

HOWARD REGIONAL HEALTH SYSTEM
KOKOMO, INDIANA

PROVIDER NUMBERS
15-0007, 15-S007 AND 15-5439

HOSPITAL STATEMENT OF REIMBURSABLE COST
YEAR ENDED DECEMBER 31, 2008

CPAs / ADVISORS



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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0007	I	FROM 1/ 1/2008	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: 5/28/2009 TIME 15:24

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:
 HOWARD REGIONAL HEALTH SYSTEM 15-0007
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 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: 5/28/2009 TIME 15:24

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 JRvBR0oVN3kN6aHex41d8JA6p7sjS3
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PI ENCRYPTION INFORMATION
 DATE: 5/28/2009 TIME 15:24

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 j4L.8EKqCq0nggzB

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	-8,339	-72,342	455,484
2	SUBPROVIDER	0	-1	0	396,149
5	HOSPITAL-BASED SNF	0	0	0	0
100	TOTAL	0	-8,340	-72,342	851,633

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 3500 S. LAFOUNTAIN P.O. BOX:
 1.01 CITY: KOKOMO STATE: IN ZIP CODE: 46902- COUNTY: HOWARD

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;						PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	V	XVIII	XIX	
02.00 HOSPITAL	HOWARD REGIONAL HEALTH SYSTEM	15-0007		7/ 1/1966	4	5	6	
03.00 SUBPROVIDER	HOWARD REGIONAL HEALTH SYSTEM PSYCH	15-S007		1/ 1/1987	N	P	O	
06.00 HOSPITAL-BASED SNF	HOWARD REGIONAL HEALTH SYSTEM	15-5439		3/31/1992	N	P	N	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 4

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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? N

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

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.

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)

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)

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

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

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

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

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

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

	1	2	3	4
28.01	100	0.8986	0.8986	
28.02	0.00	1	15	

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

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

	%	Y/N
28.03 STAFFING	84.00%	Y
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)? N

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

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

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 40.01 NAME: 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? Y
 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 NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE\$ 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).
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2

"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
 FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y
 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN N N 0
 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)

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.
 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). / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	120	43,920			10,029		859
2 HMO							2,078
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	120	43,920			10,029		859
6 INTENSIVE CARE UNIT	8	2,928			1,628		105
11 NURSERY							350
12 TOTAL	128	46,848			11,657		1,314
13 RPCH VISITS							
14 SUBPROVIDER	24	8,784			1,581		1,180
15 SKILLED NURSING FACILITY	18	6,588			2,970		
25 TOTAL	170						
26 OBSERVATION BED DAYS							504
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS					993		
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 TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES NOT ADMITTED 6.02	-- INTERNS & RES. FTES TOTAL 7	-- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			17,630				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			17,630				
6 INTENSIVE CARE UNIT			2,568				
11 NURSERY			1,703				
12 TOTAL			21,901				
13 RPCH VISITS							
14 SUBPROVIDER			5,116				
15 SKILLED NURSING FACILITY			3,512				
25 TOTAL							
26 OBSERVATION BED DAYS	227	277	3,273	2,087	1,186		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			418				
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					2,455	495	4,727
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							
11 NURSERY							
12 TOTAL		915.70			2,455	495	4,727
13 RPCH VISITS							
14 SUBPROVIDER		27.95			217	256	993
15 SKILLED NURSING FACILITY		16.25					
25 TOTAL		959.90					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 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	57,080,634		57,080,634	1,950,030.00	29.27	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
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						
7 HOME OFFICE PERSONNEL						
8 SNF	840,911		840,911	32,702.00	25.71	
8.01 EXCLUDED AREA SALARIES	3,640,329		3,640,329	16,394.00	222.05	
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						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	11,510,274		11,510,274			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	845,548		845,548			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						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)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	513,302		513,302	11,982.00	42.84	
22 ADMINISTRATIVE & GENERAL	7,763,728	-38,697	7,725,031	330,649.00	23.36	
22.01 A & G UNDER CONTRACT	9,273		9,273	35.00	264.94	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,325,400		1,325,400	58,910.00	22.50	
25 LAUNDRY & LINEN SERVICE	24,331		24,331	1,837.00	13.24	
26 HOUSEKEEPING	674,938		674,938	54,657.00	12.35	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	841,832	-282,362	559,470	33,104.00	16.90	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		282,362	282,362	17,364.00	16.26	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	960,051		960,051	27,010.00	35.54	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	981,993		981,993	44,819.00	21.91	
34 SOCIAL SERVICE		38,697	38,697	1,774.00	21.81	
35 OTHER GENERAL SERVICE		635,281	635,281	32,654.00	19.45	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	57,089,907		57,089,907	1,950,065.00	29.28	
2 EXCLUDED AREA SALARIES	4,481,240		4,481,240	49,096.00	91.28	
3 SUBTOTAL SALARIES	52,608,667		52,608,667	1,900,969.00	27.67	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	11,510,274		11,510,274		21.88	
6 TOTAL	64,118,941		64,118,941	1,900,969.00	33.73	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 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
13	TOTAL OVERHEAD COSTS	13,094,848	635,281	13,730,129	614,795.00	22.33	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0007 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	4	4.01	4.02 4.03
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC		11		
5	RVB		41		
6	RVA		18		
6 .01	RVX				
6 .02	RVL		34		
7	RHC		105		
8	RHB		233		
9	RHA		289		
9 .01	RHX				
9 .02	RHL				
10	RMC		13		
11	RMB		88		
12	RMA		126		
12 .01	RMX		504		
12 .02	RML		1,178		
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3		86		
16	SE2		130		
17	SE1		6		
18	SSC				
19	SSB		5		
20	SSA		91		
21	CC2				
22	CC1				
23	CB2				
24	CB1		1		
25	CA2		3		
26	CA1		6		
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1		2		
45	Default				
46	TOTAL		2,970		

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8986
 Wage Index Factor (after 10/01) : 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 15
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0007 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I

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

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

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

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8986
 Wage Index Factor (after 10/01): 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 15
 SNF CBSA Code : NOT SPECIFIED

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	17,648,499
17.01	GROSS MEDICAID REVENUES	26,162,476
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	136,630
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	43,947,605
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	139,731
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.400177
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	55,917
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	55,917
	(SUM OF LINES 25, 27, AND 29)	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0007 I

I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I

I PREPARED 5/28/2009 I WORKSHEET A I

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		8,388,819	8,388,819	-5,564,458	2,824,361
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT				378,188	378,188
3 0300	NEW CAP REL COSTS-BLDG & FIXT				11,382,005	11,382,005
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT				19,212	19,212
3.02 0302	NEW CAP REL COSTS-BLDG & FIXT					
3.03 0303	NEW CAP REL COSTS-BLDG & FIXT				37,731	37,731
5 0500	EMPLOYEE BENEFITS	513,302	7,156,760	7,670,062	-29,465	7,640,597
6 0600	ADMINISTRATIVE & GENERAL	7,763,728	16,738,269	24,501,997	-1,376,830	23,125,167
8 0800	OPERATION OF PLANT	1,325,400	2,994,781	4,320,181	-132,069	4,188,112
9 0900	LAUNDRY & LINEN SERVICE	24,331	451,515	475,846		475,846
10 1000	HOUSEKEEPING	674,938	221,838	896,776	-7,057	889,719
11 1100	DIETARY	841,832	717,086	1,558,918	-540,515	1,018,403
12 1200	CAFETERIA				522,882	522,882
14 1400	NURSING ADMINISTRATION	960,051	325,241	1,285,292	-6,042	1,279,250
15 1500	CENTRAL SERVICES & SUPPLY					
16 1600	PHARMACY					
17 1700	MEDICAL RECORDS & LIBRARY	981,993	590,350	1,572,343	-8,104	1,564,239
18 1800	SOCIAL SERVICE		90	90	38,697	38,787
19 1950	PSYCH ADMIN				1,092,231	1,092,231
24 2400	PARAMED ED PRGM	225,428	49,375	274,803	-10	274,793
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	6,103,620	1,600,358	7,703,978	-1,790,771	5,913,207
26 2600	INTENSIVE CARE UNIT	1,943,924	539,351	2,483,275	-186,290	2,296,985
31 3100	SUBPROVIDER	1,589,802	265,689	1,855,491	-8,137	1,847,354
33 3300	NURSERY				846,074	846,074
34 3400	SKILLED NURSING FACILITY	840,911	263,973	1,104,884	-40,078	1,064,806
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	2,252,946	5,274,789	7,527,735	-4,369,194	3,158,541
39 3900	DELIVERY ROOM & LABOR ROOM				526,286	526,286
40 4000	ANESTHESIOLOGY		181,853	181,853	-181,614	239
41 4100	RADIOLOGY-DIAGNOSTIC	1,839,244	1,577,613	3,416,857	-454,786	2,962,071
41.02 3430	MAGNETIC RESONANCE IMAGING (MRI)	73,497	2,596,321	2,669,818	-714,951	1,954,867
41.03 4101	LITHOTRIPSY				86,291	86,291
41.04 3121	CARDIAC CATHETERIZATION LABORATORY	1,094,931	3,532,965	4,627,896	-3,236,328	1,391,568
41.05 4103	ONCOLOGY	1,418,867	1,012,721	2,431,588	-87,653	2,343,935
44 4400	LABORATORY	1,610,540	2,381,557	3,992,097	-1,241,767	2,750,330
47 4700	BLOOD STORING, PROCESSING & TRANS.		818,861	818,861	-816,263	2,598
49 4900	RESPIRATORY THERAPY	1,911,721	919,033	2,830,754	-509,718	2,321,036
50 5000	PHYSICAL THERAPY		750,401	750,401		750,401
53 5300	ELECTROCARDIOLOGY	1,851,782	448,915	2,300,697	-132,251	2,168,446
54 5400	ELECTROENCEPHALOGRAPHY		47,420	47,420	-1,901	45,519
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	116,897	207,331	324,228	10,895,581	11,219,809
56 5600	DRUGS CHARGED TO PATIENTS	1,490,310	9,853,634	11,343,944	1,519,946	12,863,890
57 5700	RENAL DIALYSIS		201,464	201,464	-19,961	181,503
58 5800	ASC (NON-DISTINCT PART)					
58.01 5801	WOUND CARE	226,338	290,771	517,109	-83,574	433,535
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	2,375,981	733,802	3,109,783	-300,021	2,809,762
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63 4950	OTHER OUTPATIENT SERVICE					
63.01 4040	GENESIS	1,576,132	606,863	2,182,995	-1,127,290	1,055,705
63.02 4041	WOMENS CENTER	408,714	235,467	644,181	-66,784	577,397
63.03 4042	RES HOMES	873,587	275,154	1,148,741	-31,483	1,117,258
63.04 4043	ONCOLOGY CLINIC	922,985	891,763	1,814,748	-748,483	1,066,265
63.05 4044						
63.06 4045	FAMILY PRACTICE					
63.07 4046	DIABETIC EDUCATION	89,086	15,619	104,705	-457	104,248
63.08 4047	NEW CHOICES					
63.09 4048	OB/GYN					
63.10 4049	HOWARD CO CLINIC					
63.11 4050	HOWARD CO CSS	428,191	81,168	509,359	-2,618	506,741
63.12 4051	CLINTON COUNTY	489,712	218,683	708,395	-93,085	615,310
63.13 4052	TELEMEDICINE					
63.14 4053	TELEMEDICINE					
63.15 4054	HC&T HAIDER	157,715	201,489	359,204		359,204
63.16 4055	DR AROUTINOVA	135,755	225,166	360,921		360,921
63.17 4056	OB/GYN GREER	596,363	115,944	712,307	-45,035	667,272
63.18 4057	ONCOLOGY-BECHAR	746,852	48,922	795,774		795,774
63.19 4058	CRITICAL CARE PHYSICIANS	1,570,902	449,675	2,020,577	-38,747	1,981,830
63.20 4059	PSYCH DR STEINER					
63.21 4951	PSYCH GOOD HOPE					
63.22 4952	PSYCH DR ERIKA	210,883	23,187	234,070		234,070
63.23 4953	PSYCH DR KENNETH	200,412	15,580	215,992		215,992
63.24 4954	PSYCH DR DEB	249,065	25,350	274,415		274,415
63.25 4955	PSYCH DR M SHEI	193,743	32,944	226,687		226,687
63.26 4956	N CENTRAL PED	2,000,330	859,785	2,860,115	-490,815	2,369,300
63.27 4957	CFHC	780,093	348,954	1,129,047	-47,993	1,081,054
63.28 4958	PSYCH MEDICATION	207,429	55,101	262,530	-382	262,148
63.29 4959	PSYCH PHD CLINIC					
63.30 4960	RUSSELLVILLE OFFICE		30,933	30,933	-7,510	23,423
63.31 4961	DR JERRY GREER					
63.32 4962	OTHER OUTPATIENT SERVICE COST CENTER	251,933	49,022	300,955	-5,267	295,688
63.33 4963	DR KOESTER	7,583	8,409	15,992	-231	15,761
63.34 4964	OPEN HEART					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0007
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 5/28/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
63.35 4965	OUTPAT SERVICE COST CNTRS					
	DR B. FOGELSON	1,078,647	899,591	1,978,238	-4,414	1,973,824
63.36 4966	ONCOLOGY MOORE	539,622	31,562	571,184		571,184
63.37 4967	DR BARROW	172,298	77,848	250,146	-2,324	247,822
63.38 4968	DR. MOUALLA	458,136	45,317	503,453	-1,695	501,758
63.39 4969	DR. SEDAGHAT	325,108	230,243	555,351	-74,306	481,045
63.40 4970	DR. KINSEY	276,056	94,391	370,447	-36,616	333,831
63.41 4971	B.HEALTH TIPTON	137,740	51,852	189,592	-27,345	162,247
63.42 4972	DR. SCHILT	118,149	23,763	141,912		141,912
63.43 4973	B.HEALTH PH MEDICAL PHYS		17,581	17,581		17,581
	OTHER REIMBURS COST CNTRS					
65 6500	AMBULANCE SERVICES	547,966	153,953	701,919	-29,218	672,701
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		2,880,319	2,880,319	-2,880,319	
95	SUBTOTALS	55,803,501	80,454,544	136,258,045	-257,101	136,000,944
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01 9601	FOUNDATION	76,442	12,930	89,372		89,372
98 9800	PHYSICIANS' PRIVATE OFFICES		103,300	103,300		103,300
100 7950	OTHER NONREIMBURSABLE COST CENTERS	408,806	198,031	606,837	-73,686	533,151
100.01 7951	OTHER NONREIMBURSABLE COST CENTERS					
100.02 7952	OTHER NONREIMBURSABLE COST CENTERS					
100.03 7953	RESIDENTIAL HOMES					
100.04 7954	OTHER NONREIMBURSABLE COST CENTERS					
100.05 7955	WEST CAMPUS				846,768	846,768
100.06 7956	HCH ONCOLOGY BERK		386,351	386,351	-379,193	7,158
100.07 7957	HCH DR. T. GATEWOOD	148,379	106,717	255,096	-4,985	250,111
100.08 7958	HCH DR. CHEN	917	326	1,243		1,243
100.09 7959	HCH DR. SALTER-ONCOLOGY	245,847	28,753	274,600	-325	274,275
100.10 7960	HCH DR. TRURING	76,267	38,323	114,590	-11,875	102,715
100.11 7961	HCH DR. UNDERWOOD	81,046	5,871	86,917		86,917
100.12 7962	HCH MEDICAL SURGICAL PRACTICE	239,429	193,085	432,514	-119,603	312,911
101	TOTAL	57,080,634	81,528,231	138,608,865	-0-	138,608,865

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0007
II PERIOD:
I FROM 1/ 1/2008
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I WORKSHEET A
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COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-6,145	2,818,216
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT	-81,421	296,767
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-844,776	10,537,229
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		19,212
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT		
3.03	0303 NEW CAP REL COSTS-BLDG & FIXT		37,731
5	0500 EMPLOYEE BENEFITS	-169,483	7,471,114
6	0600 ADMINISTRATIVE & GENERAL	-12,454,553	10,670,614
8	0800 OPERATION OF PLANT	-3,915	4,184,197
9	0900 LAUNDRY & LINEN SERVICE	41,885	517,731
10	1000 HOUSEKEEPING	-22,000	867,719
11	1100 DIETARY		1,018,403
12	1200 CAFETERIA	-341,483	181,399
14	1400 NURSING ADMINISTRATION		1,279,250
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-133,444	1,430,795
18	1800 SOCIAL SERVICE		38,787
19	1950 PSYCH ADMIN	-24,405	1,067,826
24	2400 PARAMED ED PRGM	-2,811	271,982
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-11,126	5,902,081
26	2600 INTENSIVE CARE UNIT		2,296,985
31	3100 SUBPROVIDER	-4,872	1,842,482
33	3300 NURSERY		846,074
34	3400 SKILLED NURSING FACILITY	-15,000	1,049,806
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,158,541
39	3900 DELIVERY ROOM & LABOR ROOM		526,286
40	4000 ANESTHESIOLOGY		239
41	4100 RADIOLOGY-DIAGNOSTIC	-713,780	2,248,291
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	-505,596	1,449,271
41.03	4101 LITHOTRIPSY		86,291
41.04	3121 CARDIAC CATHETERIZATION LABORATORY		1,391,568
41.05	4103 ONCOLOGY	-31,646	2,312,289
44	4400 LABORATORY	-1,160,704	1,589,626
47	4700 BLOOD STORING, PROCESSING & TRANS.	-2,598	
49	4900 RESPIRATORY THERAPY	-149,833	2,171,203
50	5000 PHYSICAL THERAPY	-3,883	746,518
53	5300 ELECTROCARDIOLOGY	-122	2,168,324
54	5400 ELECTROENCEPHALOGRAPHY	-44,705	814
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,226	11,216,583
56	5600 DRUGS CHARGED TO PATIENTS	-21,519	12,842,371
57	5700 RENAL DIALYSIS		181,503
58	5800 ASC (NON-DISTINCT PART)		
58.01	5801 WOUND CARE	-3,000	430,535
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-27,079	2,782,683
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE		
63.01	4040 GENESIS	-123,793	931,912
63.02	4041 WOMENS CENTER	-60,949	516,448
63.03	4042 RES HOMES		1,117,258
63.04	4043 ONCOLOGY CLINIC	-491,980	574,285
63.05	4044		
63.06	4045 FAMILY PRACTICE		
63.07	4046 DIABETIC EDUCATION		104,248
63.08	4047 NEW CHOICES		
63.09	4048 OB/GYN		
63.10	4049 HOWARD CO CLINIC		
63.11	4050 HOWARD CO CSS	-3,560	503,181
63.12	4051 CLINTON COUNTY	-52,465	562,845
63.13	4052 TELEMEDICINE		
63.14	4053 TELEMEDICINE		
63.15	4054 HC&T HAIDER		359,204
63.16	4055 DR AROUTINOVA	-135,755	225,166
63.17	4056 OB/GYN GREER	-355,462	311,810
63.18	4057 ONCOLOGY-BECHAR	-628,589	167,185
63.19	4058 CRITICAL CARE PHYSICIANS	-1,572,495	409,335
63.20	4059 PSYCH DR STEINER		
63.21	4951 PSYCH GOOD HOPE		
63.22	4952 PSYCH DR ERIKA	-186,238	47,832
63.23	4953 PSYCH DR KENNETH	-197,566	18,426
63.24	4954 PSYCH DR DEB		274,415
63.25	4955 PSYCH DR M SHEI	-187,088	39,599
63.26	4956 N CENTRAL PED	-957,175	1,412,125
63.27	4957 CFHC	-425,768	655,286
63.28	4958 PSYCH MEDICATION	-24,879	237,269
63.29	4959 PSYCH PHD CLINIC		
63.30	4960 RUSSIAVILLE OFFICE	-23,423	
63.31	4961 DR JERRY GREER		
63.32	4962 OTHER OUTPATIENT SERVICE COST CENTER	-120,675	175,013
63.33	4963 DR KOESTER	-91	15,670
63.34	4964 OPEN HEART		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
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COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OUTPAT SERVICE COST CNTRS		
63.35 4965	DR B. FOGELSON	-1,508,541	465,283
63.36 4966	ONCOLOGY MOORE	-539,622	31,562
63.37 4967	DR BARROW	-160,840	86,982
63.38 4968	DR. MOUALLA	-421,695	80,063
63.39 4969	DR. SEDAGHAT	-223,152	257,893
63.40 4970	DR. KINSEY	-150,669	183,162
63.41 4971	B.HEALTH TIPTON	-972	161,275
63.42 4972	DR. SCHILT	-115,303	26,609
63.43 4973	B.HEALTH PH MEDICAL PHYS OTHER REIMBURS COST CNTRS	-17,581	
65 6500	AMBULANCE SERVICES	-30,625	642,076
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-25,458,191	110,542,753
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01 9601	FOUNDATION		89,372
98 9800	PHYSICIANS' PRIVATE OFFICES		103,300
100 7950	OTHER NONREIMBURSABLE COST CENTERS		533,151
100.01 7951	OTHER NONREIMBURSABLE COST CENTERS		
100.02 7952	OTHER NONREIMBURSABLE COST CENTERS		
100.03 7953	RESIDENTIAL HOMES		
100.04 7954	OTHER NONREIMBURSABLE COST CENTERS		
100.05 7955	WEST CAMPUS		846,768
100.06 7956	HCH ONCOLOGY BERK		7,158
100.07 7957	HCH DR. T. GATEWOOD		250,111
100.08 7958	HCH DR. CHEN		1,243
100.09 7959	HCH DR. SALTER-ONCOLOGY		274,275
100.10 7960	HCH DR. TRAURING		102,715
100.11 7961	HCH DR. UNDERWOOD		86,917
100.12 7962	HCH MEDICAL SURGICAL PRACTICE		312,911
101	TOTAL	-25,458,191	113,150,674

