46	8,125,284	5,532	1,468.78	3,152	4,629,595
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					2,622,834
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,864,749
52	TOTAL PROGRAM EXCLUDABLE COST					4,487,583
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					38,990,280

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

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	3,068
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	835.93
85	OBSERVATION BED COST	2,564,633

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	16,265,593		2,564,633	
87	NEW CAPITAL-RELATED COST	2,155,992	.132549	2,564,633	339,940
88	NON PHYSICIAN ANESTHETIST	16,265,593		2,564,633	
89	MEDICAL EDUCATION	1,201,705	.073880	2,564,633	189,475
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	19,458
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	19,458
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19,458
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)	4,012
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)	5,553
16	NURSERY DAYS (TITLE V OR XIX ONLY)	2,200

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	16,265,593
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	16,265,593

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,114,686
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,114,686
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.897923
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	930.96
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	16,265,593

TITLE XIX - I/P 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					835.93
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,353,751
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,353,751
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	1,608,606	5,553	289.68	2,200	637,296
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
43.01	NEONATAL INTENSIVE CARE UNIT	5,267,233	3,546	1,485.40	1,990	2,955,946
44	CORONARY CARE UNIT	18,032,774	12,773	1,411.79	558	787,779
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT	8,125,284	5,532	1,468.78	269	395,102
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					5,747,860
49	TOTAL PROGRAM INPATIENT COSTS					13,877,734

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,103,700
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					448,696
52	TOTAL PROGRAM EXCLUDABLE COST					1,552,396
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					12,325,338

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 XIX - I/P HOSPITAL 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	3,068
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	835.93
85	OBSERVATION BED COST	2,564,633

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	16,265,593		2,564,633	
87	NEW CAPITAL-RELATED COST	2,155,992	.132549	2,564,633	339,940
88	NON PHYSICIAN ANESTHETIST	16,265,593		2,564,633	
89	MEDICAL EDUCATION	16,265,593		2,564,633	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		3,131,207	
26	01 INTENSIVE CARE UNIT			
27	NEONATAL INTENSIVE CARE UNIT			
29	CORONARY CARE UNIT		8,644,094	
	SURGICAL INTENSIVE CARE UNIT		4,188,084	
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	.343358	7,123,611	2,445,949
41	DELIVERY ROOM & LABOR ROOM	.349089	10,255	3,580
41	RADIOLOGY-DIAGNOSTIC	.202611	4,819,324	976,448
41	01 CARDIAC NUCLEAR DIAGNOSTIC	.352644		
41	02 NUCLEAR MEDICINE-DIAGNOSTIC	.852947	512,448	437,091
41	03 ULTRA SOUND	.122003	736,579	89,865
42	RADIOLOGY-THERAPEUTIC	.340016		
44	LABORATORY	.101408	8,968,356	909,463
48	INTRAVENOUS THERAPY	.261913	323,582	84,750
49	RESPIRATORY THERAPY	.337734	3,016,429	1,018,751
50	PHYSICAL THERAPY	.270828	969,269	262,505
51	OCCUPATIONAL THERAPY	.303433	253,381	76,884
52	SPEECH PATHOLOGY	.295437	41,764	12,339
53	ELECTROCARDIOLOGY	.404361	2,511,597	1,015,592
53	01 CARDIAC CATHETERIZATION LAB	.153148	9,536,503	1,460,496
54	ELECTROENCEPHALOGRAPHY	.317313	38,165	12,110
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.361711	26,364,696	9,536,401
56	DRUGS CHARGED TO PATIENTS	.365591	12,843,540	4,695,483
57	RENAL DIALYSIS	.235238	481,317	113,224
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	8.336949		
60	01 HEAD & NECK CLINIC			
60	02 PROMPT CARE	.258432		
60	03 SOUTH INDY MRY & REHAB	.727374		
60	04 WOUND CARE INSTITUTE	.135561		
60	05 CV DIAGNOSTIC SERVICES	.565069		
60	06 PEDIATRIC CLINIC	.308258		
60	07 CARDIAC REHAB	.532560		
60	08 GREENWOOD IMAGING	.549787		
61	EMERGENCY	.177153	5,299,631	938,846
62	OBSERVATION BEDS (NON-DISTINCT PART)	.564019	412,721	232,782
62	OTHER REIMBURS COST CNTRS			
101	TOTAL		84,263,168	24,322,559
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		84,263,168	

