

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	I	15-0169	I	FROM 2/25/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 17:31

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:

COMMUNITY HOSPITAL NORTH 15-0169
FOR THE COST REPORTING PERIOD BEGINNING 2/25/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/27/2009 TIME 17:31

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2RxHM0Zo1o:MDSwlygp3Zw1v:4of2a
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PI ENCRYPTION INFORMATION
DATE: 5/27/2009 TIME 17:31

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zkZwC0twIoK9Kvc8u2EP7IjearV953
qqq65XpAs50dRpLs

[Signature]
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
[Signature]
TITLE
5/28/09
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII	TITLE XIX	
			A B		
		1	2 3	4	
1	HOSPITAL	0	1,577,337	142,242	7,027,236
100	TOTAL	0	1,577,337	142,242	7,027,236

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.

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 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
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FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

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COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0169	I	FROM 2/25/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 6/ 2/2009 TIME 17:12

PART I - CERTIFICATION

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 COMMUNITY HOSPITAL NORTH 15-0169
 FOR THE COST REPORTING PERIOD BEGINNING 2/25/2008 AND ENDING 12/31/2008 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

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	B	TITLE XVIII	TITLE XIX
		1	2	3	4	
1	HOSPITAL	0	1,577,337	142,242		7,027,236
100	TOTAL	0	1,577,337	142,242		7,027,236

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 7150 CLEARVISTA PARKWAY P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46256- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-0169	2.01	2/25/2008	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 2/25/2008 TO: 12/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 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
- 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 IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	Y	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	/	/			
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02						
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)				1	2	3 4
					0	0.0000	0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY			0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)							
28.03	STAFFING			0.00%			Y/N
28.04	RECRUITMENT			0.00%			
28.05	RETENTION			0.00%			
28.06	TRAINING			0.00%			
28.07				0.00%			
28.08				0.00%			
28.09				0.00%			
28.10				0.00%			
28.11				0.00%			
28.12				0.00%			
28.13				0.00%			
28.14				0.00%			
28.15				0.00%			
28.16				0.00%			
28.17				0.00%			
28.18				0.00%			
28.19				0.00%			
28.20				0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N					
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N					
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70						
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N					
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N					
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N					
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
MISCELLANEOUS COST REPORT INFORMATION							
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N					
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N					
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N					
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
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)	N	Y	N			
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N			

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND 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 HB0040
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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: 903,967
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 376,422
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N
 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 N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE 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 INSTRUCTIONS) N 0

MULTICAMPUS

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

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/31/2009

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0169
 I PERIOD: 2/25/2008
 I FROM 2/25/2008
 I TO 12/31/2008
 I PREPARED 6/ 2/2009
 I WORKSHEET S-3
 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / NOT LTCH N/A 4	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	290	88,740			13,607	2,629
2 HMO						1,862
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	290	88,740			13,607	2,629
6 INTENSIVE CARE UNIT	16	4,896			1,296	
6 01 NEONATAL INTENSIVE CARE UNIT	43	13,158				2,843
7 CORONARY CARE UNIT						
11 NURSERY						1,359
12 TOTAL	349	106,794			14,903	6,831
13 RPCH VISITS						
14 SUBPROVIDER						
14 01 SUBPROVIDER 2 - PSYCH DPU						
15 SKILLED NURSING FACILITY						
25 TOTAL	349					
26 OBSERVATION BED DAYS						274
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS / NOT ADMITTED 5.02	O/P VISITS / ALL PATS 6	TRIPS / TOTAL OBSERVATION ADMITTED 6.01	BEDS / NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			37,264				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			37,264				
6 INTENSIVE CARE UNIT			2,480				
6 01 NEONATAL INTENSIVE CARE UNIT			6,359				
7 CORONARY CARE UNIT							
11 NURSERY			5,387				
12 TOTAL			51,490			1.36	
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER 2 - PSYCH DPU							
15 SKILLED NURSING FACILITY							
25 TOTAL						1.36	
26 OBSERVATION BED DAYS	7	267	2,006	91	1,915		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			1,651				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,016	351	9,109
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 NEONATAL INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	1.36	969.00			3,016	351	9,109
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER 2 - PSYCH DPU							
15 SKILLED NURSING FACILITY							
25 TOTAL	1.36	969.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	53,286,690		53,286,690	2,014,768.00	26.45	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	900,514		900,514	11,320.00	79.55	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R	88,285		88,285	2,822.00	31.28	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,331,548	99,425	2,430,973	31,231.00	77.84	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	17,138,058		17,138,058	545,979.00	31.39	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	14,334,269		14,334,269			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	260,370		260,370			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	101,386		101,386			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	15,431		15,431			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	31,198		31,198	1,220.00	25.57	
22 ADMINISTRATIVE & GENERAL	845,158	-440,483	404,675	9,275.00	43.63	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,126,491	16,370	2,142,861	121,454.00	17.64	
25 LAUNDRY & LINEN SERVICE	87,658	927	88,585	7,233.00	12.25	
26 HOUSEKEEPING	1,694,458	6,946	1,701,404	142,034.00	11.98	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,796,392	-1,327,624	468,768	33,252.00	14.10	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,342,546	1,342,546	95,235.00	14.10	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	3,112,933	23,063	3,135,996	92,218.00	34.01	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE	1,190,838	10,941	1,201,779	39,739.00	30.24	
35 OTHER GENERAL SERVICE	276,173	1,338	277,511	22,363.00	12.41	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	52,297,891		52,297,891	2,000,626.00	26.14	
2 EXCLUDED AREA SALARIES	2,331,548	99,425	2,430,973	31,231.00	77.84	
3 SUBTOTAL SALARIES	49,966,343	-99,425	49,866,918	1,969,395.00	25.32	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	17,138,058		17,138,058	545,979.00	31.39	
5 SUBTOTAL WAGE-RELATED COSTS	14,334,269		14,334,269		28.75	
6 TOTAL	81,438,670	-99,425	81,339,245	2,515,374.00	32.34	
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	11,161,299	-365,976	10,795,323	564,023.00	19.14	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0169	I	FROM 2/25/2008	I	6/ 2/2009
I		I	TO 12/31/2008	I	WORKSHEET S-10
I		I		I	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 9,087,460
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 9,087,460
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) .372755
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 52,035,454
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) 19,396,476
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS 25,688,775
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30) 9,575,619

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/ 2/2009
I	15-0169	I	FROM 2/25/2008	I	WORKSHEET	S-10
I		I	TO 12/31/2008	I		
I		I		I		

DESCRIPTION

32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	19,396,476
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RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				14,175,067	14,175,067
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				9,098,883	9,098,883
5	0500	EMPLOYEE BENEFITS	31,198	12,534,252	12,565,450	-22,193	12,543,257
6	0600	ADMINISTRATIVE & GENERAL	845,158	48,715,735	49,560,893	-18,730,078	30,830,815
8	0800	OPERATION OF PLANT	2,126,491	5,726,271	7,852,762	123,133	7,975,895
9	0900	LAUNDRY & LINEN SERVICE	87,658	525,494	613,152	745	613,897
10	1000	HOUSEKEEPING	1,694,458	807,833	2,502,291	-21,809	2,480,482
11	1100	DIETARY	1,796,392	2,014,555	3,810,947	-2,848,997	961,950
12	1200	CAFETERIA				2,811,070	2,811,070
14	1400	NURSING ADMINISTRATION		1,413,603	1,413,603		1,413,603
15	1500	CENTRAL SERVICES & SUPPLY		4,429,109	4,429,109	-2,768,824	1,660,285
16	1600	PHARMACY	3,112,933	5,663,596	8,776,529	-5,161,407	3,615,122
17	1700	MEDICAL RECORDS & LIBRARY		2,866,814	2,866,814		2,866,814
18	1800	SOCIAL SERVICE	1,190,838	231,411	1,422,249	10,801	1,433,050
19	1950	TRANSPORTATION	276,173	28,434	304,607	501	305,108
20	2000	NONPHYSICIAN ANESTHETISTS	889,081	158,088	1,047,169	-6,017	1,041,152
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM-(SPECIFY)		76,376	76,376		76,376
24.01	2401	RESPIRATORY SCHOOL				31,649	31,649
24.02	2402	RADIOLOGY EDUCATION		51,644	51,644		51,644
24.03	2403	PHARMACY RESIDENCY PROGRAM		397	397	25,113	25,510
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	20,198,720	6,458,277	26,656,997	-7,686,659	18,970,338
26	2600	INTENSIVE CARE UNIT	1,587,998	414,281	2,002,279	-162,053	1,840,226
26.01	2601	NEONATAL INTENSIVE CARE UNIT	3,119,525	984,236	4,103,761	-395,895	3,707,866
27	2700	CORONARY CARE UNIT					
31	3100	SUBPROVIDER					
31.01	3101	SUBPROVIDER 2 - PSYCH DPU				1,013,928	1,013,928
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	77,397	79,872,658	79,950,055	-27,218,115	52,731,940
38	3800	RECOVERY ROOM		2,097,295	2,097,295	4,189,502	6,286,797
39	3900	DELIVERY ROOM & LABOR ROOM	55,222	285,214	340,436	5,622,691	5,963,127
41	4100	RADIOLOGY-DIAGNOSTIC	2,799,428	2,857,948	5,657,376	-1,110,394	4,546,982
41.01	3630	ULTRA SOUND	497,959	76,870	574,829	14,912	589,741
41.02	3230	CAT SCAN	644,816	619,831	1,264,647	167,798	1,432,445
41.03	3430	MAGNETIC RESONANCE IMAGING (MRI)	481,472	279,913	761,385	62,933	824,318
41.04	3450	NUCLEAR MEDICINE-DIAGNOSTIC	188,262	243,367	431,629	-56,276	375,353
41.05	3480	ONCOLOGY		100,939	100,939	6,947	107,886
44	4400	LABORATORY		5,684,181	5,684,181	1,156,568	6,840,749
48	4800	INTRAVENOUS THERAPY	215,796	72,008	287,804	570	288,374
49	4900	RESPIRATORY THERAPY	1,754,552	390,944	2,145,496	-145,053	2,000,443
50	5000	PHYSICAL THERAPY	1,482,339	570,589	2,052,928	-416,967	1,635,961
51	5100	OCCUPATIONAL THERAPY				328,825	328,825
52	5200	SPEECH PATHOLOGY				82,206	82,206
53	5300	ELECTROCARDIOLOGY	26,665	717,729	744,394	-6,905	737,489
54	5400	ELECTROENCEPHALOGRAPHY	637,921	618,931	1,256,852	-143,503	1,113,349
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				22,892,061	22,892,061
56	5600	DRUGS CHARGED TO PATIENTS				5,683,720	5,683,720
57	5700	RENAL DIALYSIS		316,190	316,190		316,190
59	3020	CARDIAC CATH LAB					
59.01	3021	ENDOSCOPY	626,783	475,785	1,102,568	-245,189	857,379
59.02	3022	MENTAL HEALTH OP		271	271		271
59.03	3023	CNR					
59.04	3550	PAIN MED PSYCH					
59.05	3025	LUTHERWOOD					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	6001	HEALTHY HEARTS CENTER		135	135		135
60.02	6002	DIABETIC CARE CENTER		-86,977	-86,977		-86,977
60.03	6003	PAIN REHAB ADMIN					
60.04	6004	FAMILY PRACTICE CENTER					
60.05	6005	PALLIATIVE CARE		92,077	92,077		92,077
60.06	6006	SPINE CENTER	731,751	331,413	1,063,164	-82,089	981,075
61	6100	EMERGENCY	3,778,156	1,088,125	4,866,281	-88,114	4,778,167
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	50,955,142	189,805,842	240,760,984	183,086	240,944,070
		NONREIMBURS COST CENTERS					
98	9800	PHYSICIANS' PRIVATE OFFICES	1,945,380	2,277,607	4,222,987	-168,843	4,054,144
98.01	9801	OCCUPATIONAL HEALTH					
98.02	9802	MEDCHECK FACILITIES					
98.03	9803	INFERTILITY SERVICES	139,452	51,658	191,110	-8,652	182,458
98.04	9804	BREAST DIAGNOSTIC		4,119,185	4,119,185	-1,477	4,117,708
98.05	9805	HAWTHORNE SCHOOL					
98.06	9806	INDIANA NEURORESTORATIVE CENTER					
98.07	9807	PRONET					
98.08	9808	DIAGNOSTIC TESTING FACILITY					
100	7950	OTHER NONREIMBURSABLE COST CENTERS	246,716	424,785	671,501	-4,114	667,387
101		TOTAL	53,286,690	196,679,077	249,965,767	-0-	249,965,767

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 15-0169 I
I II PERIOD: I
I FROM 2/25/2008 I
I TO 12/31/2008 I
I PREPARED 6/ 2/2009
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,375,323	11,799,744
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,499,734	7,599,149
5	0500 EMPLOYEE BENEFITS	-6,801,223	5,742,034
6	0600 ADMINISTRATIVE & GENERAL	-5,764,653	25,066,162
8	0800 OPERATION OF PLANT	-279,690	7,696,205
9	0900 LAUNDRY & LINEN SERVICE		613,897
10	1000 HOUSEKEEPING		2,480,482
11	1100 DIETARY		961,950
12	1200 CAFETERIA	-1,411,154	1,399,916
14	1400 NURSING ADMINISTRATION		1,413,603
15	1500 CENTRAL SERVICES & SUPPLY	-846,794	813,491
16	1600 PHARMACY	-1,131,656	2,483,466
17	1700 MEDICAL RECORDS & LIBRARY	-335,998	2,530,816
18	1800 SOCIAL SERVICE	-96,584	1,336,466
19	1950 TRANSPORTATION		305,108
20	2000 NONPHYSICIAN ANESTHETISTS	-1,041,152	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	88,285	88,285
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	100,309	100,309
24	2400 PARAMED ED PRGM-(SPECIFY)		76,376
24.01	2401 RESPIRATORY SCHOOL		31,649
24.02	2402 RADIOLOGY EDUCATION		51,644
24.03	2403 PHARMACY RESIDENCY PROGRAM	32,556	58,066
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-245,250	18,725,088
26	2600 INTENSIVE CARE UNIT		1,840,226
26.01	2601 NEONATAL INTENSIVE CARE UNIT	-62,500	3,645,366
27	2700 CORONARY CARE UNIT		
31	3100 SUBPROVIDER		
31.01	3101 SUBPROVIDER 2 - PSYCH DPU		
33	3300 NURSERY		1,013,928
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-21,589,135	31,142,805
38	3800 RECOVERY ROOM		6,286,797
39	3900 DELIVERY ROOM & LABOR ROOM	-278,930	5,684,197
41	4100 RADIOLOGY-DIAGNOSTIC	-24,582	4,522,400
41.01	4101 ULTRA SOUND		589,741
41.02	4102 CAT SCAN		1,432,445
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	-7,834	816,484
41.04	4104 NUCLEAR MEDICINE-DIAGNOSTIC		375,353
41.05	4105 ONCOLOGY	-425	107,461
44	4400 LABORATORY	-2,154,529	4,686,220
48	4800 INTRAVENOUS THERAPY		288,374
49	4900 RESPIRATORY THERAPY	-3,810	1,996,633
50	5000 PHYSICAL THERAPY	-26,174	1,609,787
51	5100 OCCUPATIONAL THERAPY		328,825
52	5200 SPEECH PATHOLOGY		82,206
53	5300 ELECTROCARDIOLOGY		737,489
54	5400 ELECTROENCEPHALOGRAPHY	23,373	1,136,722
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		22,892,061
56	5600 DRUGS CHARGED TO PATIENTS		5,683,720
57	5700 RENAL DIALYSIS		316,190
59	3020 CARDIAC CATH LAB		
59.01	3021 ENDOSCOPY	-11,390	845,989
59.02	3022 MENTAL HEALTH OP		271
59.03	3023 CNR		
59.04	3550 PAIN MED PSYCH		
59.05	3025 LUTHERWOOD		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 HEALTHY HEARTS CENTER		135
60.02	6002 DIABETIC CARE CENTER		-86,977
60.03	6003 PAIN REHAB ADMIN		
60.04	6004 FAMILY PRACTICE CENTER		
60.05	6005 PALLIATIVE CARE		92,077
60.06	6006 SPINE CENTER	-207	980,868
61	6100 EMERGENCY	-158,137	4,620,030
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-45,902,341	195,041,729
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		4,054,144
98.01	9801 OCCUPATIONAL HEALTH		
98.02	9802 MEDCHECK FACILITIES		
98.03	9803 INFERTILITY SERVICES	1,972	184,430
98.04	9804 BREAST DIAGNOSTIC		4,117,708
98.05	9805 HAWTHORNE SCHOOL		
98.06	9806 INDIANA NEURORESTORATIVE CENTER		
98.07	9807 PRONET		
98.08	9808 DIAGNOSTIC TESTING FACILITY		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		667,387
101	TOTAL	-45,900,369	204,065,398

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	TRANSPORTATION	1950	
20	NONPHYSICIAN ANESTHETISTS	2000	OTHER GENERAL SERVICE COST CENTERS
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	RESPIRATORY SCHOOL	2401	PARAMED ED PRGM
24.02	RADIOLOGY EDUCATION	2402	PARAMED ED PRGM
24.03	PHARMACY RESIDENCY PROGRAM	2403	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2601	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2 - PSYCH DPU	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
41.02	CAT SCAN	3230	CAT SCAN
41.03	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.04	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.05	ONCOLOGY	3480	ONCOLOGY
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	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATH LAB	3020	ACUPUNCTURE
59.01	ENDOSCOPY	3021	ACUPUNCTURE
59.02	MENTAL HEALTH OP	3022	ACUPUNCTURE
59.03	CNR	3023	ACUPUNCTURE
59.04	PAIN MED PSYCH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.05	LUTHERWOOD	3025	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HEALTHY HEARTS CENTER	6001	CLINIC
60.02	DIABETIC CARE CENTER	6002	CLINIC
60.03	PAIN REHAB ADMIN	6003	CLINIC
60.04	FAMILY PRACTICE CENTER	6004	CLINIC
60.05	PALLIATIVE CARE	6005	CLINIC
60.06	SPINE CENTER	6006	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OCCUPATIONAL HEALTH	9801	PHYSICIANS' PRIVATE OFFICES
98.02	MEDCHECK FACILITIES	9802	PHYSICIANS' PRIVATE OFFICES
98.03	INFERTILITY SERVICES	9803	PHYSICIANS' PRIVATE OFFICES
98.04	BREAST DIAGNOSTIC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	HAWTHORNE SCHOOL	9805	PHYSICIANS' PRIVATE OFFICES
98.06	INDIANA NEURORESTORATIVE CENTER	9806	PHYSICIANS' PRIVATE OFFICES
98.07	PRONET	9807	PHYSICIANS' PRIVATE OFFICES
98.08	DIAGNOSTIC TESTING FACILITY	9808	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 Labor & Delivery Other	B	NURSERY	33		197,111
2		DELIVERY ROOM & LABOR ROOM	39		1,093,068
3					
4 Chargeable Medical Supplies	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		14,238,647
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 Depreciation Expense	D	NEW CAP REL COSTS-MVBLE EQUIP	4		14,694,798
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 Depreciation Expense	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 Radiology Salary	E	ULTRA SOUND	41.01	31,469	
13		CAT SCAN	41.02	220,284	
14		MAGNETIC RESONANCE IMAGING (MRI)	41.03	106,995	
15					
16 Radiology Other	F	ULTRA SOUND	41.01		14,042
17		CAT SCAN	41.02		98,294
18		MAGNETIC RESONANCE IMAGING (MRI)	41.03		47,743
19					
20 Capital Insurance Costs	G	NEW CAP REL COSTS-BLDG & FIXT	3		280,756
21		NEW CAP REL COSTS-MVBLE EQUIP	4		4,035
22					
23 Respiratory Therapy Ed	H	RESPIRATORY SCHOOL	24.01	31,649	
24					
25 Interest Expense	I	NEW CAP REL COSTS-BLDG & FIXT	3		8,294,361
26					
27 Surgery Center Reclass	J	RECOVERY ROOM	38		4,279,814
28		LABORATORY	44		1,156,620
29		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		8,653,414
30		DRUGS CHARGED TO PATIENTS	56		770,894
31					
32 Depreciation by CC	K	NEW CAP REL COSTS-BLDG & FIXT	3		5,599,950
33					
34 Cafeteria Salary	L	CAFETERIA	12	1,342,546	
35					
1 Cafeteria Reclass	M	CAFETERIA	12		1,468,524
2					
3 PTO Allocation	N	OPERATION OF PLANT	8	16,370	
4		LAUNDRY & LINEN SERVICE	9	927	
5		HOUSEKEEPING	10	6,946	
6		DIETARY	11	14,922	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
7		PHARMACY	16	46,391
8		SOCIAL SERVICE	18	10,941
9		TRANSPORTATION	19	1,338
10		NONPHYSICIAN ANESTHETISTS	20	9,314
11		ADULTS & PEDIATRICS	25	135,332
12		INTENSIVE CARE UNIT	26	6,491
13		NEONATAL INTENSIVE CARE UNIT	26.01	28,159
14		OPERATING ROOM	37	254
15		RADIOLOGY-DIAGNOSTIC	41	29,537
16		ULTRA SOUND	41.01	2,579
17		CAT SCAN	41.02	3,860
18		MAGNETIC RESONANCE IMAGING (MRI)	41.03	6,052
19		NUCLEAR MEDICINE-DIAGNOSTIC	41.04	451
20		ONCOLOGY	41.05	6,947
21		INTRAVENOUS THERAPY	48	1,121
22		RESPIRATORY THERAPY	49	11,433
23		PHYSICAL THERAPY	50	14,888
24		ELECTROCARDIOLOGY	53	21
25		ELECTROENCEPHALOGRAPHY	54	3,611
26		ENDOSCOPY	59.01	6,392
27		SPINE CENTER	60.06	6,101
28		EMERGENCY	61	25,657
29		PHYSICIANS' PRIVATE OFFICES	98	41,874
30		INFERTILITY SERVICES	98.03	1,188
31		OTHER NONREIMBURSABLE COST CENTERS	100	1,386
32				
33 Pharmacy Residency Preceptor Salary	O	PHARMACY RESIDENCY PROGRAM	24.03	23,328
34				
35 Pharmacy Residency Preceptor Reclas	P	PHARMACY RESIDENCY PROGRAM	24.03	1,785
1 Pharmacy Residency Preceptor Reclas	P			
2 Drugs Charges to Pat	Q	DRUGS CHARGED TO PATIENTS	56	4,912,826
3				
4				
5				
6				
7				
8				
9				
10				
11				
12 Therapy Salary	R	OCCUPATIONAL THERAPY	51	239,556
13		SPEECH PATHOLOGY	52	59,889
14				
15 Therapy Other	S	OCCUPATIONAL THERAPY	51	89,269
16		SPEECH PATHOLOGY	52	22,317
17				
18 Plant Operations Expense	T	ADMINISTRATIVE & GENERAL	6	3,037
19		OPERATION OF PLANT	8	265,493
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1 Plant Operations Expense	T			
2				
3				
4				
5				
6				
7				
8 Dietary Food Service Allocation	U	ADMINISTRATIVE & GENERAL	6	34,719
9		DIETARY	11	134,041
10				
11				
12				