COST CENTERS USED IN COST REPORT

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LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-BLDG & FIXT	0303	NEW CAP REL COSTS-BLDG & FIXT
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	PSYCH ADMIN	1950	
24	PARAMED ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.02	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.03	LITHOTRIPSY	4101	RADIOLOGY-DIAGNOSTIC
41.04	CARDIAC CATHETERIZATION LABORATORY	3121	CARDIAC CATHETERIZATION LABORATORY
41.05	ONCOLOGY	4103	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	WOUND CARE	5801	ASC (NON-DISTINCT PART)
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	GENESIS	4040	FAMILY PRACTICE
63.02	WOMENS CENTER	4041	FAMILY PRACTICE
63.03	RES HOMES	4042	FAMILY PRACTICE
63.04	ONCOLOGY CLINIC	4043	FAMILY PRACTICE
63.05		4044	FAMILY PRACTICE
63.06	FAMILY PRACTICE	4045	FAMILY PRACTICE
63.07	DIABETIC EDUCATION	4046	FAMILY PRACTICE
63.08	NEW CHOICES	4047	FAMILY PRACTICE
63.09	OB/GYN	4048	FAMILY PRACTICE
63.10	HOWARD CO CLINIC	4049	FAMILY PRACTICE
63.11	HOWARD CO CSS	4050	TELEMEDICINE
63.12	CLINTON COUNTY	4051	TELEMEDICINE
63.13	TELEMEDICINE	4052	TELEMEDICINE
63.14	TELEMEDICINE	4053	TELEMEDICINE
63.15	HC&T HAIDER	4054	TELEMEDICINE
63.16	DR AROUTINOVA	4055	TELEMEDICINE
63.17	OB/GYN GREER	4056	TELEMEDICINE
63.18	ONCOLOGY-BECHAR	4057	TELEMEDICINE
63.19	CRITICAL CARE PHYSICIANS	4058	TELEMEDICINE
63.20	PSYCH DR STEINER	4059	TELEMEDICINE
63.21	PSYCH GOOD HOPE	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.22	PSYCH DR ERIKA	4952	OTHER OUTPATIENT SERVICE COST CENTER
63.23	PSYCH DR KENNETH	4953	OTHER OUTPATIENT SERVICE COST CENTER
63.24	PSYCH DR DEB	4954	OTHER OUTPATIENT SERVICE COST CENTER
63.25	PSYCH DR M SHEI	4955	OTHER OUTPATIENT SERVICE COST CENTER
63.26	N CENTRAL PED	4956	OTHER OUTPATIENT SERVICE COST CENTER
63.27	CFHC	4957	OTHER OUTPATIENT SERVICE COST CENTER
63.28	PSYCH MEDICATION	4958	OTHER OUTPATIENT SERVICE COST CENTER
63.29	PSYCH PHD CLINIC	4959	OTHER OUTPATIENT SERVICE COST CENTER
63.30	RUSSIAVILLE OFFICE	4960	OTHER OUTPATIENT SERVICE COST CENTER
63.31	DR JERRY GREER	4961	OTHER OUTPATIENT SERVICE COST CENTER
63.32	OTHER OUTPATIENT SERVICE COST CENTER	4962	OTHER OUTPATIENT SERVICE COST CENTER
63.33	DR KOESTER	4963	OTHER OUTPATIENT SERVICE COST CENTER
63.34	OPEN HEART	4964	OTHER OUTPATIENT SERVICE COST CENTER
63.35	DR B. FOGELSON	4965	OTHER OUTPATIENT SERVICE COST CENTER

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
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LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
63.36	ONCOLOGY MOORE	4966	OTHER OUTPATIENT SERVICE COST CENTER
63.37	DR BARROW	4967	OTHER OUTPATIENT SERVICE COST CENTER
63.38	DR. MOUALLA	4968	OTHER OUTPATIENT SERVICE COST CENTER
63.39	DR. SEDAGHAT	4969	OTHER OUTPATIENT SERVICE COST CENTER
63.40	DR. KINSEY	4970	OTHER OUTPATIENT SERVICE COST CENTER
63.41	B.HEALTH TIPTON	4971	OTHER OUTPATIENT SERVICE COST CENTER
63.42	DR. SCHILT	4972	OTHER OUTPATIENT SERVICE COST CENTER
63.43	B.HEALTH PH MEDICAL PHYS	4973	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	FOUNDATION	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RESIDENTIAL HOMES	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WEST CAMPUS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	HCH ONCOLOGY BERK	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	HCH DR. T. GATEWOOD	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	HCH DR. CHEN	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	HCH DR. SALTER-ONCOLOGY	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	HCH DR. TRAURING	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	HCH DR. UNDERWOOD	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	HCH MEDICAL SURGICAL PRACTICE	7962	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 DEPRECIATION RECLASS	A	OLD CAP REL COSTS-BLDG & FIXT	1.01		378,188
2		NEW CAP REL COSTS-BLDG & FIXT	3		5,129,327
3		NEW CAP REL COSTS-BLDG & FIXT	3.01		19,212
4		NEW CAP REL COSTS-BLDG & FIXT	3.03		37,731
5 CAFE RECLASS	B	CAFETERIA	12	282,362	240,520
6 INSURANCE RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		138,375
7 BUILDING LEASE EXPENSE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		500,637
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22 EQUIPMENT LEASE RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		2,733,347
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33 LITHOTRIPSY RECLASS	F	LITHOTRIPSY	41.03	9,056	77,235
34 NURSERY RECLASS	G	NURSERY	33	686,997	159,077
35 LABOR AND DELIVERY RECLASS	H	DELIVERY ROOM & LABOR ROOM	39	427,335	98,951

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6
		CONTD

----- INCREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLIES RECLASS	I		55		11,157,888
2			5		448
3			63.33		179
4					
5					
6					
7					
8					
9					
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27					
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29					
30					
31					
32					
33					
34					
35					

1 MEDICAL SUPPLIES RECLASS	I				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17 DRUG RECLASS	J		56		1,889,250
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 DRUG RECLASS	J				
2					
3					
4					
5					
6					
7					
8 SOCIAL WORKER RECLASS	K	SOCIAL SERVICE	18	38,697	
9 INTEREST RECLASS	L	NEW CAP REL COSTS-BLDG & FIXT	3		2,880,319
10 PSYCH ADMIN RECLASS	M	PSYCH ADMIN	19	635,281	456,950
11 WEST CAMPUS	N	WEST CAMPUS	100.05		846,768
12					
13					
36 TOTAL RECLASSIFICATIONS				2,079,728	26,744,402

(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:	PERIOD:	PREPARED
150007	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		A-7 REF	
			LINE NO	SALARY OTHER		
	1	6	7	8 9	10	
1 DEPRECIATION RECLASS	A	OLD CAP REL COSTS-BLDG & FIXT	1		5,564,458	9
2						9
3						9
4						9
5 CAFE RECLASS	B	DIETARY	11	282,362	240,520	
6 INSURANCE RECLASS	C	ADMINISTRATIVE & GENERAL	6		138,375	12
7 BUILDING LEASE EXPENSE RECLASS	D	ADMINISTRATIVE & GENERAL	6		1,204	10
8		OPERATION OF PLANT	8		115,605	
9		HCH MEDICAL SURGICAL PRACTICE	100.12		47,058	
10		ONCOLOGY	41.05		1,320	
11		WOUND CARE	58.01		26,698	
12		GENESIS	63.01		27,345	
13		RES HOMES	63.03		29,856	
14		CLINTON COUNTY	63.12		91,380	
15		CRITICAL CARE PHYSICIANS	63.19		20,533	
16		N CENTRAL PED	63.26		30,702	
17		CFHC	63.27		15,549	
18		RUSSIAVILLE OFFICE	63.30		7,510	
19		DR. SEDAGHAT	63.39		30,187	
20		B.HEALTH TIPTON	63.41		25,795	
21		OTHER NONREIMBURSABLE COST CENTERS	100		29,895	
22 EQUIPMENT LEASE RECLASS	E	EMPLOYEE BENEFITS	5		3,033	10
23		ADMINISTRATIVE & GENERAL	6		446,352	
24		OPERATION OF PLANT	8		13,616	
25		HOUSEKEEPING	10		6,960	
26		DIETARY	11		65	
27		NURSING ADMINISTRATION	14		4,118	
28		MEDICAL RECORDS & LIBRARY	17		8,065	
29		ADULTS & PEDIATRICS	25		33,491	
30		INTENSIVE CARE UNIT	26		21,342	
31		SUBPROVIDER	31		2,047	
32		SKILLED NURSING FACILITY	34		4,968	
33		OPERATING ROOM	37		1,377	
34		RADIOLOGY-DIAGNOSTIC	41		260,335	
35		MAGNETIC RESONANCE IMAGING (MRI)	41.02		698,488	
1 EQUIPMENT LEASE RECLASS	E	CARDIAC CATHETERIZATION LABORATORY	41.04		133,331	
2		ONCOLOGY	41.05		2,275	
3		LABORATORY	44		114,241	
4		RESPIRATORY THERAPY	49		368,107	
5		ELECTROCARDIOLOGY	53		8,341	
6		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		262,307	
7		DRUGS CHARGED TO PATIENTS	56		258,975	
8		WOUND CARE	58.01		1,014	
9		EMERGENCY	61		4,778	
10		GENESIS	63.01		7,707	
11		WOMENS CENTER	63.02		2,890	
12		RES HOMES	63.03		1,098	
13		ONCOLOGY CLINIC	63.04		1,054	
14		HOWARD CO CSS	63.11		2,461	
15		CLINTON COUNTY	63.12		1,504	
16		OB/GYN GREER	63.17		62	
17		CRITICAL CARE PHYSICIANS	63.19		835	
18		N CENTRAL PED	63.26		6,774	
19		CFHC	63.27		17,696	
20		OTHER OUTPATIENT SERVICE COST CENTER	63.32		953	
21		DR KOESTER	63.33		410	
22		DR B. FOGELSON	63.35		1,816	
23		DR BARROW	63.37		55	
24		DR. MOUALLA	63.38		890	
25		DR. SEDAGHAT	63.39		1,161	
26		DR. KINSEY	63.40		2,953	
27		B.HEALTH TIPTON	63.41		1,550	
28		AMBULANCE SERVICES	65		5,400	
29		OTHER NONREIMBURSABLE COST CENTERS	100		1,765	
30		HCH DR. T. GATEWOOD	100.07		874	
31		HCH DR. TRAURING	100.10		512	
32		HCH MEDICAL SURGICAL PRACTICE	100.12		15,301	
33 LITHOTRIPSY RECLASS	F	OPERATING ROOM	37	9,056	77,235	
34 NURSERY RECLASS	G	ADULTS & PEDIATRICS	25	686,997	159,077	
35 LABOR AND DELIVERY RECLASS	H	ADULTS & PEDIATRICS	25	427,335	98,951	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 MEDICAL SUPPLIES RECLASS	I	ADMINISTRATIVE & GENERAL	6		1,602	
2		OPERATION OF PLANT	8		302	
3		HOUSEKEEPING	10		97	
4		DIETARY	11		17,568	
5		NURSING ADMINISTRATION	14		1,924	
6		MEDICAL RECORDS & LIBRARY	17		39	
7		PARAMED ED PRGM	24		10	
8		ADULTS & PEDIATRICS	25		374,185	
9		INTENSIVE CARE UNIT	26		164,948	
10		SUBPROVIDER	31		6,090	
11		SKILLED NURSING FACILITY	34		35,110	
12		OPERATING ROOM	37		4,278,652	
13		ANESTHESIOLOGY	40		38,066	
14		RADIOLOGY-DIAGNOSTIC	41		194,451	
15		MAGNETIC RESONANCE IMAGING (MRI)	41.02		2,373	
16		CARDIAC CATHETERIZATION LABORATORY	41.04		3,102,997	
17		ONCOLOGY	41.05		84,058	
18		LABORATORY	44		1,063,893	
19		BLOOD STORING, PROCESSING & TRANS.	47		816,263	
20		RESPIRATORY THERAPY	49		141,611	
21		ELECTROCARDIOLOGY	53		91,375	
22		ELECTROENCEPHALOGRAPHY	54		1,901	
23		DRUGS CHARGED TO PATIENTS	56		110,329	
24		RENAL DIALYSIS	57		19,811	
25		WOUND CARE	58.01		47,406	
26		EMERGENCY	61		295,243	
27		GENESIS	63.01		7	
28		WOMENS CENTER	63.02		63,726	
29		RES HOMES	63.03		527	
30		ONCOLOGY CLINIC	63.04		10,232	
31		DIABETIC EDUCATION	63.07		457	
32		HOWARD CO CSS	63.11		29	
33		CLINTON COUNTY	63.12		201	
34		OB/GYN GREER	63.17		7,189	
35		CRITICAL CARE PHYSICIANS	63.19		10,066	
1 MEDICAL SUPPLIES RECLASS	I	N CENTRAL PED	63.26		19,059	
2		CFHC	63.27		5,374	
3		PSYCH MEDICATION	63.28		382	
4		OTHER OUTPATIENT SERVICE COST CENTER	63.32		592	
5		DR B. FOGELSON	63.35		2,587	
6		DR BARROW	63.37		642	
7		DR. MOUALLA	63.38		170	
8		DR. SEDAGHAT	63.39		8,048	
9		DR. KINSEY	63.40		24,943	
10		AMBULANCE SERVICES	65		23,818	
11		OTHER NONREIMBURSABLE COST CENTERS	100		13,409	
12		HCH ONCOLOGY BERK	100.06		10,330	
13		HCH DR. T. GATEWOOD	100.07		2,224	
14		HCH DR. SALTER-ONCOLOGY	100.09		325	
15		HCH DR. TRAURING	100.10		6,630	
16		HCH MEDICAL SURGICAL PRACTICE	100.12		57,244	
17 DRUG RECLASS	J	EMPLOYEE BENEFITS	5		26,880	
18		OPERATION OF PLANT	8		2,546	
19		ADULTS & PEDIATRICS	25		10,735	
20		OPERATING ROOM	37		2,874	
21		ANESTHESIOLOGY	40		143,548	
22		MAGNETIC RESONANCE IMAGING (MRI)	41.02		14,090	
23		RENAL DIALYSIS	57		150	
24		WOUND CARE	58.01		8,456	
25		WOMENS CENTER	63.02		168	
26		RES HOMES	63.03		2	
27		ONCOLOGY CLINIC	63.04		737,197	
28		HOWARD CO CSS	63.11		128	
29		OB/GYN GREER	63.17		37,784	
30		CRITICAL CARE PHYSICIANS	63.19		7,313	
31		N CENTRAL PED	63.26		434,280	
32		CFHC	63.27		9,374	
33		OTHER OUTPATIENT SERVICE COST CENTER	63.32		3,722	
34		DR B. FOGELSON	63.35		11	
35		DR BARROW	63.37		1,627	

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 DRUG RECLASS	J	DR. MOUALLA	63.38		635	
2		DR. SEDAGHAT	63.39		34,910	
3		DR. KINSEY	63.40		8,720	
4		OTHER NONREIMBURSABLE COST CENTERS	100		28,617	
5		HCH ONCOLOGY BERK	100.06		368,863	
6		HCH DR. T. GATEWOOD	100.07		1,887	
7		HCH DR. TRAURING	100.10		4,733	
8 SOCIAL WORKER RECLASS	K	ADMINISTRATIVE & GENERAL	6	38,697		
9 INTEREST RECLASS	L	INTEREST EXPENSE	88		2,880,319	11
10 PSYCH ADMIN RECLASS	M	GENESIS	63.01	635,281	456,950	
11 WEST CAMPUS	N	ADMINISTRATIVE & GENERAL	6		750,600	
12		LABORATORY	44		63,633	
13		ELECTROCARDIOLOGY	53		32,535	
36 TOTAL RECLASSIFICATIONS				2,079,728	26,744,402	

(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:	PERIOD:	PREPARED
150007	FROM 1/1/2008	5/28/2009
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RECLASS CODE: A
EXPLANATION : DEPRECIATION RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1.01	378,188	OLD CAP REL COSTS-BLDG & FIXT	1	5,564,458	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,129,327			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	19,212			0	
4.00	NEW CAP REL COSTS-BLDG & FIXT	3.03	37,731			0	
TOTAL RECLASSIFICATIONS FOR CODE A			5,564,458	TOTAL RECLASSIFICATIONS FOR CODE A			5,564,458

RECLASS CODE: B
EXPLANATION : CAFE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	522,882	DIETARY	11	522,882	
TOTAL RECLASSIFICATIONS FOR CODE B			522,882	TOTAL RECLASSIFICATIONS FOR CODE B			522,882

RECLASS CODE: C
EXPLANATION : INSURANCE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	138,375	ADMINISTRATIVE & GENERAL	6	138,375	
TOTAL RECLASSIFICATIONS FOR CODE C			138,375	TOTAL RECLASSIFICATIONS FOR CODE C			138,375

RECLASS CODE: D
EXPLANATION : BUILDING LEASE EXPENSE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	500,637	ADMINISTRATIVE & GENERAL	6	1,204	
2.00			0	OPERATION OF PLANT	8	115,605	
3.00			0	HCH MEDICAL SURGICAL PRACTICE	100.12	47,058	
4.00			0	ONCOLOGY	41.05	1,320	
5.00			0	WOUND CARE	58.01	26,698	
6.00			0	GENESIS	63.01	27,345	
7.00			0	RES HOMES	63.03	29,856	
8.00			0	CLINTON COUNTY	63.12	91,380	
9.00			0	CRITICAL CARE PHYSICIANS	63.19	20,533	
10.00			0	N CENTRAL PED	63.26	30,702	
11.00			0	CFHC	63.27	15,549	
12.00			0	RUSSIAVILLE OFFICE	63.30	7,510	
13.00			0	DR. SEDAGHAT	63.39	30,187	
14.00			0	B. HEALTH TIPTON	63.41	25,795	
15.00			0	OTHER NONREIMBURSABLE COST CEN	100	29,895	
TOTAL RECLASSIFICATIONS FOR CODE D			500,637	TOTAL RECLASSIFICATIONS FOR CODE D			500,637

RECLASS CODE: E
EXPLANATION : EQUIPMENT LEASE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,733,347	EMPLOYEE BENEFITS	5	3,033	
2.00			0	ADMINISTRATIVE & GENERAL	6	446,352	
3.00			0	OPERATION OF PLANT	8	13,616	
4.00			0	HOUSEKEEPING	10	6,960	
5.00			0	DIETARY	11	65	
6.00			0	NURSING ADMINISTRATION	14	4,118	
7.00			0	MEDICAL RECORDS & LIBRARY	17	8,065	
8.00			0	ADULTS & PEDIATRICS	25	33,491	
9.00			0	INTENSIVE CARE UNIT	26	21,342	
10.00			0	SUBPROVIDER	31	2,047	
11.00			0	SKILLED NURSING FACILITY	34	4,968	
12.00			0	OPERATING ROOM	37	1,377	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	260,335	
14.00			0	MAGNETIC RESONANCE IMAGING (MR	41.02	698,488	
15.00			0	CARDIAC CATHETERIZATION LABORA	41.04	133,331	
16.00			0	ONCOLOGY	41.05	2,275	
17.00			0	LABORATORY	44	114,241	
18.00			0	RESPIRATORY THERAPY	49	368,107	
19.00			0	ELECTROCARDIOLOGY	53	8,341	
20.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	262,307	

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RECLASS CODE: E
EXPLANATION : EQUIPMENT LEASE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
21.00			0	DRUGS CHARGED TO PATIENTS	56	258,975	
22.00			0	WOUND CARE	58.01	1,014	
23.00			0	EMERGENCY	61	4,778	
24.00			0	GENESIS	63.01	7,707	
25.00			0	WOMENS CENTER	63.02	2,890	
26.00			0	RES HOMES	63.03	1,098	
27.00			0	ONCOLOGY CLINIC	63.04	1,054	
28.00			0	HOWARD CO CSS	63.11	2,461	
29.00			0	CLINTON COUNTY	63.12	1,504	
30.00			0	OB/GYN GREER	63.17	62	
31.00			0	CRITICAL CARE PHYSICIANS	63.19	835	
32.00			0	N CENTRAL PED	63.26	6,774	
33.00			0	CFHC	63.27	17,696	
34.00			0	OTHER OUTPATIENT SERVICE COST	63.32	953	
35.00			0	DR KOESTER	63.33	410	
36.00			0	DR B. FOGELSON	63.35	1,816	
37.00			0	DR BARROW	63.37	55	
38.00			0	DR. MOUALLA	63.38	890	
39.00			0	DR. SEDAGHAT	63.39	1,161	
40.00			0	DR. KINSEY	63.40	2,953	
41.00			0	B. HEALTH TIPTON	63.41	1,550	
42.00			0	AMBULANCE SERVICES	65	5,400	
43.00			0	OTHER NONREIMBURSABLE COST CEN	100	1,765	
44.00			0	HCH DR. T. GATEWOOD	100.07	874	
45.00			0	HCH DR. TRAURING	100.10	512	
46.00			0	HCH MEDICAL SURGICAL PRACTICE	100.12	15,301	
TOTAL RECLASSIFICATIONS FOR CODE E			2,733,347				2,733,347

RECLASS CODE: F
EXPLANATION : LITHOTRIPTY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LITHOTRIPTY	41.03	86,291	OPERATING ROOM	37	86,291	
TOTAL RECLASSIFICATIONS FOR CODE F			86,291				86,291

RECLASS CODE: G
EXPLANATION : NURSERY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	846,074	ADULTS & PEDIATRICS	25	846,074	
TOTAL RECLASSIFICATIONS FOR CODE G			846,074				846,074

RECLASS CODE: H
EXPLANATION : LABOR AND DELIVERY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	526,286	ADULTS & PEDIATRICS	25	526,286	
TOTAL RECLASSIFICATIONS FOR CODE H			526,286				526,286

RECLASS CODE: I
EXPLANATION : MEDICAL SUPPLIES RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	11,157,888	ADMINISTRATIVE & GENERAL	6	1,602	
2.00	EMPLOYEE BENEFITS	5	448	OPERATION OF PLANT	8	302	
3.00	DR KOESTER	63.33	179	HOUSEKEEPING	10	97	
4.00			0	DIETARY	11	17,568	
5.00			0	NURSING ADMINISTRATION	14	1,924	
6.00			0	MEDICAL RECORDS & LIBRARY	17	39	
7.00			0	PARAMED ED PRGM	24	10	
8.00			0	ADULTS & PEDIATRICS	25	374,185	
9.00			0	INTENSIVE CARE UNIT	26	164,948	
10.00			0	SUBPROVIDER	31	6,090	
11.00			0	SKILLED NURSING FACILITY	34	35,110	
12.00			0	OPERATING ROOM	37	4,278,652	