TITLE XIX		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS		5,208,322		
26	INTENSIVE CARE UNIT				
26	01 NEONATAL INTENSIVE CARE UNIT		4,920,428		
27	CORONARY CARE UNIT		562,098		
29	SURGICAL INTENSIVE CARE UNIT		337,263		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.343358	621,487	213,393	
39	DELIVERY ROOM & LABOR ROOM	.349089	6,291,695	2,196,362	
41	RADIOLOGY-DIAGNOSTIC	.202611	681,692	138,118	
41	01 CARDIAC NUCLEAR DIAGNOSTIC	.352644			
41	02 NUCLEAR MEDICINE-DIAGNOSTIC	.852947	35,993	30,700	
41	03 ULTRA SOUND	.122003	216,381	26,399	
42	RADIOLOGY-THERAPEUTIC	.340016			
44	LABORATORY	.101408	1,945,156	197,254	
48	INTRAVENOUS THERAPY	.261913	41,868	10,966	
49	RESPIRATORY THERAPY	.337734	892,147	301,308	
50	PHYSICAL THERAPY	.270828	109,281	29,596	
51	OCCUPATIONAL THERAPY	.303433	100,567	30,515	
52	SPEECH PATHOLOGY	.295437	6,614	1,954	
53	ELECTROCARDIOLOGY	.404361	201,894	81,638	
53	01 CARDIAC CATHETERIZATION LAB	.153148	601,246	92,080	
54	ELECTROENCEPHALOGRAPHY	.317313	10,383	3,295	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.361711	2,641,073	955,305	
56	DRUGS CHARGED TO PATIENTS	.365591	3,401,846	1,243,684	
57	RENAL DIALYSIS	.235238	59,337	13,958	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC	8.336949			
60	01 HEAD & NECK CLINIC				
60	02 PROMPT CARE	.258432			
60	03 SOUTH INDY MRY & REHAB	.727374			
60	04 WOUND CARE INSTITUTE	.135561			
60	05 CV DIAGNOSTIC SERVICES	.565069			
60	06 PEDIATRIC CLINIC	.308258			
60	07 CARDIAC REHAB	.532560			
60	08 GREENWOOD IMAGING	.549787			
61	EMERGENCY	.177153	660,005	116,922	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.564019	114,204	64,413	
	OTHER REIMBURS COST CNTRS				
101	TOTAL		18,632,869	5,747,860	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		18,632,869		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	20,871,656	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	6,944,265	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,626,265	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	176.18	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	3.20	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	1.07	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.006073	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	2.45	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	20.62	
4.02 SUM OF LINES 4 AND 4.01	23.07	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	8.25	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,294,813	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	31,736,999	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	31,736,999
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,789,164
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	220,174
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	17,198
16	TOTAL	34,763,535
17	PRIMARY PAYER PAYMENTS	10,229
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	34,753,306
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,370,040
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	80,132
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	272,551
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	190,786
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	117,532
22	SUBTOTAL	32,493,920
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	32,493,920
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	29,645,615
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	2,848,305
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	267,033
----- FI ONLY -----		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	27,078,094
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	19,449,647
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	53,546
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	19,503,193
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,052,088
19	SUBTOTAL (SEE INSTRUCTIONS)	14,451,105
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	14,451,105
24	PRIMARY PAYER PAYMENTS	11,419
25	SUBTOTAL	14,439,686
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	366,108
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	256,276
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	151,275
28	SUBTOTAL	14,695,962
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	14,695,962
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	14,386,140
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	309,822
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION

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

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.	29,645,615	NONE	14,386,140
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER .01			
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99			
4 TOTAL INTERIM PAYMENTS	NONE	NONE	
	29,645,615		14,386,140
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01	NONE	NONE
	SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY: National Government Services
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38.01	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.02	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.03	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
39	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
40	UTILIZATION REVIEW			
41	SUBTOTAL (SEE INSTRUCTIONS)			
42	INPATIENT ROUTINE SERVICE COST			
43	MEDICARE INPATIENT ROUTINE CHARGES			
44	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
45	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
46	RATIO OF LINE 43 TO 44			
47	TOTAL CUSTOMARY CHARGES			
48	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
49	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
50	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
51	OTHER ADJUSTMENTS (SPECIFY)			
52	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
53	SUBTOTAL			
54	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
55	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
57	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
58	INTERIM PAYMENTS			
59	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
	BALANCE DUE PROVIDER/PROGRAM			
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	5,050,612			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	82,226,027			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-45,044,425			
7 INVENTORY	6,020,940			
8 PREPAID EXPENSES	864,488			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	1,883,612			
11 TOTAL CURRENT ASSETS	51,001,254			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	5,196,322			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	164,731,664			
14.01 LESS ACCUMULATED DEPRECIATION	-121,708,435			
15 LEASEHOLD IMPROVEMENTS	252,384			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	61,885,289			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	110,357,224			
OTHER ASSETS				
22 INVESTMENTS	8,891,163			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	8,891,163			
27 TOTAL ASSETS	170,249,641			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	12,177,730			
29 SALARIES, WAGES & FEES PAYABLE	4,501,738			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	21,653			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	16,701,121			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	3,600,447			
38 NOTES PAYABLE	203,164			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,765,120			
42 TOTAL LONG-TERM LIABILITIES	5,568,731			
43 TOTAL LIABILITIES	22,269,852			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	147,979,789			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	147,979,789			
52 TOTAL LIABILITIES AND FUND BALANCES	170,249,641			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		89,421,720		
2 NET INCOME (LOSS)		58,558,069		
3 TOTAL		147,979,789		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		147,979,789		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		147,979,789		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	18,114,686		18,114,686
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	18,114,686		18,114,686
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
10 01 NEONATAL INTENSIVE CARE UNIT	9,510,127		9,510,127
11 00 CORONARY CARE UNIT	15,785,966		15,785,966
13 00 SURGICAL INTENSIVE CARE UNIT	7,193,784		7,193,784
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	32,489,877		32,489,877
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	50,604,563		50,604,563
17 00 ANCILLARY SERVICES	171,844,339	270,330,629	442,174,968
18 00 OUTPATIENT SERVICES	10,697,509	70,105,126	80,802,635
24 00 NRCC PATIENT REVENUES		27,379,586	27,379,586
25 00 TOTAL PATIENT REVENUES	233,146,411	367,815,341	600,961,752

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		187,122,226	
ADD (SPECIFY)			
27 00 BAD DEBTS	10,467,326		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		10,467,326	
DEDUCT (SPECIFY)			
34 00 PROVIDER BASED PHYSICIANS	781,741		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		781,741	
40 00 TOTAL OPERATING EXPENSES		196,807,811	

DESCRIPTION

1	TOTAL PATIENT REVENUES	600,961,752
2	LESS: ALLOWANCES AND DISCOUNTS ON	367,442,810
3	NET PATIENT REVENUES	233,518,942
4	LESS: TOTAL OPERATING EXPENSES	196,807,811
5	NET INCOME FROM SERVICE TO PATIENT	36,711,131
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	1,515,920
8	REVENUE FROM TELEPHONE AND TELEG	462,568
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	80,721
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	887,991
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	10,752
20	REVENUE FROM GIFTS, FLOWER, COFFE	122,765
21	RENTAL OF VENDING MACHINES	29,115
22	RENTAL OF HOSPITAL SPACE	376,366
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISC REVENUE	285,906
24.01	EARNINGS FROM AFFILIATES	18,074,834
25	TOTAL OTHER INCOME	21,846,938
26	TOTAL	58,558,069
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	58,558,069

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0162 I FROM 1/ 1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2007 I PARTS I-IV
 I 15-0162 I I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,472,100
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	191,729
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	104.77
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	1.07
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.29
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	7,169
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	2.45
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	20.62
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	23.07
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.78
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	118,166
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,789,164
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	104.77
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	4.50
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.22
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	