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150169	FROM 2/25/2008	6/ 2/2009
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
13					
14					
15					
16					
17					
18					
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21					
22					
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24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 Labor & Delivery Salary	A	NURSERY	33	816,817	
2		DELIVERY ROOM & LABOR ROOM	39	4,529,623	
3					
36 TOTAL RECLASSIFICATIONS				7,842,639	66,355,558

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
1 Labor & Delivery Other	B	6				
2						
3		ADULTS & PEDIATRICS	25		1,290,179	
4 Chargeable Medical Supplies	C					
5		ADMINISTRATIVE & GENERAL	6		1,362	
6		OPERATION OF PLANT	8		30,862	
7		CENTRAL SERVICES & SUPPLY	15		2,666,623	
8		PHARMACY	16		80,886	
9		ADULTS & PEDIATRICS	25		3,675	
10		OPERATING ROOM	37		11,430,134	
11		RADIOLOGY-DIAGNOSTIC	41		16,888	
12		RESPIRATORY THERAPY	49		5,940	
13		INFERTILITY SERVICES	98.03		2,086	
14		BREAST DIAGNOSTIC	98.04		191	
15 Depreciation Expense	D					9
16		EMPLOYEE BENEFITS	5		22,193	
17		ADMINISTRATIVE & GENERAL	6		9,746,837	
18		OPERATION OF PLANT	8		122,815	
19		LAUNDRY & LINEN SERVICE	9		182	
20		HOUSEKEEPING	10		25,472	
21		DIETARY	11		167,317	
22		CENTRAL SERVICES & SUPPLY	15		97,374	
23		PHARMACY	16		201,433	
24		TRANSPORTATION	19		790	
25		NONPHYSICIAN ANESTHETISTS	20		3,881	
26		ADULTS & PEDIATRICS	25		1,041,330	
27		INTENSIVE CARE UNIT	26		155,374	
28		NEONATAL INTENSIVE CARE UNIT	26.01		418,543	
29		OPERATING ROOM	37		808,292	
30		RECOVERY ROOM	38		85,051	
31		RADIOLOGY-DIAGNOSTIC	41		580,592	
32		ULTRA SOUND	41.01		25,658	
33		CAT SCAN	41.02		145,851	
34		MAGNETIC RESONANCE IMAGING (MRI)	41.03		97,158	
35		NUCLEAR MEDICINE-DIAGNOSTIC	41.04		48,756	
1 Depreciation Expense	D					
2		INTRAVENOUS THERAPY	48		393	
3		RESPIRATORY THERAPY	49		106,510	
4		PHYSICAL THERAPY	50		12,659	
5		ELECTROCARDIOLOGY	53		3,970	
6		ELECTROENCEPHALOGRAPHY	54		144,860	
7		ENDOSCOPY	59.01		234,942	
8		SPINE CENTER	60.06		83,544	
9		EMERGENCY	61		94,473	
10		PHYSICIANS' PRIVATE OFFICES	98		210,248	
11		INFERTILITY SERVICES	98.03		7,074	
12 Radiology Salary	E					
13						
14		RADIOLOGY-DIAGNOSTIC	41	358,748		
15						
16 Radiology Other	F					
17						
18						
19		RADIOLOGY-DIAGNOSTIC	41		160,079	
20 Capital Insurance Costs	G					12
21						12
22		ADMINISTRATIVE & GENERAL	6		284,791	
23 Respiratory Therapy Ed	H					
24		RESPIRATORY THERAPY	49	31,649		
25 Interest Expense	I					11
26		ADMINISTRATIVE & GENERAL	6		8,294,361	
27 Surgery Center Reclass	J					
28						
29						
30						
31		OPERATING ROOM	37		14,860,742	
32 Depreciation by CC	K					9
33		NEW CAP REL COSTS-MVBLE EQUIP	4		5,599,950	9
34 Cafeteria Salary	L					
35		DIETARY	11	1,342,546		
1 Cafeteria Reclass	M					
2		DIETARY	11		1,468,524	
3 PTO Allocation	N					
4						
5						
6						

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			OTHER	A-7 REF
			LINE NO	SALARY			
	1	6	7	8	9	10	
7							
8							
9							
10							
11							
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25							
26							
27							
28							
29							
30							
31							
32		ADMINISTRATIVE & GENERAL	6	440,483			
33 Pharmacy Residency Preceptor Salary	O						
34		PHARMACY	16	23,328			
35 Pharmacy Residency Preceptor Reclas	P						
1 Pharmacy Residency Preceptor Reclas	P	PHARMACY	16			1,785	
2 Drugs Charges to Pat	Q						
3		CENTRAL SERVICES & SUPPLY	15			51	
4		PHARMACY	16			4,899,288	
5		OPERATING ROOM	37			72	
6		RADIOLOGY-DIAGNOSTIC	41			2,912	
7		CAT SCAN	41.02			21	
8		NUCLEAR MEDICINE-DIAGNOSTIC	41.04			7,680	
9		RESPIRATORY THERAPY	49			1,596	
10		PHYSICAL THERAPY	50			1,166	
11		ELECTROENCEPHALOGRAPHY	54			40	
12 Therapy Salary	R						
13							
14		PHYSICAL THERAPY	50	299,445			
15 Therapy Other	S						
16							
17		PHYSICAL THERAPY	50			111,586	
18 Plant Operations Expense	T						
19							
20		HOUSEKEEPING	10			993	
21		DIETARY	11			19,573	
22		CENTRAL SERVICES & SUPPLY	15			4,168	
23		PHARMACY	16			380	
24		NONPHYSICIAN ANESTHETISTS	20			10,943	
25		ADULTS & PEDIATRICS	25			33,235	
26		INTENSIVE CARE UNIT	26			6,748	
27		NEONATAL INTENSIVE CARE UNIT	26.01			5,199	
28		OPERATING ROOM	37			113,569	
29		RECOVERY ROOM	38			1,884	
30		RADIOLOGY-DIAGNOSTIC	41			15,119	
31		ULTRA SOUND	41.01			7,520	
32		CAT SCAN	41.02			8,151	
33		MAGNETIC RESONANCE IMAGING (MRI)	41.03			172	
34		NUCLEAR MEDICINE-DIAGNOSTIC	41.04			92	
35		RESPIRATORY THERAPY	49			8,988	
1 Plant Operations Expense	T	PHYSICAL THERAPY	50			3,052	
2		ELECTROCARDIOLOGY	53			2,956	
3		ENDOSCOPY	59.01			15,225	
4		SPINE CENTER	60.06			1,795	
5		EMERGENCY	61			8,028	
6		INFERTILITY SERVICES	98.03			680	
7		BREAST DIAGNOSTIC	98.04			60	
8 Dietary Food Service Allocation	U						
9							
10		OPERATION OF PLANT	8			5,053	
11		HOUSEKEEPING	10			2,290	
12		CENTRAL SERVICES & SUPPLY	15			608	

RECLASSIFICATIONS

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150169	FROM 2/25/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
13		PHARMACY	16		698	
14		SOCIAL SERVICE	18		140	
15		TRANSPORTATION	19		47	
16		NONPHYSICIAN ANESTHETISTS	20		507	
17		ADULTS & PEDIATRICS	25		107,132	
18		INTENSIVE CARE UNIT	26		6,422	
19		NEONATAL INTENSIVE CARE UNIT	26.01		312	
20		OPERATING ROOM	37		5,560	
21		RECOVERY ROOM	38		3,377	
22		RADIOLOGY-DIAGNOSTIC	41		5,593	
23		CAT SCAN	41.02		617	
24		MAGNETIC RESONANCE IMAGING (MRI)	41.03		527	
25		NUCLEAR MEDICINE-DIAGNOSTIC	41.04		199	
26		LABORATORY	44		52	
27		INTRAVENOUS THERAPY	48		158	
28		RESPIRATORY THERAPY	49		1,803	
29		PHYSICAL THERAPY	50		3,947	
30		ELECTROENCEPHALOGRAPHY	54		2,214	
31		ENDOSCOPY	59.01		1,414	
32		SPINE CENTER	60.06		2,851	
33		EMERGENCY	61		11,270	
34		PHYSICIANS' PRIVATE OFFICES	98		469	
35		OTHER NONREIMBURSABLE COST CENTERS	100		5,500	
1	Labor & Delivery Salary	A				
2						
3		ADULTS & PEDIATRICS	25	5,346,440		
36	TOTAL RECLASSIFICATIONS			7,842,639	66,355,558	

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

RECLASSIFICATIONS

PROVIDER NO: 150169
 PERIOD: FROM 2/25/2008 TO 12/31/2008
 PREPARED 6/ 2/2009
 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: B
 EXPLANATION : Labor & Delivery Other

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	197,111			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,093,068			0	
3.00			0	ADULTS & PEDIATRICS	25	1,290,179	
TOTAL RECLASSIFICATIONS FOR CODE B			1,290,179				1,290,179

RECLASS CODE: C
 EXPLANATION : Chargeable Medical Supplies

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	14,238,647			0	
2.00			0	ADMINISTRATIVE & GENERAL	6	1,362	
3.00			0	OPERATION OF PLANT	8	30,862	
4.00			0	CENTRAL SERVICES & SUPPLY	15	2,666,623	
5.00			0	PHARMACY	16	80,886	
6.00			0	ADULTS & PEDIATRICS	25	3,675	
7.00			0	OPERATING ROOM	37	11,430,134	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	16,888	
9.00			0	RESPIRATORY THERAPY	49	5,940	
10.00			0	INFERTILITY SERVICES	98.03	2,086	
11.00			0	BREAST DIAGNOSTIC	98.04	191	
TOTAL RECLASSIFICATIONS FOR CODE C			14,238,647				14,238,647

RECLASS CODE: D
 EXPLANATION : Depreciation Expense

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	14,694,798			0	
2.00			0	EMPLOYEE BENEFITS	5	22,193	
3.00			0	ADMINISTRATIVE & GENERAL	6	9,746,837	
4.00			0	OPERATION OF PLANT	8	122,815	
5.00			0	LAUNDRY & LINEN SERVICE	9	182	
6.00			0	HOUSEKEEPING	10	25,472	
7.00			0	DIETARY	11	167,317	
8.00			0	CENTRAL SERVICES & SUPPLY	15	97,374	
9.00			0	PHARMACY	16	201,433	
10.00			0	TRANSPORTATION	19	790	
11.00			0	NONPHYSICIAN ANESTHETISTS	20	3,881	
12.00			0	ADULTS & PEDIATRICS	25	1,041,330	
13.00			0	INTENSIVE CARE UNIT	26	155,374	
14.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	418,543	
15.00			0	OPERATING ROOM	37	808,292	
16.00			0	RECOVERY ROOM	38	85,051	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	580,592	
18.00			0	ULTRA SOUND	41.01	25,658	
19.00			0	CAT SCAN	41.02	145,851	
20.00			0	MAGNETIC RESONANCE IMAGING (MR)	41.03	97,158	
21.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	48,756	
22.00			0	INTRAVENOUS THERAPY	48	393	
23.00			0	RESPIRATORY THERAPY	49	106,510	
24.00			0	PHYSICAL THERAPY	50	12,659	
25.00			0	ELECTROCARDIOLOGY	53	3,970	
26.00			0	ELECTROENCEPHALOGRAPHY	54	144,860	
27.00			0	ENDOSCOPY	59.01	234,942	
28.00			0	SPINE CENTER	60.06	83,544	
29.00			0	EMERGENCY	61	94,473	
30.00			0	PHYSICIANS' PRIVATE OFFICES	98	210,248	
31.00			0	INFERTILITY SERVICES	98.03	7,074	
32.00			0	BREAST DIAGNOSTIC	98.04	1,226	
TOTAL RECLASSIFICATIONS FOR CODE D			14,694,798				14,694,798

RECLASS CODE: E
 EXPLANATION : Radiology Salary

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ULTRA SOUND	41.01	31,469			0	
2.00	CAT SCAN	41.02	220,284			0	
3.00	MAGNETIC RESONANCE IMAGING (MR)	41.03	106,995			0	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	358,748	
TOTAL RECLASSIFICATIONS FOR CODE E			358,748				358,748

RECLASS CODE: F
 EXPLANATION : Radiology Other

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ULTRA SOUND	41.01	14,042			0	

RECLASSIFICATIONS

PROVIDER NO: 150169

PERIOD: FROM 2/25/2008 TO 12/31/2008

PREPARED 6/ 2/2009 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : Radiology Other

Table with columns: LINE, COST CENTER, INCREASE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include CAT SCAN, MAGNETIC RESONANCE IMAGING (MR), and RADIOLOGY-DIAGNOSTIC.

RECLASS CODE: G
EXPLANATION : Capital Insurance Costs

Table with columns: LINE, COST CENTER, INCREASE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include NEW CAP REL COSTS-BLDG & FIXT, NEW CAP REL COSTS-MVBLE EQUIP, and ADMINISTRATIVE & GENERAL.

RECLASS CODE: H
EXPLANATION : Respiratory Therapy Ed

Table with columns: LINE, COST CENTER, INCREASE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include RESPIRATORY SCHOOL and RESPIRATORY THERAPY.

RECLASS CODE: I
EXPLANATION : Interest Expense

Table with columns: LINE, COST CENTER, INCREASE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include NEW CAP REL COSTS-BLDG & FIXT and ADMINISTRATIVE & GENERAL.

RECLASS CODE: J
EXPLANATION : Surgery Center ReClass

Table with columns: LINE, COST CENTER, INCREASE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include RECOVERY ROOM, LABORATORY, MEDICAL SUPPLIES CHARGED TO PA, DRUGS CHARGED TO PATIENTS, and OPERATING ROOM.

RECLASS CODE: K
EXPLANATION : Depreciation by CC

Table with columns: LINE, COST CENTER, INCREASE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include NEW CAP REL COSTS-BLDG & FIXT and NEW CAP REL COSTS-MVBLE EQUIP.

RECLASS CODE: L
EXPLANATION : Cafeteria Salary

Table with columns: LINE, COST CENTER, INCREASE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include CAFETERIA and DIETARY.

RECLASS CODE: M
EXPLANATION : Cafeteria ReClass

Table with columns: LINE, COST CENTER, INCREASE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include CAFETERIA and DIETARY.