RECLASSIFICATIONS

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RECLASS CODE: I
 EXPLANATION : MEDICAL SUPPLIES RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
13.00			0	ANESTHESIOLOGY	40	38,066	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	194,451	
15.00			0	MAGNETIC RESONANCE IMAGING (MR	41.02	2,373	
16.00			0	CARDIAC CATHETERIZATION LABORA	41.04	3,102,997	
17.00			0	ONCOLOGY	41.05	84,058	
18.00			0	LABORATORY	44	1,063,893	
19.00			0	BLOOD STORING, PROCESSING & TR	47	816,263	
20.00			0	RESPIRATORY THERAPY	49	141,611	
21.00			0	ELECTROCARDIOLOGY	53	91,375	
22.00			0	ELECTROENCEPHALOGRAPHY	54	1,901	
23.00			0	DRUGS CHARGED TO PATIENTS	56	110,329	
24.00			0	RENAL DIALYSIS	57	19,811	
25.00			0	WOUND CARE	58.01	47,406	
26.00			0	EMERGENCY	61	295,243	
27.00			0	GENESIS	63.01	7	
28.00			0	WOMENS CENTER	63.02	63,726	
29.00			0	RES HOMES	63.03	527	
30.00			0	ONCOLOGY CLINIC	63.04	10,232	
31.00			0	DIABETIC EDUCATION	63.07	457	
32.00			0	HOWARD CO CSS	63.11	29	
33.00			0	CLINTON COUNTY	63.12	201	
34.00			0	OB/GYN GREER	63.17	7,189	
35.00			0	CRITICAL CARE PHYSICIANS	63.19	10,066	
36.00			0	N CENTRAL PED	63.26	19,059	
37.00			0	CFHC	63.27	5,374	
38.00			0	PSYCH MEDICATION	63.28	382	
39.00			0	OTHER OUTPATIENT SERVICE COST	63.32	592	
40.00			0	DR B. FOGELSON	63.35	2,587	
41.00			0	DR BARROW	63.37	642	
42.00			0	DR. MOUALLA	63.38	170	
43.00			0	DR. SEDAGHAT	63.39	8,048	
44.00			0	DR. KINSEY	63.40	24,943	
45.00			0	AMBULANCE SERVICES	65	23,818	
46.00			0	OTHER NONREIMBURSABLE COST CEN	100	13,409	
47.00			0	HCH ONCOLOGY BERK	100.06	10,330	
48.00			0	HCH DR. T. GATEWOOD	100.07	2,224	
49.00			0	HCH DR. SALTER-ONCOLOGY	100.09	325	
50.00			0	HCH DR. TRAURING	100.10	6,630	
51.00			0	HCH MEDICAL SURGICAL PRACTICE	100.12	57,244	
TOTAL RECLASSIFICATIONS FOR CODE I			11,158,515				11,158,515

RECLASS CODE: J
 EXPLANATION : DRUG RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,889,250	EMPLOYEE BENEFITS	5	26,880	
2.00			0	OPERATION OF PLANT	8	2,546	
3.00			0	ADULTS & PEDIATRICS	25	10,735	
4.00			0	OPERATING ROOM	37	2,874	
5.00			0	ANESTHESIOLOGY	40	143,548	
6.00			0	MAGNETIC RESONANCE IMAGING (MR	41.02	14,090	
7.00			0	RENAL DIALYSIS	57	150	
8.00			0	WOUND CARE	58.01	8,456	
9.00			0	WOMENS CENTER	63.02	168	
10.00			0	RES HOMES	63.03	2	
11.00			0	ONCOLOGY CLINIC	63.04	737,197	
12.00			0	HOWARD CO CSS	63.11	128	
13.00			0	OB/GYN GREER	63.17	37,784	
14.00			0	CRITICAL CARE PHYSICIANS	63.19	7,313	
15.00			0	N CENTRAL PED	63.26	434,280	
16.00			0	CFHC	63.27	9,374	
17.00			0	OTHER OUTPATIENT SERVICE COST	63.32	3,722	
18.00			0	DR B. FOGELSON	63.35	11	
19.00			0	DR BARROW	63.37	1,627	
20.00			0	DR. MOUALLA	63.38	635	
21.00			0	DR. SEDAGHAT	63.39	34,910	
22.00			0	DR. KINSEY	63.40	8,720	
23.00			0	OTHER NONREIMBURSABLE COST CEN	100	28,617	
24.00			0	HCH ONCOLOGY BERK	100.06	368,863	
25.00			0	HCH DR. T. GATEWOOD	100.07	1,887	
26.00			0	HCH DR. TRAURING	100.10	4,733	
TOTAL RECLASSIFICATIONS FOR CODE J			1,889,250				1,889,250

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: K
EXPLANATION : SOCIAL WORKER RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	38,697	ADMINISTRATIVE & GENERAL	6	38,697	
TOTAL RECLASSIFICATIONS FOR CODE K			38,697				

RECLASS CODE: L
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,880,319	INTEREST EXPENSE	88	2,880,319	
TOTAL RECLASSIFICATIONS FOR CODE L			2,880,319				

RECLASS CODE: M
EXPLANATION : PSYCH ADMIN RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PSYCH ADMIN	19	1,092,231	GENESIS	63.01	1,092,231	
TOTAL RECLASSIFICATIONS FOR CODE M			1,092,231				

RECLASS CODE: N
EXPLANATION : WEST CAMPUS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WEST CAMPUS	100.05	846,768	ADMINISTRATIVE & GENERAL	6	750,600	
2.00			0	LABORATORY	44	63,633	
3.00			0	ELECTROCARDIOLOGY	53	32,535	
TOTAL RECLASSIFICATIONS FOR CODE N			846,768	846,768			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	565,187				565,187		565,187	
2	LAND IMPROVEMENTS	3,137,295	3,482,112			3,482,112	193,857	6,425,550	
3	BUILDINGS & FIXTURE	95,221,831	793,893			793,893	2,799,070	93,216,654	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT	6,671,564	2,033,509			2,033,509	33,059	8,672,014	
6	MOVABLE EQUIPMENT	40,140,022	5,431,426			5,431,426	1,192,911	44,378,537	
7	SUBTOTAL	145,735,899	11,740,940			11,740,940	4,218,897	153,257,942	
8	RECONCILING ITEMS								
9	TOTAL	145,735,899	11,740,940			11,740,940	4,218,897	153,257,942	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS			RATIO 4	ALLOCATION OF OTHER CAPITAL RELATED COSTS			TOTAL 8
		LEASES 2	FOR RATIO 3			INSURANCE 5	TAXES 6	OTHER CAPITAL 7	
* OLD CAP REL COSTS-BL									
1 01 OLD CAP REL COSTS-BL									
3 NEW CAP REL COSTS-BL									
3 01 NEW CAP REL COSTS-BL									
3 02 NEW CAP REL COSTS-BL									
3 03 NEW CAP REL COSTS-BL									
5 TOTAL				1.000000					

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* OLD CAP REL COSTS-BL	2,818,216						2,818,216
1 01 OLD CAP REL COSTS-BL	296,767						296,767
3 NEW CAP REL COSTS-BL	5,164,411	3,233,984	2,000,459	138,375			10,537,229
3 01 NEW CAP REL COSTS-BL	19,212						19,212
3 02 NEW CAP REL COSTS-BL							
3 03 NEW CAP REL COSTS-BL	37,731						37,731
5 TOTAL	8,336,337	3,233,984	2,000,459	138,375			13,709,155

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* OLD CAP REL COSTS-BL	8,388,819						8,388,819
1 01 OLD CAP REL COSTS-BL							
3 NEW CAP REL COSTS-BL							
3 01 NEW CAP REL COSTS-BL							
3 02 NEW CAP REL COSTS-BL							
3 03 NEW CAP REL COSTS-BL							
5 TOTAL	8,388,819						8,388,819

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0007
I

I PERIOD: I PREPARED 5/28/2009
I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER 3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	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					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-8,796,700			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-428,627			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-133,444	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	A	-2,728	OPERATION OF PLANT	8	
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			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 TELEMETRY/MED SUR MISC REV	B	-180	ADULTS & PEDIATRICS	25	
38 AMBL-MISC REV	B	-30,625	AMBULANCE SERVICES	65	
39 HOWARD CO CSS MISC REV	B	-3,560	HOWARD CO CSS	63.11	
40 CLINTON CO MISC REV	B	-52,465	CLINTON COUNTY	63.12	
41 GENESIS YOUTH MISC REV	B	-75,225	GENESIS	63.01	
42 GENESIS ADULT MISC REV	B	-48,568	GENESIS	63.01	
43 MED SUPP SOLD	B	-3,226	MEDICAL SUPPLIES CHARGED	55	
44 LAB OTHER OPER REV	B	-1,040,394	LABORATORY	44	
45 BLOOD BANK OTHER OP REV	B	-2,598	BLOOD STORING, PROCESSING	47	
46 RADIOLOGY OTHER OP REV	B	-122	ELECTROCARDIOLOGY	53	
47 RADIOLOGY OTHER OP REV	B	-80,595	RADIOLOGY-DIAGNOSTIC	41	
48 WOMENS CENTER OTHER OP REV	B	-59,546	WOMENS CENTER	63.02	
49 NUCLEAR MED OTHER OP REV	B	-8,972	RADIOLOGY-DIAGNOSTIC	41	
49.01 CT OTHER OP REV	B	-618,313	RADIOLOGY-DIAGNOSTIC	41	
49.02 DRUGS OTHER OP REV	B	-18	DRUGS CHARGED TO PATIENTS	56	
49.03 RESPIRATORY OTHER OP REV	B	-120	RESPIRATORY THERAPY	49	
49.04 CARDIOVASCULAR MISC REV	B	-62,934	RESPIRATORY THERAPY	49	
49.05 SPEECH OTHER OP REV	B	-3,883	PHYSICAL THERAPY	50	
49.06 NONPATIENT FOOD SALES	B	-312,921	CAFETERIA	12	
49.07 HOUSE/MAINT MISC REV	B	-22,000	HOUSEKEEPING	10	
49.08 PHONE MISC REV	A	-27,174	ADMINISTRATIVE & GENERAL	6	
49.09 PHONE SALES	A	-4,011	OLD CAP REL COSTS-BLDG &	1	9
49.10 GENERAL ACCT MISC REV	A	-12,236	ADMINISTRATIVE & GENERAL	6	
49.11 PHONE DEPRECIATION	A	-6,079	OLD CAP REL COSTS-BLDG &	1	9
49.12 VENDING MACHINE	A	-3,797	OLD CAP REL COSTS-BLDG &	1	9
49.13 ADVERTISING	A	-169,483	EMPLOYEE BENEFITS	5	
49.14 ADVERTISING	A	-772,931	ADMINISTRATIVE & GENERAL	6	
49.15 AHA LOBBYING	A	-6,614	ADMINISTRATIVE & GENERAL	6	
49.16 1990 DEPRECIATION	A	3,117	OLD CAP REL COSTS-BLDG &	1	9
49.17 1988 DEPRECIATION	A	303	OLD CAP REL COSTS-BLDG &	1	9
49.18 1985 DEPRECIATION	A	4,322	OLD CAP REL COSTS-BLDG &	1	9
49.19 1985 DEPRECIATION	A	-81,421	OLD CAP REL COSTS-BLDG &	1.01	9
49.20 SELF INSURANCE	A	-3,871,314	ADMINISTRATIVE & GENERAL	6	
49.21 PHYSICIAN RECRUITING	A	-107,230	ADMINISTRATIVE & GENERAL	6	
49.22 PHO CLAIM EXPENSE	A	289,720	ADMINISTRATIVE & GENERAL	6	
49.23 GUEST MEAL COST OFFSET	A	-28,562	CAFETERIA	12	
49.24 IHHA LOBBYING	A	-3,097	ADMINISTRATIVE & GENERAL	6	
49.25 PHYSICIAN GUARANTEE	A	-94,881	ADMINISTRATIVE & GENERAL	6	
49.26 PHO ADVANTAGE CLAIM EXPENSE	A	-6,864,680	ADMINISTRATIVE & GENERAL	6	
49.27 CHARITABLE DONATIONS	A	-83,040	ADMINISTRATIVE & GENERAL	6	
49.28 HUMAN RESOURCES MISC REV	B	-21,861	ADMINISTRATIVE & GENERAL	6	
49.29 OTHER OPER MISC REV	B	-4,421	ADMINISTRATIVE & GENERAL	6	
49.30 EDUCATION REVENUE	B	-633	ADMINISTRATIVE & GENERAL	6	
49.31 MED STAFF MISC REV	B	-14,553	ADMINISTRATIVE & GENERAL	6	
49.32 DRUGS TO NONPATIENT MISC REV	B	-21,501	DRUGS CHARGED TO PATIENTS	56	
49.33 RUSSIAVILLE OFF MISC REV	B	-23,423	RUSSIAVILLE OFFICE	63.30	
49.34 INTEREST INCOME	B	-879,860	NEW CAP REL COSTS-BLDG &	3	11

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0007
I

I PERIOD: I PREPARED 5/28/2009
I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

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	REF. 5	
49.35 PASTORAL CARE MISC REV	B	-2,811	PARAMED ED PRGM	24		
49.36 HRHS/REHAB JV MISC REV	B	-702,228	ADMINISTRATIVE & GENERAL	6		
49.37 BANK FEES	A	-132,551	ADMINISTRATIVE & GENERAL	6		
49.38 PLANT OP MISC REV	B	-1,187	OPERATION OF PLANT	8		
49.39 PHYS ANS SVC	B	-9,829	ADMINISTRATIVE & GENERAL	6		
49.40 ADVERTISING	A	-71	ADULTS & PEDIATRICS	25		
49.41 ADVERTISING	A	-296	DR. SEDAGHAT	63.39		
49.42						
49.43 PSYCH IP PROG MISC REV	B	-142	SUBPROVIDER	31		
49.44 B HEALTH TIPTON OTHER OPER REV	B	-972	B.HEALTH TIPTON	63.41		
49.45 KSC MANAGEMENT FEE	A	-15,000	ADMINISTRATIVE & GENERAL	6		
50 TOTAL (SUM OF LINES 1 THRU 49)		-25,458,191				

(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 & LAUNDRY CAPITAL	35,084		35,084	
2	9	LAUNDRY & LINEN SERVICE LAUNDRY	517,730	475,845	41,885	
3	41 2	MAGNETIC RESONANCE IMAGIN IMAGING CENTER	1,366,012	1,871,608	-505,596	
4						
5		TOTALS	1,918,826	2,347,453	-428,627	

* 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	C	NORTH CENT IN LINEN SVC		0.00	
2	C	IMAGING CTR OF NC IN		0.00	
3				0.00	
4				0.00	
5				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 15-0007
I

I PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008

I PREPARED 5/28/2009
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	25 ADULTS & Peds	10,875	10,875					
2	31 PSYCH	4,730	4,730					
3	34 SNF	15,000	15,000					
4	41 RADIOLOGY	5,900	5,900					
5	41 5 ONCOLOGY	31,646	31,646					
6	44 LAB	120,310	120,310					
7	49 RESPIRATORY	86,779	86,779					
8	54 EEG	44,705	44,705					
9	58 1 WOUND CARE	3,000	3,000					
10	61 EMERGENCY ROOM	27,079	27,079					
11	19 PSYCH ADMIN	24,405	24,405					
12	63 2 WOMEN'S CENTER	1,403	1,403					
13	63 4 DR STEELE	491,980	491,980					
14	63 16 DR AROUTINOVA	135,755	135,755					
15	63 17 OB/GYN GREER	355,462	355,462					
16	63 18 BECHAR-ONCOLOGY	628,589	628,589					
17	63 19 CRITICAL CARE P	1,572,495	1,572,495					
18	63 22 DR ERICKA	186,238	186,238					
19	63 23 DR HASAN	197,566	197,566					
20	63 25 DR M SHEI	187,088	187,088					
21	63 26 N. CENTRAL PED	957,175	957,175					
22	63 27 CFHC	425,768	425,768					
23	63 28 PSYCH MEDICAT MEDICAL	24,879	24,879					
24	63 32 DR JERRY GREER	120,675	120,675					
25	63 33 DR KOESTER	91	91					
26	63 35 DR B FOGELSON	1,508,541	1,508,541					
27	63 36 ONCOLOGY MOORE	539,622	539,622					
28	63 37 DR BARROW	160,840	160,840					
29	63 38 DR MOUALLA	421,695	421,695					
30	63 39 DR SEDAGHAT	222,856	222,856					
31	63 40 DR KINSEY	150,669	150,669					
32	63 42 PSYCH DR SCHILT	115,303	115,303					
35	63 43 BH CONTRACT PH MEDICAL	17,581	17,581					
101	TOTAL	8,796,700	8,796,700					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0007
I

I PERIOD:
I FROM 1/ 1/2008 I PREPARED 5/28/2009
I TO 12/31/2008 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
10	11	12	13	14	15	16	17	18
1	25	ADULTS & PEDS						10,875
2	31	PSYCH						4,730
3	34	SNF						15,000
4	41	RADIOLOGY						5,900
5	41	5 ONCOLOGY						31,646
6	44	LAB						120,310
7	49	RESPIRATORY						86,779
8	54	EEG						44,705
9	58	1 WOUND CARE						3,000
10	61	EMERGENCY ROOM						27,079
11	19	PSYCH ADMIN						24,405
12	63	2 WOMEN'S CENTER						1,403
13	63	4 DR STEELE						491,980
14	63	16 DR AROUTINOVA						135,755
15	63	17 OB/GYN GREER						355,462
16	63	18 BECHAR-ONCOLOGY						628,589
17	63	19 CRITICAL CARE P						1,572,495
18	63	22 DR ERICKA						186,238
19	63	23 DR HASAN						197,566
20	63	25 DR M SHEI						187,088
21	63	26 N. CENTRAL PED						957,175
22	63	27 CFHC						425,768
23	63	28 PSYCH MEDICAT MEDICAL						24,879
24	63	32 DR JERRY GREER						120,675
25	63	33 DR KOESTER						91
26	63	35 DR B FOGELSON						1,508,541
27	63	36 ONCOLOGY MOORE						539,622
28	63	37 DR BARROW						160,840
29	63	38 DR MOUALLA						421,695
30	63	39 DR SEDAGHAT						222,856
31	63	40 DR KINSEY						150,669
32	63	42 PSYCH DR SCHILT						115,303
35	63	43 BH CONTRACT PH MEDICAL						17,581
101		TOTAL						8,796,700

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	2	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTES		ENTERED
14	NURSING ADMINISTRATION	12	FTES		ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS.	ENTERED
16	PHARMACY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	16	TIME	SPENT	ENTERED
19	PSYCH ADMIN	17	PATIENT	REVENUE	ENTERED
24	PARAMED ED PRGM	18	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	3	3.01	3.02	3.03	
GENERAL SERVICE COST CNTR								
001 OLD CAP REL COSTS-BLDG &	2,818,216	2,818,216						
001 01 OLD CAP REL COSTS-BLDG &	296,767			296,767				
003 NEW CAP REL COSTS-BLDG &	10,537,229				10,537,229			
003 01 NEW CAP REL COSTS-BLDG &	19,212					19,212		
003 02 NEW CAP REL COSTS-BLDG &								
003 03 NEW CAP REL COSTS-BLDG &	37,731							37,731
005 EMPLOYEE BENEFITS	7,471,114							
006 ADMINISTRATIVE & GENERAL	10,670,614	357,476		1,336,591				
008 OPERATION OF PLANT	4,184,197	316,723	11,151	1,184,220		722		
009 LAUNDRY & LINEN SERVICE	517,731	14,871		55,604				
010 HOUSEKEEPING	867,719	16,065	306	60,066		20		
011 DIETARY	1,018,403	42,940		160,553				
012 CAFETERIA	181,399	32,699		122,261				
014 NURSING ADMINISTRATION	1,279,250	4,987		18,646				
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	1,430,795	16,936		63,324				
018 SOCIAL SERVICE	38,787	3,471		12,978				
019 PSYCH ADMIN	1,067,826	672		2,513				
024 PARAMED ED PRGM	271,982	5,927		22,159				
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	5,902,081	361,282		1,350,826				
026 INTENSIVE CARE UNIT	2,296,985	47,989		179,430				
031 SUBPROVIDER	1,842,482	27,301	65,991	102,077	4,272			
033 NURSERY	846,074	9,055		33,855				
034 SKILLED NURSING FACILITY	1,049,806	97,761		365,527				
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	3,158,541	120,117		449,112				
039 DELIVERY ROOM & LABOR ROO	526,286	43,270		161,784				
040 ANESTHESIOLOGY	239	837		3,129				
041 RADIOLOGY-DIAGNOSTIC	2,248,291	81,745	1,669	305,641	108			
041 02 MAGNETIC RESONANCE IMAGIN	1,449,271							
041 03 LITHOTRIPSY	86,291							
041 04 CARDIAC CATHETERIZATION L	1,391,568	14,878		55,629				
041 05 ONCOLOGY	2,312,289	135,791		507,717				
044 LABORATORY	1,589,626	33,646	2,755	125,801	178			
047 BLOOD STORING, PROCESSING		1,104		4,129				
049 RESPIRATORY THERAPY	2,171,203	30,141		112,695				
050 PHYSICAL THERAPY	746,518	15,070		56,347				
053 ELECTROCARDIOLOGY	2,168,324	713		2,667				
054 ELECTROENCEPHALOGRAPHY	814	2,188		8,182				
055 MEDICAL SUPPLIES CHARGED	11,216,583	21,779		81,431				
056 DRUGS CHARGED TO PATIENTS	12,842,371	10,337		38,651				
057 RENAL DIALYSIS	181,503							
058 ASC (NON-DISTINCT PART)								
058 01 WOUND CARE	430,535	14,172		52,988				
OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	2,782,683	313,705		1,172,935				
062 OBSERVATION BEDS (NON-DIS								
063 OTHER OUTPATIENT SERVICE								
063 01 GENESIS	931,912	263,645		985,760			37,731	
063 02 WOMENS CENTER	516,448	17,725		66,273				
063 03 RES HOMES	1,117,258							
063 04 ONCOLOGY CLINIC	574,285							
063 05								
063 06 FAMILY PRACTICE								
063 07 DIABETIC EDUCATION	104,248							
063 08 NEW CHOICES								
063 09 OB/GYN								
063 10 HOWARD CO CLINIC		82,314		307,769				
063 11 HOWARD CO CSS	503,181	70,035		261,860				
063 12 CLINTON COUNTY	562,845							
063 13 TELEMEDICINE								
063 14 TELEMEDICINE								
063 15 HC&T HAIDER	359,204							
063 16 DR AROUTINOVA	225,166							
063 17 OB/GYN GREER	311,810							
063 18 ONCOLOGY-BECHAR	167,185							
063 19 CRITICAL CARE PHYSICIANS	409,335							
063 20 PSYCH DR STEINER								
063 21 PSYCH GOOD HOPE								
063 22 PSYCH DR ERIKA	47,832							
063 23 PSYCH DR KENNETH	18,426							
063 24 PSYCH DR DEB	274,415							
063 25 PSYCH DR M SHEI	39,599							
063 26 N CENTRAL PED	1,412,125							
063 27 CFHC	655,286	70,035		261,860				
063 28 PSYCH MEDICATION	237,269							
063 29 PSYCH PHD CLINIC								
063 30 RUSSEVILLE OFFICE								
063 31 DR JERRY GREER								
063 32 OTHER OUTPATIENT SERVICE	175,013							
063 33 DR KOESTER	15,670							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	3	3.01	3.02	3.03
OUTPAT SERVICE COST CNTRS							
063 34 OPEN HEART							
063 35 DR B. FOGELSON	465,283						
063 36 ONCOLOGY MOORE	31,562						
063 37 DR BARROW	86,982						
063 38 DR. MOUALLA	80,063						
063 39 DR. SEDAGHAT	257,893						
063 40 DR. KINSEY	183,162						
063 41 B.HEALTH TIPTON	161,275						
063 42 DR. SCHILT	26,609						
063 43 B.HEALTH PH MEDICAL PHYS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	642,076	23,892		89,330			
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	110,542,753	2,723,294	81,872	10,182,320	5,300		37,731
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		11,270		42,139			
096 01 FOUNDATION	89,372	2,408		9,002			
098 PHYSICIANS' PRIVATE OFFIC	103,300		214,895		13,912		
100 OTHER NONREIMBURSABLE COS	533,151						
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES		81,244		303,768			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS	846,768						
100 06 HCH ONCOLOGY BERK	7,158						
100 07 HCH DR. T. GATEWOOD	250,111						
100 08 HCH DR. CHEN	1,243						
100 09 HCH DR. SALTER-ONCOLOGY	274,275						
100 10 HCH DR. TRAURING	102,715						
100 11 HCH DR. UNDERWOOD	86,917						
100 12 HCH MEDICAL SURGICAL PRAC	312,911						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	113,150,674	2,818,216	296,767	10,537,229	19,212		37,731

COST CENTER DESCRIPTION	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	5a.00	6	8	9	10	11
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS	7,471,114						
006 ADMINISTRATIVE & GENERAL	1,162,099	13,526,780	13,526,780				
008 OPERATION OF PLANT	199,292	5,896,305	818,631	6,714,936			
009 LAUNDRY & LINEN SERVICE	3,661	591,867	82,174	56,465	730,506		
010 HOUSEKEEPING	101,532	1,045,708	145,184	60,997		1,251,889	
011 DIETARY	81,531	1,303,427	180,965	163,041	5,533	10,185	1,663,151
012 CAFETERIA	42,482	378,841	52,598	124,156		9,030	
014 NURSING ADMINISTRATION	144,153	1,447,036	200,904	18,935		36,596	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	147,738	1,658,793	230,304	64,305			
018 SOCIAL SERVICE	5,807	61,043	8,475	13,179			
019 PSYCH ADMIN		1,071,011	2,874	2,552		134	
024 PARAMED ED PRGM	33,915	333,983	46,370	22,503			
INPAT RDUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	719,761	8,333,950	1,157,069	829,398	286,070	378,697	1,017,178
026 INTENSIVE CARE UNIT	267,652	2,792,056	387,643	136,084	98,479	51,049	148,169
031 SUBPROVIDER	238,274	2,280,397	316,606	103,659	17,651	224,484	295,171
033 NURSERY	103,361	992,345	137,775	34,379	7,125		
034 SKILLED NURSING FACILITY	121,235	1,634,329	226,907	371,191		87,532	202,633
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		3,727,770	517,556	456,071	97,438	94,645	
039 DELIVERY ROOM & LABOR ROO	64,294	795,634	110,464	164,291			
040 ANESTHESIOLOGY		4,205	584	3,177			
041 RADIOLOGY-DIAGNOSTIC	247,464	2,884,918	400,536	310,377	28,796	104,059	
041 02 MAGNETIC RESONANCE IMAGIN	10,701	1,459,972	202,700				
041 03 LITHOTRIPSY	1,363	87,654	12,170			11,925	
041 04 CARDIAC CATHETERIZATION L	164,736	1,626,811	225,863	56,491		38,802	
041 05 ONCOLOGY	200,826	3,156,623	438,259	304,048	14,994	1,830	
044 LABORATORY	82,245	1,834,251	254,664	127,750	1,357	25,669	
047 BLOOD STORING, PROCESSING		5,233		4,193			
049 RESPIRATORY THERAPY	266,318	2,580,357	358,252	114,441		7,113	
050 PHYSICAL THERAPY		817,935	113,560	57,221			
053 ELECTROCARDIOLOGY		2,171,704	143,217	2,709	48,937		
054 ELECTROENCEPHALOGRAPHY		11,184	1,553	8,308			
055 MEDICAL SUPPLIES CHARGED	17,588	11,337,381	1,574,059	82,692	900	4,510	
056 DRUGS CHARGED TO PATIENTS	207,622	13,098,981	1,818,680	39,250		8,608	
057 RENAL DIALYSIS		181,503	25,200		787		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	26,921	524,616	72,837	53,809	799	268	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	313,053	4,582,376	636,208	611,090	78,727	56,461	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	237,133	2,456,181	341,011	1,001,033	13,595	39,011	
063 02 WOMENS CENTER	51,904	652,350	90,571	67,300	12,564	23,102	
063 03 RES HOMES	131,354	1,248,612	173,355				
063 04 ONCOLOGY CLINIC	137,326	711,611	98,799				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	13,334	117,582	16,325				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC		390,083	54,158	312,538			
063 11 HOWARD CO CSS	64,418	899,494	124,884	265,918			
063 12 CLINTON COUNTY	73,648	636,493	88,369				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER	23,729	382,933	53,166				
063 16 DR AROUTINOVA	20,425	245,591	34,097				
063 17 OB/GYN GREER	88,643	400,453	55,598				
063 18 ONCOLOGY-BECHAR	112,366	279,551	38,812				
063 19 CRITICAL CARE PHYSICIANS	234,832	644,167	89,435				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA	31,728	79,560	11,046				
063 23 PSYCH DR KENNETH	30,153	48,579	6,745				
063 24 PSYCH DR DEB	37,473	311,888	43,302				
063 25 PSYCH DR M SHEI	29,149	68,748	9,545				
063 26 N CENTRAL PED	298,088	1,710,213	237,443				
063 27 CFHC	116,559	1,103,740	153,241	265,918		37,939	
063 28 PSYCH MEDICATION	31,151	268,420	37,267				
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE	37,815	212,828	29,549				
063 33 DR KOESTER	1,141	16,811	2,334				

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		5	5a.00	6	8	9	10	11
OUTPAT SERVICE COST CNTRS								
063	34 OPEN HEART							
063	35 DR B. FOGELSON	161,896	627,179	87,076				
063	36 ONCOLOGY MOORE	81,188	112,750	15,654				
063	37 DR BARRROW	25,826	112,808	15,662				
063	38 DR. MOUALLA	68,902	148,965	20,682				
063	39 DR. SEDAGHAT	47,703	305,596	42,428				
063	40 DR. KINSEY	37,519	220,681	30,639				
063	41 B.HEALTH TIPTON	20,723	181,998	25,268				
063	42 DR. SCHILT	17,776	44,385	6,162				
063	43 B.HEALTH PH MEDICAL PHYS							
OTHER REIMBURS COST CNTRS								
065	AMBULANCE SERVICES	78,860	834,158	115,813	45,058	16,754		
SPEC PURPOSE COST CENTERS								
095	SUBTOTALS	7,318,386	109,711,387	13,049,277	6,354,527	730,506	1,251,649	1,663,151
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP		53,409	7,415	42,792		240	
096	01 FOUNDATION	11,501	112,283	15,589	9,142			
098	PHYSICIANS' PRIVATE OFFIC		332,107	46,109				
100	OTHER NONREIMBURSABLE COS	59,489	592,640	82,281				
100	01 OTHER NONREIMBURSABLE COS							
100	02 OTHER NONREIMBURSABLE COS							
100	03 RESIDENTIAL HOMES		385,012	53,454	308,475			
100	04 OTHER NONREIMBURSABLE COS							
100	05 WEST CAMPUS		846,768	117,564				
100	06 HCH ONCOLOGY BERK		7,158	994				
100	07 HCH DR. T. GATEWOOD	21,989	272,100	37,778				
100	08 HCH DR. CHEN	138	1,381	192				
100	09 HCH DR. SALTER-ONCOLOGY	36,940	311,215	43,208				
100	10 HCH DR. TRAURING	10,477	113,192	15,715				
100	11 HCH DR. UNDERWOOD	12,194	99,111	13,760				
100	12 HCH MEDICAL SURGICAL PRAC		312,911	43,444				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	7,471,114	113,150,674	13,526,780	6,714,936	730,506	1,251,889	1,663,151

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	564,625						
014 NURSING ADMINISTRATION	16,570	1,720,041					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	27,599				1,981,001		
018 SOCIAL SERVICE	1,073					83,770	
019 PSYCH ADMIN							1,076,571
024 PARAMED ED PRGM	2,953						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	111,949	604,178			118,725	26,702	
026 INTENSIVE CARE UNIT	31,864	171,970			27,783	33,630	
031 SUBPROVIDER	34,502	186,204			39,558		
033 NURSERY	13,440	72,534					
034 SKILLED NURSING FACILITY	19,876	107,268			6,929		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	42,806	231,019			101,649		
039 DELIVERY ROOM & LABOR ROO	8,354					16,811	
040 ANESTHESIOLOGY					17,701		
041 RADIOLOGY-DIAGNOSTIC	34,527				327,972		
041 02 MAGNETIC RESONANCE IMAGIN	16,809				37,028		
041 03 LITHOTRIPSY	227				4,278		
041 04 CARDIAC CATHETERIZATION L					157,325		
041 05 ONCOLOGY	28,318				84,374		
044 LABORATORY	34,855				258,013		
047 BLOOD STORING, PROCESSING					11,843		
049 RESPIRATORY THERAPY	35,650				107,592		
050 PHYSICAL THERAPY					13,109		
053 ELECTROCARDIOLOGY					39,820		
054 ELECTROENCEPHALOGRAPHY					2,740		
055 MEDICAL SUPPLIES CHARGED	3,698				164,093		
056 DRUGS CHARGED TO PATIENTS	20,368				185,851		
057 RENAL DIALYSIS					2,208		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	5,351				13,709		
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	47,121	254,311			116,640	6,627	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS					32,334		643,096
063 02 WOMENS CENTER					15,158		
063 03 RES HOMES					26,720		
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	1,754				520		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					8,000		159,125
063 12 CLINTON COUNTY					11,305		224,847
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER					5,737		
063 18 ONCOLOGY-BECHAR					3,847		
063 19 CRITICAL CARE PHYSICIANS					17,398		
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					1,791		
063 23 PSYCH DR KENNETH					45		
063 24 PSYCH DR DEB					2,159		
063 25 PSYCH DR M SHEI					2,672		
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION					4,182		
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVIC	PSYCH	ADMIN
		12	14	15	16	17	18			19
OUTPAT SERVICE COST CNTRS										
063	34 OPEN HEART									
063	35 DR B. FOGELSON									
063	36 ONCOLOGY MOORE									
063	37 DR BARROW									
063	38 DR. MOUALLA									
063	39 DR. SEDAGHAT									
063	40 DR. KINSEY									
063	41 B.HEALTH TIPTON					2,489				49,503
063	42 DR. SCHILT									
063	43 B.HEALTH PH MEDICAL PHYS									
OTHER REIMBURS COST CNTRS										
065	AMBULANCE SERVICES	17,150	92,557			7,704				
SPEC PURPOSE COST CENTERS										
095	SUBTOTALS	556,814	1,720,041			1,981,001	83,770			1,076,571
NONREIMBURS COST CENTERS										
096	GIFT, FLOWER, COFFEE SHOP									
096	01 FOUNDATION	2,145								
098	PHYSICIANS' PRIVATE OFFIC									
100	OTHER NONREIMBURSABLE COS									
100	01 OTHER NONREIMBURSABLE COS									
100	02 OTHER NONREIMBURSABLE COS									
100	03 RESIDENTIAL HOMES									
100	04 OTHER NONREIMBURSABLE COS									
100	05 WEST CAMPUS									
100	06 HCH ONCOLOGY BERK									
100	07 HCH DR. T. GATEWOOD									
100	08 HCH DR. CHEN									
100	09 HCH DR. SALTER-ONCOLOGY									
100	10 HCH DR. TRAURING									
100	11 HCH DR. UNDERWOOD									
100	12 HCH MEDICAL SURGICAL PRAC	5,666								
101	CROSS FOOT ADJUSTMENT									
102	NEGATIVE COST CENTER									
103	TOTAL	564,625	1,720,041			1,981,001	83,770			1,076,571

COST CENTER DESCRIPTION	PARAMED GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24		25	26	27
GENERAL SERVICE COST CNTR					
001 OLD CAP REL COSTS-BLDG &					
001 01 OLD CAP REL COSTS-BLDG &					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-BLDG &					
003 03 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
019 PSYCH ADMIN					
024 PARAMED ED PRGM	405,809				
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	405,809		13,269,725		13,269,725
026 INTENSIVE CARE UNIT			3,878,727		3,878,727
031 SUBPROVIDER			3,498,232		3,498,232
033 NURSERY			1,257,598		1,257,598
034 SKILLED NURSING FACILITY			2,656,665		2,656,665
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			5,268,954		5,268,954
039 DELIVERY ROOM & LABOR ROO			1,095,554		1,095,554
040 ANESTHESIOLOGY			25,667		25,667
041 RADIOLOGY-DIAGNOSTIC			4,091,185		4,091,185
041 02 MAGNETIC RESONANCE IMAGIN			1,716,509		1,716,509
041 03 LITHOTRIPSY			116,254		116,254
041 04 CARDIAC CATHETERIZATION L			2,105,292		2,105,292
041 05 ONCOLOGY			4,028,446		4,028,446
044 LABORATORY			2,536,559		2,536,559
047 BLOOD STORING, PROCESSING			21,269		21,269
049 RESPIRATORY THERAPY			3,203,405		3,203,405
050 PHYSICAL THERAPY			1,001,825		1,001,825
053 ELECTROCARDIOLOGY			2,406,387		2,406,387
054 ELECTROENCEPHALOGRAPHY			23,785		23,785
055 MEDICAL SUPPLIES CHARGED			13,167,333		13,167,333
056 DRUGS CHARGED TO PATIENTS			15,171,738		15,171,738
057 RENAL DIALYSIS			209,698		209,698
058 ASC (NON-DISTINCT PART)					
058 01 WOUND CARE			671,389		671,389
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			6,389,561		6,389,561
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
063 01 GENESIS			4,526,261		4,526,261
063 02 WOMENS CENTER			861,045		861,045
063 03 RES HOMES			1,448,687		1,448,687
063 04 ONCOLOGY CLINIC			810,410		810,410
063 05					
063 06 FAMILY PRACTICE					
063 07 DIABETIC EDUCATION			136,181		136,181
063 08 NEW CHOICES					
063 09 OB/GYN					
063 10 HOWARD CO CLINIC			756,779		756,779
063 11 HOWARD CO CSS			1,457,421		1,457,421
063 12 CLINTON COUNTY			961,014		961,014
063 13 TELEMEDICINE					
063 14 TELEMEDICINE					
063 15 HC&T HAIDER			436,099		436,099
063 16 DR AROUTINOVA			279,688		279,688
063 17 OB/GYN GREER			461,788		461,788
063 18 ONCOLOGY-BECHAR			322,210		322,210
063 19 CRITICAL CARE PHYSICIANS			751,000		751,000
063 20 PSYCH DR STEINER					
063 21 PSYCH GOOD HOPE					
063 22 PSYCH DR ERIKA			92,397		92,397
063 23 PSYCH DR KENNETH			55,369		55,369
063 24 PSYCH DR DEB			357,349		357,349
063 25 PSYCH DR M SHEI			80,965		80,965
063 26 N CENTRAL PED			1,947,656		1,947,656
063 27 CFHC			1,560,838		1,560,838
063 28 PSYCH MEDICATION			309,869		309,869
063 29 PSYCH PHD CLINIC					
063 30 RUSSIAVILLE OFFICE					
063 31 DR JERRY GREER					
063 32 OTHER OUTPATIENT SERVICE			242,377		242,377
063 33 DR KOESTER			19,145		19,145

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PARAMED GM	ED	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24			25	26	27
OUTPAT SERVICE COST CNTRS						
063 34 OPEN HEART						
063 35 DR B. FOGELSON				714,255		714,255
063 36 ONCOLOGY MOORE				128,404		128,404
063 37 DR BARROW				128,470		128,470
063 38 DR. MOUALLA				169,647		169,647
063 39 DR. SEDAGHAT				348,024		348,024
063 40 DR. KINSEY				251,320		251,320
063 41 B.HEALTH TIPTON				259,258		259,258
063 42 DR. SCHILT				50,547		50,547
063 43 B.HEALTH PH MEDICAL PHYS						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES				1,129,194		1,129,194
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	405,809			108,865,424		108,865,424
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				103,856		103,856
096 01 FOUNDATION				139,159		139,159
098 PHYSICIANS' PRIVATE OFFIC				378,216		378,216
100 OTHER NONREIMBURSABLE COS				674,921		674,921
100 01 OTHER NONREIMBURSABLE COS						
100 02 OTHER NONREIMBURSABLE COS						
100 03 RESIDENTIAL HOMES				746,941		746,941
100 04 OTHER NONREIMBURSABLE COS						
100 05 WEST CAMPUS				964,332		964,332
100 06 HCH ONCOLOGY BERK				8,152		8,152
100 07 HCH DR. T. GATEWOOD				309,878		309,878
100 08 HCH DR. CHEN				1,573		1,573
100 09 HCH DR. SALTER-ONCOLOGY				354,423		354,423
100 10 HCH DR. TRAURING				128,907		128,907
100 11 HCH DR. UNDERWOOD				112,871		112,871
100 12 HCH MEDICAL SURGICAL PRAC				362,021		362,021
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	405,809			113,150,674		113,150,674

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	3	3.01	3.02	3.03
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL		357,476					
008 OPERATION OF PLANT		316,723	11,151				
009 LAUNDRY & LINEN SERVICE		14,871					
010 HOUSEKEEPING		16,065		306			
011 DIETARY		42,940					
012 CAFETERIA		32,699					
014 NURSING ADMINISTRATION		4,987					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		16,936					
018 SOCIAL SERVICE		3,471					
019 PSYCH ADMIN		672					
024 PARAMED ED PRGM		5,927					
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		361,282					
026 INTENSIVE CARE UNIT		47,989					
031 SUBPROVIDER		27,301	65,991				
033 NURSERY		9,055					
034 SKILLED NURSING FACILITY		97,761					
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		120,117					
039 DELIVERY ROOM & LABOR ROO		43,270					
040 ANESTHESIOLOGY		837					
041 RADIOLOGY-DIAGNOSTIC		81,745	1,669				
041 02 MAGNETIC RESONANCE IMAGIN							
041 03 LITHOTRIPSY							
041 04 CARDIAC CATHETERIZATION L		14,878					
041 05 ONCOLOGY		135,791					
044 LABORATORY		33,646	2,755				
047 BLOOD STORING, PROCESSING		1,104					
049 RESPIRATORY THERAPY		30,141					
050 PHYSICAL THERAPY		15,070					
053 ELECTROCARDIOLOGY		713					
054 ELECTROENCEPHALOGRAPHY		2,188					
055 MEDICAL SUPPLIES CHARGED		21,779					
056 DRUGS CHARGED TO PATIENTS		10,337					
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE		14,172					
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		313,705					
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS		263,645					
063 02 WOMENS CENTER		17,725					
063 03 RES HOMES							
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION							
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC		82,314					
063 11 HOWARD CO CSS		70,035					
063 12 CLINTON COUNTY							
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA							
063 23 PSYCH DR KENNETH							
063 24 PSYCH DR DEB							
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC		70,035					
063 28 PSYCH MEDICATION							
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							

COST CENTER DESCRIPTION		DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-BLDG &				
OUTPAT SERVICE COST CNTRS		0	1	1.01	3	3.01	3.02	3.03	
063	34 OPEN HEART								
063	35 DR. B. FOGELSON								
063	36 ONCOLOGY MOORE								
063	37 DR. BARROW								
063	38 DR. MOUALLA								
063	39 DR. SEDAGHAT								
063	40 DR. KINSEY								
063	41 B.HEALTH TIPTON								
063	42 DR. SCHILT								
063	43 B.HEALTH PH MEDICAL PHYS								
OTHER REIMBURS COST CNTRS									
065	AMBULANCE SERVICES		23,892						
SPEC PURPOSE COST CENTERS									
095	SUBTOTALS		2,723,294	81,872					
NONREIMBURS COST CENTERS									
096	GIFT, FLOWER, COFFEE SHOP		11,270						
096	01 FOUNDATION		2,408						
098	PHYSICIANS' PRIVATE OFFIC			214,895					
100	OTHER NONREIMBURSABLE COS								
100	01 OTHER NONREIMBURSABLE COS								
100	02 OTHER NONREIMBURSABLE COS								
100	03 RESIDENTIAL HOMES		81,244						
100	04 OTHER NONREIMBURSABLE COS								
100	05 WEST CAMPUS								
100	06 HCH ONCOLOGY BERK								
100	07 HCH DR. T. GATEWOOD								
100	08 HCH DR. CHEN								
100	09 HCH DR. SALTER-ONCOLOGY								
100	10 HCH DR. TRAURING								
100	11 HCH DR. UNDERWOOD								
100	12 HCH MEDICAL SURGICAL PRAC								
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL		2,818,216	296,767					