RECLASSIFICATIONS

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TO 12/31/2008

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RECLASS CODE: N
EXPLANATION : PTO Allocation

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	16,370			0	
2.00	LAUNDRY & LINEN SERVICE	9	927			0	
3.00	HOUSEKEEPING	10	6,946			0	
4.00	DIETARY	11	14,922			0	
5.00	PHARMACY	16	46,391			0	
6.00	SOCIAL SERVICE	18	10,941			0	
7.00	TRANSPORTATION	19	1,338			0	
8.00	NONPHYSICIAN ANESTHETISTS	20	9,314			0	
9.00	ADULTS & PEDIATRICS	25	135,332			0	
10.00	INTENSIVE CARE UNIT	26	6,491			0	
11.00	NEONATAL INTENSIVE CARE UNIT	26.01	28,159			0	
12.00	OPERATING ROOM	37	254			0	
13.00	RADIOLOGY-DIAGNOSTIC	41	29,537			0	
14.00	ULTRA SOUND	41.01	2,579			0	
15.00	CAT SCAN	41.02	3,860			0	
16.00	MAGNETIC RESONANCE IMAGING (MR	41.03	6,052			0	
17.00	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	451			0	
18.00	ONCOLOGY	41.05	6,947			0	
19.00	INTRAVENOUS THERAPY	48	1,121			0	
20.00	RESPIRATORY THERAPY	49	11,433			0	
21.00	PHYSICAL THERAPY	50	14,888			0	
22.00	ELECTROCARDIOLOGY	53	21			0	
23.00	ELECTROENCEPHALOGRAPHY	54	3,611			0	
24.00	ENDOSCOPY	59.01	6,392			0	
25.00	SPINE CENTER	60.06	6,101			0	
26.00	EMERGENCY	61	25,657			0	
27.00	PHYSICIANS' PRIVATE OFFICES	98	41,874			0	
28.00	INFERTILITY SERVICES	98.03	1,188			0	
29.00	OTHER NONREIMBURSABLE COST CEN	100	1,386			0	
30.00			0	ADMINISTRATIVE & GENERAL	6	440,483	
TOTAL RECLASSIFICATIONS FOR CODE N			440,483			440,483	

RECLASS CODE: O
EXPLANATION : Pharmacy Residency Preceptor Salary

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY RESIDENCY PROGRAM	24.03	23,328			0	
2.00			0	PHARMACY	16	23,328	
TOTAL RECLASSIFICATIONS FOR CODE O			23,328			23,328	

RECLASS CODE: P
EXPLANATION : Pharmacy Residency Preceptor Reclas

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY RESIDENCY PROGRAM	24.03	1,785			0	
2.00			0	PHARMACY	16	1,785	
TOTAL RECLASSIFICATIONS FOR CODE P			1,785			1,785	

RECLASS CODE: Q
EXPLANATION : Drugs Charges to Pat

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	4,912,826			0	
2.00			0	CENTRAL SERVICES & SUPPLY	15	51	
3.00			0	PHARMACY	16	4,899,288	
4.00			0	OPERATING ROOM	37	72	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	2,912	
6.00			0	CAT SCAN	41.02	21	
7.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	7,680	
8.00			0	RESPIRATORY THERAPY	49	1,596	
9.00			0	PHYSICAL THERAPY	50	1,166	
10.00			0	ELECTROENCEPHALOGRAPHY	54	40	
TOTAL RECLASSIFICATIONS FOR CODE Q			4,912,826			4,912,826	

RECLASS CODE: R
EXPLANATION : Therapy Salary

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	239,556			0	
2.00	SPEECH PATHOLOGY	52	59,889			0	

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
FROM 2/25/2008
TO 12/31/2008

PREPARED 6/ 2/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: R
EXPLANATION : Therapy Salary

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE R			299,445

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
PHYSICAL THERAPY	50	299,445	
			299,445

RECLASS CODE: S
EXPLANATION : Therapy Other

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	89,269
2.00	SPEECH PATHOLOGY	52	22,317
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE S			111,586

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
		0	
PHYSICAL THERAPY	50	111,586	
			111,586

RECLASS CODE: T
EXPLANATION : Plant Operations Expense

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	3,037
2.00	OPERATION OF PLANT	8	265,493
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
TOTAL RECLASSIFICATIONS FOR CODE T			268,530

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
		0	
		0	
HOUSEKEEPING	10	993	
DIETARY	11	19,573	
CENTRAL SERVICES & SUPPLY	15	4,168	
PHARMACY	16	380	
NONPHYSICIAN ANESTHETISTS	20	10,943	
ADULTS & PEDIATRICS	25	33,235	
INTENSIVE CARE UNIT	26	6,748	
NEONATAL INTENSIVE CARE UNIT	26.01	5,199	
OPERATING ROOM	37	113,569	
RECOVERY ROOM	38	1,884	
RADIOLOGY-DIAGNOSTIC	41	15,119	
ULTRA SOUND	41.01	7,520	
CAT SCAN	41.02	8,151	
MAGNETIC RESONANCE IMAGING (MR)	41.03	172	
NUCLEAR MEDICINE-DIAGNOSTIC	41.04	92	
RESPIRATORY THERAPY	49	8,988	
PHYSICAL THERAPY	50	3,052	
ELECTROCARDIOLOGY	53	2,956	
ENDOSCOPY	59.01	15,225	
SPINE CENTER	60.06	1,795	
EMERGENCY	61	8,028	
INFERTILITY SERVICES	98.03	680	
BREAST DIAGNOSTIC	98.04	60	
			268,530

RECLASS CODE: U
EXPLANATION : Dietary Food Service Allocation

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	34,719
2.00	DIETARY	11	134,041
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
		0	
		0	
OPERATION OF PLANT	8	5,053	
HOUSEKEEPING	10	2,290	
CENTRAL SERVICES & SUPPLY	15	608	
PHARMACY	16	698	
SOCIAL SERVICE	18	140	
TRANSPORTATION	19	47	
NONPHYSICIAN ANESTHETISTS	20	507	
ADULTS & PEDIATRICS	25	107,132	
INTENSIVE CARE UNIT	26	6,422	
NEONATAL INTENSIVE CARE UNIT	26.01	312	
OPERATING ROOM	37	5,560	
RECOVERY ROOM	38	3,377	
RADIOLOGY-DIAGNOSTIC	41	5,593	
CAT SCAN	41.02	617	
MAGNETIC RESONANCE IMAGING (MR)	41.03	527	
NUCLEAR MEDICINE-DIAGNOSTIC	41.04	199	
LABORATORY	44	52	
INTRAVENOUS THERAPY	48	158	
RESPIRATORY THERAPY	49	1,803	
PHYSICAL THERAPY	50	3,947	
ELECTROENCEPHALOGRAPHY	54	2,214	
ENDOSCOPY	59.01	1,414	
SPINE CENTER	60.06	2,851	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150169	FROM 2/25/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: U
 EXPLANATION : Dietary Food Service Allocation

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
26.00			0	EMERGENCY	61	11,270	
27.00			0	PHYSICIANS' PRIVATE OFFICES	98	469	
28.00			0	OTHER NONREIMBURSABLE COST CEN	100	5,500	
TOTAL RECLASSIFICATIONS FOR CODE U			168,760	168,760			

RECLASS CODE: A
 EXPLANATION : Labor & Delivery Salary

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	816,817			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	4,529,623			0	
3.00			0	ADULTS & PEDIATRICS	25	5,346,440	
TOTAL RECLASSIFICATIONS FOR CODE A			5,346,440	5,346,440			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	2,705,851					2,705,851	
2	LAND IMPROVEMENTS	3,203,621					3,116,937	
3	BUILDINGS & FIXTURE	249,866,650	9,982,426		9,982,426	86,684	259,849,076	
4	BUILDING IMPROVEMEN	1,193,914	441,458		441,458		1,635,372	
5	FIXED EQUIPMENT	4,177,841				1,059,802	3,118,039	
6	MOVABLE EQUIPMENT	76,161,888				2,245,135	73,916,753	
7	SUBTOTAL	337,309,765	10,423,884		10,423,884	3,391,621	344,342,028	
8	RECONCILING ITEMS							
9	TOTAL	337,309,765	10,423,884		10,423,884	3,391,621	344,342,028	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
DESCRIPTION		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	270,425,275		270,425,275	.785339			
4	NEW CAP REL COSTS-MV	73,916,753		73,916,753	.214661			
5	TOTAL	344,342,028		344,342,028	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,717,883		5,801,105	280,756			11,799,744
4	NEW CAP REL COSTS-MV	7,595,114			4,035			7,599,149
5	TOTAL	13,312,997		5,801,105	284,791			19,398,893

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

SUMMARY OF OLD AND NEW CAPITAL

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

* All lines numbers except line 5 are to be consistent with workshseet 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

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-28,659	ADMINISTRATIVE & GENERAL	6		
10 TELEVISION AND RADIO SERVICE	A	-6,248	NEW CAP REL COSTS-MVBLE E	4	9	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,545,485				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-19,991,586				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,498,367	CAFETERIA	12		
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST	A	-1,041,152	NONPHYSICIAN ANESTHETISTS	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37 OTHER ADJUSTMENTS (SPECIFY)						
38 Misc Revenue	B	-116,752	EMPLOYEE BENEFITS	5		
39 Misc Revenue	B	-15,890	ADMINISTRATIVE & GENERAL	6		
40 Misc Revenue	B	-76,089	OPERATION OF PLANT	8		
41 Misc Revenue	B	-11,778	PHARMACY	16		
42 Misc Revenue	B	-40,845	ADULTS & PEDIATRICS	25		
43 Misc Revenue	B	-20,325	OPERATING ROOM	37		
44 Misc Revenue	B	-1,615	RADIOLOGY-DIAGNOSTIC	41		
45 Misc Revenue	B	-425	ONCOLOGY	41.05		
46 Misc Revenue	B	-3,810	RESPIRATORY THERAPY	49		
47 Misc Revenue	B	-25,768	PHYSICAL THERAPY	50		
48 Misc Revenue	B	-207	SPINE CENTER	60.06		
49 Misc Revenue	B	-8,037	EMERGENCY	61		
49.01 Misc Revenue	B	15,149	CAFETERIA	12		
49.02 Misc Rev MACL	B	-68,000	OPERATION OF PLANT	8		
49.03 Misc Rev MACL	B	14	RADIOLOGY-DIAGNOSTIC	41		
49.04 Service Allocation CHE	B	-15,325	ADULTS & PEDIATRICS	25		
49.05 Service Allocation CHE	B	-22,981	RADIOLOGY-DIAGNOSTIC	41		
49.06 Service Allocation CHE	B	-8,733	CAFETERIA	12		
49.07 Lab Venture Chargeback	B	120,814	CAFETERIA	12		
49.08 Outside Corp Revenue	B	-1,076,988	LABORATORY	44		
49.09 Leased Equipment CBI	B	-3,461,818	NEW CAP REL COSTS-MVBLE E	4	9	
49.10 Space Rental Revenue CBI	B	-250,600	NEW CAP REL COSTS-BLDG &	3	9	
49.11 IHH Leased Employees	B	-135,601	OPERATION OF PLANT	8		
49.12 IHH Leased Employees	B	-1,130,446	PHARMACY	16		
49.13 IHH Leased Employees	B	-96,584	SOCIAL SERVICE	18		
49.14 IHH Leased Employees	B	-7,834	MAGNETIC RESONANCE IMAGIN	41.03		
49.15 IHH Leased Employees	B	-2,902	ELECTROENCEPHALOGRAPHY	54		
49.16 IHH Leased Employees	B	-11,390	ENDOSCOPY	59.01		
49.17 Purchased Discounts	B	453	ADMINISTRATIVE & GENERAL	6		
49.18 Vending Revenue	A	-146	PHYSICAL THERAPY	50		
49.19 Bad Debt Expense	B	-6,760,306	ADMINISTRATIVE & GENERAL	6		
49.20 Bad Debt Expense	A	-4,621,023	OPERATING ROOM	37		
49.21 Non Allow Marketing Expense	A	-825	ADMINISTRATIVE & GENERAL	6		
49.22 Employee Drug Costs	A	-4,371	PHARMACY	16		
49.23 Meals of wheels Cost	A	-40,017	CAFETERIA	12		
49.24 Pharmacy Residency Expense	A	32,556	PHARMACY RESIDENCY PROGRA	24.03		
49.25 00 Non-Allow Interest Expense	A	-566,911	NEW CAP REL COSTS-BLDG &	3	11	
49.26 00 Non-Allow Interest Expense	A	-164,604	ADMINISTRATIVE & GENERAL	6		
49.27 LOC Non-Allow Interest Expense	A	-179,940	NEW CAP REL COSTS-BLDG &	3	11	
49.29 97 Non-Allow Interest Expense	A	-456,006	NEW CAP REL COSTS-BLDG &	3	11	
49.30 97 Non-Allow Interest Expense	A	-26,940	ADMINISTRATIVE & GENERAL	6		
49.31 95 Non-Allow Interest Expense	A	-791,175	NEW CAP REL COSTS-BLDG &	3	11	
49.32 95 Non-Allow Interest Expense	A	-79,926	ADMINISTRATIVE & GENERAL	6		
49.33 92A Non- Allow Interest Expense	A	-306,676	NEW CAP REL COSTS-BLDG &	3	11	
49.34 92A Non- Allow Interest Expense	A	-52,815	ADMINISTRATIVE & GENERAL	6		
49.35 92 Non-Allow Interest Expense	A	-192,548	NEW CAP REL COSTS-BLDG &	3	11	
49.36 92 Non-Allow Interest Expense	A	-102,886	ADMINISTRATIVE & GENERAL	6		
50 TOTAL (SUM OF LINES 1 THRU 49)		-45,900,369				

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-45,900,369				

(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	9
1	3	NEW CAP REL COSTS-BLDG & Home Office	5,717,883	5,349,350	368,533	9
2	4	NEW CAP REL COSTS-MVBLE E Home Office	1,968,332		1,968,332	9
3	5	EMPLOYEE BENEFITS Home Office	3,279,937	2,918,964	360,973	
4	6	ADMINISTRATIVE & GENERAL Home Office	18,339,800	15,534,899	2,804,901	
4.01	15	CENTRAL SERVICES & SUPPLY Home Office		846,794	-846,794	
4.02	17	MEDICAL RECORDS & LIBRARY Home Office	2,450,652	2,786,650	-335,998	
4.08	6	ADMINISTRATIVE & GENERAL 7250 Clearvista POB	329,332	141,782	187,550	
4.09	16	PHARMACY 7250 Clearvista POB	23,169	8,230	14,939	
4.10	54	ELECTROENCEPHALOGRAPHY 7250 Clearvista POB	110,165	82,589	27,576	
4.11	37	OPERATING ROOM 7250 Clearvista POB	57,197	42,618	14,579	
4.13	98	3 INFERTILITY SERVICES 8040 Clearvista POB	5,476	3,504	1,972	
4.15	37	OPERATING ROOM Surgery Center	40,437,639	57,165,567	-16,727,928	
4.18	5	EMPLOYEE BENEFITS SELF INSURANCE	2,121,330	9,166,774	-7,045,444	
4.20	44	LABORATORY MACL	3,507,230	4,480,601	-973,371	
4.22	22	I&R SERVICES-SALARY & FRI Interns and Residents	88,285		88,285	
4.23	23	I&R SERVICES-OTHER PRGM C Interns and Residents	100,309		100,309	
5		TOTALS	78,536,736	98,528,322	-19,991,586	

* 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	B	COMMUNITY HEALTH NETWORK		100.00	0.00
2				0.00	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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 15-0169 I
I

I PERIOD: I PREPARED 6/ 2/2009
I FROM 2/25/2008 I WORKSHEET A-8-2
I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6	1,524,706	1,524,706					
2	25	189,080	189,080					
3	26 1	62,500	62,500					
4	37	234,438	234,438					
5	39	278,930	278,930					
6	41	41,667		41,667	225,300	1,049	113,625	5,681
7	44	104,170	104,170					
8	50	260	260					
9	54	1,301	1,301					
10	61	150,100	150,100					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,587,152	2,545,485	41,667		1,049	113,625	5,681

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0169
I

I PERIOD:
I FROM 2/25/2008
I TO 12/31/2008

I PREPARED 6/ 2/2009
I WORKSHEET A-8-2
I GROUP 1

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
	11	12	13	14	15	16	17	18
1	6							1,524,706
2	25							189,080
3	26 1							62,500
4	37							234,438
5	39							278,930
6	41					113,625		
7	44							104,170
8	50							260
9	54							1,301
10	61							150,100
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					113,625		2,545,485

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-10	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	14	MEALS	SERVED	ENTERED
12	CAFETERIA	15	FTE'S		ENTERED
14	NURSING ADMINISTRATION	16	FTE'S		ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	ENTERED
16	PHARMACY	18	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	20	PATIENT DAYS		ENTERED
19	TRANSPORTATION	21	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	ASSIGNED	TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	24	ASSIGNED	TIME	ENTERED
24.01	RESPIRATORY SCHOOL	25	TIME	SPENT	ENTERED
24.02	RADIOLOGY EDUCATION	26	TIME	SPENT	ENTERED
24.03	PHARMACY RESIDENCY PROGRAM	27	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	11,799,744			11,799,744			
005 NEW CAP REL COSTS-MVBLE E	7,599,149				7,599,149		
006 EMPLOYEE BENEFITS	5,742,034				11,480	5,753,514	
008 ADMINISTRATIVE & GENERAL	25,066,162			150,592	5,041,730	43,719	30,302,203
009 OPERATION OF PLANT	7,696,205			1,802,048	63,528	231,506	9,793,287
010 LAUNDRY & LINEN SERVICE	613,897			48,332	94	9,570	671,893
011 HOUSEKEEPING	2,480,482			85,330	13,176	183,813	2,762,801
012 DIETARY	961,950			117,763	22,399	50,644	1,152,756
014 CAFETERIA	1,399,916			337,250	64,150	145,043	1,946,359
015 NURSING ADMINISTRATION	1,413,603			79,911			1,493,514
016 CENTRAL SERVICES & SUPPLY	813,491				50,369		863,860
017 PHARMACY	2,483,466			160,557	104,195	338,800	3,087,018
018 MEDICAL RECORDS & LIBRARY	2,530,816						2,530,816
019 SOCIAL SERVICE	1,336,466			10,401		129,835	1,476,702
020 TRANSPORTATION	305,108			11,373	409	29,981	346,871
022 NONPHYSICIAN ANESTHETISTS						97,059	97,059
023 I&R SERVICES-SALARY & FRI	88,285						88,285
024 I&R SERVICES-OTHER PRGM C	100,309						100,309
024 01 PARAMED ED PRGM-(SPECIFY)	76,376						76,376
024 02 RESPIRATORY SCHOOL	31,649					3,419	35,068
024 03 RADIOLOGY EDUCATION	51,644						51,644
024 03 PHARMACY RESIDENCY PROGRA	58,066			3,791		2,520	64,377
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	18,725,088			3,761,614	338,803	1,619,206	24,444,711
026 01 INTENSIVE CARE UNIT	1,840,226			253,985	80,370	172,262	2,346,843
027 01 NEONATAL INTENSIVE CARE U	3,645,366			827,594	216,499	340,063	5,029,522
031 CORONARY CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH DPU							
033 NURSERY	1,013,928			259,106	30,532	88,246	1,391,812
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	31,142,805			659,872	418,104	8,389	32,229,170
039 RECOVERY ROOM	6,286,797			368,016	43,994		6,698,807
041 DELIVERY ROOM & LABOR ROO	5,684,197			1,391,794	169,313	495,328	7,740,632
041 RADIOLOGY-DIAGNOSTIC	4,522,400			258,312	298,111	266,872	5,345,695
041 01 ULTRA SOUND	589,741			41,027	13,485	57,476	701,729
041 02 CAT SCAN	1,432,445			23,243	76,789	93,879	1,626,356
041 03 MAGNETIC RESONANCE IMAGIN	816,484			80,070	50,910	64,229	1,011,693
041 04 NUCLEAR MEDICINE-DIAGNOST	375,353			23,064	25,220	20,388	444,025
041 05 ONCOLOGY	107,461					751	108,212
044 LABORATORY	4,686,220			116,492			4,802,712
048 INTRAVENOUS THERAPY	288,374			4,069	203	23,435	316,081
049 RESPIRATORY THERAPY	1,996,633			154,344	55,094	187,371	2,393,442
050 PHYSICAL THERAPY	1,609,787				5,238	129,404	1,744,429
051 OCCUPATIONAL THERAPY	328,825				1,047	25,881	355,753
052 SPEECH PATHOLOGY	82,206				262	6,470	88,938
053 ELECTROCARDIOLOGY	737,489				2,054	2,883	742,426
054 ELECTROENCEPHALOGRAPHY	1,136,722			31,718	74,932	69,309	1,312,681
055 MEDICAL SUPPLIES CHARGED	22,892,061						22,892,061
056 DRUGS CHARGED TO PATIENTS	5,683,720						5,683,720
057 RENAL DIALYSIS	316,190						316,190
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	845,989			167,345	121,528	68,406	1,203,268
059 02 MENTAL HEALTH OP	271						271
059 03 CNR							
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 HEALTHY HEARTS CENTER	135						135
060 02 DIABETIC CARE CENTER	-86,977						-86,977
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE	92,077						92,077
060 06 SPINE CENTER	980,868				43,215	79,715	1,103,798
061 EMERGENCY	4,620,030			550,525	48,868	410,949	5,630,372
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	195,041,729			11,779,538	7,486,101	5,496,821	194,651,782
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	4,054,144			17,765	108,755	214,695	4,395,359
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	184,430				3,659	15,194	203,283
098 04 BREAST DIAGNOSTIC	4,117,708				634		4,118,342
098 05 HAWTHORNE SCHOOL							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	667,387			2,441		26,804	696,632
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	204,065,398			11,799,744	7,599,149	5,753,514	204,065,398