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	357,476		357,476				
008 OPERATION OF PLANT	327,874		21,634	349,508			
009 LAUNDRY & LINEN SERVICE	14,871		2,172	2,939	19,982		
010 HOUSEKEEPING	16,371		3,837	3,175		23,383	
011 DIETARY	42,940		4,782	8,486	151	190	56,549
012 CAFETERIA	32,699		1,390	6,462		169	
014 NURSING ADMINISTRATION	4,987		5,309	986		684	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	16,936		6,086	3,347			
018 SOCIAL SERVICE	3,471		224	686			
019 PSYCH ADMIN	672		76	133			
024 PARAMED ED PRGM	5,927		1,225	1,171		3	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	361,282		30,577	43,170	7,824	7,071	34,585
026 INTENSIVE CARE UNIT	47,989		10,244	7,083	2,694	953	5,038
031 SUBPROVIDER	93,292		8,367	5,395	483	4,193	10,036
033 NURSERY	9,055		3,641	1,789	195		
034 SKILLED NURSING FACILITY	97,761		5,996	19,320		1,635	6,890
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	120,117		13,677	23,738	2,665	1,768	
039 DELIVERY ROOM & LABOR ROO	43,270		2,919	8,551			
040 ANESTHESIOLOGY	837		15	165			
041 RADIOLOGY-DIAGNOSTIC	83,414		10,585	16,155	788	1,944	
041 02 MAGNETIC RESONANCE IMAGIN			5,357				
041 03 LITHOTRIPSY			322			223	
041 04 CARDIAC CATHETERIZATION L	14,878		5,969	2,940		725	
041 05 ONCOLOGY	135,791		11,582	15,825	410	34	
044 LABORATORY	36,401		6,730	6,649	37	479	
047 BLOOD STORING, PROCESSING	1,104			218			
049 RESPIRATORY THERAPY	30,141		9,467	5,957		133	
050 PHYSICAL THERAPY	15,070		3,001	2,978			
053 ELECTROCARDIOLOGY	713		3,785	141	1,339		
054 ELECTROENCEPHALOGRAPHY	2,188		41	432			
055 MEDICAL SUPPLIES CHARGED	21,779		41,597	4,304	25	84	
056 DRUGS CHARGED TO PATIENTS	10,337		48,070	2,043		161	
057 RENAL DIALYSIS			666		22		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	14,172		1,925	2,801	22	5	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	313,705		16,813	31,807	2,153	1,055	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	263,645		9,012	52,106	372	729	
063 02 WOMENS CENTER	17,725		2,393	3,503	344	432	
063 03 RES HOMES			4,581				
063 04 ONCOLOGY CLINIC			2,611				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION			431				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC	82,314		1,431	16,267			
063 11 HOWARD CO CSS	70,035		3,300	13,841			
063 12 CLINTON COUNTY			2,335				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER			1,405				
063 16 DR AROUTINOVA			901				
063 17 OB/GYN GREER			1,469				
063 18 ONCOLOGY-BECHAR			1,026				
063 19 CRITICAL CARE PHYSICIANS			2,363				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA			292				
063 23 PSYCH DR KENNETH			178				
063 24 PSYCH DR DEB			1,144				
063 25 PSYCH DR M SHEI			252				
063 26 N CENTRAL PED			6,275				
063 27 CFHC	70,035		4,050	13,841		709	
063 28 PSYCH MEDICATION			985				
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE			781				
063 33 DR KOESTER			62				

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
OUTPAT SERVICE COST CNTRS							
063 34 OPEN HEART							
063 35 DR B. FOGELSON			2,301				
063 36 ONCOLOGY MOORE			414				
063 37 DR BARROW			414				
063 38 DR. MOUALLA			547				
063 39 DR. SEDAGHAT			1,121				
063 40 DR. KINSEY			810				
063 41 B.HEALTH TIPTON			668				
063 42 DR. SCHILT			163				
063 43 B.HEALTH PH MEDICAL PHYS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	23,892		3,061	2,345	458		
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,805,166		344,857	330,749	19,982	23,379	56,549
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	11,270		196	2,227		4	
096 01 FOUNDATION	2,408		412	476			
098 PHYSICIANS' PRIVATE OFFIC	214,895		1,219				
100 OTHER NONREIMBURSABLE COS			2,174				
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES	81,244		1,413	16,056			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS			3,107				
100 06 HCH ONCOLOGY BERK			26				
100 07 HCH DR. T. GATEWOOD			998				
100 08 HCH DR. CHEN			5				
100 09 HCH DR. SALTER-ONCOLOGY			1,142				
100 10 HCH DR. TRAURING			415				
100 11 HCH DR. UNDERWOOD			364				
100 12 HCH MEDICAL SURGICAL PRAC			1,148				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,114,983		357,476	349,508	19,982	23,383	56,549

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	40,720						
014 NURSING ADMINISTRATION	1,195	13,161					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,990				28,359		
018 SOCIAL SERVICE	77					4,458	
019 PSYCH ADMIN							884
024 PARAMED ED PRGM	213						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,075	4,622			1,696	1,421	
026 INTENSIVE CARE UNIT	2,298	1,316			397	1,789	
031 SUBPROVIDER	2,488	1,425			565		
033 NURSERY	969	555					
034 SKILLED NURSING FACILITY	1,433	821			99		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,087	1,768			1,452		
039 DELIVERY ROOM & LABOR ROO	602					895	
040 ANESTHESIOLOGY					253		
041 RADIOLOGY-DIAGNOSTIC	2,490				4,748		
041 02 MAGNETIC RESONANCE IMAGIN	1,212				529		
041 03 LITHOTRIPSY	16				61		
041 04 CARDIAC CATHETERIZATION L					2,247		
041 05 ONCOLOGY	2,042				1,205		
044 LABORATORY	2,514				3,685		
047 BLOOD STORING, PROCESSING					169		
049 RESPIRATORY THERAPY	2,571				1,537		
050 PHYSICAL THERAPY					187		
053 ELECTROCARDIOLOGY					569		
054 ELECTROENCEPHALOGRAPHY					39		
055 MEDICAL SUPPLIES CHARGED	267				2,344		
056 DRUGS CHARGED TO PATIENTS	1,469				2,654		
057 RENAL DIALYSIS					32		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	386				196		
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,398	1,946			1,666	353	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS					462		527
063 02 WOMENS CENTER					216		
063 03 RES HOMES					382		
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	127				7		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					114		131
063 12 CLINTON COUNTY					161		185
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER					82		
063 18 ONCOLOGY-BECHAR					55		
063 19 CRITICAL CARE PHYSICIANS					248		
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					26		
063 23 PSYCH DR KENNETH					1		
063 24 PSYCH DR DEB					31		
063 25 PSYCH DR M SHEI					38		
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION					60		
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PSYCH ADMIN
		12	14	15	16	17	18	19
OUTPAT SERVICE COST CNTRS								
063	34 OPEN HEART							
063	35 DR. B. FOGELSON							
063	36 ONCOLOGY MOORE							
063	37 DR. BARRROW							
063	38 DR. MOUALLA							
063	39 DR. SEDAGHAT							
063	40 DR. KINSEY							
063	41 B.HEALTH TIPTON					36		41
063	42 DR. SCHILT							
063	43 B.HEALTH PH MEDICAL PHYS OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	1,237	708			110		
095	SPEC PURPOSE COST CENTERS SUBTOTALS	40,156	13,161			28,359	4,458	884
096	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
096	01 FOUNDATION	155						
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 OTHER NONREIMBURSABLE COS							
100	02 OTHER NONREIMBURSABLE COS							
100	03 RESIDENTIAL HOMES							
100	04 OTHER NONREIMBURSABLE COS							
100	05 WEST CAMPUS							
100	06 HCH ONCOLOGY BERK							
100	07 HCH DR. T. GATEWOOD							
100	08 HCH DR. CHEN							
100	09 HCH DR. SALTER-ONCOLOGY							
100	10 HCH DR. TRAURING							
100	11 HCH DR. UNDERWOOD							
100	12 HCH MEDICAL SURGICAL PRAC	409						
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	40,720	13,161			28,359	4,458	884

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
GENERAL SERVICE COST CNTR			
001 OLD CAP REL COSTS-BLDG &			
001 01 OLD CAP REL COSTS-BLDG &			
003 NEW CAP REL COSTS-BLDG &			
003 01 NEW CAP REL COSTS-BLDG &			
003 02 NEW CAP REL COSTS-BLDG &			
003 03 NEW CAP REL COSTS-BLDG &			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
019 PSYCH ADMIN			
024 PARAMED ED PRGM	8,536		
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	500,323		500,323
026 INTENSIVE CARE UNIT	79,801		79,801
031 SUBPROVIDER	126,244		126,244
033 NURSERY	16,204		16,204
034 SKILLED NURSING FACILITY	133,955		133,955
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	168,272		168,272
039 DELIVERY ROOM & LABOR ROO	56,237		56,237
040 ANESTHESIOLOGY	1,270		1,270
041 RADIOLOGY-DIAGNOSTIC	120,124		120,124
041 02 MAGNETIC RESONANCE IMAGIN	7,098		7,098
041 03 LITHOTRIPSY	622		622
041 04 CARDIAC CATHETERIZATION L	26,759		26,759
041 05 ONCOLOGY	166,889		166,889
044 LABORATORY	56,495		56,495
047 BLOOD STORING, PROCESSING	1,491		1,491
049 RESPIRATORY THERAPY	49,806		49,806
050 PHYSICAL THERAPY	21,236		21,236
053 ELECTROCARDIOLOGY	6,547		6,547
054 ELECTROENCEPHALOGRAPHY	2,700		2,700
055 MEDICAL SUPPLIES CHARGED	70,400		70,400
056 DRUGS CHARGED TO PATIENTS	64,734		64,734
057 RENAL DIALYSIS	720		720
058 ASC (NON-DISTINCT PART)			
058 01 WOUND CARE	19,507		19,507
OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	372,896		372,896
062 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 01 GENESIS	326,853		326,853
063 02 WOMENS CENTER	24,613		24,613
063 03 RES HOMES	4,963		4,963
063 04 ONCOLOGY CLINIC	2,611		2,611
063 05			
063 06 FAMILY PRACTICE			
063 07 DIABETIC EDUCATION	565		565
063 08 NEW CHOICES			
063 09 OB/GYN			
063 10 HOWARD CO CLINIC	100,012		100,012
063 11 HOWARD CO CSS	87,421		87,421
063 12 CLINTON COUNTY	2,681		2,681
063 13 TELEMEDICINE			
063 14 TELEMEDICINE			
063 15 HC&T HAIDER	1,405		1,405
063 16 DR AROUTINOVA	901		901
063 17 OB/GYN GREER	1,551		1,551
063 18 ONCOLOGY-BECHAR	1,081		1,081
063 19 CRITICAL CARE PHYSICIANS	2,611		2,611
063 20 PSYCH DR STEINER			
063 21 PSYCH GOOD HOPE			
063 22 PSYCH DR ERIKA	318		318
063 23 PSYCH DR KENNETH	179		179
063 24 PSYCH DR DEB	1,175		1,175
063 25 PSYCH DR M SHEI	290		290
063 26 N CENTRAL PED	6,275		6,275
063 27 CFHC	88,635		88,635
063 28 PSYCH MEDICATION	1,045		1,045
063 29 PSYCH PHD CLINIC			
063 30 RUSSIAVILLE OFFICE			
063 31 DR JERRY GREER			
063 32 OTHER OUTPATIENT SERVICE	781		781
063 33 DR KOESTER	62		62

COST CENTER DESCRIPTION		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
OUTPAT SERVICE COST CNTRS		25	26	27
063 34	OPEN HEART			
063 35	DR B. FOGELSON	2,301		2,301
063 36	ONCOLOGY MOORE	414		414
063 37	DR BARROW	414		414
063 38	DR. MOUALLA	547		547
063 39	DR. SEDAGHAT	1,121		1,121
063 40	DR. KINSEY	810		810
063 41	B.HEALTH TIPTON	745		745
063 42	DR. SCHILT	163		163
063 43	B.HEALTH PH MEDICAL PHYS			
OTHER REIMBURS COST CNTRS				
065	AMBULANCE SERVICES	31,811		31,811
SPEC PURPOSE COST CENTERS				
095	SUBTOTALS	2,764,684		2,764,684
NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP	13,697		13,697
096 01	FOUNDATION	3,451		3,451
098	PHYSICIANS' PRIVATE OFFIC	216,114		216,114
100	OTHER NONREIMBURSABLE COS	2,174		2,174
100 01	OTHER NONREIMBURSABLE COS			
100 02	OTHER NONREIMBURSABLE COS			
100 03	RESIDENTIAL HOMES	98,713		98,713
100 04	OTHER NONREIMBURSABLE COS			
100 05	WEST CAMPUS	3,107		3,107
100 06	HCH ONCOLOGY BERK	26		26
100 07	HCH DR. T. GATEWOOD	998		998
100 08	HCH DR. CHEN	5		5
100 09	HCH DR. SALTER-ONCOLOGY	1,142		1,142
100 10	HCH DR. TRAURING	415		415
100 11	HCH DR. UNDERWOOD	364		364
100 12	HCH MEDICAL SURGICAL PRAC	1,557		1,557
101	CROSS FOOT ADJUSTMENTS	8,536	8,536	8,536
102	NEGATIVE COST CENTER			
103	TOTAL	8,536	3,114,983	3,114,983

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	3	3.01	3.02	3.03
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL				1,336,591			
008 OPERATION OF PLANT				1,184,220	722		
009 LAUNDRY & LINEN SERVICE				55,604			
010 HOUSEKEEPING				60,066	20		
011 DIETARY				160,553			
012 CAFETERIA				122,261			
014 NURSING ADMINISTRATION				18,646			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				63,324			
018 SOCIAL SERVICE				12,978			
019 PSYCH ADMIN				2,513			
024 PARAMED ED PRGM				22,159			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,350,826			
026 INTENSIVE CARE UNIT				179,430			
031 SUBPROVIDER				102,077	4,272		
033 NURSERY				33,855			
034 SKILLED NURSING FACILITY				365,527			
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				449,112			
039 DELIVERY ROOM & LABOR ROO				161,784			
040 ANESTHESIOLOGY				3,129			
041 RADIOLOGY-DIAGNOSTIC				305,641	108		
041 02 MAGNETIC RESONANCE IMAGIN							
041 03 LITHOTRIPSY							
041 04 CARDIAC CATHETERIZATION L				55,629			
041 05 ONCOLOGY				507,717			
044 LABORATORY				125,801	178		
047 BLOOD STORING, PROCESSING				4,129			
049 RESPIRATORY THERAPY				112,695			
050 PHYSICAL THERAPY				56,347			
053 ELECTROCARDIOLOGY				2,667			
054 ELECTROENCEPHALOGRAPHY				8,182			
055 MEDICAL SUPPLIES CHARGED				81,431			
056 DRUGS CHARGED TO PATIENTS				38,651			
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE				52,988			
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				1,172,935			
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS				985,760			37,731
063 02 WOMENS CENTER				66,273			
063 03 RES HOMES							
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION							
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC				307,769			
063 11 HOWARD CO CSS				261,860			
063 12 CLINTON COUNTY							
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA							
063 23 PSYCH DR KENNETH							
063 24 PSYCH DR DEB							
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC				261,860			
063 28 PSYCH MEDICATION							
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &			
	0	1	1.01	3	3.01	3.02	3.03
OUTPAT SERVICE COST CNTRS							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 DR BARROW							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 DR. KINSEY							
063 41 B.HEALTH TIPTON							
063 42 DR. SCHILT							
063 43 B.HEALTH PH MEDICAL PHYS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				89,330			
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				10,182,320	5,300		37,731
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				42,139			
096 01 FOUNDATION				9,002			
098 PHYSICIANS' PRIVATE OFFIC					13,912		
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES				303,768			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS							
100 06 HCH ONCOLOGY BERK							
100 07 HCH DR. T. GATEWOOD							
100 08 HCH DR. CHEN							
100 09 HCH DR. SALTER-ONCOLOGY							
100 10 HCH DR. TRAURING							
100 11 HCH DR. UNDERWOOD							
100 12 HCH MEDICAL SURGICAL PRAC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				10,537,229	19,212		37,731

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	1,336,591		1,336,591				
008 OPERATION OF PLANT	1,184,942		80,891	1,265,833			
009 LAUNDRY & LINEN SERVICE	55,604		8,120	10,644	74,368		
010 HOUSEKEEPING	60,086		14,346	11,499		85,931	
011 DIETARY	160,553		17,882	30,735	563	699	210,432
012 CAFETERIA	122,261		5,197	23,405		620	
014 NURSING ADMINISTRATION	18,646		19,852	3,569		2,512	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	63,324		22,757	12,122			
018 SOCIAL SERVICE	12,978		837	2,484			
019 PSYCH ADMIN	2,513		284	481			
024 PARAMED ED PRGM	22,159		4,582	4,242			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,350,826		114,333	156,350	29,122	25,993	128,700
026 INTENSIVE CARE UNIT	179,430		38,304	25,653	10,026	3,504	18,747
031 SUBPROVIDER	106,349		31,285	19,541	1,797	15,409	37,347
033 NURSERY	33,855		13,614	6,481	725		
034 SKILLED NURSING FACILITY	365,527		22,421	69,973		6,008	25,638
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	449,112		51,141	85,974	9,920	6,497	
039 DELIVERY ROOM & LABOR ROO	161,784		10,915	30,970			
040 ANESTHESIOLOGY	3,129		58	599			
041 RADIOLOGY-DIAGNOSTIC	305,749		39,578	58,509	2,932	7,143	
041 02 MAGNETIC RESONANCE IMAGIN			20,029				
041 03 LITHOTRIPSY			1,203			819	
041 04 CARDIAC CATHETERIZATION L	55,629		22,318	10,649		2,663	
041 05 ONCOLOGY	507,717		43,306	57,316	1,526	126	
044 LABORATORY	125,979		25,164	24,082	138	1,762	
047 BLOOD STORING, PROCESSING	4,129			790			
049 RESPIRATORY THERAPY	112,695		35,400	21,573		488	
050 PHYSICAL THERAPY	56,347		11,221	10,787			
053 ELECTROCARDIOLOGY	2,667		14,152	511	4,982		
054 ELECTROENCEPHALOGRAPHY	8,182		153	1,566			
055 MEDICAL SUPPLIES CHARGED	81,431		155,538	15,588	92	310	
056 DRUGS CHARGED TO PATIENTS	38,651		179,680	7,399		591	
057 RENAL DIALYSIS			2,490		80		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	52,988		7,197	10,143	81	18	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,172,935		62,866	115,197	8,015	3,876	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	1,023,491		33,696	188,706	1,384	2,678	
063 02 WOMENS CENTER	66,273		8,950	12,687	1,279	1,586	
063 03 RES HOMES			17,130				
063 04 ONCOLOGY CLINIC			9,763				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION			1,613				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC	307,769		5,352	58,917			
063 11 HOWARD CO CSS	261,860		12,340	50,128			
063 12 CLINTON COUNTY			8,732				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER			5,253				
063 16 DR AROUTINOVA			3,369				
063 17 OB/GYN GREER			5,494				
063 18 ONCOLOGY-BECHAR			3,835				
063 19 CRITICAL CARE PHYSICIANS			8,837				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA			1,091				
063 23 PSYCH DR KENNETH			666				
063 24 PSYCH DR DEB			4,279				
063 25 PSYCH DR M SHEI			943				
063 26 N CENTRAL PED			23,462				
063 27 CFHC	261,860		15,142	50,128		2,604	
063 28 PSYCH MEDICATION			3,682				
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE			2,920				
063 33 DR KOESTER			231				

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
OUTPAT SERVICE COST CNTRS							
063 34 OPEN HEART							
063 35 DR B. FOGELSON			8,604				
063 36 ONCOLOGY MOORE			1,547				
063 37 DR BARROW			1,548				
063 38 DR. MOUALLA			2,044				
063 39 DR. SEDAGHAT			4,192				
063 40 DR. KINSEY			3,028				
063 41 B.HEALTH TIPTON			2,497				
063 42 DR. SCHILT			609				
063 43 B.HEALTH PH MEDICAL PHYS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	89,330		11,444	8,494	1,706		
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,225,351		1,289,407	1,197,892	74,368	85,915	210,432
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	42,139		733	8,067		16	
096 01 FOUNDATION	9,002		1,540	1,723			
098 PHYSICIANS' PRIVATE OFFIC	13,912		4,556				
100 OTHER NONREIMBURSABLE COS			8,130				
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES	303,768		5,282	58,151			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS			11,617				
100 06 HCH ONCOLOGY BERK			98				
100 07 HCH DR. T. GATEWOOD			3,733				
100 08 HCH DR. CHEN			19				
100 09 HCH DR. SALTER-ONCOLOGY			4,270				
100 10 HCH DR. TRAURING			1,553				
100 11 HCH DR. UNDERWOOD			1,360				
100 12 HCH MEDICAL SURGICAL PRAC			4,293				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,594,172		1,336,591	1,265,833	74,368	85,931	210,432

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	151,483						
014 NURSING ADMINISTRATION	4,445	49,024					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	7,405				105,608		
018 SOCIAL SERVICE	288					16,587	
019 PSYCH ADMIN							3,287
024 PARAMED ED PRGM	792						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	30,033	17,222			6,326	5,287	
026 INTENSIVE CARE UNIT	8,549	4,901			1,480	6,659	
031 SUBPROVIDER	9,257	5,307			2,108		
033 NURSERY	3,606	2,067					
034 SKILLED NURSING FACILITY	5,332	3,057			369		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,484	6,584			5,416		
039 DELIVERY ROOM & LABOR ROO	2,241					3,329	
040 ANESTHESIOLOGY					943		
041 RADIOLOGY-DIAGNOSTIC	9,263				17,530		
041 02 MAGNETIC RESONANCE IMAGIN	4,510				1,973		
041 03 LITHOTRIPSY	61				228		
041 04 CARDIAC CATHETERIZATION L					8,383		
041 05 ONCOLOGY	7,598				4,496		
044 LABORATORY	9,351				13,747		
047 BLOOD STORING, PROCESSING					631		
049 RESPIRATORY THERAPY	9,565				5,733		
050 PHYSICAL THERAPY					698		
053 ELECTROCARDIOLOGY					2,122		
054 ELECTROENCEPHALOGRAPHY					146		
055 MEDICAL SUPPLIES CHARGED	992				8,743		
056 DRUGS CHARGED TO PATIENTS	5,465				9,903		
057 RENAL DIALYSIS					118		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	1,436				730		
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	12,642	7,248			6,215	1,312	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS					1,723		1,964
063 02 WOMENS CENTER					808		
063 03 RES HOMES					1,424		
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	471				28		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					426		486
063 12 CLINTON COUNTY					602		686
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER					306		
063 18 ONCOLOGY-BECHAR					205		
063 19 CRITICAL CARE PHYSICIANS					927		
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					95		
063 23 PSYCH DR KENNETH					2		
063 24 PSYCH DR DEB					115		
063 25 PSYCH DR M SHEI					142		
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION					223		
063 29 PSYCH PHD CLINIC							
063 30 RUSSEVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PSYCH ADMIN
	12	14	15	16	17	18	19
063 34 OUTPAT SERVICE COST CNTRS							
063 35 OPEN HEART							
063 36 DR B. FOGELSON							
063 37 ONCOLOGY MOORE							
063 38 DR BARROW							
063 39 DR. MOUALLA							
063 40 DR. SEDAGHAT							
063 41 DR. KINSEY							
063 42 B.HEALTH TIPTON					133		151
063 43 DR. SCHILT							
063 44 B.HEALTH PH MEDICAL PHYS							
065 45 OTHER REIMBURS COST CNTRS							
065 46 AMBULANCE SERVICES	4,601	2,638			411		
095 47 SPEC PURPOSE COST CENTERS							
095 48 SUBTOTALS	149,387	49,024			105,608	16,587	3,287
096 49 NONREIMBURS COST CENTERS							
096 50 GIFT, FLOWER, COFFEE SHOP							
096 51 FOUNDATION	576						
098 52 PHYSICIANS' PRIVATE OFFIC							
100 53 OTHER NONREIMBURSABLE COS							
100 54 OTHER NONREIMBURSABLE COS							
100 55 OTHER NONREIMBURSABLE COS							
100 56 RESIDENTIAL HOMES							
100 57 OTHER NONREIMBURSABLE COS							
100 58 WEST CAMPUS							
100 59 HCH ONCOLOGY BERK							
100 60 HCH DR. T. GATEWOOD							
100 61 HCH DR. CHEN							
100 62 HCH DR. SALTER-ONCOLOGY							
100 63 HCH DR. TRAURING							
100 64 HCH DR. UNDERWOOD							
100 65 HCH MEDICAL SURGICAL PRAC	1,520						
101 66 CROSS FOOT ADJUSTMENTS							
102 67 NEGATIVE COST CENTER							
103 68 TOTAL	151,483	49,024			105,608	16,587	3,287

COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001 GENERAL SERVICE COST CNTR				
001 01 OLD CAP REL COSTS-BLDG &				
003 NEW CAP REL COSTS-BLDG &				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-BLDG &				
003 03 NEW CAP REL COSTS-BLDG &				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 PSYCH ADMIN				
024 PARAMED ED PRGM	31,775			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		1,864,192		1,864,192
026 INTENSIVE CARE UNIT		297,253		297,253
031 SUBPROVIDER		228,400		228,400
033 NURSERY		60,348		60,348
034 SKILLED NURSING FACILITY		498,325		498,325
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		626,128		626,128
039 DELIVERY ROOM & LABOR ROO		209,239		209,239
040 ANESTHESIOLOGY		4,729		4,729
041 RADIOLOGY-DIAGNOSTIC		440,704		440,704
041 02 MAGNETIC RESONANCE IMAGIN		26,512		26,512
041 03 LITHOTRIPSY		2,311		2,311
041 04 CARDIAC CATHETERIZATION L		99,642		99,642
041 05 ONCOLOGY		622,085		622,085
044 LABORATORY		200,223		200,223
047 BLOOD STORING, PROCESSING		5,550		5,550
049 RESPIRATORY THERAPY		185,454		185,454
050 PHYSICAL THERAPY		79,053		79,053
053 ELECTROCARDIOLOGY		24,434		24,434
054 ELECTROENCEPHALOGRAPHY		10,047		10,047
055 MEDICAL SUPPLIES CHARGED		262,694		262,694
056 DRUGS CHARGED TO PATIENTS		241,689		241,689
057 RENAL DIALYSIS		2,688		2,688
058 ASC (NON-DISTINCT PART)				
058 01 WOUND CARE		72,593		72,593
061 OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		1,390,306		1,390,306
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
063 01 GENESIS		1,253,642		1,253,642
063 02 WOMENS CENTER		91,583		91,583
063 03 RES HOMES		18,554		18,554
063 04 ONCOLOGY CLINIC		9,763		9,763
063 05				
063 06 FAMILY PRACTICE				
063 07 DIABETIC EDUCATION		2,112		2,112
063 08 NEW CHOICES				
063 09 OB/GYN				
063 10 HOWARD CO CLINIC		372,038		372,038
063 11 HOWARD CO CSS		325,240		325,240
063 12 CLINTON COUNTY		10,020		10,020
063 13 TELEMEDICINE				
063 14 TELEMEDICINE				
063 15 HC&T HAIDER		5,253		5,253
063 16 DR AROUTINOVA		3,369		3,369
063 17 OB/GYN GREER		5,800		5,800
063 18 ONCOLOGY-BECHAR		4,040		4,040
063 19 CRITICAL CARE PHYSICIANS		9,764		9,764
063 20 PSYCH DR STEINER				
063 21 PSYCH GOOD HOPE				
063 22 PSYCH DR ERIKA		1,186		1,186
063 23 PSYCH DR KENNETH		668		668
063 24 PSYCH DR DEB		4,394		4,394
063 25 PSYCH DR M SHEI		1,085		1,085
063 26 N CENTRAL PED		23,462		23,462
063 27 CFHC		329,734		329,734
063 28 PSYCH MEDICATION		3,905		3,905
063 29 PSYCH PHD CLINIC				
063 30 RUSSIAVILLE OFFICE				
063 31 DR JERRY GREER				
063 32 OTHER OUTPATIENT SERVICE		2,920		2,920
063 33 DR KOESTER		231		231

COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
OUTPAT SERVICE COST CNTRS				
063 34 OPEN HEART				
063 35 DR B. FOGELSON		8,604		8,604
063 36 ONCOLOGY MOORE		1,547		1,547
063 37 DR BARROW		1,548		1,548
063 38 DR. MOUALLA		2,044		2,044
063 39 DR. SEDAGHAT		4,192		4,192
063 40 DR. KINSEY		3,028		3,028
063 41 B.HEALTH TIPTON		2,781		2,781
063 42 DR. SCHILT		609		609
063 43 B.HEALTH PH MEDICAL PHYS				
OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		118,624		118,624
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		10,076,339		10,076,339
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		50,955		50,955
096 01 FOUNDATION		12,841		12,841
098 PHYSICIANS' PRIVATE OFFIC		18,468		18,468
100 OTHER NONREIMBURSABLE COS		8,130		8,130
100 01 OTHER NONREIMBURSABLE COS				
100 02 OTHER NONREIMBURSABLE COS				
100 03 RESIDENTIAL HOMES		367,201		367,201
100 04 OTHER NONREIMBURSABLE COS				
100 05 WEST CAMPUS		11,617		11,617
100 06 HCH ONCOLOGY BERK		98		98
100 07 HCH DR. T. GATEWOOD		3,733		3,733
100 08 HCH DR. CHEN		19		19
100 09 HCH DR. SALTER-ONCOLOGY		4,270		4,270
100 10 HCH DR. TRAURING		1,553		1,553
100 11 HCH DR. UNDERWOOD		1,360		1,360
100 12 HCH MEDICAL SURGICAL PRAC		5,813		5,813
101 CROSS FOOT ADJUSTMENTS	31,775	31,775		31,775
102 NEGATIVE COST CENTER				
103 TOTAL	31,775	10,594,172		10,594,172

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET	OLD CAP REL C OSTS-BLDG & (SQUARE)FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FEET
	1	1.01	3	3.01	3.02	3.03
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	410,849					
003 NEW CAP REL COSTS-BLD		54,397	410,849			
003 01 NEW CAP REL COSTS-BLD				54,397		
003 02 NEW CAP REL COSTS-BLD					28,704	
003 03 NEW CAP REL COSTS-BLD						7,065
005 EMPLOYEE BENEFITS					3,500	
006 ADMINISTRATIVE & GENE	52,114		52,114		2,312	
008 OPERATION OF PLANT	46,173	2,044	46,173	2,044		
009 LAUNDRY & LINEN SERVI	2,168		2,168			
010 HOUSEKEEPING	2,342	56	2,342	56		
011 DIETARY	6,260		6,260			
012 CAFETERIA	4,767		4,767			
014 NURSING ADMINISTRATIO	727		727			
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB	2,469		2,469			
018 SOCIAL SERVICE	506		506			
019 PSYCH ADMIN	98		98			
024 PARAMED ED PRGM	864		864			
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	52,669		52,669			
026 INTENSIVE CARE UNIT	6,996		6,996			
031 SUBPROVIDER	3,980	12,096	3,980	12,096		
033 NURSERY	1,320		1,320			
034 SKILLED NURSING FACIL	14,252		14,252			
037 OPERATING ROOM	17,511		17,511			
039 DELIVERY ROOM & LABOR	6,308		6,308			
040 ANESTHESIOLOGY	122		122			
041 RADIOLOGY-DIAGNOSTIC	11,917	306	11,917	306		
041 02 MAGNETIC RESONANCE IM						
041 03 LITHOTRIPSY						
041 04 CARDIAC CATHETERIZATI	2,169		2,169			
041 05 ONCOLOGY	19,796		19,796			
044 LABORATORY	4,905	505	4,905	505		
047 BLOOD STORING, PROCES	161		161			
049 RESPIRATORY THERAPY	4,394		4,394			
050 PHYSICAL THERAPY	2,197		2,197			
053 ELECTROCARDIOLOGY	104		104			
054 ELECTROENCEPHALOGRAPH	319		319			
055 MEDICAL SUPPLIES CHAR	3,175		3,175			
056 DRUGS CHARGED TO PATI	1,507		1,507			
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
058 01 WOUND CARE	2,066		2,066			
061 EMERGENCY	45,733		45,733			
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 01 GENESIS	38,435		38,435			7,065
063 02 WOMENS CENTER	2,584		2,584			
063 03 RES HOMES						
063 04 ONCOLOGY CLINIC						
063 05						
063 06 FAMILY PRACTICE						
063 07 DIABETIC EDUCATION						
063 08 NEW CHOICES						
063 09 OB/GYN					1,542	
063 10 HOWARD CO CLINIC	12,000		12,000			
063 11 HOWARD CO CSS	10,210		10,210			
063 12 CLINTON COUNTY						
063 13 TELEMEDICINE						
063 14 TELEMEDICINE						
063 15 HC&T HAIDER						
063 16 DR AROUTINOVA						
063 17 OB/GYN GREER						
063 18 ONCOLOGY-BECHAR						
063 19 CRITICAL CARE PHYSICI						
063 20 PSYCH DR STEINER						
063 21 PSYCH GOOD HOPE						
063 22 PSYCH DR ERIKA						
063 23 PSYCH DR KENNETH						
063 24 PSYCH DR DEB						
063 25 PSYCH DR M SHEI						
063 26 N CENTRAL PED						
063 27 CFHC	10,210		10,210			
063 28 PSYCH MEDICATION						
063 29 PSYCH PHD CLINIC						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)
	1	1.01	3	3.01	3.02	3.03
OUTPAT SERVICE COST C						
063 30 RUSSIAVILLE OFFICE						
063 31 DR JERRY GREER						
063 32 OTHER OUTPATIENT SERV						
063 33 DR KOESTER						
063 34 OPEN HEART						
063 35 DR B. FOGELSON						
063 36 ONCOLOGY MOORE						
063 37 DR BARROW						
063 38 DR. MOUALLA						
063 39 DR. SEDAGHAT						
063 40 DR. KINSEY						
063 41 B.HEALTH TIPTON						
063 42 DR. SCHILT						
063 43 B.HEALTH PH MEDICAL P						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	3,483		3,483			
SPEC PURPOSE COST CEN						
095 SUBTOTALS	397,011	15,007	397,011	15,007	7,354	7,065
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,643		1,643			
096 01 FOUNDATION	351		351			
098 PHYSICIANS' PRIVATE O		39,390		39,390	21,350	
100 OTHER NONREIMBURSABLE						
100 01 OTHER NONREIMBURSABLE						
100 02 OTHER NONREIMBURSABLE						
100 03 RESIDENTIAL HOMES	11,844		11,844			
100 04 OTHER NONREIMBURSABLE						
100 05 WEST CAMPUS						
100 06 HCH ONCOLOGY BERK						
100 07 HCH DR. T. GATEWOOD						
100 08 HCH DR. CHEN						
100 09 HCH DR. SALTER-ONCOLO						
100 10 HCH DR. TRAURING						
100 11 HCH DR. UNDERWOOD						
100 12 HCH MEDICAL SURGICAL						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,818,216	296,767	10,537,229	19,212		37,731
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.859493	5.455577	25.647450	.353181		5.340552
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS SALARIES	) RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(POUNDS OF LAUNDRY	(HOURS OF SERVICE	(MEALS SERVED
	5	6a.00	6	8	9	10	11
001 GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS	49,657,477						
006 ADMINISTRATIVE & GENERAL	7,724,011	-13,526,780	97,428,183				
008 OPERATION OF PLANT	1,324,615		5,896,305	257,822			
009 LAUNDRY & LINEN SERVICE	24,331		591,867	2,168	602,411		
010 HOUSEKEEPING	674,841		1,045,708	2,342		485,757	
011 DIETARY	541,902		1,303,427	6,260	4,563	3,952	132,530
012 CAFETERIA	282,362		378,841	4,767		3,504	
014 NURSING ADMINISTRATIVE	958,127		1,447,036	727		14,200	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	981,954		1,658,793	2,469			
018 SOCIAL SERVICE	38,597		61,043	506			
019 PSYCH ADMIN		-1,050,311	20,700	98		52	
024 PARAMEDICAL PRGM	225,418		333,983	864			
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	4,783,962		8,333,950	31,845	235,906	146,942	81,055
026 INTENSIVE CARE UNIT	1,778,976		2,792,056	5,225	81,211	19,808	11,807
031 SUBPROVIDER	1,583,712		2,280,397	3,980	14,556	87,104	23,521
033 NURSERY	686,997		992,345	1,320	5,876		
034 SKILLED NURSING FACILITY	805,801		1,634,329	14,252		33,964	16,147
037 OPERATING ROOM			3,727,770	17,511	80,352	36,724	
039 DELIVERY ROOM & LABOR	427,335		795,634	6,308			
040 ANESTHESIOLOGY			4,205	122			
041 RADIOLOGY-DIAGNOSTIC	1,644,793		2,884,918	11,917	23,747	40,377	
041 02 MAGNETIC RESONANCE IMAGING	71,124		1,459,972				
041 03 LITHOTRIPSY	9,056		87,654			4,627	
041 04 CARDIAC CATHETERIZATION	1,094,931		1,626,811	2,169		15,056	
041 05 ONCOLOGY	1,334,809		3,156,623	11,674	12,365	710	
044 LABORATORY	546,647		1,834,251	4,905	1,119	9,960	
047 BLOOD STORING, PROCESSING		-5,233		161			
049 RESPIRATORY THERAPY	1,770,110		2,580,357	4,394		2,760	
050 PHYSICAL THERAPY			817,935	2,197			
053 ELECTROCARDIOLOGY		-1,140,167	1,031,537	104	40,356		
054 ELECTROENCEPHALOGRAPHY			11,184	319			
055 MEDICAL SUPPLIES CHARGED	116,897		11,337,381	3,175	742	1,750	
056 DRUGS CHARGED TO PATIENTS	1,379,981		13,098,981	1,507		3,340	
057 RENAL DIALYSIS			181,503		649		
058 ASC (NON-DISTINCT PATIENTS)							
058 01 WOUND CARE	178,932		524,616	2,066	659	104	
061 OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY	2,080,738		4,582,376	23,463	64,922	21,908	
062 OBSERVATION BEDS (NON-PAYING)							
063 OTHER OUTPATIENT SERVICES							
063 01 GENESIS	1,576,125		2,456,181	38,435	11,211	15,137	
063 02 WOMENS CENTER	344,988		652,350	2,584	10,361	8,964	
063 03 RES HOMES	873,060		1,248,612				
063 04 ONCOLOGY CLINIC	912,753		711,611				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	88,629		117,582				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC			390,083	12,000			
063 11 HOWARD CO CSS	428,162		899,494	10,210			
063 12 CLINTON COUNTY	489,511		636,493				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER	157,715		382,933				
063 16 DR AROUTINOVA	135,755		245,591				
063 17 OB/GYN GREER	589,174		400,453				
063 18 ONCOLOGY-BECHAR	746,852		279,551				
063 19 CRITICAL CARE PHYSICIANS	1,560,836		644,167				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA	210,883		79,560				
063 23 PSYCH DR KENNETH	200,412		48,579				
063 24 PSYCH DR DEB	249,065		311,888				
063 25 PSYCH DR M SHEPHERD	193,743		68,748				
063 26 N CENTRAL PED	1,981,271		1,710,213				
063 27 CFHC	774,720		1,103,740	10,210		14,721	
063 28 PSYCH MEDICATION	207,047		268,420				
063 29 PSYCH PHD CLINIC							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS SALARIES	) RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(POUNDS OF LAUNDRY	(HOURS OF SERVICE	(MEALS SERVED
	5	6a.00	6	8	9	10	11
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERV	251,341		212,828				
063 33 DR KOESTER	7,583		16,811				
063 34 OPEN HEART							
063 35 DR B. FOGELSON	1,076,060		627,179				
063 36 ONCOLOGY MOORE	539,622		112,750				
063 37 DR BARROW	171,656		112,808				
063 38 DR. MOUALLA	457,966		148,965				
063 39 DR. SEDAGHAT	317,060		305,596				
063 40 DR. KINSEY	249,376		220,681				
063 41 B.HEALTH TIPTON	137,740		181,998				
063 42 DR. SCHILT	118,149		44,385				
063 43 B.HEALTH PH MEDICAL P OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	524,148		834,158	1,730	13,816		
095 SPEC PURPOSE COST CEN SUBTOTALS	48,642,361	-15,722,491	93,988,896	243,984	602,411	485,664	132,530
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE			53,409	1,643		93	
096 01 FOUNDATION	76,442		112,283	351			
098 PHYSICIANS' PRIVATE O			332,107				
100 OTHER NONREIMBURSABLE	395,397		592,640				
100 01 OTHER NONREIMBURSABLE							
100 02 OTHER NONREIMBURSABLE							
100 03 RESIDENTIAL HOMES			385,012	11,844			
100 04 OTHER NONREIMBURSABLE							
100 05 WEST CAMPUS			846,768				
100 06 HCH ONCOLOGY BERK			7,158				
100 07 HCH DR. T. GATEWOOD	146,155		272,100				
100 08 HCH DR. CHEN	917		1,381				
100 09 HCH DR. SALTER-ONCOLO	245,522		311,215				
100 10 HCH DR. TRAURING	69,637		113,192				
100 11 HCH DR. UNDERWOOD	81,046		99,111				
100 12 HCH MEDICAL SURGICAL			312,911				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	7,471,114		13,526,780	6,714,936	730,506	1,251,889	1,663,151
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.150453		.138838	26.044853	1.212637	2.577192	12.549242
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			357,476	349,508	19,982	23,383	56,549
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)			.003669	1.355617	.033170	.048137	.426688
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			1,336,591	1,265,833	74,368	85,931	210,432
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.013719	4.909717	.123451	.176901	1.587807

COST CENTER DESCRIPTION	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLIES (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (GROSS) CHARGES	SOCIAL SERVICE (TIME) SPENT	PSYCH ADMIN (PATIENT) REVENUE
	12	14	15	16	17	18	19
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	44,742						
014 NURSING ADMINISTRATION	1,313	25,255					
015 CENTRAL SERVICES & SUPPLIES			100				
016 PHARMACY				100			
017 MEDICAL RECORDS & LIBRARY	2,187				272,042,922		
018 SOCIAL SERVICE	85					13,424	
019 PSYCH ADMIN							7,433,111
024 PARAMEDICAL PRGM	234						
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	8,871	8,871			16,303,919	4,279	
026 INTENSIVE CARE UNIT	2,525	2,525			3,815,255	5,389	
031 SUBPROVIDER	2,734	2,734			5,432,243		
033 NURSERY	1,065	1,065					
034 SKILLED NURSING FACILITY	1,575	1,575			951,569		
ANCILLARY SRVC COST C							
037 OPERATING ROOM	3,392	3,392			13,958,944		
039 DELIVERY ROOM & LABOR	662					2,694	
040 ANESTHESIOLOGY					2,430,788		
041 RADIOLOGY-DIAGNOSTIC	2,736				45,041,047		
041 02 MAGNETIC RESONANCE IM	1,332				5,084,933		
041 03 LITHOTRIPSY	18				587,420		
041 04 CARDIAC CATHETERIZATION					21,604,615		
041 05 ONCOLOGY	2,244				11,586,609		
044 LABORATORY	2,762				35,431,620		
047 BLOOD STORING, PROCESSING					1,626,323		
049 RESPIRATORY THERAPY	2,825				14,775,002		
050 PHYSICAL THERAPY					1,800,146		
053 ELECTROCARDIOLOGY					5,468,281		
054 ELECTROENCEPHALOGRAPHY					376,300		
055 MEDICAL SUPPLIES CHARGED	293		100		22,534,104		
056 DRUGS CHARGED TO PATIENT	1,614			100	25,521,921		
057 RENAL DIALYSIS					303,203		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	424				1,882,607		
OUTPAT SERVICE COST C							
061 EMERGENCY	3,734	3,734			16,017,572	1,062	
062 OBSERVATION BEDS (NON-EMERGENCY)							
063 OTHER OUTPATIENT SERVICES							
063 01 GENESIS					4,440,220		4,440,220
063 02 WOMENS CENTER					2,081,556		
063 03 RES HOMES					3,669,255		
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	139				71,402		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					1,098,667		1,098,667
063 12 CLINTON COUNTY					1,552,435		1,552,435
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER					787,801		
063 18 ONCOLOGY-BECHAR					528,307		
063 19 CRITICAL CARE PHYSICIAN					2,389,243		
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					245,929		
063 23 PSYCH DR KENNETH					6,230		
063 24 PSYCH DR DEB					296,422		
063 25 PSYCH DR M SHEI					366,898		
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION					574,340		
063 29 PSYCH PHD CLINIC							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTES)	NURSING ADMIN ISTRATION (FTES)	CENTRAL SERVI CES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECOR DS & LIBRARY (GROSS) CHARGES	SOCIAL SERVIC E (TIME) SPENT	PSYCH ADMIN (PATIENT) REVENUE
	12	14	15	16	17	18	19
OUTPAT SERVICE COST C							
063 30 RUSSEVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERV							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 DR BARROW							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 DR. KINSEY							
063 41 B.HEALTH TIPTON					341,789		341,789
063 42 DR. SCHILT							
063 43 B.HEALTH PH MEDICAL P							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	1,359	1,359			1,058,007		
SPEC PURPOSE COST CEN							
095 SUBTOTALS	44,123	25,255	100	100	272,042,922	13,424	7,433,111
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 FOUNDATION	170						
098 PHYSICIANS' PRIVATE O							
100 OTHER NONREIMBURSABLE							
100 01 OTHER NONREIMBURSABLE							
100 02 OTHER NONREIMBURSABLE							
100 03 RESIDENTIAL HOMES							
100 04 OTHER NONREIMBURSABLE							
100 05 WEST CAMPUS							
100 06 HCH ONCOLOGY BERK							
100 07 HCH DR. T. GATEWOOD							
100 08 HCH DR. CHEN							
100 09 HCH DR. SALTER-ONCOLO							
100 10 HCH DR. TRAURING							
100 11 HCH DR. UNDERWOOD							
100 12 HCH MEDICAL SURGICAL	449						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	564,625	1,720,041			1,981,001	83,770	1,076,571
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	12.619574	68.106949			.007282	6.240316	.144835
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	40,720	13,161			28,359	4,458	884
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER	.910107	.521125			.000104	.332092	.000119
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	151,483	49,024			105,608	16,587	3,287
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	3.385700	1.941160			.000388	1.235623	.000442
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER
 DESCRIPTION