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	30,302,203						
009 OPERATION OF PLANT	1,706,980	11,500,267					
010 LAUNDRY & LINEN SERVICE	117,112	56,446	845,451				
011 HOUSEKEEPING	481,559	99,655		3,344,015			
012 DIETARY	200,927	137,533		40,542	1,531,758		
014 CAFETERIA	339,252	393,869		116,104		2,795,584	
015 NURSING ADMINISTRATION	260,321	93,327		27,511			1,874,673
016 CENTRAL SERVICES & SUPPLY	150,572		2,049				
017 PHARMACY	538,070	187,511		55,274		165,553	
018 MEDICAL RECORDS & LIBRARY	441,124						
019 SOCIAL SERVICE	257,391	12,147		3,581		71,489	
020 TRANSPORTATION	60,460	13,283		3,915		41,388	
022 NONPHYSICIAN ANESTHETISTS	16,917						
023 I&R SERVICES-SALARY & FRI	15,388					3,763	
024 I&R SERVICES-OTHER PRGM C	17,484						
024 01 PARAMED ED PRGM-(SPECIFY)	13,312						
024 02 RESPIRATORY SCHOOL	6,112					3,763	
024 03 RADIOLOGY EDUCATION	9,002						
025 03 PHARMACY RESIDENCY PROGRA	11,221	4,428		1,305			
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,260,738	4,393,129	382,459	1,295,002	1,230,574	1,038,463	995,019
026 INTENSIVE CARE UNIT	409,057	296,624	36,119	87,438	82,393	97,827	93,734
026 01 NEONATAL INTENSIVE CARE U	876,651	966,533	31,062	284,913	211,278	180,603	173,047
027 CORONARY CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH DPU							
033 NURSERY	242,594	302,605	19,692	89,201		56,438	54,077
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	5,617,521	770,653	66,071	227,172		3,763	3,605
039 RECOVERY ROOM	1,167,609	429,799		126,696			
041 DELIVERY ROOM & LABOR ROO	1,349,200	1,625,453	109,203	479,148		304,768	292,016
041 RADIOLOGY-DIAGNOSTIC	931,760	301,678	61,369	88,928		105,352	
041 01 ULTRA SOUND	122,312	47,915		14,124		30,101	
041 02 CAT SCAN	283,475	27,145		8,002		56,438	
041 03 MAGNETIC RESONANCE IMAGIN	176,339	93,512		27,565		37,626	
041 04 NUCLEAR MEDICINE-DIAGNOST	77,394	26,936		7,940		11,288	
041 05 ONCOLOGY	18,861						
044 LABORATORY	837,118	136,049		40,104			
048 INTRAVENOUS THERAPY	55,093	4,752		1,401		11,288	
049 RESPIRATORY THERAPY	417,179	180,256		53,135		101,589	
050 PHYSICAL THERAPY	304,056		998			71,489	
051 OCCUPATIONAL THERAPY	62,008		200			15,050	
052 SPEECH PATHOLOGY	15,502		49			3,763	
053 ELECTROCARDIOLOGY	129,406					3,763	
054 ELECTROENCEPHALOGRAPHY	228,802	37,043	2,088	10,920		33,863	
055 MEDICAL SUPPLIES CHARGED	3,990,109						
056 DRUGS CHARGED TO PATIENTS	990,678						
057 RENAL DIALYSIS	55,112						
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	209,731	195,439	20,091	57,611		37,626	36,051
059 02 MENTAL HEALTH OP	47						
059 03 CNR							
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 01 HEALTHY HEARTS CENTER	24						
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE	16,049						
060 06 SPINE CENTER	192,393		2,813			30,101	
061 EMERGENCY	981,379	642,949	111,188	189,527	7,513	237,041	227,124
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	28,661,401	11,476,669	845,451	3,337,059	1,531,758	2,754,196	1,874,673
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	766,115	20,747		6,116		11,288	
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	35,432					7,525	
098 04 BREAST DIAGNOSTIC	717,831						
098 05 HAWTHORNE SCHOOL							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	121,424	2,851		840		22,575	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	30,302,203	11,500,267	845,451	3,344,015	1,531,758	2,795,584	1,874,673

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	TRANSPORTATIO	NONPHYSICIAN	I&R SERVICES-
	CES & SUPPLY		DS & LIBRARY	E	N	ANESTHETISTS	SALARY & FRI
	15	16	17	18	19	20	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,016,481						
016 PHARMACY	21,613	4,055,039					
017 MEDICAL RECORDS & LIBRARY			2,971,940				
018 SOCIAL SERVICE	72			1,821,382			
019 TRANSPORTATION	119				466,036		
020 NONPHYSICIAN ANESTHETISTS	6,011					119,987	
022 I&R SERVICES-SALARY & FRI							107,436
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION							
024 03 PHARMACY RESIDENCY PROGRA							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	67,437		221,647	1,318,159	164,691	119,987	49,913
026 INTENSIVE CARE UNIT	8,060		30,720	87,726			18,071
026 01 NEONATAL INTENSIVE CARE U	10,050		114,660	224,940			
027 CORONARY CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH DPU							
033 NURSERY	5,595		24,192	190,557			
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	626,868	59	415,947				23,473
038 RECOVERY ROOM	7,462		203,950				
039 DELIVERY ROOM & LABOR ROO	31,035		130,131				2,283
041 RADIOLOGY-DIAGNOSTIC	56,911	2,404	202,709		117,476		
041 01 ULTRA SOUND	536		26,114		35,936		
041 02 CAT SCAN	11,994	17	165,301		25,520		
041 03 MAGNETIC RESONANCE IMAGIN	6,854		78,665		12,511		
041 04 NUCLEAR MEDICINE-DIAGNOST	6,060	6,339	12,811		16,115		
041 05 ONCOLOGY	64		361				
044 LABORATORY	74,158		219,189				
048 INTRAVENOUS THERAPY	4,488		5,302				
049 RESPIRATORY THERAPY	12,362	1,317	89,210		14,342		
050 PHYSICAL THERAPY	3,439	962	34,635				
051 OCCUPATIONAL THERAPY	680		7,555				
052 SPEECH PATHOLOGY	170		1,823				
053 ELECTROCARDIOLOGY	29		26,037				
054 ELECTROENCEPHALOGRAPHY	2,893	33	48,295		22,399		
055 MEDICAL SUPPLIES CHARGED			467,912				
056 DRUGS CHARGED TO PATIENTS		4,043,908	210,876				
057 RENAL DIALYSIS	829		3,828		57,046		
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	19,075		27,313				1,560
059 02 MENTAL HEALTH OP	13						
059 03 CNR							
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 HEALTHY HEARTS CENTER	7						
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	814		6,440				
061 EMERGENCY	26,682		196,317				12,136
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,012,380	4,055,039	2,971,940	1,821,382	466,036	119,987	107,436
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	653						
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	1,243						
098 04 BREAST DIAGNOSTIC	1,562						
098 05 HAWTHORNE SCHOOL							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	643						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,016,481	4,055,039	2,971,940	1,821,382	466,036	119,987	107,436

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY S CHOO	RADIOLOGY EDU CATION	PHARMACY RESI DENCY PROGRA	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	23	24	24.01	24.02	24.03	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 TRANSPORTATION							
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	117,793						
024 01 PARAMED ED PRGM-(SPECIFY)		89,688					
024 02 RESPIRATORY SCHOOL			44,943				
024 03 RADIOLOGY EDUCATION				60,646			
024 03 PHARMACY RESIDENCY PROGRA					81,331		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	54,725					40,036,654	-104,638
026 01 INTENSIVE CARE UNIT	19,813					3,614,425	-37,884
027 NEONATAL INTENSIVE CARE U						8,103,259	
031 CORONARY CARE UNIT							
031 01 SUBPROVIDER							
033 SUBPROVIDER 2 - PSYCH DPU						2,376,763	
034 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	25,736					40,010,038	-49,209
039 RECOVERY ROOM						8,634,323	
041 DELIVERY ROOM & LABOR ROO	2,503					12,066,372	-4,786
041 RADIOLOGY-DIAGNOSTIC				60,646		7,274,928	
041 01 ULTRA SOUND						978,767	
041 02 CAT SCAN						2,204,248	
041 03 MAGNETIC RESONANCE IMAGIN						1,444,765	
041 04 NUCLEAR MEDICINE-DIAGNOST						608,908	
041 05 ONCOLOGY						127,498	
044 LABORATORY						6,109,330	
048 INTRAVENOUS THERAPY						398,405	
049 RESPIRATORY THERAPY			44,943			3,307,775	
050 PHYSICAL THERAPY						2,160,008	
051 OCCUPATIONAL THERAPY						441,246	
052 SPEECH PATHOLOGY						110,245	
053 ELECTROCARDIOLOGY						901,661	
054 ELECTROENCEPHALOGRAPHY						1,699,017	
055 MEDICAL SUPPLIES CHARGED						27,350,082	
056 DRUGS CHARGED TO PATIENTS						11,010,513	
057 RENAL DIALYSIS					81,331	433,005	
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	1,710					1,809,475	-3,270
059 02 MENTAL HEALTH OP						331	
059 03 CNR							
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 HEALTHY HEARTS CENTER						166	
060 02 DIABETIC CARE CENTER						-86,977	
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE						108,126	
060 06 SPINE CENTER						1,336,359	
061 EMERGENCY	13,306	89,688				8,365,222	-25,442
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	117,793	89,688	44,943	60,646	81,331	192,934,937	-225,229
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC						5,200,278	
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES						247,483	
098 04 BREAST DIAGNOSTIC						4,837,735	
098 05 HAWTHORNE SCHOOL							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS						844,965	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	117,793	89,688	44,943	60,646	81,331	204,065,398	-225,229

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENERAL	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	TRANSPORTATION	
022	NONPHYSICIAN ANESTHETISTS	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
024	01 RESPIRATORY SCHOOL	
024	02 RADIOLOGY EDUCATION	
024	03 PHARMACY RESIDENCY PROGRA	
025	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	39,932,016
026	INTENSIVE CARE UNIT	3,576,541
026	01 NEONATAL INTENSIVE CARE U	8,103,259
027	CORONARY CARE UNIT	
031	SUBPROVIDER	
031	01 SUBPROVIDER 2 - PSYCH DPU	
033	NURSERY	2,376,763
034	SKILLED NURSING FACILITY	
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	39,960,829
039	RECOVERY ROOM	8,634,323
041	DELIVERY ROOM & LABOR ROO	12,061,586
041	RADIOLOGY-DIAGNOSTIC	7,274,928
041	01 ULTRA SOUND	978,767
041	02 CAT SCAN	2,204,248
041	03 MAGNETIC RESONANCE IMAGIN	1,444,765
041	04 NUCLEAR MEDICINE-DIAGNOST	608,908
041	05 ONCOLOGY	127,498
044	LABORATORY	6,109,330
048	INTRAVENOUS THERAPY	398,405
049	RESPIRATORY THERAPY	3,307,775
050	PHYSICAL THERAPY	2,160,008
051	OCCUPATIONAL THERAPY	441,246
052	SPEECH PATHOLOGY	110,245
053	ELECTROCARDIOLOGY	901,661
054	ELECTROENCEPHALOGRAPHY	1,699,017
055	MEDICAL SUPPLIES CHARGED	27,350,082
056	DRUGS CHARGED TO PATIENTS	11,010,513
057	RENAL DIALYSIS	433,005
059	CARDIAC CATH LAB	
059	01 ENDOSCOPY	1,806,205
059	02 MENTAL HEALTH OP	331
059	03 CNR	
059	04 PAIN MED PSYCH	
059	05 LUTHERWOOD	
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	01 HEALTHY HEARTS CENTER	166
060	02 DIABETIC CARE CENTER	-86,977
060	03 PAIN REHAB ADMIN	
060	04 FAMILY PRACTICE CENTER	
060	05 PALLIATIVE CARE	108,126
060	06 SPINE CENTER	1,336,359
061	EMERGENCY	8,339,780
062	OBSERVATION BEDS (NON-DIS	
095	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	192,709,708
098	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	5,200,278
098	01 OCCUPATIONAL HEALTH	
098	02 MEDCHECK FACILITIES	
098	03 INFERTILITY SERVICES	247,483
098	04 BREAST DIAGNOSTIC	4,837,735
098	05 HAWTHORNE SCHOOL	
098	06 INDIANA NEURORESTORATIVE	
098	07 PRONET	
098	08 DIAGNOSTIC TESTING FACILI	
100	OTHER NONREIMBURSABLE COS	844,965
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	203,840,169

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	123,001				11,480	134,481	134,481
008 ADMINISTRATIVE & GENERAL	206,217			150,592	5,041,730	5,398,539	1,022
009 OPERATION OF PLANT	20,863			1,802,048	63,528	1,886,439	5,411
010 LAUNDRY & LINEN SERVICE	134			48,332	94	48,560	224
011 HOUSEKEEPING	3,759			85,330	13,176	102,265	4,296
012 DIETARY	12,119			117,763	22,399	152,281	1,184
014 CAFETERIA				337,250	64,150	401,400	3,390
015 NURSING ADMINISTRATION				79,911		79,911	
016 CENTRAL SERVICES & SUPPLY	832,944				50,369	883,313	
017 PHARMACY	440,843			160,557	104,195	705,595	7,918
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE	510			10,401		10,911	3,034
020 TRANSPORTATION	908			11,373	409	12,690	701
022 NONPHYSICIAN ANESTHETISTS							2,268
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
024 01 PARAMED ED PRGM-(SPECIFY)							80
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION							
024 03 PHARMACY RESIDENCY PROGRA	13			3,791		3,804	59
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,943			3,761,614	338,803	4,104,360	37,855
026 01 INTENSIVE CARE UNIT	98			253,985	80,370	334,453	4,026
027 01 NEONATAL INTENSIVE CARE U	711			827,594	216,499	1,044,804	7,948
031 CORONARY CARE UNIT							
031 01 SUBPROVIDER							
033 01 SUBPROVIDER 2 - PSYCH DPU				259,106	30,532	289,638	2,062
034 NURSERY							
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	262,722			659,872	418,104	1,340,698	196
039 RECOVERY ROOM	1,394			368,016	43,994	413,404	
041 DELIVERY ROOM & LABOR ROO				1,391,794	169,313	1,561,107	11,577
041 RADIOLOGY-DIAGNOSTIC	924,327			258,312	298,111	1,480,750	6,237
041 01 ULTRA SOUND	286			41,027	13,485	54,798	1,343
041 02 CAT SCAN	417			23,243	76,789	100,449	2,194
041 03 MAGNETIC RESONANCE IMAGIN	250			80,070	50,910	131,230	1,501
041 04 NUCLEAR MEDICINE-DIAGNOST	179			23,064	25,220	48,463	477
041 05 ONCOLOGY							18
044 LABORATORY				116,492		116,492	
048 INTRAVENOUS THERAPY	129			4,069	203	4,401	548
049 RESPIRATORY THERAPY	3,307			154,344	55,094	212,745	4,379
050 PHYSICAL THERAPY	220,227				5,238	225,465	3,024
051 OCCUPATIONAL THERAPY	44,045				1,047	45,092	605
052 SPEECH PATHOLOGY	11,011				262	11,273	151
053 ELECTROCARDIOLOGY	52				2,054	2,106	67
054 ELECTROENCEPHALOGRAPHY	137,679			31,718	74,932	244,329	1,620
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	581			167,345	121,528	289,454	1,599
059 02 MENTAL HEALTH OP							
059 03 CNR							
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	125,722				43,215	168,937	1,863
061 EMERGENCY	8,261			550,525	48,868	607,654	9,605
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,386,652			11,779,538	7,486,101	22,652,291	128,482
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	14,559			17,765	108,755	141,079	5,018
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	2,991				3,659	6,650	355
098 04 BREAST DIAGNOSTIC	77,588				634	78,222	
098 05 HAWTHORNE SCHOOL							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	159			2,441		2,600	626
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,481,949			11,799,744	7,599,149	22,880,842	134,481

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	5,399,561						
009 OPERATION OF PLANT	304,170	2,196,020					
010 LAUNDRY & LINEN SERVICE	20,868	10,779	80,431				
011 HOUSEKEEPING	85,810	19,030		211,401			
012 DIETARY	35,803	26,262		2,563	218,093		
014 CAFETERIA	60,452	75,211		7,340		547,793	
015 NURSING ADMINISTRATION	46,387	17,821		1,739			145,858
016 CENTRAL SERVICES & SUPPLY	26,831		195				
017 PHARMACY	95,880	35,806		3,494		32,440	
018 MEDICAL RECORDS & LIBRARY	78,605						
019 SOCIAL SERVICE	45,865	2,319		226		14,008	
020 TRANSPORTATION	10,773	2,536		248		8,110	
022 NONPHYSICIAN ANESTHETISTS	3,015						
023 I&R SERVICES-SALARY & FRI	2,742					737	
024 I&R SERVICES-OTHER PRGM C	3,115						
024 PARAMED ED PRGM-(SPECIFY)	2,372						
024 01 RESPIRATORY SCHOOL	1,089					737	
024 02 RADIOLOGY EDUCATION	1,604						
024 03 PHARMACY RESIDENCY PROGRA	1,999	845		83			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	759,228	838,882	36,384	81,866	175,210	203,488	77,418
026 INTENSIVE CARE UNIT	72,891	56,642	3,436	5,528	11,731	19,169	7,293
026 01 NEONATAL INTENSIVE CARE U	156,212	184,563	2,955	18,012	30,082	35,389	13,464
027 CORONARY CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH DPU							
033 NURSERY	43,228	57,784	1,873	5,639		11,059	4,207
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,000,955	147,159	6,286	14,361		737	280
038 RECOVERY ROOM	208,058	82,072		8,009			
039 DELIVERY ROOM & LABOR ROO	240,416	310,387	10,389	30,291		59,719	22,720
041 RADIOLOGY-DIAGNOSTIC	166,032	57,607	5,838	5,622		20,644	
041 01 ULTRA SOUND	21,795	9,150		893		5,898	
041 02 CAT SCAN	50,513	5,183		506		11,059	
041 03 MAGNETIC RESONANCE IMAGIN	31,422	17,857		1,743		7,373	
041 04 NUCLEAR MEDICINE-DIAGNOST	13,791	5,144		502		2,212	
041 05 ONCOLOGY	3,361						
044 LABORATORY	149,167	25,979		2,535			
048 INTRAVENOUS THERAPY	9,817	907		89		2,212	
049 RESPIRATORY THERAPY	74,338	34,421		3,359		19,906	
050 PHYSICAL THERAPY	54,180		95			14,008	
051 OCCUPATIONAL THERAPY	11,049		19			2,949	
052 SPEECH PATHOLOGY	2,762		5			737	
053 ELECTROCARDIOLOGY	23,059					737	
054 ELECTROENCEPHALOGRAPHY	40,771	7,074	199	690		6,635	
055 MEDICAL SUPPLIES CHARGED	711,005						
056 DRUGS CHARGED TO PATIENTS	176,531						
057 RENAL DIALYSIS	9,821						
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	37,372	37,320	1,911	3,642		7,373	2,805
059 02 MENTAL HEALTH OP	8						
059 03 CNR							
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 HEALTHY HEARTS CENTER	4						
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE	2,860						
060 06 SPINE CENTER	34,283		268			5,898	
061 EMERGENCY	174,874	122,774	10,578	11,981	1,070	46,448	17,671
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,107,183	2,191,514	80,431	210,961	218,093	539,682	145,858
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	136,515	3,962		387		2,212	
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	6,314					1,475	
098 04 BREAST DIAGNOSTIC	127,912						
098 05 HAWTHORNE SCHOOL							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	21,637	544		53		4,424	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,399,561	2,196,020	80,431	211,401	218,093	547,793	145,858

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	TRANSPORTATIO	NONPHYSICIAN	I&R SERVICES-
	CES & SUPPLY		DS & LIBRARY	E	N	ANESTHETISTS	SALARY & FRI
	15	16	17	18	19	20	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	910,339						
016 PHARMACY	19,356	900,489					
017 MEDICAL RECORDS & LIBRARY			78,605				
018 SOCIAL SERVICE	65			76,428			
019 TRANSPORTATION	107				35,165		
020 NONPHYSICIAN ANESTHETISTS	5,383					10,666	
022 I&R SERVICES-SALARY & FRI							3,479
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION							
024 03 PHARMACY RESIDENCY PROGRA							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	60,394		5,863	55,312	12,427		
026 INTENSIVE CARE UNIT	7,218		813	3,681			
026 01 NEONATAL INTENSIVE CARE U	9,000		3,033	9,439			
027 CORONARY CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH DPU							
033 NURSERY	5,011		640	7,996			
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	561,413	13	11,003				
038 RECOVERY ROOM	6,683		5,395				
039 DELIVERY ROOM & LABOR ROO	27,794		3,442				
041 RADIOLOGY-DIAGNOSTIC	50,968	534	5,362		8,864		
041 01 ULTRA SOUND	480		691		2,712		
041 02 CAT SCAN	10,741	4	4,373		1,926		
041 03 MAGNETIC RESONANCE IMAGIN	6,138		2,081		944		
041 04 NUCLEAR MEDICINE-DIAGNOST	5,428	1,408	339		1,216		
041 05 ONCOLOGY	57		10				
044 LABORATORY	66,414		5,798				
048 INTRAVENOUS THERAPY	4,019		140				
049 RESPIRATORY THERAPY	11,071	293	2,360		1,082		
050 PHYSICAL THERAPY	3,080	214	916				
051 OCCUPATIONAL THERAPY	609		200				
052 SPEECH PATHOLOGY	152		48				
053 ELECTROCARDIOLOGY	26		689				
054 ELECTROENCEPHALOGRAPHY	2,591	7	1,278		1,690		
055 MEDICAL SUPPLIES CHARGED			12,366				
056 DRUGS CHARGED TO PATIENTS		898,016	5,578				
057 RENAL DIALYSIS	742		101		4,304		
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	17,083		723				
059 02 MENTAL HEALTH OP	12						
059 03 CNR							
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 01 HEALTHY HEARTS CENTER	6						
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	729		170				
061 EMERGENCY	23,896		5,193				
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	906,666	900,489	78,605	76,428	35,165		
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	585						
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	1,113						
098 04 BREAST DIAGNOSTIC	1,399						
098 05 HAWTHORNE SCHOOL							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	576						
101 CROSS FOOT ADJUSTMENTS						10,666	3,479
102 NEGATIVE COST CENTER							
103 TOTAL	910,339	900,489	78,605	76,428	35,165	10,666	3,479

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR RESPIRATORY S RADIOLOGY EDU PHARMACY RESI						SUBTOTAL	POST STEPDOWN ADJUSTMENT
	OTHER PRGM C	GM-(SPECIFY)	SCHOOL	CATION	DENCY PROGRA			
	23	24	24.01	24.02	24.03	25	26	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
014 CAFETERIA								
015 NURSING ADMINISTRATION								
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY								
018 MEDICAL RECORDS & LIBRARY								
019 SOCIAL SERVICE								
020 TRANSPORTATION								
022 NONPHYSICIAN ANESTHETISTS								
023 I&R SERVICES-SALARY & FRI	3,115							
024 I&R SERVICES-OTHER PRGM C		2,372						
024 01 PARAMED ED PRGM-(SPECIFY)								
024 02 RESPIRATORY SCHOOL			1,906					
024 03 RADIOLOGY EDUCATION				1,604				
024 03 PHARMACY RESIDENCY PROGRA					6,790			
025 INPAT ROUTINE SRVC CNTRS						6,448,687		
026 ADULTS & PEDIATRICS						526,881		
026 01 INTENSIVE CARE UNIT						1,514,901		
027 NEONATAL INTENSIVE CARE U								
031 CORONARY CARE UNIT								
031 SUBPROVIDER								
031 01 SUBPROVIDER 2 - PSYCH DPU								
033 NURSERY						429,137		
034 SKILLED NURSING FACILITY								
037 ANCILLARY SRVC COST CNTRS						3,083,101		
038 OPERATING ROOM						723,621		
039 RECOVERY ROOM						2,277,842		
041 DELIVERY ROOM & LABOR ROO						1,808,458		
041 RADIOLOGY-DIAGNOSTIC						97,760		
041 01 ULTRA SOUND						186,948		
041 02 CAT SCAN						200,289		
041 03 MAGNETIC RESONANCE IMAGIN						78,980		
041 04 NUCLEAR MEDICINE-DIAGNOST						3,446		
041 05 ONCOLOGY						366,385		
044 LABORATORY						22,133		
048 INTRAVENOUS THERAPY						363,954		
049 RESPIRATORY THERAPY						300,982		
050 PHYSICAL THERAPY						60,523		
051 OCCUPATIONAL THERAPY						15,128		
052 SPEECH PATHOLOGY						26,684		
053 ELECTROCARDIOLOGY						306,884		
054 ELECTROENCEPHALOGRAPHY						723,371		
055 MEDICAL SUPPLIES CHARGED						1,080,125		
056 DRUGS CHARGED TO PATIENTS						14,968		
057 RENAL DIALYSIS								
059 CARDIAC CATH LAB						399,282		
059 01 ENDOSCOPY						20		
059 02 MENTAL HEALTH OP								
059 03 CNR								
059 04 PAIN MED PSYCH								
059 05 LUTHERWOOD								
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC								
060 01 HEALTHY HEARTS CENTER						10		
060 02 DIABETIC CARE CENTER								
060 03 PAIN REHAB ADMIN								
060 04 FAMILY PRACTICE CENTER								
060 05 PALLIATIVE CARE						2,860		
060 06 SPINE CENTER						212,148		
061 EMERGENCY						1,031,744		
062 OBSERVATION BEDS (NON-DIS								
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS						22,307,252		
098 NONREIMBURS COST CENTERS								
098 PHYSICIANS' PRIVATE OFFIC						289,758		
098 01 OCCUPATIONAL HEALTH								
098 02 MEDCHECK FACILITIES								
098 03 INFERTILITY SERVICES						15,907		
098 04 BREAST DIAGNOSTIC						207,533		
098 05 HAWTHORNE SCHOOL								
098 06 INDIANA NEURORESTORATIVE								
098 07 PRONET								
098 08 DIAGNOSTIC TESTING FACILI								
100 OTHER NONREIMBURSABLE COS						30,460		
101 CROSS FOOT ADJUSTMENTS	3,115	2,372	1,906	1,604	6,790	29,932		
102 NEGATIVE COST CENTER								
103 TOTAL	3,115	2,372	1,906	1,604	6,790	22,880,842		

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENERAL	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	TRANSPORTATION	
022	NONPHYSICIAN ANESTHETISTS	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
024	01 RESPIRATORY SCHOOL	
024	02 RADIOLOGY EDUCATION	
024	03 PHARMACY RESIDENCY PROGRA	
025	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	6,448,687
026	INTENSIVE CARE UNIT	526,881
026	01 NEONATAL INTENSIVE CARE U	1,514,901
027	CORONARY CARE UNIT	
031	SUBPROVIDER	
031	01 SUBPROVIDER 2 - PSYCH DPU	
033	NURSERY	429,137
034	SKILLED NURSING FACILITY	
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	3,083,101
039	RECOVERY ROOM	723,621
041	DELIVERY ROOM & LABOR ROO	2,277,842
041	RADIOLOGY-DIAGNOSTIC	1,808,458
041	01 ULTRA SOUND	97,760
041	02 CAT SCAN	186,948
041	03 MAGNETIC RESONANCE IMAGIN	200,289
041	04 NUCLEAR MEDICINE-DIAGNOST	78,980
041	05 ONCOLOGY	3,446
044	LABORATORY	366,385
048	INTRAVENOUS THERAPY	22,133
049	RESPIRATORY THERAPY	363,954
050	PHYSICAL THERAPY	300,982
051	OCCUPATIONAL THERAPY	60,523
052	SPEECH PATHOLOGY	15,128
053	ELECTROCARDIOLOGY	26,684
054	ELECTROENCEPHALOGRAPHY	306,884
055	MEDICAL SUPPLIES CHARGED	723,371
056	DRUGS CHARGED TO PATIENTS	1,080,125
057	RENAL DIALYSIS	14,968
059	CARDIAC CATH LAB	
059	01 ENDOSCOPY	399,282
059	02 MENTAL HEALTH OP	20
059	03 CNR	
059	04 PAIN MED PSYCH	
059	05 LUTHERWOOD	
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	01 HEALTHY HEARTS CENTER	10
060	02 DIABETIC CARE CENTER	
060	03 PAIN REHAB ADMIN	
060	04 FAMILY PRACTICE CENTER	
060	05 PALLIATIVE CARE	2,860
060	06 SPINE CENTER	212,148
061	EMERGENCY	1,031,744
062	OBSERVATION BEDS (NON-DIS	
062	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	22,307,252
098	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	289,758
098	01 OCCUPATIONAL HEALTH	
098	02 MEDCHECK FACILITIES	
098	03 INFERTILITY SERVICES	15,907
098	04 BREAST DIAGNOSTIC	207,533
098	05 HAWTHORNE SCHOOL	
098	06 INDIANA NEURORESTORATIVE	
098	07 PRONET	
098	08 DIAGNOSTIC TESTING FACILI	
100	OTHER NONREIMBURSABLE COS	30,460
101	CROSS FOOT ADJUSTMENTS	29,932
102	NEGATIVE COST CENTER	
103	TOTAL	22,880,842

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			594,483			
004 NEW CAP REL COSTS-MVB				14,690,916		
005 EMPLOYEE BENEFITS				22,193	53,255,492	
006 ADMINISTRATIVE & GENE			7,587	9,746,837	404,675	-30,302,203
008 OPERATION OF PLANT			90,789	122,815	2,142,861	
009 LAUNDRY & LINEN SERVI			2,435	182	88,585	
010 HOUSEKEEPING			4,299	25,472	1,701,404	
011 DIETARY			5,933	43,302	468,768	
012 CAFETERIA			16,991	124,016	1,342,546	
014 NURSING ADMINISTRATIO			4,026			
015 CENTRAL SERVICES & SU				97,374		
016 PHARMACY			8,089	201,433	3,135,996	
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE			524		1,201,779	
019 TRANSPORTATION			573	790	277,511	
020 NONPHYSICIAN ANESTHET					898,395	
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
024 01 RESPIRATORY SCHOOL					31,649	
024 02 RADIOLOGY EDUCATION						
024 03 PHARMACY RESIDENCY PR			191		23,328	
025 ADULTS & PEDIATRICS			189,514	654,984	14,987,612	
026 INTENSIVE CARE UNIT			12,796	155,374	1,594,489	
026 01 NEONATAL INTENSIVE CA			41,695	418,543	3,147,684	
027 CORONARY CARE UNIT						
031 SUBPROVIDER						
031 01 SUBPROVIDER 2 - PSYCH						
033 NURSERY			13,054	59,025	816,817	
034 SKILLED NURSING FACIL						
037 OPERATING ROOM			33,245	808,292	77,651	
038 RECOVERY ROOM			18,541	85,051		
039 DELIVERY ROOM & LABOR			70,120	327,321	4,584,845	
041 RADIOLOGY-DIAGNOSTIC			13,014	576,318	2,470,217	
041 01 ULTRA SOUND			2,067	26,069	532,007	
041 02 CAT SCAN			1,171	148,450	868,960	
041 03 MAGNETIC RESONANCE IM			4,034	98,421	594,519	
041 04 NUCLEAR MEDICINE-DIAG			1,162	48,756	188,713	
041 05 ONCOLOGY					6,947	
044 LABORATORY			5,869			
048 INTRAVENOUS THERAPY			205	393	216,917	
049 RESPIRATORY THERAPY			7,776	106,510	1,734,336	
050 PHYSICAL THERAPY				10,127	1,197,782	
051 OCCUPATIONAL THERAPY				2,025	239,556	
052 SPEECH PATHOLOGY				506	59,889	
053 ELECTROCARDIOLOGY				3,970	26,686	
054 ELECTROENCEPHALOGRAPH			1,598	144,860	641,532	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
059 CARDIAC CATH LAB						
059 01 ENDOSCOPY			8,431	234,942	633,175	
059 02 MENTAL HEALTH OP						
059 03 CNR						
059 04 PAIN MED PSYCH						
059 05 LUTHERWOOD						
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 HEALTHY HEARTS CENTER						
060 02 DIABETIC CARE CENTER						86,977
060 03 PAIN REHAB ADMIN						
060 04 FAMILY PRACTICE CENTE						
060 05 PALLIATIVE CARE						
060 06 SPINE CENTER				83,544	737,852	
061 EMERGENCY			27,736	94,473	3,803,813	
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS			593,465	14,472,368	50,879,496	-30,215,226
098 NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O			895	210,248	1,987,254	
098 01 OCCUPATIONAL HEALTH						
098 02 MEDCHECK FACILITIES						
098 03 INFERTILITY SERVICES				7,074	140,640	
098 04 BREAST DIAGNOSTIC				1,226		
098 05 HAWTHORNE SCHOOL						
098 06 INDIANA NEURORESTORAT						
098 07 PRONET						
098 08 DIAGNOSTIC TESTING FA						
100 OTHER NONREIMBURSABLE			123		248,102	
101 CROSS FOOT ADJUSTMENT						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL-IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(DOLLAR)VALUE	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			11,799,744	7,599,149	5,753,514	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			19.848749	.517269	.108036	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					134,481	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.002525	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF)LAUNDRY	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(FTE'S)
		6	8	9	10	11	12	14
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE	173,850,172						
008	OPERATION OF PLANT	9,793,287	496,107					
009	LAUNDRY & LINEN SERVI	671,893		173,708				
010	HOUSEKEEPING	2,762,801	4,299		489,373			
011	DIETARY	1,152,756	5,933		5,933	149,248		
012	CAFETERIA	1,946,359	16,991		16,991		743	
014	NURSING ADMINISTRATIO	1,493,514	4,026		4,026			520
015	CENTRAL SERVICES & SU	863,860		421				
016	PHARMACY	3,087,018	8,089		8,089		44	
017	MEDICAL RECORDS & LIB	2,530,816						
018	SOCIAL SERVICE	1,476,702	524		524		19	
019	TRANSPORTATION	346,871	573		573		11	
020	NONPHYSICIAN ANESTHET	97,059						
022	I&R SERVICES-SALARY &	88,285					1	
023	I&R SERVICES-OTHER PR	100,309						
024	PARAMED ED PRGM-(SPEC	76,376						
024	01 RESPIRATORY SCHOOL	35,068					1	
024	02 RADIOLOGY EDUCATION	51,644						
024	03 PHARMACY RESIDENCY PR	64,377	191		191			
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	24,444,711	189,514	78,581	189,514	119,902	276	276
026	INTENSIVE CARE UNIT	2,346,843	12,796	7,421	12,796	8,028	26	26
026	01 NEONATAL INTENSIVE CA	5,029,522	41,695	6,382	41,695	20,586	48	48
027	CORONARY CARE UNIT							
031	SUBPROVIDER							
031	01 SUBPROVIDER 2 - PSYCH							
033	NURSERY	1,391,812	13,054	4,046	13,054		15	15
034	SKILLED NURSING FACIL							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	32,229,170	33,245	13,575	33,245		1	1
038	RECOVERY ROOM	6,698,807	18,541		18,541			
039	DELIVERY ROOM & LABOR	7,740,632	70,120	22,437	70,120		81	81
041	RADIOLOGY-DIAGNOSTIC	5,345,695	13,014	12,609	13,014		28	
041	01 ULTRA SOUND	701,729	2,067		2,067		8	
041	02 CAT SCAN	1,626,356	1,171		1,171		15	
041	03 MAGNETIC RESONANCE IM	1,011,693	4,034		4,034		10	
041	04 NUCLEAR MEDICINE-DIAG	444,025	1,162		1,162		3	
041	05 ONCOLOGY	108,212						
044	LABORATORY	4,802,712	5,869		5,869			
048	INTRAVENOUS THERAPY	316,081	205		205		3	
049	RESPIRATORY THERAPY	2,393,442	7,776		7,776		27	
050	PHYSICAL THERAPY	1,744,429		205			19	
051	OCCUPATIONAL THERAPY	355,753		41			4	
052	SPEECH PATHOLOGY	88,938		10			1	
053	ELECTROCARDIOLOGY	742,426					1	
054	ELECTROENCEPHALOGRAPH	1,312,681	1,598	429	1,598		9	
055	MEDICAL SUPPLIES CHAR	22,892,061						
056	DRUGS CHARGED TO PATI	5,683,720						
057	RENAL DIALYSIS	316,190						
059	CARDIAC CATH LAB							
059	01 ENDOSCOPY	1,203,268	8,431	4,128	8,431		10	10
059	02 MENTAL HEALTH OP	271						
059	03 CNR							
059	04 PAIN MED PSYCH							
059	05 LUTHERWOOD							
	OUTPAT SERVICE COST C							
	CLINIC							
060	01 HEALTHY HEARTS CENTER	135						
060	02 DIABETIC CARE CENTER							
060	03 PAIN REHAB ADMIN							
060	04 FAMILY PRACTICE CENTE							
060	05 PALLIATIVE CARE	92,077						
060	06 SPINE CENTER	1,103,798		578			8	
061	EMERGENCY	5,630,372	27,736	22,845	27,736	732	63	63
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	164,436,556	495,089	173,708	488,355	149,248	732	520
	NONREIMBURS COST CENT							
098	PHYSICIANS' PRIVATE O	4,395,359	895		895		3	
098	01 OCCUPATIONAL HEALTH							
098	02 MEDCHECK FACILITIES							
098	03 INFERTILITY SERVICES	203,283					2	
098	04 BREAST DIAGNOSTIC	4,118,342						
098	05 HAWTHORNE SCHOOL							
098	06 INDIANA NEURORESTORAT							
098	07 PRONET							
098	08 DIAGNOSTIC TESTING FA							
100	OTHER NONREIMBURSABLE	696,632	123		123		6	
101	CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
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	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF)LAUNDRY	(SQUARE)FEET	(MEALS)SERVED	(FTE'S)	(FTE'S)
		6	8	9	10	11	12	14
102	NONREIMBURS COST CENTER							
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	30,302,203	11,500,267	845,451	3,344,015	1,531,758	2,795,584	1,874,673
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.174301	23.181021	4.867082	6.833264	10.263173	3,762.562584	3,605.140385
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	5,399,561	2,196,020	80,431	211,401	218,093	547,793	145,858
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.031059	4.426505	.463024	.431983	1.461279	737.271871	280.496154

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	TRANSPORTATIO	NONPHYSICIAN	I&R SERVICES-
		CES & SUPPLY		DS & LIBRARY	E	N	ANESTHETISTS	SALARY & FRI
		(COSTED REQUIS.)	(COSTED)REQUIS.	(GROSS) CHARGES	(PATIENT DAYS)	(TIME)SPENT	(ASSIGNED)TIME	(ASSIGNED)TIME
		15	16	17	18	19	20	22
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU	20,620,096						
016	PHARMACY	438,441	4,912,775					
017	MEDICAL RECORDS & LIB			517,220,851				
018	SOCIAL SERVICE	1,463			51,490			
019	TRANSPORTATION	2,422				63,624		
020	NONPHYSICIAN ANESTHET	121,929					100	
022	I&R SERVICES-SALARY &							2,824
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM-(SPEC							
024	01 RESPIRATORY SCHOOL							
024	02 RADIOLOGY EDUCATION							
024	03 PHARMACY RESIDENCY PR							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	1,367,992		38,574,101	37,264	22,484	100	1,312
026	INTENSIVE CARE UNIT	163,500		5,346,373	2,480			475
026	01 NEONATAL INTENSIVE CA	203,870		19,954,797	6,359			
027	CORONARY CARE UNIT							
031	SUBPROVIDER							
031	01 SUBPROVIDER 2 - PSYCH							
033	NURSERY	113,506		4,210,285	5,387			
034	SKILLED NURSING FACIL							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	12,716,501	72	72,389,032				617
038	RECOVERY ROOM	151,373		35,494,264				
039	DELIVERY ROOM & LABOR	629,567		22,647,316				60
041	RADIOLOGY-DIAGNOSTIC	1,154,483	2,912	35,278,258		16,038		
041	01 ULTRA SOUND	10,864		4,544,714		4,906		
041	02 CAT SCAN	243,298	21	28,767,966		3,484		
041	03 MAGNETIC RESONANCE IM	139,039		13,690,397		1,708		
041	04 NUCLEAR MEDICINE-DIAG	122,939	7,680	2,229,612		2,200		
041	05 ONCOLOGY	1,295		62,747				
044	LABORATORY	1,504,351		38,146,309				
048	INTRAVENOUS THERAPY	91,042		922,698				
049	RESPIRATORY THERAPY	250,774	1,596	15,525,586		1,958		
050	PHYSICAL THERAPY	69,762	1,166	6,027,586				
051	OCCUPATIONAL THERAPY	13,803		1,314,848				
052	SPEECH PATHOLOGY	3,451		317,350				
053	ELECTROCARDIOLOGY	579		4,531,265				
054	ELECTROENCEPHALOGRAPH	58,696	40	8,404,940		3,058		
055	MEDICAL SUPPLIES CHAR			81,434,670				
056	DRUGS CHARGED TO PATI		4,899,288	36,699,547				
057	RENAL DIALYSIS	16,815		666,152		7,788		
059	CARDIAC CATH LAB							
059	01 ENDOSCOPY	386,958		4,753,463				41
059	02 MENTAL HEALTH OP	271						
059	03 CNR							
059	04 PAIN MED PSYCH							
059	05 LUTHERWOOD							
	OUTPAT SERVICE COST C							
	CLINIC							
060	01 HEALTHY HEARTS CENTER	135						
060	02 DIABETIC CARE CENTER							
060	03 PAIN REHAB ADMIN							
060	04 FAMILY PRACTICE CENTE							
060	05 PALLIATIVE CARE							
060	06 SPINE CENTER	16,518		1,120,806				
061	EMERGENCY	541,271		34,165,769				319
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	20,536,908	4,912,775	517,220,851	51,490	63,624	100	2,824
	NONREIMBURS COST CENT							
098	PHYSICIANS' PRIVATE O	13,247						
098	01 OCCUPATIONAL HEALTH							
098	02 MEDCHECK FACILITIES							
098	03 INFERTILITY SERVICES	25,213						
098	04 BREAST DIAGNOSTIC	31,689						
098	05 HAWTHORNE SCHOOL							
098	06 INDIANA NEURORESTORAT							
098	07 PRONET							
098	08 DIAGNOSTIC TESTING FA							
100	OTHER NONREIMBURSABLE	13,039						
101	CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	(COSTED REQUIS. 15)	(COSTED)REQUIS. 16)	(GROSS CHARGES) 17)	(PATIENT DAYS) 18)	(TIME)SPENT 19)	(ASSIGNED)TIME 20)	(ASSIGNED)TIME 22)
NONREIMBURS COST CENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,016,481	4,055,039	2,971,940	1,821,382	466,036	119,987	107,436
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.825407		35.373509		1,199.870000	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	.049296		.005746		7.324846		38.043909
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	910,339	900,489	78,605	76,428	35,165	10,666	3,479
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.183295		1.484327		106.660000	
(WRKSHT B, PT III)	.044148		.000152		.552700		1.231941