PARAMED ED PR
 GM

(ASSIGNED
 TIME)

24

001	GENERAL SERVICE COST	
001	01 OLD CAP REL COSTS-BLD	
003	NEW CAP REL COSTS-BLD	
003	01 NEW CAP REL COSTS-BLD	
003	02 NEW CAP REL COSTS-BLD	
003	03 NEW CAP REL COSTS-BLD	
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	
016	PHARMACY	
017	MEDICAL RECORDS & LIB	
018	SOCIAL SERVICE	
019	PSYCH ADMIN	
024	PARAMED ED PRGM	100
	INPAT ROUTINE SRVC CN	
025	ADULTS & PEDIATRICS	100
026	INTENSIVE CARE UNIT	
031	SUBPROVIDER	
033	NURSERY	
034	SKILLED NURSING FACIL	
	ANCILLARY SRVC COST C	
037	OPERATING ROOM	
039	DELIVERY ROOM & LABOR	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	
041	02 MAGNETIC RESONANCE IM	
041	03 LITHOTRIPSY	
041	04 CARDIAC CATHETERIZATI	
041	05 ONCOLOGY	
044	LABORATORY	
047	BLOOD STORING, PROCES	
049	RESPIRATORY THERAPY	
050	PHYSICAL THERAPY	
053	ELECTROCARDIOLOGY	
054	ELECTROENCEPHALOGRAPH	
055	MEDICAL SUPPLIES CHAR	
056	DRUGS CHARGED TO PATI	
057	RENAL DIALYSIS	
058	ASC (NON-DISTINCT PAR	
058	01 WOUND CARE	
	OUTPAT SERVICE COST C	
061	EMERGENCY	
062	OBSERVATION BEDS (NON	
063	OTHER OUTPATIENT SERV	
063	01 GENESIS	
063	02 WOMENS CENTER	
063	03 RES HOMES	
063	04 ONCOLOGY CLINIC	
063	05	
063	06 FAMILY PRACTICE	
063	07 DIABETIC EDUCATION	
063	08 NEW CHOICES	
063	09 OB/GYN	
063	10 HOWARD CO CLINIC	
063	11 HOWARD CO CSS	
063	12 CLINTON COUNTY	
063	13 TELEMEDICINE	
063	14 TELEMEDICINE	
063	15 HC&T HAIDER	
063	16 DR AROUTINOVA	
063	17 OB/GYN GREER	
063	18 ONCOLOGY-BECHAR	
063	19 CRITICAL CARE PHYSICI	
063	20 PSYCH DR STEINER	
063	21 PSYCH GOOD HOPE	
063	22 PSYCH DR ERIKA	
063	23 PSYCH DR KENNETH	
063	24 PSYCH DR DEB	
063	25 PSYCH DR M SHEI	
063	26 N CENTRAL PED	
063	27 CFHC	
063	28 PSYCH MEDICATION	
063	29 PSYCH PHD CLINIC	

COST CENTER DESCRIPTION	PARAMED ED PR GM	(ASSIGNED TIME)
		24
063 30 OUTPAT SERVICE COST C		
063 30 RUSSIAVILLE OFFICE		
063 31 DR JERRY GREER		
063 32 OTHER OUTPATIENT SERV		
063 33 DR KOESTER		
063 34 OPEN HEART		
063 35 DR B. FOGELSON		
063 36 ONCOLOGY MOORE		
063 37 DR BARROW		
063 38 DR. MOUALLA		
063 39 DR. SEDAGHAT		
063 40 DR. KINSEY		
063 41 B.HEALTH TIPTON		
063 42 DR. SCHILT		
063 43 B.HEALTH PH MEDICAL P		
065 OTHER REIMBURS COST C		
065 AMBULANCE SERVICES		
065 SPEC PURPOSE COST CEN		
095 SUBTOTALS	100	
095 NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 FOUNDATION		
098 PHYSICIANS' PRIVATE O		
100 OTHER NONREIMBURSABLE		
100 01 OTHER NONREIMBURSABLE		
100 02 OTHER NONREIMBURSABLE		
100 03 RESIDENTIAL HOMES		
100 04 OTHER NONREIMBURSABLE		
100 05 WEST CAMPUS		
100 06 HCH ONCOLOGY BERK		
100 07 HCH DR. T. GATEWOOD		
100 08 HCH DR. CHEN		
100 09 HCH DR. SALTER-ONCOLO		
100 10 HCH DR. TRAURING		
100 11 HCH DR. UNDERWOOD		
100 12 HCH MEDICAL SURGICAL		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	405,809	
104 (PER WRKSHT B, PART UNIT COST MULTIPLIER		
(WRKSHT B, PT I)	4,058.090000	
105 COST TO BE ALLOCATED	8,536	
106 (PER WRKSHT B, PART UNIT COST MULTIPLIER		
(WRKSHT B, PT II)	85.360000	
107 COST TO BE ALLOCATED	31,775	
108 (PER WRKSHT B, PART UNIT COST MULTIPLIER		
(WRKSHT B, PT III)	317.750000	

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					
25	ADULTS & PEDIATRICS	13,269,725		13,269,725		13,269,725
26	INTENSIVE CARE UNIT	3,878,727		3,878,727		3,878,727
31	SUBPROVIDER	3,498,232		3,498,232		3,498,232
33	NURSERY	1,257,598		1,257,598		1,257,598
34	SKILLED NURSING FACILITY	2,656,665		2,656,665		2,656,665
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,268,954		5,268,954		5,268,954
39	DELIVERY ROOM & LABOR ROO	1,095,554		1,095,554		1,095,554
40	ANESTHESIOLOGY	25,667		25,667		25,667
41	RADIOLOGY-DIAGNOSTIC	4,091,185		4,091,185		4,091,185
41 02	MAGNETIC RESONANCE IMAGIN	1,716,509		1,716,509		1,716,509
41 03	LITHOTRIPSY	116,254		116,254		116,254
41 04	CARDIAC CATHETERIZATION L	2,105,292		2,105,292		2,105,292
41 05	ONCOLOGY	4,028,446		4,028,446		4,028,446
44	LABORATORY	2,536,559		2,536,559		2,536,559
47	BLOOD STORING, PROCESSING	21,269		21,269		21,269
49	RESPIRATORY THERAPY	3,203,405		3,203,405		3,203,405
50	PHYSICAL THERAPY	1,001,825		1,001,825		1,001,825
53	ELECTROCARDIOLOGY	2,406,387		2,406,387		2,406,387
54	ELECTROENCEPHALOGRAPHY	23,785		23,785		23,785
55	MEDICAL SUPPLIES CHARGED	13,167,333		13,167,333		13,167,333
56	DRUGS CHARGED TO PATIENTS	15,171,738		15,171,738		15,171,738
57	RENAL DIALYSIS	209,698		209,698		209,698
58	ASC (NON-DISTINCT PART)					
58 01	WOUND CARE	671,389		671,389		671,389
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,389,561		6,389,561		6,389,561
62	OBSERVATION BEDS (NON-DIS	2,077,766		2,077,766		2,077,766
63	OTHER OUTPATIENT SERVICE					
63 01	GENESIS	4,526,261		4,526,261		4,526,261
63 02	WOMENS CENTER	861,045		861,045		861,045
63 03	RES HOMES	1,448,687		1,448,687		1,448,687
63 04	ONCOLOGY CLINIC	810,410		810,410		810,410
63 05						
63 06	FAMILY PRACTICE					
63 07	DIABETIC EDUCATION	136,181		136,181		136,181
63 08	NEW CHOICES					
63 09	OB/GYN					
63 10	HOWARD CO CLINIC	756,779		756,779		756,779
63 11	HOWARD CO CSS	1,457,421		1,457,421		1,457,421
63 12	CLINTON COUNTY	961,014		961,014		961,014
63 13	TELEMEDICINE					
63 14	TELEMEDICINE					
63 15	HC&T HAIDER	436,099		436,099		436,099
63 16	DR AROUTINOVA	279,688		279,688		279,688
63 17	OB/GYN GREER	461,788		461,788		461,788
63 18	ONCOLOGY-BECHAR	322,210		322,210		322,210
63 19	CRITICAL CARE PHYSICIANS	751,000		751,000		751,000
63 20	PSYCH DR STEINER					
63 21	PSYCH GOOD HOPE					
63 22	PSYCH DR ERIKA	92,397		92,397		92,397
63 23	PSYCH DR KENNETH	55,369		55,369		55,369
63 24	PSYCH DR DEB	357,349		357,349		357,349
63 25	PSYCH DR M SHEI	80,965		80,965		80,965
63 26	N CENTRAL PED	1,947,656		1,947,656		1,947,656
63 27	CFHC	1,560,838		1,560,838		1,560,838
63 28	PSYCH MEDICATION	309,869		309,869		309,869
63 29	PSYCH PHD CLINIC					
63 30	RUSSIAVILLE OFFICE					
63 31	DR JERRY GREER					
63 32	OTHER OUTPATIENT SERVICE	242,377		242,377		242,377
63 33	DR KOESTER	19,145		19,145		19,145
63 34	OPEN HEART					
63 35	DR B. FOGELSON	714,255		714,255		714,255
63 36	ONCOLOGY MOORE	128,404		128,404		128,404
63 37	DR BARROW	128,470		128,470		128,470
63 38	DR. MOUALLA	169,647		169,647		169,647
63 39	DR. SEDAGHAT	348,024		348,024		348,024
63 40	DR. KINSEY	251,320		251,320		251,320
63 41	B.HEALTH TIPTON	259,258		259,258		259,258
63 42	DR. SCHILT	50,547		50,547		50,547
63 43	B.HEALTH PH MEDICAL PHYS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,129,194		1,129,194		1,129,194
101	SUBTOTAL	110,943,190		110,943,190		110,943,190
102	LESS OBSERVATION BEDS	2,077,766		2,077,766		2,077,766
103	TOTAL	108,865,424		108,865,424		108,865,424

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	14,127,969		14,127,969			
31	INTENSIVE CARE UNIT	3,815,255		3,815,255			
33	SUBPROVIDER	5,432,243		5,432,243			
34	NURSERY						
34	SKILLED NURSING FACILITY	951,569		951,569			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,278,062	6,680,882	13,958,944	.377461	.377461	.377461
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,400,570	1,030,218	2,430,788	.010559	.010559	.010559
41	RADIOLOGY-DIAGNOSTIC	8,698,187	36,342,860	45,041,047	.090832	.090832	.090832
41 02	MAGNETIC RESONANCE IMAGIN	731,239	4,353,694	5,084,933	.337568	.337568	.337568
41 03	LITHOTRIPSY		587,420	587,420	.197906	.197906	.197906
41 04	CARDIAC CATHETERIZATION L	7,484,572	14,120,043	21,604,615	.097446	.097446	.097446
41 05	ONCOLOGY	292,101	11,294,508	11,586,609	.347681	.347681	.347681
44	LABORATORY	11,296,206	24,135,414	35,431,620	.071590	.071590	.071590
47	BLOOD STORING, PROCESSING	1,242,305	384,018	1,626,323	.013078	.013078	.013078
49	RESPIRATORY THERAPY	4,811,041	9,963,961	14,775,002	.216812	.216812	.216812
50	PHYSICAL THERAPY	1,692,327	107,819	1,800,146	.556524	.556524	.556524
53	ELECTROCARDIOLOGY	4,161,033	1,307,248	5,468,281	.440063	.440063	.440063
54	ELECTROENCEPHALOGRAPHY	180,307	195,993	376,300	.063208	.063208	.063208
55	MEDICAL SUPPLIES CHARGED	14,050,247	8,483,857	22,534,104	.584329	.584329	.584329
56	DRUGS CHARGED TO PATIENTS	8,250,972	17,270,949	25,521,921	.594459	.594459	.594459
57	RENAL DIALYSIS	295,295	7,908	303,203	.691609	.691609	.691609
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	12,238	1,870,369	1,882,607	.356627	.356627	.356627
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,620,920	12,396,652	16,017,572	.398909	.398909	.398909
62	OBSERVATION BEDS (NON-DIS	179,337	1,996,613	2,175,950	.954878	.954878	.954878
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	2,732	4,437,488	4,440,220	1.019378	1.019378	1.019378
63 02	WOMENS CENTER	15,076	2,066,480	2,081,556	.413654	.413654	.413654
63 03	RES HOMES	225	3,669,030	3,669,255	.394818	.394818	.394818
63 04	ONCOLOGY CLINIC						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	2,332	69,070	71,402	1.907243	1.907243	1.907243
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS	1,748	1,096,919	1,098,667	1.326536	1.326536	1.326536
63 12	CLINTON COUNTY	480	1,551,955	1,552,435	.619037	.619037	.619037
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER		787,801	787,801	.586173	.586173	.586173
63 18	ONCOLOGY-BECHAR		528,307	528,307	.609892	.609892	.609892
63 19	CRITICAL CARE PHYSICIANS		2,389,243	2,389,243	.314325	.314325	.314325
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	20,552	225,377	245,929	.375706	.375706	.375706
63 23	PSYCH DR KENNETH	5,342	888	6,230	8.887480	8.887480	8.887480
63 24	PSYCH DR DEB	45,939	250,483	296,422	1.205541	1.205541	1.205541
63 25	PSYCH DR M SHEI	11,096	355,802	366,898	.220674	.220674	.220674
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION	493	573,847	574,340	.539522	.539522	.539522
63 29	PSYCH PHD CLINIC						
63 30	RUSSELLVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	DR BARROW						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	DR. KINSEY						
63 41	B.HEALTH TIPTON		341,789	341,789	.758532	.758532	.758532
63 42	DR. SCHILT						
63 43	B.HEALTH PH MEDICAL PHYS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,656	1,055,351	1,058,007	1.067284	1.067284	1.067284
101	SUBTOTAL	100,112,666	171,930,256	272,042,922			
102	LESS OBSERVATION BEDS						
103	TOTAL	100,112,666	171,930,256	272,042,922			

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					
25	ADULTS & PEDIATRICS	13,269,725		13,269,725		13,269,725
26	INTENSIVE CARE UNIT	3,878,727		3,878,727		3,878,727
31	SUBPROVIDER	3,498,232		3,498,232		3,498,232
33	NURSERY	1,257,598		1,257,598		1,257,598
34	SKILLED NURSING FACILITY	2,656,665		2,656,665		2,656,665
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,268,954		5,268,954		5,268,954
39	DELIVERY ROOM & LABOR ROO	1,095,554		1,095,554		1,095,554
40	ANESTHESIOLOGY	25,667		25,667		25,667
41	RADIOLOGY-DIAGNOSTIC	4,091,185		4,091,185		4,091,185
41 02	MAGNETIC RESONANCE IMAGIN	1,716,509		1,716,509		1,716,509
41 03	LITHOTRIPSY	116,254		116,254		116,254
41 04	CARDIAC CATHETERIZATION L	2,105,292		2,105,292		2,105,292
41 05	ONCOLOGY	4,028,446		4,028,446		4,028,446
44	LABORATORY	2,536,559		2,536,559		2,536,559
47	BLOOD STORING, PROCESSING	21,269		21,269		21,269
49	RESPIRATORY THERAPY	3,203,405		3,203,405		3,203,405
50	PHYSICAL THERAPY	1,001,825		1,001,825		1,001,825
53	ELECTROCARDIOLOGY	2,406,387		2,406,387		2,406,387
54	ELECTROENCEPHALOGRAPHY	23,785		23,785		23,785
55	MEDICAL SUPPLIES CHARGED	13,167,333		13,167,333		13,167,333
56	DRUGS CHARGED TO PATIENTS	15,171,738		15,171,738		15,171,738
57	RENAL DIALYSIS	209,698		209,698		209,698
58	ASC (NON-DISTINCT PART)					
58 01	WOUND CARE	671,389		671,389		671,389
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,389,561		6,389,561		6,389,561
62	OBSERVATION BEDS (NON-DIS	2,077,766		2,077,766		2,077,766
63	OTHER OUTPATIENT SERVICE					
63 01	GENESIS	4,526,261		4,526,261		4,526,261
63 02	WOMENS CENTER	861,045		861,045		861,045
63 03	RES HOMES	1,448,687		1,448,687		1,448,687
63 04	ONCOLOGY CLINIC	810,410		810,410		810,410
63 05						
63 06	FAMILY PRACTICE					
63 07	DIABETIC EDUCATION	136,181		136,181		136,181
63 08	NEW CHOICES					
63 09	OB/GYN					
63 10	HOWARD CO CLINIC	756,779		756,779		756,779
63 11	HOWARD CO CSS	1,457,421		1,457,421		1,457,421
63 12	CLINTON COUNTY	961,014		961,014		961,014
63 13	TELEMEDICINE					
63 14	TELEMEDICINE					
63 15	HC&T HAIDER	436,099		436,099		436,099
63 16	DR AROUTINOVA	279,688		279,688		279,688
63 17	OB/GYN GREER	461,788		461,788		461,788
63 18	ONCOLOGY-BECHAR	322,210		322,210		322,210
63 19	CRITICAL CARE PHYSICIANS	751,000		751,000		751,000
63 20	PSYCH DR STEINER					
63 21	PSYCH GOOD HOPE					
63 22	PSYCH DR ERIKA	92,397		92,397		92,397
63 23	PSYCH DR KENNETH	55,369		55,369		55,369
63 24	PSYCH DR DEB	357,349		357,349		357,349
63 25	PSYCH DR M SHEI	80,965		80,965		80,965
63 26	N CENTRAL PED	1,947,656		1,947,656		1,947,656
63 27	CFHC	1,560,838		1,560,838		1,560,838
63 28	PSYCH MEDICATION	309,869		309,869		309,869
63 29	PSYCH PHD CLINIC					
63 30	RUSSIAVILLE OFFICE					
63 31	DR JERRY GREER					
63 32	OTHER OUTPATIENT SERVICE	242,377		242,377		242,377
63 33	DR KOESTER	19,145		19,145		19,145
63 34	OPEN HEART					
63 35	DR B. FOGELSON	714,255		714,255		714,255
63 36	ONCOLOGY MOORE	128,404		128,404		128,404
63 37	DR BARROW	128,470		128,470		128,470
63 38	DR. MOUALLA	169,647		169,647		169,647
63 39	DR. SEDAGHAT	348,024		348,024		348,024
63 40	DR. KINSEY	251,320		251,320		251,320
63 41	B.HEALTH TIPTON	259,258		259,258		259,258
63 42	DR. SCHILT	50,547		50,547		50,547
63 43	B.HEALTH PH MEDICAL PHYS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,129,194		1,129,194		1,129,194
101	SUBTOTAL	110,943,190		110,943,190		110,943,190
102	LESS OBSERVATION BEDS	2,077,766		2,077,766		2,077,766
103	TOTAL	108,865,424		108,865,424		108,865,424

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	14,127,969		14,127,969			
31	INTENSIVE CARE UNIT	3,815,255		3,815,255			
33	SUBPROVIDER	5,432,243		5,432,243			
34	NURSERY						
34	SKILLED NURSING FACILITY	951,569		951,569			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,278,062	6,680,882	13,958,944	.377461	.377461	.377461
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,400,570	1,030,218	2,430,788	.010559	.010559	.010559
41	RADIOLOGY-DIAGNOSTIC	8,698,187	36,342,860	45,041,047	.090832	.090832	.090832
41 02	MAGNETIC RESONANCE IMAGIN	731,239	4,353,694	5,084,933	.337568	.337568	.337568
41 03	LITHOTRIPSY		587,420	587,420	.197906	.197906	.197906
41 04	CARDIAC CATHETERIZATION L	7,484,572	14,120,043	21,604,615	.097446	.097446	.097446
41 05	ONCOLOGY	292,101	11,294,508	11,586,609	.347681	.347681	.347681
44	LABORATORY	11,296,206	24,135,414	35,431,620	.071590	.071590	.071590
47	BLOOD STORING, PROCESSING	1,242,305	384,018	1,626,323	.013078	.013078	.013078
49	RESPIRATORY THERAPY	4,811,041	9,963,961	14,775,002	.216812	.216812	.216812
50	PHYSICAL THERAPY	1,692,327	107,819	1,800,146	.556524	.556524	.556524
53	ELECTROCARDIOLOGY	4,161,033	1,307,248	5,468,281	.440063	.440063	.440063
54	ELECTROENCEPHALOGRAPHY	180,307	195,993	376,300	.063208	.063208	.063208
55	MEDICAL SUPPLIES CHARGED	14,050,247	8,483,857	22,534,104	.584329	.584329	.584329
56	DRUGS CHARGED TO PATIENTS	8,250,972	17,270,949	25,521,921	.594459	.594459	.594459
57	RENAL DIALYSIS	295,295	7,908	303,203	.691609	.691609	.691609
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	12,238	1,870,369	1,882,607	.356627	.356627	.356627
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,620,920	12,396,652	16,017,572	.398909	.398909	.398909
62	OBSERVATION BEDS (NON-DIS	179,337	1,996,613	2,175,950	.954878	.954878	.954878
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	2,732	4,437,488	4,440,220	1.019378	1.019378	1.019378
63 02	WOMENS CENTER	15,076	2,066,480	2,081,556	.413654	.413654	.413654
63 03	RES HOMES	225	3,669,030	3,669,255	.394818	.394818	.394818
63 04	ONCOLOGY CLINIC						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	2,332	69,070	71,402	1.907243	1.907243	1.907243
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS	1,748	1,096,919	1,098,667	1.326536	1.326536	1.326536
63 12	CLINTON COUNTY	480	1,551,955	1,552,435	.619037	.619037	.619037
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER		787,801	787,801	.586173	.586173	.586173
63 18	ONCOLOGY-BECHAR		528,307	528,307	.609892	.609892	.609892
63 19	CRITICAL CARE PHYSICIANS		2,389,243	2,389,243	.314325	.314325	.314325
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	20,552	225,377	245,929	.375706	.375706	.375706
63 23	PSYCH DR KENNETH	5,342	888	6,230	8.887480	8.887480	8.887480
63 24	PSYCH DR DEB	45,939	250,483	296,422	1.205541	1.205541	1.205541
63 25	PSYCH DR M SHEI	11,096	355,802	366,898	.220674	.220674	.220674
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION	493	573,847	574,340	.539522	.539522	.539522
63 29	PSYCH PHD CLINIC						
63 30	RUSSEVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	DR BARROW						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	DR. KINSEY						
63 41	B.HEALTH TIPTON		341,789	341,789	.758532	.758532	.758532
63 42	DR. SCHILT						
63 43	B.HEALTH PH MEDICAL PHYS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,656	1,055,351	1,058,007	1.067284	1.067284	1.067284
101	SUBTOTAL	100,112,666	171,930,256	272,042,922			
102	LESS OBSERVATION BEDS						
103	TOTAL	100,112,666	171,930,256	272,042,922			