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED GM-(SPECIFY)	ED PR CHOO	RESPIRATORY S	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRA
	(ASSIGNED TIME	(ASSIGNED)TIME	(TIME)SPENT	(TIME)SPENT	(TIME)SPENT	(TIME)SPENT
	23	24	24.01		24.02	24.03
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENE						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATIO						
016 CENTRAL SERVICES & SU						
017 PHARMACY						
018 MEDICAL RECORDS & LIB						
019 SOCIAL SERVICE						
020 TRANSPORTATION						
022 NONPHYSICIAN ANESTHET						
023 I&R SERVICES-SALARY &	2,824					
024 I&R SERVICES-OTHER PR						
024 01 PARAMED ED PRGM-(SPEC		100				
024 02 RESPIRATORY SCHOOL			100			
024 03 RADIOLOGY EDUCATION				100		
024 04 PHARMACY RESIDENCY PR					100	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	1,312					
026 01 INTENSIVE CARE UNIT	475					
027 02 NEONATAL INTENSIVE CA						
031 03 CORONARY CARE UNIT						
033 04 SUBPROVIDER						
034 01 SUBPROVIDER 2 - PSYCH						
037 NURSERY						
038 SKILLED NURSING FACIL						
039 ANCILLARY SRVC COST C	617					
041 OPERATING ROOM						
041 01 RECOVERY ROOM						
041 02 DELIVERY ROOM & LABOR	60					
041 03 RADIOLOGY-DIAGNOSTIC					100	
041 04 01 ULTRA SOUND						
041 05 02 CAT SCAN						
044 03 MAGNETIC RESONANCE IM						
048 04 NUCLEAR MEDICINE-DIAG						
049 05 ONCOLOGY						
050 LABORATORY						
051 INTRAVENOUS THERAPY						
052 RESPIRATORY THERAPY			100			
053 PHYSICAL THERAPY						
054 OCCUPATIONAL THERAPY						
055 SPEECH PATHOLOGY						
056 ELECTROCARDIOLOGY						
057 ELECTROENCEPHALOGRAPH						
059 MEDICAL SUPPLIES CHAR						
059 01 DRUGS CHARGED TO PATI						100
059 02 RENAL DIALYSIS						
059 03 CARDIAC CATH LAB						
059 04 01 ENDOSCOPY	41					
059 05 02 MENTAL HEALTH OP						
060 03 CNR						
060 04 PAIN MED PSYCH						
060 05 LUTHERWOOD						
060 06 OUTPAT SERVICE COST C						
061 CLINIC						
062 01 HEALTHY HEARTS CENTER						
062 02 DIABETIC CARE CENTER						
062 03 PAIN REHAB ADMIN						
062 04 FAMILY PRACTICE CENTE						
062 05 PALLIATIVE CARE						
062 06 SPINE CENTER						
095 01 EMERGENCY	319	100				
095 02 OBSERVATION BEDS (NON						
095 03 SPEC PURPOSE COST CEN						
095 04 SUBTOTALS	2,824	100	100	100	100	100
098 NONREIMBURS COST CENT						
098 01 PHYSICIANS' PRIVATE O						
098 02 OCCUPATIONAL HEALTH						
098 03 MEDCHECK FACILITIES						
098 04 INFERTILITY SERVICES						
098 05 BREAST DIAGNOSTIC						
098 06 HAWTHORNE SCHOOL						
098 07 INDIANA NEURORESTORAT						
098 08 PRONET						
100 01 DIAGNOSTIC TESTING FA						
101 02 OTHER NONREIMBURSABLE						
101 03 CROSS FOOT ADJUSTMENT						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED GM-(SPECIFY)	ED PR CHOO	RESPIRATORY S	RADIOLOGY EDU CATION	PHARMACY RESI DENCY PROGRA
	(ASSIGNED TIME	(ASSIGNED)TIME	(TIME)SPENT	(TIME)SPENT	(TIME)SPENT)
NONREIMBURS COST CENT	23	24	24.01	24.02	24.03	
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	117,793	89,688	44,943	60,646	81,331	
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		896.880000	449.430000	606.460000	813.310000	
(WRKSHT B, PT I)	41.711402					
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	3,115	2,372	1,906	1,604	6,790	
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		23.720000	19.060000	16.040000	67.900000	
(WRKSHT B, PT III)	1.103045					

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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
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	39,932,016		39,932,016		39,932,016
26	INTENSIVE CARE UNIT	3,576,541		3,576,541		3,576,541
26	01 NEONATAL INTENSIVE CARE U	8,103,259		8,103,259		8,103,259
27	CORONARY CARE UNIT					
31	SUBPROVIDER					
31	01 SUBPROVIDER 2 - PSYCH DPU					
33	NURSERY	2,376,763		2,376,763		2,376,763
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	39,960,829		39,960,829		39,960,829
38	RECOVERY ROOM	8,634,323		8,634,323		8,634,323
39	DELIVERY ROOM & LABOR ROO	12,061,586		12,061,586		12,061,586
41	RADIOLOGY-DIAGNOSTIC	7,274,928		7,274,928		7,274,928
41	01 ULTRA SOUND	978,767		978,767		978,767
41	02 CAT SCAN	2,204,248		2,204,248		2,204,248
41	03 MAGNETIC RESONANCE IMAGIN	1,444,765		1,444,765		1,444,765
41	04 NUCLEAR MEDICINE-DIAGNOST	608,908		608,908		608,908
41	05 ONCOLOGY	127,498		127,498		127,498
44	LABORATORY	6,109,330		6,109,330		6,109,330
48	INTRAVENOUS THERAPY	398,405		398,405		398,405
49	RESPIRATORY THERAPY	3,307,775		3,307,775		3,307,775
50	PHYSICAL THERAPY	2,160,008		2,160,008		2,160,008
51	OCCUPATIONAL THERAPY	441,246		441,246		441,246
52	SPEECH PATHOLOGY	110,245		110,245		110,245
53	ELECTROCARDIOLOGY	901,661		901,661		901,661
54	ELECTROENCEPHALOGRAPHY	1,699,017		1,699,017		1,699,017
55	MEDICAL SUPPLIES CHARGED	27,350,082		27,350,082		27,350,082
56	DRUGS CHARGED TO PATIENTS	11,010,513		11,010,513		11,010,513
57	RENAL DIALYSIS	433,005		433,005		433,005
59	CARDIAC CATH LAB					
59	01 ENDOSCOPY	1,806,205		1,806,205		1,806,205
59	02 MENTAL HEALTH OP	331		331		331
59	03 CNR					
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS CLINIC					
60	01 HEALTHY HEARTS CENTER	166		166		166
60	02 DIABETIC CARE CENTER					
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER					
60	05 PALLIATIVE CARE	108,126		108,126		108,126
60	06 SPINE CENTER	1,336,359		1,336,359		1,336,359
61	EMERGENCY	8,339,780		8,339,780		8,339,780
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,039,821		2,039,821		2,039,821
101	SUBTOTAL	194,836,506		194,836,506		194,836,506
102	LESS OBSERVATION BEDS	2,039,821		2,039,821		2,039,821
103	TOTAL	192,796,685		192,796,685		192,796,685

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	30,848,975		30,848,975			
26	INTENSIVE CARE UNIT	5,346,373		5,346,373			
26	01 NEONATAL INTENSIVE CARE U	19,954,797		19,954,797			
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2 - PSYCH DPU						
33	NURSERY	4,210,285		4,210,285			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	22,592,447	49,796,585	72,389,032	.552029	.552029	.552029
38	RECOVERY ROOM	4,964,745	30,529,519	35,494,264	.243260	.243260	.243260
39	DELIVERY ROOM & LABOR ROO	22,647,316		22,647,316	.532583	.532583	.532583
41	RADIOLOGY-DIAGNOSTIC	4,711,990	30,566,268	35,278,258	.206216	.206216	.206216
41	01 ULTRA SOUND	1,484,097	3,060,617	4,544,714	.215364	.215364	.215364
41	02 CAT SCAN	7,873,797	20,894,169	28,767,966	.076622	.076622	.076622
41	03 MAGNETIC RESONANCE IMAGIN	3,906,385	9,784,012	13,690,397	.105531	.105531	.105531
41	04 NUCLEAR MEDICINE-DIAGNOST	328,947	1,900,665	2,229,612	.273100	.273100	.273100
41	05 ONCOLOGY	62,747		62,747	2.031938	2.031938	2.031938
44	LABORATORY	21,410,152	16,736,157	38,146,309	.160155	.160155	.160155
48	INTRAVENOUS THERAPY	876,124	46,574	922,698	.431783	.431783	.431783
49	RESPIRATORY THERAPY	12,511,072	3,014,514	15,525,586	.213053	.213053	.213053
50	PHYSICAL THERAPY	1,818,949	4,208,637	6,027,586	.358354	.358354	.358354
51	OCCUPATIONAL THERAPY	877,143	437,705	1,314,848	.335587	.335587	.335587
52	SPEECH PATHOLOGY	166,155	151,195	317,350	.347392	.347392	.347392
53	ELECTROCARDIOLOGY	3,074,966	1,456,299	4,531,265	.198987	.198987	.198987
54	ELECTROENCEPHALOGRAPHY	346,602	8,058,338	8,404,940	.202145	.202145	.202145
55	MEDICAL SUPPLIES CHARGED	38,678,959	42,755,711	81,434,670	.335853	.335853	.335853
56	DRUGS CHARGED TO PATIENTS	28,724,133	7,975,414	36,699,547	.300018	.300018	.300018
57	RENAL DIALYSIS	653,997	12,155	666,152	.650009	.650009	.650009
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY	1,005,989	3,747,474	4,753,463	.379977	.379977	.379977
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER		1,120,806	1,120,806	1.192320	1.192320	1.192320
61	EMERGENCY	7,919,345	26,246,424	34,165,769	.244098	.244098	.244098
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	602,160	7,122,966	7,725,126	.264050	.264050	.264050
101	SUBTOTAL	247,598,647	269,622,204	517,220,851			
102	LESS OBSERVATION BEDS						
103	TOTAL	247,598,647	269,622,204	517,220,851			

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	40,036,654		40,036,654		40,036,654
26	INTENSIVE CARE UNIT	3,614,425		3,614,425		3,614,425
26	01 NEONATAL INTENSIVE CARE U	8,103,259		8,103,259		8,103,259
27	CORONARY CARE UNIT					
31	SUBPROVIDER					
31	01 SUBPROVIDER 2 - PSYCH DPU					
33	NURSERY	2,376,763		2,376,763		2,376,763
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	40,010,038		40,010,038		40,010,038
38	RECOVERY ROOM	8,634,323		8,634,323		8,634,323
39	DELIVERY ROOM & LABOR ROO	12,066,372		12,066,372		12,066,372
41	RADIOLOGY-DIAGNOSTIC	7,274,928		7,274,928		7,274,928
41	01 ULTRA SOUND	978,767		978,767		978,767
41	02 CAT SCAN	2,204,248		2,204,248		2,204,248
41	03 MAGNETIC RESONANCE IMAGIN	1,444,765		1,444,765		1,444,765
41	04 NUCLEAR MEDICINE-DIAGNOST	608,908		608,908		608,908
41	05 ONCOLOGY	127,498		127,498		127,498
44	LABORATORY	6,109,330		6,109,330		6,109,330
48	INTRAVENOUS THERAPY	398,405		398,405		398,405
49	RESPIRATORY THERAPY	3,307,775		3,307,775		3,307,775
50	PHYSICAL THERAPY	2,160,008		2,160,008		2,160,008
51	OCCUPATIONAL THERAPY	441,246		441,246		441,246
52	SPEECH PATHOLOGY	110,245		110,245		110,245
53	ELECTROCARDIOLOGY	901,661		901,661		901,661
54	ELECTROENCEPHALOGRAPHY	1,699,017		1,699,017		1,699,017
55	MEDICAL SUPPLIES CHARGED	27,350,082		27,350,082		27,350,082
56	DRUGS CHARGED TO PATIENTS	11,010,513		11,010,513		11,010,513
57	RENAL DIALYSIS	433,005		433,005		433,005
59	CARDIAC CATH LAB					
59	01 ENDOSCOPY	1,809,475		1,809,475		1,809,475
59	02 MENTAL HEALTH OP	331		331		331
59	03 CNR					
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS CLINIC					
60	01 HEALTHY HEARTS CENTER	166		166		166
60	02 DIABETIC CARE CENTER					
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER					
60	05 PALLIATIVE CARE	108,126		108,126		108,126
60	06 SPINE CENTER	1,336,359		1,336,359		1,336,359
61	EMERGENCY	8,365,222		8,365,222		8,365,222
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,039,821		2,039,821		2,039,821
101	SUBTOTAL	195,061,735		195,061,735		195,061,735
102	LESS OBSERVATION BEDS	2,039,821		2,039,821		2,039,821
103	TOTAL	193,021,914		193,021,914		193,021,914

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	30,848,975		30,848,975			
26	INTENSIVE CARE UNIT	5,346,373		5,346,373			
26	01 NEONATAL INTENSIVE CARE U	19,954,797		19,954,797			
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2 - PSYCH DPU						
33	NURSERY	4,210,285		4,210,285			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	22,592,447	49,796,585	72,389,032	.552709	.552709	.552709
38	RECOVERY ROOM	4,964,745	30,529,519	35,494,264	.243260	.243260	.243260
39	DELIVERY ROOM & LABOR ROO	22,647,316		22,647,316	.532795	.532795	.532795
41	RADIOLOGY-DIAGNOSTIC	4,711,990	30,566,268	35,278,258	.206216	.206216	.206216
41	01 ULTRA SOUND	1,484,097	3,060,617	4,544,714	.215364	.215364	.215364
41	02 CAT SCAN	7,873,797	20,894,169	28,767,966	.076622	.076622	.076622
41	03 MAGNETIC RESONANCE IMAGIN	3,906,385	9,784,012	13,690,397	.105531	.105531	.105531
41	04 NUCLEAR MEDICINE-DIAGNOST	328,947	1,900,665	2,229,612	.273100	.273100	.273100
41	05 ONCOLOGY	62,747		62,747	2.031938	2.031938	2.031938
44	LABORATORY	21,410,152	16,736,157	38,146,309	.160155	.160155	.160155
48	INTRAVENOUS THERAPY	876,124	46,574	922,698	.431783	.431783	.431783
49	RESPIRATORY THERAPY	12,511,072	3,014,514	15,525,586	.213053	.213053	.213053
50	PHYSICAL THERAPY	1,818,949	4,208,637	6,027,586	.358354	.358354	.358354
51	OCCUPATIONAL THERAPY	877,143	437,705	1,314,848	.335587	.335587	.335587
52	SPEECH PATHOLOGY	166,155	151,195	317,350	.347392	.347392	.347392
53	ELECTROCARDIOLOGY	3,074,966	1,456,299	4,531,265	.198987	.198987	.198987
54	ELECTROENCEPHALOGRAPHY	346,602	8,058,338	8,404,940	.202145	.202145	.202145
55	MEDICAL SUPPLIES CHARGED	38,678,959	42,755,711	81,434,670	.335853	.335853	.335853
56	DRUGS CHARGED TO PATIENTS	28,724,133	7,975,414	36,699,547	.300018	.300018	.300018
57	RENAL DIALYSIS	653,997	12,155	666,152	.650009	.650009	.650009
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY	1,005,989	3,747,474	4,753,463	.380665	.380665	.380665
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER		1,120,806	1,120,806	1.192320	1.192320	1.192320
61	EMERGENCY	7,919,345	26,246,424	34,165,769	.244842	.244842	.244842
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	602,160	7,122,966	7,725,126	.264050	.264050	.264050
101	SUBTOTAL	247,598,647	269,622,204	517,220,851			
102	LESS OBSERVATION BEDS						
103	TOTAL	247,598,647	269,622,204	517,220,851			

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	39,960,829	3,083,101	36,877,728			39,960,829
38	RECOVERY ROOM	8,634,323	723,621	7,910,702			8,634,323
39	DELIVERY ROOM & LABOR ROO	12,061,586	2,277,842	9,783,744			12,061,586
41	RADIOLOGY-DIAGNOSTIC	7,274,928	1,808,458	5,466,470			7,274,928
41 01	ULTRA SOUND	978,767	97,760	881,007			978,767
41 02	CAT SCAN	2,204,248	186,948	2,017,300			2,204,248
41 03	MAGNETIC RESONANCE IMAGIN	1,444,765	200,289	1,244,476			1,444,765
41 04	NUCLEAR MEDICINE-DIAGNOST	608,908	78,980	529,928			608,908
41 05	ONCOLOGY	127,498	3,446	124,052			127,498
44	LABORATORY	6,109,330	366,385	5,742,945			6,109,330
48	INTRAVENOUS THERAPY	398,405	22,133	376,272			398,405
49	RESPIRATORY THERAPY	3,307,775	363,954	2,943,821			3,307,775
50	PHYSICAL THERAPY	2,160,008	300,982	1,859,026			2,160,008
51	OCCUPATIONAL THERAPY	441,246	60,523	380,723			441,246
52	SPEECH PATHOLOGY	110,245	15,128	95,117			110,245
53	ELECTROCARDIOLOGY	901,661	26,684	874,977			901,661
54	ELECTROENCEPHALOGRAPHY	1,699,017	306,884	1,392,133			1,699,017
55	MEDICAL SUPPLIES CHARGED	27,350,082	723,371	26,626,711			27,350,082
56	DRUGS CHARGED TO PATIENTS	11,010,513	1,080,125	9,930,388			11,010,513
57	RENAL DIALYSIS	433,005	14,968	418,037			433,005
59	CARDIAC CATH LAB						
59 01	ENDOSCOPY	1,806,205	399,282	1,406,923			1,806,205
59 02	MENTAL HEALTH OP	331	20	311			331
59 03	CNR						
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	HEALTHY HEARTS CENTER	166	10	156			166
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE	108,126	2,860	105,266			108,126
60 06	SPINE CENTER	1,336,359	212,148	1,124,211			1,336,359
61	EMERGENCY	8,339,780	1,031,744	7,308,036			8,339,780
62	OBSERVATION BEDS (NON-DIS	2,039,821	329,415	1,710,406			2,039,821
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	140,847,927	13,717,061	127,130,866			140,847,927
102	LESS OBSERVATION BEDS	2,039,821	329,415	1,710,406			2,039,821
103	TOTAL	138,808,106	13,387,646	125,420,460			138,808,106

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	72,389,032	.552029	.552029
38	RECOVERY ROOM	35,494,264	.243260	.243260
39	DELIVERY ROOM & LABOR ROO	22,647,316	.532583	.532583
41	RADIOLOGY-DIAGNOSTIC	35,278,258	.206216	.206216
41 01	ULTRA SOUND	4,544,714	.215364	.215364
41 02	CAT SCAN	28,767,966	.076622	.076622
41 03	MAGNETIC RESONANCE IMAGIN	13,690,397	.105531	.105531
41 04	NUCLEAR MEDICINE-DIAGNOST	2,229,612	.273100	.273100
41 05	ONCOLOGY	62,747	2.031938	2.031938
44	LABORATORY	38,146,309	.160155	.160155
48	INTRAVENOUS THERAPY	922,698	.431783	.431783
49	RESPIRATORY THERAPY	15,525,586	.213053	.213053
50	PHYSICAL THERAPY	6,027,586	.358354	.358354
51	OCCUPATIONAL THERAPY	1,314,848	.335587	.335587
52	SPEECH PATHOLOGY	317,350	.347392	.347392
53	ELECTROCARDIOLOGY	4,531,265	.198987	.198987
54	ELECTROENCEPHALOGRAPHY	8,404,940	.202145	.202145
55	MEDICAL SUPPLIES CHARGED	81,434,670	.335853	.335853
56	DRUGS CHARGED TO PATIENTS	36,699,547	.300018	.300018
57	RENAL DIALYSIS	666,152	.650009	.650009
59	CARDIAC CATH LAB			
59 01	ENDOSCOPY	4,753,463	.379977	.379977
59 02	MENTAL HEALTH OP			
59 03	CNR			
59 04	PAIN MED PSYCH			
59 05	LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	HEALTHY HEARTS CENTER			
60 02	DIABETIC CARE CENTER			
60 03	PAIN REHAB ADMIN			
60 04	FAMILY PRACTICE CENTER			
60 05	PALLIATIVE CARE			
60 06	SPINE CENTER	1,120,806	1.192320	1.192320
61	EMERGENCY	34,165,769	.244098	.244098
62	OBSERVATION BEDS (NON-DIS	7,725,126	.264050	.264050
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	456,860,421		
102	LESS OBSERVATION BEDS	7,725,126		
103	TOTAL	449,135,295		

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	40,010,038	3,083,101	36,926,937	308,310	2,141,762	37,559,966
38	RECOVERY ROOM	8,634,323	723,621	7,910,702	72,362	458,821	8,103,140
39	DELIVERY ROOM & LABOR ROO	12,066,372	2,277,842	9,788,530	227,784	567,735	11,270,853
41	RADIOLOGY-DIAGNOSTIC	7,274,928	1,808,458	5,466,470	180,846	317,055	6,777,027
41 01	ULTRA SOUND	978,767	97,760	881,007	9,776	51,098	917,893
41 02	CAT SCAN	2,204,248	186,948	2,017,300	18,695	117,003	2,068,550
41 03	MAGNETIC RESONANCE IMAGIN	1,444,765	200,289	1,244,476	20,029	72,180	1,352,556
41 04	NUCLEAR MEDICINE-DIAGNOST	608,908	78,980	529,928	7,898	30,736	570,274
41 05	ONCOLOGY	127,498	3,446	124,052	345	7,195	119,958
44	LABORATORY	6,109,330	366,385	5,742,945	36,639	333,091	5,739,600
48	INTRAVENOUS THERAPY	398,405	22,133	376,272	2,213	21,824	374,368
49	RESPIRATORY THERAPY	3,307,775	363,954	2,943,821	36,395	170,742	3,100,638
50	PHYSICAL THERAPY	2,160,008	300,982	1,859,026	30,098	107,824	2,022,086
51	OCCUPATIONAL THERAPY	441,246	60,523	380,723	6,052	22,082	413,112
52	SPEECH PATHOLOGY	110,245	15,128	95,117	1,513	5,517	103,215
53	ELECTROCARDIOLOGY	901,661	26,684	874,977	2,668	50,749	848,244
54	ELECTROENCEPHALOGRAPHY	1,699,017	306,884	1,392,133	30,688	80,744	1,587,585
55	MEDICAL SUPPLIES CHARGED	27,350,082	723,371	26,626,711	72,337	1,544,349	25,733,396
56	DRUGS CHARGED TO PATIENTS	11,010,513	1,080,125	9,930,388	108,013	575,963	10,326,537
57	RENAL DIALYSIS	433,005	14,968	418,037	1,497	24,246	407,262
59	CARDIAC CATH LAB						
59 01	ENDOSCOPY	1,809,475	399,282	1,410,193	39,928	81,791	1,687,756
59 02	MENTAL HEALTH OP	331	20	311	2	18	311
59 03	CNR						
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	HEALTHY HEARTS CENTER	166	10	156	1	9	156
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE	108,126	2,860	105,266	286	6,105	101,735
60 06	SPINE CENTER	1,336,359	212,148	1,124,211	21,215	65,204	1,249,940
61	EMERGENCY	8,365,222	1,031,744	7,333,478	103,174	425,342	7,836,706
62	OBSERVATION BEDS (NON-DIS	2,039,821	329,415	1,710,406	32,942	99,204	1,907,675
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	140,930,634	13,717,061	127,213,573	1,371,706	7,378,389	132,180,539
102	LESS OBSERVATION BEDS	2,039,821	329,415	1,710,406	32,942	99,204	1,907,675
103	TOTAL	138,890,813	13,387,646	125,503,167	1,338,764	7,279,185	130,272,864

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	72,389,032	.518863	.548449
38	RECOVERY ROOM	35,494,264	.228294	.241221
39	DELIVERY ROOM & LABOR ROO	22,647,316	.497668	.522737
41	RADIOLOGY-DIAGNOSTIC	35,278,258	.192102	.201089
41 01	ULTRA SOUND	4,544,714	.201969	.213213
41 02	CAT SCAN	28,767,966	.071905	.075972
41 03	MAGNETIC RESONANCE IMAGIN	13,690,397	.098796	.104068
41 04	NUCLEAR MEDICINE-DIAGNOST	2,229,612	.255773	.269558
41 05	ONCOLOGY	62,747	1.911773	2.026440
44	LABORATORY	38,146,309	.150463	.159195
48	INTRAVENOUS THERAPY	922,698	.405732	.429384
49	RESPIRATORY THERAPY	15,525,586	.199711	.210709
50	PHYSICAL THERAPY	6,027,586	.335472	.353360
51	OCCUPATIONAL THERAPY	1,314,848	.314190	.330984
52	SPEECH PATHOLOGY	317,350	.325240	.342625
53	ELECTROCARDIOLOGY	4,531,265	.187198	.198398
54	ELECTROENCEPHALOGRAPHY	8,404,940	.188887	.198494
55	MEDICAL SUPPLIES CHARGED	81,434,670	.316000	.334965
56	DRUGS CHARGED TO PATIENTS	36,699,547	.281381	.297075
57	RENAL DIALYSIS	666,152	.611365	.647762
59	CARDIAC CATH LAB			
59 01	ENDOSCOPY	4,753,463	.355058	.372265
59 02	MENTAL HEALTH OP			
59 03	CNR			
59 04	PAIN MED PSYCH			
59 05	LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	HEALTHY HEARTS CENTER			
60 02	DIABETIC CARE CENTER			
60 03	PAIN REHAB ADMIN			
60 04	FAMILY PRACTICE CENTER			
60 05	PALLIATIVE CARE			
60 06	SPINE CENTER	1,120,806	1.115215	1.173391
61	EMERGENCY	34,165,769	.229373	.241822
62	OBSERVATION BEDS (NON-DIS	7,725,126	.246944	.259786
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	456,860,421		
102	LESS OBSERVATION BEDS	7,725,126		
103	TOTAL	449,135,295		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				6,448,687		6,448,687
26	INTENSIVE CARE UNIT				526,881		526,881
26	01 NEONATAL INTENSIVE CARE U				1,514,901		1,514,901
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2 - PSYCH DPU						
33	NURSERY				429,137		429,137
101	TOTAL				8,919,606		8,919,606

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 ADULTS & PEDIATRICS	39,270	13,607			164.21	2,234,405
26	INTENSIVE CARE UNIT	2,480	1,296			212.45	275,335
26	01 NEONATAL INTENSIVE CARE U	6,359				238.23	
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2 - PSYCH DPU						
33	NURSERY	5,387				79.66	
101	TOTAL	53,496	14,903				2,509,740

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,083,101	72,389,032	18,151,750		
38	RECOVERY ROOM		723,621	35,494,264	1,706,441		
39	DELIVERY ROOM & LABOR ROO		2,277,842	22,647,316	34,531		
41	RADIOLOGY-DIAGNOSTIC		1,808,458	35,278,258	2,324,366		
41 01	ULTRA SOUND		97,760	4,544,714	728,587		
41 02	CAT SCAN		186,948	28,767,966	3,843,469		
41 03	MAGNETIC RESONANCE IMAGIN		200,289	13,690,397	1,894,335		
41 04	NUCLEAR MEDICINE-DIAGNOST		78,980	2,229,612	259,102		
41 05	ONCOLOGY		3,446	62,747	40,345		
44	LABORATORY		366,385	38,146,309	9,424,338		
48	INTRAVENOUS THERAPY		22,133	922,698	472,334		
49	RESPIRATORY THERAPY		363,954	15,525,586	5,850,675		
50	PHYSICAL THERAPY		300,982	6,027,586	1,079,987		
51	OCCUPATIONAL THERAPY		60,523	1,314,848	515,489		
52	SPEECH PATHOLOGY		15,128	317,350	118,548		
53	ELECTROCARDIOLOGY		26,684	4,531,265	1,457,087		
54	ELECTROENCEPHALOGRAPHY		306,884	8,404,940	194,955		
55	MEDICAL SUPPLIES CHARGED		723,371	81,434,670	2,204,625		
56	DRUGS CHARGED TO PATIENTS		1,080,125	36,699,547	10,647,533		
57	RENAL DIALYSIS		14,968	666,152	460,070		
59	CARDIAC CATH LAB						
59 01	ENDOSCOPY		399,282	4,753,463	540,676		
59 02	MENTAL HEALTH OP		20				
59 03	CNR						
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	HEALTHY HEARTS CENTER		10				
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE		2,860				
60 06	SPINE CENTER		212,148	1,120,806			
61	EMERGENCY		1,031,744	34,165,769	4,820,025		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		329,415	7,725,126			
101	TOTAL		13,717,061	456,860,421	66,769,268		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0169 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.042591	773,101
38	RECOVERY ROOM	.020387	34,789
39	DELIVERY ROOM & LABOR ROO	.100579	3,473
41	RADIOLOGY-DIAGNOSTIC	.051263	119,154
41 01	ULTRA SOUND	.021511	15,673
41 02	CAT SCAN	.006498	24,975
41 03	MAGNETIC RESONANCE IMAGIN	.014630	27,714
41 04	NUCLEAR MEDICINE-DIAGNOST	.035423	9,178
41 05	ONCOLOGY	.054919	2,216
44	LABORATORY	.009605	90,521
48	INTRAVENOUS THERAPY	.023987	11,330
49	RESPIRATORY THERAPY	.023442	137,152
50	PHYSICAL THERAPY	.049934	53,928
51	OCCUPATIONAL THERAPY	.046030	23,728
52	SPEECH PATHOLOGY	.047670	5,651
53	ELECTROCARDIOLOGY	.005889	8,581
54	ELECTROENCEPHALOGRAPHY	.036512	7,118
55	MEDICAL SUPPLIES CHARGED	.008883	19,584
56	DRUGS CHARGED TO PATIENTS	.029432	313,378
57	RENAL DIALYSIS	.022469	10,337
59	CARDIAC CATH LAB		
59 01	ENDOSCOPY	.083998	45,416
59 02	MENTAL HEALTH OP		
59 03	CNR		
59 04	PAIN MED PSYCH		
59 05	LUTHERWOOD		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 01	HEALTHY HEARTS CENTER		
60 02	DIABETIC CARE CENTER		
60 03	PAIN REHAB ADMIN		
60 04	FAMILY PRACTICE CENTER		
60 05	PALLIATIVE CARE		
60 06	SPINE CENTER	.189282	
61	EMERGENCY	.030198	145,555
62	OBSERVATION BEDS (NON-DIS	.042642	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,882,552

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

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
26	01 NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2 - PSYCH DPU						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	39,270		13,607	
26	INTENSIVE CARE UNIT	2,480		1,296	
26	01 NEONATAL INTENSIVE CARE U	6,359			
27	CORONARY CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER 2 - PSYCH DPU				
33	NURSERY	5,387			
34	SKILLED NURSING FACILITY				
101	TOTAL	53,496		14,903	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC						60,646				
41	01 ULTRA SOUND										
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
41	04 NUCLEAR MEDICINE-DIAGNOST										
41	05 ONCOLOGY										
44	LABORATORY										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY						44,943				
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS						81,331				
57	RENAL DIALYSIS										
59	CARDIAC CATH LAB										
59	01 ENDOSCOPY										
59	02 MENTAL HEALTH OP										
59	03 CNR										
59	04 PAIN MED PSYCH										
59	05 LUTHERWOOD										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 HEALTHY HEARTS CENTER										
60	02 DIABETIC CARE CENTER										
60	03 PAIN REHAB ADMIN										
60	04 FAMILY PRACTICE CENTER										
60	05 PALLIATIVE CARE										
60	06 SPINE CENTER										
61	EMERGENCY						89,688				
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL						276,608				

TITLE XVIII, PART A		HOSPITAL			PPS				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST	
LINE NO.		3	3.01	4	5	5.01	6	7	
37	ANCILLARY SRVC COST CNTRS			72,389,032			18,151,750		
38	OPERATING ROOM			35,494,264			1,706,441		
39	RECOVERY ROOM			22,647,316			34,531		
41	DELIVERY ROOM & LABOR ROO			35,278,258	.001719	.001719	2,324,366	3,996	
41	RADIOLOGY-DIAGNOSTIC	60,646	60,646	4,544,714			728,587		
41 01	ULTRA SOUND			28,767,966			3,843,469		
41 02	CAT SCAN			13,690,397			1,894,335		
41 03	MAGNETIC RESONANCE IMAGIN			2,229,612			259,102		
41 04	NUCLEAR MEDICINE-DIAGNOST			62,747			40,345		
41 05	ONCOLOGY			38,146,309			9,424,338		
44	LABORATORY			922,698			472,334		
48	INTRAVENOUS THERAPY			15,525,586	.002895	.002895	5,850,675	16,938	
49	RESPIRATORY THERAPY	44,943	44,943	6,027,586			1,079,987		
50	PHYSICAL THERAPY			1,314,848			515,489		
51	OCCUPATIONAL THERAPY			317,350			118,548		
52	SPEECH PATHOLOGY			4,531,265			1,457,087		
53	ELECTROCARDIOLOGY			8,404,940			194,955		
54	ELECTROENCEPHALOGRAPHY			81,434,670			2,204,625		
55	MEDICAL SUPPLIES CHARGED			36,699,547	.002216	.002216	10,647,533	23,595	
56	DRUGS CHARGED TO PATIENTS	81,331	81,331	666,152			460,070		
57	RENAL DIALYSIS								
59	CARDIAC CATH LAB								
59 01	ENDOSCOPY			4,753,463			540,676		
59 02	MENTAL HEALTH OP								
59 03	CNR								
59 04	PAIN MED PSYCH								
59 05	LUTHERWOOD								
60	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
60 01	HEALTHY HEARTS CENTER			1,120,806					
60 02	DIABETIC CARE CENTER			34,165,769	.002625	.002625	4,820,025	12,653	
60 03	PAIN REHAB ADMIN			89,688					
60 04	FAMILY PRACTICE CENTER			7,725,126					
60 05	PALLIATIVE CARE								
60 06	SPINE CENTER								
61	EMERGENCY	89,688	89,688						
62	OBSERVATION BEDS (NON-DIS								
	OTHER REIMBURS COST CNTRS								
101	TOTAL	276,608	276,608	456,860,421			66,769,268	57,182	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,907,215					
38	RECOVERY ROOM	4,769,421					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	7,450,505			12,807		
41 01	ULTRA SOUND	582,042					
41 02	CAT SCAN	3,421,609					
41 03	MAGNETIC RESONANCE IMAGIN	2,054,944					
41 04	NUCLEAR MEDICINE-DIAGNOST	411,665					
41 05	ONCOLOGY						
44	LABORATORY	3,390,098					
48	INTRAVENOUS THERAPY	11,262					
49	RESPIRATORY THERAPY	1,072,234			3,104		
50	PHYSICAL THERAPY	990,674					
51	OCCUPATIONAL THERAPY	50,763					
52	SPEECH PATHOLOGY	18,359					
53	ELECTROCARDIOLOGY	318,140					
54	ELECTROENCEPHALOGRAPHY	1,403,355					
55	MEDICAL SUPPLIES CHARGED	7,661,008					
56	DRUGS CHARGED TO PATIENTS	2,250,270			4,987		
57	RENAL DIALYSIS	3,392					
59	CARDIAC CATH LAB						
59 01	ENDOSCOPY	960,846					
59 02	MENTAL HEALTH OP						
59 03	CNR						
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	HEALTHY HEARTS CENTER						
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE						
60 06	SPINE CENTER	57,171					
61	EMERGENCY	3,443,590			9,039		
62	OBSERVATION BEDS (NON-DIS	894,856					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	50,123,419			29,937		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.552029	.552029			
38 RECOVERY ROOM	.243260	.243260			
39 DELIVERY ROOM & LABOR ROOM	.532583	.532583			
41 RADIOLOGY-DIAGNOSTIC	.206216	.206216			
41 01 ULTRA SOUND	.215364	.215364			
41 02 CAT SCAN	.076622	.076622			
41 03 MAGNETIC RESONANCE IMAGING (MRI)	.105531	.105531			
41 04 NUCLEAR MEDICINE-DIAGNOSTIC	.273100	.273100			
41 05 ONCOLOGY	2.031938	2.031938			
44 LABORATORY	.160155	.160155			
48 INTRAVENOUS THERAPY	.431783	.431783			
49 RESPIRATORY THERAPY	.213053	.213053			
50 PHYSICAL THERAPY	.358354	.358354			
51 OCCUPATIONAL THERAPY	.335587	.335587			
52 SPEECH PATHOLOGY	.347392	.347392			
53 ELECTROCARDIOLOGY	.198987	.198987			
54 ELECTROENCEPHALOGRAPHY	.202145	.202145			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.335853	.335853			
56 DRUGS CHARGED TO PATIENTS	.300018	.300018			
57 RENAL DIALYSIS	.650009	.650009			
59 CARDIAC CATH LAB					
59 01 ENDOSCOPY	.379977	.379977			
59 02 MENTAL HEALTH OP					
59 03 CNR					
59 04 PAIN MED PSYCH					
59 05 LUTHERWOOD					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEALTHY HEARTS CENTER					
60 02 DIABETIC CARE CENTER					
60 03 PAIN REHAB ADMIN					
60 04 FAMILY PRACTICE CENTER					
60 05 PALLIATIVE CARE					
60 06 SPINE CENTER	1.192320	1.192320			
61 EMERGENCY	.244098	.244098			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.264050	.264050			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		8,907,215			
38 RECOVERY ROOM		4,769,421			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		7,450,505			
41 01 ULTRA SOUND		582,042			
41 02 CAT SCAN		3,421,609			
41 03 MAGNETIC RESONANCE IMAGING (MRI)		2,054,944			
41 04 NUCLEAR MEDICINE-DIAGNOSTIC		411,665			
41 05 ONCOLOGY					
44 LABORATORY		3,390,098			
48 INTRAVENOUS THERAPY		11,262			
49 RESPIRATORY THERAPY		1,072,234			
50 PHYSICAL THERAPY		990,674			
51 OCCUPATIONAL THERAPY		50,763			
52 SPEECH PATHOLOGY		18,359			
53 ELECTROCARDIOLOGY		318,140			
54 ELECTROENCEPHALOGRAPHY		1,403,355			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,661,008			
56 DRUGS CHARGED TO PATIENTS		2,250,270			
57 RENAL DIALYSIS		3,392			
59 CARDIAC CATH LAB					
59 01 ENDOSCOPY		960,846			
59 02 MENTAL HEALTH OP					
59 03 CNR					
59 04 PAIN MED PSYCH					
59 05 LUTHERWOOD					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEALTHY HEARTS CENTER					
60 02 DIABETIC CARE CENTER					
60 03 PAIN REHAB ADMIN					
60 04 FAMILY PRACTICE CENTER					
60 05 PALLIATIVE CARE					
60 06 SPINE CENTER		57,171			
61 EMERGENCY		3,443,590			
62 OBSERVATION BEDS (NON-DISTINCT PART)		894,856			
101 SUBTOTAL		50,123,419			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		50,123,419			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				4,917,041	
38 RECOVERY ROOM				1,160,209	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,536,413	
41 01 ULTRA SOUND				125,351	
41 02 CAT SCAN				262,171	
41 03 MAGNETIC RESONANCE IMAGING (MRI)				216,860	
41 04 NUCLEAR MEDICINE-DIAGNOSTIC				112,426	
41 05 ONCOLOGY					
44 LABORATORY				542,941	
48 INTRAVENOUS THERAPY				4,863	
49 RESPIRATORY THERAPY				228,443	
50 PHYSICAL THERAPY				355,012	
51 OCCUPATIONAL THERAPY				17,035	
52 SPEECH PATHOLOGY				6,378	
53 ELECTROCARDIOLOGY				63,306	
54 ELECTROENCEPHALOGRAPHY				283,681	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,572,973	
56 DRUGS CHARGED TO PATIENTS				675,122	
57 RENAL DIALYSIS				2,205	
59 CARDIAC CATH LAB					
59 01 ENDOSCOPY				365,099	
59 02 MENTAL HEALTH OP					
59 03 CNR					
59 04 PAIN MED PSYCH					
59 05 LUTHERWOOD					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEALTHY HEARTS CENTER					
60 02 DIABETIC CARE CENTER					
60 03 PAIN REHAB ADMIN					
60 04 FAMILY PRACTICE CENTER					
60 05 PALLIATIVE CARE					
60 06 SPINE CENTER				68,166	
61 EMERGENCY				840,573	
62 OBSERVATION BEDS (NON-DISTINCT PART)				236,287	
101 SUBTOTAL				14,592,555	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				14,592,555	

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 ULTRA SOUND
- 41 02 CAT SCAN
- 41 03 MAGNETIC RESONANCE IMAGING (MRI)
- 41 04 NUCLEAR MEDICINE-DIAGNOSTIC
- 41 05 ONCOLOGY
- 44 LABORATORY
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 CARDIAC CATH LAB
- 59 01 ENDOSCOPY
- 59 02 MENTAL HEALTH OP
- 59 03 CNR
- 59 04 PAIN MED PSYCH
- 59 05 LUTHERWOOD
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 HEALTHY HEARTS CENTER
- 60 02 DIABETIC CARE CENTER
- 60 03 PAIN REHAB ADMIN
- 60 04 FAMILY PRACTICE CENTER
- 60 05 PALLIATIVE CARE
- 60 06 SPINE CENTER
- 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

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL NORTH IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 2/2009
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	15-0169	I	FROM 2/25/2008	I	WORKSHEET D
	I	COMPONENT NO:	I	TO 12/31/2008	I	PART VI
	I	15-0169	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.300018
2	PROGRAM VACCINE CHARGES		16,096
3	PROGRAM COSTS		4,829

TITLE XIX - O/P		HOSPITAL				
		Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
Cost Center Description		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.518863				514,195
38	RECOVERY ROOM	.228294				339,132
39	DELIVERY ROOM & LABOR ROOM	.497668				
41	RADIOLOGY-DIAGNOSTIC	.192102				220,614
41 01	ULTRA SOUND	.201969				79,565
41 02	CAT SCAN	.071905				357,783
41 03	MAGNETIC RESONANCE IMAGING (MRI)	.098796				107,150
41 04	NUCLEAR MEDICINE-DIAGNOSTIC	.255773				5,518
41 05	ONCOLOGY	1.911773				
44	LABORATORY	.150463				371,293
48	INTRAVENOUS THERAPY	.405732				98
49	RESPIRATORY THERAPY	.199711				35,449
50	PHYSICAL THERAPY	.335472				27,327
51	OCCUPATIONAL THERAPY	.314190				3,122
52	SPEECH PATHOLOGY	.325240				9,591
53	ELECTROCARDIOLOGY	.187198				22,323
54	ELECTROENCEPHALOGRAPHY	.188887				65,759
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.316000				349,930
56	DRUGS CHARGED TO PATIENTS	.281381				147,916
57	RENAL DIALYSIS	.611365				
59	CARDIAC CATH LAB					
59 01	ENDOSCOPY	.355058				21,100
59 02	MENTAL HEALTH OP					
59 03	CNR					
59 04	PAIN MED PSYCH					
59 05	LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	HEALTHY HEARTS CENTER					
60 02	DIABETIC CARE CENTER					
60 03	PAIN REHAB ADMIN					
60 04	FAMILY PRACTICE CENTER					
60 05	PALLIATIVE CARE					
60 06	SPINE CENTER	1.115215				2,236
61	EMERGENCY	.229373				1,041,316
62	OBSERVATION BEDS (NON-DISTINCT PART)	.246944				339,026
101	SUBTOTAL					4,060,443
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					4,060,443

TITLE XIX - O/P		HOSPITAL				
		PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC					
41	01 ULTRA SOUND					
41	02 CAT SCAN					
41	03 MAGNETIC RESONANCE IMAGING (MRI)					
41	04 NUCLEAR MEDICINE-DIAGNOSTIC					
41	05 ONCOLOGY					
44	LABORATORY					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	CARDIAC CATH LAB					
59	01 ENDOSCOPY					
59	02 MENTAL HEALTH OP					
59	03 CNR					
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 HEALTHY HEARTS CENTER					
60	02 DIABETIC CARE CENTER					
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER					
60	05 PALLIATIVE CARE					
60	06 SPINE CENTER					
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					

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description		8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		266,797			
38	RECOVERY ROOM		77,422			
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		42,380			
41 01	ULTRA SOUND		16,070			
41 02	CAT SCAN		25,726			
41 03	MAGNETIC RESONANCE IMAGING (MRI)		10,586			
41 04	NUCLEAR MEDICINE-DIAGNOSTIC		1,411			
41 05	ONCOLOGY					
44	LABORATORY		55,866			
48	INTRAVENOUS THERAPY		40			
49	RESPIRATORY THERAPY		7,080			
50	PHYSICAL THERAPY		9,167			
51	OCCUPATIONAL THERAPY		981			
52	SPEECH PATHOLOGY		3,119			
53	ELECTROCARDIOLOGY		4,179			
54	ELECTROENCEPHALOGRAPHY		12,421			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		110,578			
56	DRUGS CHARGED TO PATIENTS		41,621			
57	RENAL DIALYSIS					
59	CARDIAC CATH LAB					
59 01	ENDOSCOPY		7,492			
59 02	MENTAL HEALTH OP					
59 03	CNR					
59 04	PAIN MED PSYCH					
59 05	LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	HEALTHY HEARTS CENTER					
60 02	DIABETIC CARE CENTER					
60 03	PAIN REHAB ADMIN					
60 04	FAMILY PRACTICE CENTER					
60 05	PALLIATIVE CARE					
60 06	SPINE CENTER		2,494			
61	EMERGENCY		238,850			
62	OBSERVATION BEDS (NON-DISTINCT PART)		83,720			
101	SUBTOTAL		1,018,000			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		1,018,000			

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)	39,270
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,270
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	39,270
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)	13,607
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	39,932,016
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	39,932,016

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60,360,430
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	60,360,430
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.661560
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,537.06
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	39,932,016

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,016.86
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					13,836,414
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					13,836,414

	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	3,576,541	2,480	1,442.15	1,296	1,869,026
43.01	8,103,259	6,359	1,274.30		
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

21,243,450
 36,948,890

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				2,509,740
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				1,939,734
52	TOTAL PROGRAM EXCLUDABLE COST				4,449,474
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				32,499,416

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	2,006
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,016.86
85	OBSERVATION BED COST	2,039,821

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	39,932,016		2,039,821	
87	NEW CAPITAL-RELATED COST	6,448,687	.161492	2,039,821	329,415
88	NON PHYSICIAN ANESTHETIST	39,932,016		2,039,821	
89	MEDICAL EDUCATION	39,932,016		2,039,821	
89.01	MEDICAL EDUCATION - ALLIED HEA	39,932,016		2,039,821	
89.02	MEDICAL EDUCATION - ALL OTHER	39,932,016		2,039,821	

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	39,270
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,270
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	39,270
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)	2,629
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)	5,387
16	NURSERY DAYS (TITLE V OR XIX ONLY)	1,359

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	40,036,654
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	40,036,654

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60,360,430
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	60,360,430
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.663293
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,537.06
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	40,036,654

TITLE XIX - I/P HOSPITAL OTHER

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 1,019.52
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,680,318
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,680,318

	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	2,376,763	5,387	441.20	1,359	599,591
43 INTENSIVE CARE UNIT	3,614,425	2,480	1,457.43		
43.01 NEONATAL INTENSIVE CARE UNIT	8,103,259	6,359	1,274.30	2,843	3,622,835
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,618,928
49 TOTAL PROGRAM INPATIENT COSTS					8,521,672

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 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 OTHER

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	2,006
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,019.52
85	OBSERVATION BED COST	2,045,157

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		13,157,561	
26	INTENSIVE CARE UNIT		2,831,689	
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.552029	18,151,750	10,020,292
38	RECOVERY ROOM	.243260	1,706,441	415,109
39	DELIVERY ROOM & LABOR ROOM	.532583	34,531	18,391
41	RADIOLOGY-DIAGNOSTIC	.206216	2,324,366	479,321
41	01 ULTRA SOUND	.215364	728,587	156,911
41	02 CAT SCAN	.076622	3,843,469	294,494
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.105531	1,894,335	199,911
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.273100	259,102	70,761
41	05 ONCOLOGY	2.031938	40,345	81,979
44	LABORATORY	.160155	9,424,338	1,509,355
48	INTRAVENOUS THERAPY	.431783	472,334	203,946
49	RESPIRATORY THERAPY	.213053	5,850,675	1,246,504
50	PHYSICAL THERAPY	.358354	1,079,987	387,018
51	OCCUPATIONAL THERAPY	.335587	515,489	172,991
52	SPEECH PATHOLOGY	.347392	118,548	41,183
53	ELECTROCARDIOLOGY	.198987	1,457,087	289,941
54	ELECTROENCEPHALOGRAPHY	.202145	194,955	39,409
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.335853	2,204,625	740,430
56	DRUGS CHARGED TO PATIENTS	.300018	10,647,533	3,194,452
57	RENAL DIALYSIS	.650009	460,070	299,050
59	CARDIAC CATH LAB			
59	01 ENDOSCOPY	.379977	540,676	205,444
59	02 MENTAL HEALTH OP			
59	03 CNR			
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 HEALTHY HEARTS CENTER			
60	02 DIABETIC CARE CENTER			
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER			
60	05 PALLIATIVE CARE			
60	06 SPINE CENTER	1.192320		
61	EMERGENCY	.244098	4,820,025	1,176,558
62	OBSERVATION BEDS (NON-DISTINCT PART)	.264050		
101	OTHER REIMBURS COST CNTRS TOTAL		66,769,268	21,243,450
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		66,769,268	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,659,915	
26	INTENSIVE CARE UNIT		205,946	
26	01 NEONATAL INTENSIVE CARE UNIT		2,920,690	
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.552709	202,418	111,878
38	RECOVERY ROOM	.243260	48,425	11,780
39	DELIVERY ROOM & LABOR ROOM	.532795	1,024,019	545,592
41	RADIOLOGY-DIAGNOSTIC	.206216	153,613	31,677
41	01 ULTRA SOUND	.215364	46,210	9,952
41	02 CAT SCAN	.076622	177,575	13,606
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.105531	78,522	8,287
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.273100	7,226	1,973
41	05 ONCOLOGY	2.031938		
44	LABORATORY	.160155	853,825	136,744
48	INTRAVENOUS THERAPY	.431783	23,948	10,340
49	RESPIRATORY THERAPY	.213053	653,330	139,194
50	PHYSICAL THERAPY	.358354	31,609	11,327
51	OCCUPATIONAL THERAPY	.335587	20,609	6,916
52	SPEECH PATHOLOGY	.347392	2,430	844
53	ELECTROCARDIOLOGY	.198987	81,633	16,244
54	ELECTROENCEPHALOGRAPHY	.202145	10,318	2,086
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.335853	460,515	154,665
56	DRUGS CHARGED TO PATIENTS	.300018	1,179,577	353,894
57	RENAL DIALYSIS	.650009	5,930	3,855
59	CARDIAC CATH LAB			
59	01 ENDOSCOPY	.380665	12,734	4,847
59	02 MENTAL HEALTH OP			
59	03 CNR			
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 HEALTHY HEARTS CENTER			
60	02 DIABETIC CARE CENTER			
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER			
60	05 PALLIATIVE CARE			
60	06 SPINE CENTER	1.192320		
61	EMERGENCY	.244842	176,552	43,227
62	OBSERVATION BEDS (NON-DISTINCT PART)	.264050		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,251,018	1,618,928
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,251,018	

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART A
 I 15-0169 I I

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	24,772,058	
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)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	24,772,058	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,076,353	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	6,225	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
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		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	57,182	
16 TOTAL	26,911,818	
17 PRIMARY PAYER PAYMENTS	10,415	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	26,901,403	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,083,683	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	52,736	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	141,934	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	99,354	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	138,779	
22 SUBTOTAL	24,864,338	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	24,864,338	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	23,287,001	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,577,337	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- 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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,829
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,562,618
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,986,638
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	29,937
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,829
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	16,096
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	16,096
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)	16,096
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11,267
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,829
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,016,575
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,282,589
19	SUBTOTAL (SEE INSTRUCTIONS)	8,738,815
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2,458
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,741,273
24	PRIMARY PAYER PAYMENTS	10,499
25	SUBTOTAL	8,730,774
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	161,636
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	113,145
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	159,021
28	SUBTOTAL	8,843,919
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	8,843,919
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,701,677
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	142,242
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 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		23,287,001		8,701,677
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.		NONE		NONE
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
		23,287,001		8,701,677
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)		NONE		NONE
SETTLEMENT TO PROVIDER		1,577,337		142,242
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		24,864,338		8,843,919

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1		INPATIENT HOSPITAL/SNF/NF SERVICES	8,521,672	
2		MEDICAL AND OTHER SERVICES	1,018,000	
3		INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4		ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5		COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6		SUBTOTAL	9,539,672	
7		INPATIENT PRIMARY PAYER PAYMENTS		
8		OUTPATIENT PRIMARY PAYER PAYMENTS		
9		SUBTOTAL	9,539,672	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10		ROUTINE SERVICE CHARGES	5,085,838	
11		ANCILLARY SERVICE CHARGES	9,311,461	
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	14,397,299	
	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)	14,397,299	
21		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,857,627	
22		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23		COST OF COVERED SERVICES	9,539,672	
	PROSPECTIVE PAYMENT AMOUNT			
24		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	9,539,672	
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	9,539,672	
33		DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34		EXCESS OF REASONABLE COST		
35		SUBTOTAL	9,539,672	
36		COINSURANCE	338,467	
37		SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38		REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01		ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02		REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03		ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39		UTILIZATION REVIEW		
40		SUBTOTAL (SEE INSTRUCTIONS)	9,201,205	
41		INPATIENT ROUTINE SERVICE COST		
42		MEDICARE INPATIENT ROUTINE CHARGES		
43		AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44		AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45		RATIO OF LINE 43 TO 44		
46		TOTAL CUSTOMARY CHARGES		
47		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49		RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50		OTHER ADJUSTMENTS (SPECIFY)		
51		AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52		SUBTOTAL	9,201,205	
53		INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54		DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55		TOTAL AMOUNT PAYABLE TO THE PROVIDER	9,201,205	
56		SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57		INTERIM PAYMENTS	2,173,969	
57.01		TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58		BALANCE DUE PROVIDER/PROGRAM	7,027,236	
59		PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		1.14
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		1.14
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		1.36
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		1.14
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.36
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		1.36
3.10	SEE INSTRUCTIONS		1.14
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		70,687.87
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.38
3.22	SEE INSTRUCTIONS		.38
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		70,687.87
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		26,861
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		26,861

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		14,903
5	TOTAL INPATIENT DAYS		46,103
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11		.323254
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	8,683	8,683
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		46,103
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		666,152
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		
10	MEDICARE OUTPATIENT ESRD CHARGES		
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS		

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)		36,948,890
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Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL NORTH
 DIRECT GRADUATE MEDICAL EDUCATION (GME) I
 & ESRD OUTPATIENT DIRECT MEDICAL I
 EDUCATION COSTS I

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
 PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 15-0169 I FROM 2/25/2008 I WORKSHEET E-3
 I TO 12/31/2008 I PART IV

TITLE XVIII

13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	10,415
16	TOTAL PART A REASONABLE COST	36,938,475

PART B REASONABLE COST

17	REASONABLE COST	14,597,384
18	PRIMARY PAYER PAYMENTS	10,499
19	TOTAL PART B REASONABLE COST	14,586,885
20	TOTAL REASONABLE COST	51,525,360
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.716899
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.283101

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	8,683
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	6,225
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,458

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	8,768			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	176,728,680			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-112,743,523			
7 INVENTORY	2,606,115			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	287,493			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	66,887,533			
FIXED ASSETS				
12 LAND	2,705,851			
12.01 LAND IMPROVEMENTS	3,116,937			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	260,865,888			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	1,635,372			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	3,118,039			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	73,916,753			
18.01 LESS ACCUMULATED DEPRECIATION	-122,249,442			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	223,109,398			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	35,508,669			
26 TOTAL OTHER ASSETS	35,508,669			
27 TOTAL ASSETS	325,505,600			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE				
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE	635			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	635			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,422,797			
42 TOTAL LONG-TERM LIABILITIES	5,422,797			
43 TOTAL LIABILITIES	5,423,432			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	320,082,168			
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	320,082,168			
52 TOTAL LIABILITIES AND FUND BALANCES	325,505,600			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		298,106,111		
2 OF PERIOD				
3 NET INCOME (LOSS)		18,258,604		
4 TOTAL		316,364,715		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM	3,717,453			
7				
8				
9				
10 TOTAL ADDITIONS		3,717,453		
11 SUBTOTAL		320,082,168		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		320,082,168		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
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
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	60,219,018		60,219,018
2 00 SUBPROVIDER			
2 01 SUBPROVIDER 2 - PSYCH DPU			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	60,219,018		60,219,018
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,362,158		5,362,158
10 01 NEONATAL INTENSIVE CARE UNIT	21,343,330		21,343,330
11 00 CORONARY CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	26,705,488		26,705,488
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	86,924,506		86,924,506
17 00 ANCILLARY SERVICES	172,001,629	291,026,858	463,028,487
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	258,926,135	291,026,858	549,952,993

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	249,965,767
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	249,965,767

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
 I 15-0169 I FROM 2/25/2008 I WORKSHEET G-3
 I I TO 12/31/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	549,952,993
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	291,269,700
3	NET PATIENT REVENUES	258,683,293
4	LESS: TOTAL OPERATING EXPENSES	249,965,767
5	NET INCOME FROM SERVICE TO PATIENTS	8,717,526
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	561,921
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,371,137
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	11,778
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	100,500
23	GOVERNMENTAL APPROPRIATIONS	
24		7,495,742
25	TOTAL OTHER INCOME	9,541,078
26	TOTAL	18,258,604
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	18,258,604

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,898,500
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	98,306
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	153.55
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.38
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.07
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	1,329
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.60
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.34
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	19.94
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.12
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	78,218
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,076,353
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)	