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	5,268,954	794,400	4,474,554			5,268,954
39	DELIVERY ROOM & LABOR ROO	1,095,554	265,476	830,078			1,095,554
40	ANESTHESIOLOGY	25,667	5,999	19,668			25,667
41	RADIOLOGY-DIAGNOSTIC	4,091,185	560,828	3,530,357			4,091,185
41 02	MAGNETIC RESONANCE IMAGIN	1,716,509	33,610	1,682,899			1,716,509
41 03	LITHOTRIPSY	116,254	2,933	113,321			116,254
41 04	CARDIAC CATHETERIZATION L	2,105,292	126,401	1,978,891			2,105,292
41 05	ONCOLOGY	4,028,446	788,974	3,239,472			4,028,446
44	LABORATORY	2,536,559	256,718	2,279,841			2,536,559
47	BLOOD STORING, PROCESSING	21,269	7,041	14,228			21,269
49	RESPIRATORY THERAPY	3,203,405	235,260	2,968,145			3,203,405
50	PHYSICAL THERAPY	1,001,825	100,289	901,536			1,001,825
53	ELECTROCARDIOLOGY	2,406,387	30,981	2,375,406			2,406,387
54	ELECTROENCEPHALOGRAPHY	23,785	12,747	11,038			23,785
55	MEDICAL SUPPLIES CHARGED	13,167,333	333,094	12,834,239			13,167,333
56	DRUGS CHARGED TO PATIENTS	15,171,738	306,423	14,865,315			15,171,738
57	RENAL DIALYSIS	209,698	3,408	206,290			209,698
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	671,389	92,100	579,289			671,389
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,389,561	1,763,202	4,626,359			6,389,561
62	OBSERVATION BEDS (NON-DIS	2,077,766	370,235	1,707,531			2,077,766
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	4,526,261	1,580,495	2,945,766			4,526,261
63 02	WOMENS CENTER	861,045	116,196	744,849			861,045
63 03	RES HOMES	1,448,687	23,517	1,425,170			1,448,687
63 04	ONCOLOGY CLINIC	810,410	12,374	798,036			810,410
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	136,181	2,677	133,504			136,181
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC	756,779	472,050	284,729			756,779
63 11	HOWARD CO CSS	1,457,421	412,661	1,044,760			1,457,421
63 12	CLINTON COUNTY	961,014	12,701	948,313			961,014
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER	436,099	6,658	429,441			436,099
63 16	DR AROUTINOVA	279,688	4,270	275,418			279,688
63 17	OB/GYN GREER	461,788	7,351	454,437			461,788
63 18	ONCOLOGY-BECHAR	322,210	5,121	317,089			322,210
63 19	CRITICAL CARE PHYSICIANS	751,000	12,375	738,625			751,000
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	92,397	1,504	90,893			92,397
63 23	PSYCH DR KENNETH	55,369	847	54,522			55,369
63 24	PSYCH DR DEB	357,349	5,569	351,780			357,349
63 25	PSYCH DR M SHEI	80,965	1,375	79,590			80,965
63 26	N CENTRAL PED	1,947,656	29,737	1,917,919			1,947,656
63 27	CFHC	1,560,838	418,369	1,142,469			1,560,838
63 28	PSYCH MEDICATION	309,869	4,950	304,919			309,869
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE	242,377	3,701	238,676			242,377
63 33	DR KOESTER	19,145	293	18,852			19,145
63 34	OPEN HEART						
63 35	DR B. FOGELSON	714,255	10,905	703,350			714,255
63 36	ONCOLOGY MOORE	128,404	1,961	126,443			128,404
63 37	DR BARROW	128,470	1,962	126,508			128,470
63 38	DR. MOUALLA	169,647	2,591	167,056			169,647
63 39	DR. SEDAGHAT	348,024	5,313	342,711			348,024
63 40	DR. KINSEY	251,320	3,838	247,482			251,320
63 41	B.HEALTH TIPTON	259,258	3,526	255,732			259,258
63 42	DR. SCHILT	50,547	772	49,775			50,547
63 43	B.HEALTH PH MEDICAL PHYS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,129,194	150,435	978,759			1,129,194
101	SUBTOTAL	86,382,243	9,406,213	76,976,030			86,382,243
102	LESS OBSERVATION BEDS	2,077,766	370,235	1,707,531			2,077,766
103	TOTAL	84,304,477	9,035,978	75,268,499			84,304,477

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	13,958,944	.377461	.377461
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,430,788	.010559	.010559
41	RADIOLOGY-DIAGNOSTIC	45,041,047	.090832	.090832
41 02	MAGNETIC RESONANCE IMAGIN	5,084,933	.337568	.337568
41 03	LITHOTRIPSY	587,420	.197906	.197906
41 04	CARDIAC CATHETERIZATION L	21,604,615	.097446	.097446
41 05	ONCOLOGY	11,586,609	.347681	.347681
44	LABORATORY	35,431,620	.071590	.071590
47	BLOOD STORING, PROCESSING	1,626,323	.013078	.013078
49	RESPIRATORY THERAPY	14,775,002	.216812	.216812
50	PHYSICAL THERAPY	1,800,146	.556524	.556524
53	ELECTROCARDIOLOGY	5,468,281	.440063	.440063
54	ELECTROENCEPHALOGRAPHY	376,300	.063208	.063208
55	MEDICAL SUPPLIES CHARGED	22,534,104	.584329	.584329
56	DRUGS CHARGED TO PATIENTS	25,521,921	.594459	.594459
57	RENAL DIALYSIS	303,203	.691609	.691609
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	1,882,607	.356627	.356627
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	16,017,572	.398909	.398909
62	OBSERVATION BEDS (NON-DIS	2,175,950	.954878	.954878
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	4,440,220	1.019378	1.019378
63 02	WOMENS CENTER	2,081,556	.413654	.413654
63 03	RES HOMES	3,669,255	.394818	.394818
63 04	ONCOLOGY CLINIC			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	71,402	1.907243	1.907243
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1,098,667	1.326536	1.326536
63 12	CLINTON COUNTY	1,552,435	.619037	.619037
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HC&T HAIDER			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER	787,801	.586173	.586173
63 18	ONCOLOGY-BECHAR	528,307	.609892	.609892
63 19	CRITICAL CARE PHYSICIANS	2,389,243	.314325	.314325
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	245,929	.375706	.375706
63 23	PSYCH DR KENNETH	6,230	8.887480	8.887480
63 24	PSYCH DR DEB	296,422	1.205541	1.205541
63 25	PSYCH DR M SHEI	366,898	.220674	.220674
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	574,340	.539522	.539522
63 29	PSYCH PHD CLINIC			
63 30	RUSSELLVILLE OFFICE			
63 31	DR JERRY GREER			
63 32	OTHER OUTPATIENT SERVICE			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	DR BARROW			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	DR. KINSEY			
63 41	B.HEALTH TIPTON	341,789	.758532	.758532
63 42	DR. SCHILT			
63 43	B.HEALTH PH MEDICAL PHYS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,058,007	1.067284	1.067284
101	SUBTOTAL	247,715,886		
102	LESS OBSERVATION BEDS	2,175,950		
103	TOTAL	245,539,936		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,268,954	794,400	4,474,554	79,440	259,524	4,929,990
39	DELIVERY ROOM & LABOR ROO	1,095,554	265,476	830,078	26,548	48,145	1,020,861
40	ANESTHESIOLOGY	25,667	5,999	19,668	600	1,141	23,926
41	RADIOLOGY-DIAGNOSTIC	4,091,185	560,828	3,530,357	56,083	204,761	3,830,341
41 02	MAGNETIC RESONANCE IMAGIN	1,716,509	33,610	1,682,899	3,361	97,608	1,615,540
41 03	LITHOTRIPSY	116,254	2,933	113,321	293	6,573	109,388
41 04	CARDIAC CATHETERIZATION L	2,105,292	126,401	1,978,891	12,640	114,776	1,977,876
41 05	ONCOLOGY	4,028,446	788,974	3,239,472	78,897	187,889	3,761,660
44	LABORATORY	2,536,559	256,718	2,279,841	25,672	132,231	2,378,656
47	BLOOD STORING, PROCESSING	21,269	7,041	14,228	704	825	19,740
49	RESPIRATORY THERAPY	3,203,405	235,260	2,968,145	23,526	172,152	3,007,727
50	PHYSICAL THERAPY	1,001,825	100,289	901,536	10,029	52,289	939,507
53	ELECTROCARDIOLOGY	2,406,387	30,981	2,375,406	3,098	137,774	2,265,515
54	ELECTROENCEPHALOGRAPHY	23,785	12,747	11,038	1,275	640	21,870
55	MEDICAL SUPPLIES CHARGED	13,167,333	333,094	12,834,239	33,309	744,386	12,389,638
56	DRUGS CHARGED TO PATIENTS	15,171,738	306,423	14,865,315	30,642	862,188	14,278,908
57	RENAL DIALYSIS	209,698	3,408	206,290	341	11,965	197,392
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	671,389	92,100	579,289	9,210	33,599	628,580
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,389,561	1,763,202	4,626,359	176,320	268,329	5,944,912
62	OBSERVATION BEDS (NON-DIS	2,077,766	370,235	1,707,531	37,024	99,037	1,941,705
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	4,526,261	1,580,495	2,945,766	158,050	170,854	4,197,357
63 02	WOMENS CENTER	861,045	116,196	744,849	11,620	43,201	806,224
63 03	RES HOMES	1,448,687	23,517	1,425,170	2,352	82,660	1,363,675
63 04	ONCOLOGY CLINIC	810,410	12,374	798,036	1,237	46,286	762,887
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	136,181	2,677	133,504	268	7,743	128,170
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC	756,779	472,050	284,729	47,205	16,514	693,060
63 11	HOWARD CO CSS	1,457,421	412,661	1,044,760	41,266	60,596	1,355,559
63 12	CLINTON COUNTY	961,014	12,701	948,313	1,270	55,002	904,742
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER	436,099	6,658	429,441	666	24,908	410,525
63 16	DR AROUTINOVA	279,688	4,270	275,418	427	15,974	263,287
63 17	OB/GYN GREER	461,788	7,351	454,437	735	26,357	434,696
63 18	ONCOLOGY-BECHAR	322,210	5,121	317,089	512	18,391	303,307
63 19	CRITICAL CARE PHYSICIANS	751,000	12,375	738,625	1,238	42,840	706,922
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	92,397	1,504	90,893	150	5,272	86,975
63 23	PSYCH DR KENNETH	55,369	847	54,522	85	3,162	52,122
63 24	PSYCH DR DEB	357,349	5,569	351,780	557	20,403	336,389
63 25	PSYCH DR M SHEI	80,965	1,375	79,590	138	4,616	76,211
63 26	N CENTRAL PED	1,947,656	29,737	1,917,919	2,974	111,239	1,833,443
63 27	CFHC	1,560,838	418,369	1,142,469	41,837	66,263	1,452,738
63 28	PSYCH MEDICATION	309,869	4,950	304,919	495	17,685	291,689
63 29	PSYCH PHD CLINIC						
63 30	RUSSELLVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE	242,377	3,701	238,676	370	13,843	228,164
63 33	DR KOESTER	19,145	293	18,852	29	1,093	18,023
63 34	OPEN HEART						
63 35	DR B. FOGELSON	714,255	10,905	703,350	1,091	40,794	672,370
63 36	ONCOLOGY MOORE	128,404	1,961	126,443	196	7,334	120,874
63 37	DR BARROW	128,470	1,962	126,508	196	7,337	120,937
63 38	DR. MOUALLA	169,647	2,591	167,056	259	9,689	159,699
63 39	DR. SEDAGHAT	348,024	5,313	342,711	531	19,877	327,616
63 40	DR. KINSEY	251,320	3,838	247,482	384	14,354	236,582
63 41	B.HEALTH TIPTON	259,258	3,526	255,732	353	14,832	244,073
63 42	DR. SCHILT	50,547	772	49,775	77	2,887	47,583
63 43	B.HEALTH PH MEDICAL PHYS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,129,194	150,435	978,759	15,044	56,768	1,057,382
101	SUBTOTAL	86,382,243	9,406,213	76,976,030	940,624	4,464,606	80,977,013
102	LESS OBSERVATION BEDS	2,077,766	370,235	1,707,531	37,024	99,037	1,941,705
103	TOTAL	84,304,477	9,035,978	75,268,499	903,600	4,365,569	79,035,308

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	13,958,944	.353178	.371770
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,430,788	.009843	.010312
41	RADIOLOGY-DIAGNOSTIC	45,041,047	.085041	.089587
41 02	MAGNETIC RESONANCE IMAGIN	5,084,933	.317711	.336907
41 03	LITHOTRIPSY	587,420	.186218	.197407
41 04	CARDIAC CATHETERIZATION L	21,604,615	.091549	.096861
41 05	ONCOLOGY	11,586,609	.324656	.340872
44	LABORATORY	35,431,620	.067134	.070866
47	BLOOD STORING, PROCESSING	1,626,323	.012138	.012645
49	RESPIRATORY THERAPY	14,775,002	.203569	.215220
50	PHYSICAL THERAPY	1,800,146	.521906	.550953
53	ELECTROCARDIOLOGY	5,468,281	.414301	.439496
54	ELECTROENCEPHALOGRAPHY	376,300	.058119	.059819
55	MEDICAL SUPPLIES CHARGED	22,534,104	.549817	.582851
56	DRUGS CHARGED TO PATIENTS	25,521,921	.559476	.593258
57	RENAL DIALYSIS	303,203	.651023	.690485
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	1,882,607	.333888	.351735
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	16,017,572	.371149	.387902
62	OBSERVATION BEDS (NON-DIS	2,175,950	.892348	.937863
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	4,440,220	.945304	.983783
63 02	WOMENS CENTER	2,081,556	.387318	.408072
63 03	RES HOMES	3,669,255	.371649	.394177
63 04	ONCOLOGY CLINIC			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	71,402	1.795048	1.903490
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1,098,667	1.233822	1.288976
63 12	CLINTON COUNTY	1,552,435	.582789	.618218
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HC&T HAIDER			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER	787,801	.551784	.585240
63 18	ONCOLOGY-BECHAR	528,307	.574111	.608922
63 19	CRITICAL CARE PHYSICIANS	2,389,243	.295877	.313807
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	245,929	.353659	.375096
63 23	PSYCH DR KENNETH	6,230	8.366292	8.873836
63 24	PSYCH DR DEB	296,422	1.134831	1.203662
63 25	PSYCH DR M SHEI	366,898	.207717	.220298
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	574,340	.507868	.538660
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	DR JERRY GREER			
63 32	OTHER OUTPATIENT SERVICE			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	DR BARROW			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	DR. KINSEY			
63 41	B.HEALTH TIPTON	341,789	.714104	.757500
63 42	DR. SCHILT			
63 43	B.HEALTH PH MEDICAL PHYS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,058,007	.999409	1.053065
101	SUBTOTAL	247,715,886		
102	LESS OBSERVATION BEDS	2,175,950		
103	TOTAL	245,539,936		

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	500,323		500,323	1,864,192		1,864,192
26	INTENSIVE CARE UNIT	79,801		79,801	297,253		297,253
31	SUBPROVIDER	126,244		126,244	228,400		228,400
33	NURSERY	16,204		16,204	60,348		60,348
101	TOTAL	722,572		722,572	2,450,193		2,450,193

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,903	10,029	23.94	240,094	89.18	894,386
26	INTENSIVE CARE UNIT	2,568	1,628	31.08	50,598	115.75	188,441
31	SUBPROVIDER	5,116	1,581	24.68	39,019	44.64	70,576
33	NURSERY	1,703		9.51		35.44	
101	TOTAL	30,290	13,238		329,711		1,153,403

TITLE XVIII, PART A		HOSPITAL		PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COSTS
LINE NO.		1	2	3	4	5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	168,272	626,128	13,958,944	4,573,144	.012055
39	DELIVERY ROOM & LABOR ROO	56,237	209,239			
40	ANESTHESIOLOGY	1,270	4,729	2,430,788	563,870	.000522
41	RADIOLOGY-DIAGNOSTIC	120,124	440,704	45,041,047	6,596,374	.002667
41 02	MAGNETIC RESONANCE IMAGIN	7,098	26,512	5,084,933	535,720	.001396
41 03	LITHOTRIPSY	622	2,311	587,420		.001059
41 04	CARDIAC CATHETERIZATION L	26,759	99,642	21,604,615	3,147,369	.001239
41 05	ONCOLOGY	166,889	622,085	11,586,609	177,688	.014404
44	LABORATORY	56,495	200,223	35,431,620	7,246,451	.001594
47	BLOOD STORING, PROCESSING	1,491	5,550	1,626,323		.000917
49	RESPIRATORY THERAPY	49,806	185,454	14,775,002	3,385,028	.003371
50	PHYSICAL THERAPY	21,236	79,053	1,800,146	805,322	.011797
53	ELECTROCARDIOLOGY	6,547	24,434	5,468,281	579,557	.001197
54	ELECTROENCEPHALOGRAPHY	2,700	10,047	376,300	95,313	.007175
55	MEDICAL SUPPLIES CHARGED	70,400	262,694	22,534,104	7,038,411	.003124
56	DRUGS CHARGED TO PATIENTS	64,734	241,689	25,521,921	5,465,916	.002536
57	RENAL DIALYSIS	720	2,688	303,203	205,609	.002375
58	ASC (NON-DISTINCT PART)					
58 01	WOUND CARE	19,507	72,593	1,882,607		.010362
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	372,896	1,390,306	16,017,572	2,348,766	.023280
62	OBSERVATION BEDS (NON-DIS	78,340	291,895	2,175,950	146,604	.036003
63	OTHER OUTPATIENT SERVICE					
63 01	GENESIS	326,853	1,253,642	4,440,220		.073612
63 02	WOMENS CENTER	24,613	91,583	2,081,556		.011824
63 03	RES HOMES	4,963	18,554	3,669,255		.001353
63 04	ONCOLOGY CLINIC	2,611	9,763			
63 05						
63 06	FAMILY PRACTICE					
63 07	DIABETIC EDUCATION	565	2,112	71,402	1,855	.007913
63 08	NEW CHOICES					
63 09	OB/GYN					
63 10	HOWARD CO CLINIC	100,012	372,038			
63 11	HOWARD CO CSS	87,421	325,240	1,098,667		.079570
63 12	CLINTON COUNTY	2,681	10,020	1,552,435		.001727
63 13	TELEMEDICINE					
63 14	TELEMEDICINE					
63 15	HC&T HAIDER	1,405	5,253			
63 16	DR AROUTINOVA	901	3,369			
63 17	OB/GYN GREER	1,551	5,800	787,801		.001969
63 18	ONCOLOGY-BECHAR	1,081	4,040	528,307		.002046
63 19	CRITICAL CARE PHYSICIANS	2,611	9,764	2,389,243		.001093
63 20	PSYCH DR STEINER					
63 21	PSYCH GOOD HOPE					
63 22	PSYCH DR ERIKA	318	1,186	245,929		.001293
63 23	PSYCH DR KENNETH	179	668	6,230		.028732
63 24	PSYCH DR DEB	1,175	4,394	296,422		.003964
63 25	PSYCH DR M SHEI	290	1,085	366,898		.000790
63 26	N CENTRAL PED	6,275	23,462			
63 27	CFHC	88,635	329,734			
63 28	PSYCH MEDICATION	1,045	3,905	574,340		.001819
63 29	PSYCH PHD CLINIC					
63 30	RUSSIAVILLE OFFICE					
63 31	DR JERRY GREER					
63 32	OTHER OUTPATIENT SERVICE	781	2,920			
63 33	DR KOESTER	62	231			
63 34	OPEN HEART					
63 35	DR B. FOGELSON	2,301	8,604			
63 36	ONCOLOGY MOORE	414	1,547			
63 37	DR BARROW	414	1,548			
63 38	DR. MOUALLA	547	2,044			
63 39	DR. SEDAGHAT	1,121	4,192			
63 40	DR. KINSEY	810	3,028			
63 41	B.HEALTH TIPTON	745	2,781	341,789		.002180
63 42	DR. SCHILT	163	609			
63 43	B.HEALTH PH MEDICAL PHYS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL	1,954,686	7,301,092	246,657,879	42,912,997	210,373

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.044855	205,128
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.001945	1,097
41	RADIOLOGY-DIAGNOSTIC	.009784	64,539
41 02	MAGNETIC RESONANCE IMAGIN	.005214	2,793
41 03	LITHOTRIPSY	.003934	
41 04	CARDIAC CATHETERIZATION L	.004612	14,516
41 05	ONCOLOGY	.053690	9,540
44	LABORATORY	.005651	40,950
47	BLOOD STORING, PROCESSING	.003413	
49	RESPIRATORY THERAPY	.012552	42,489
50	PHYSICAL THERAPY	.043915	35,366
53	ELECTROCARDIOLOGY	.004468	2,589
54	ELECTROENCEPHALOGRAPHY	.026699	2,545
55	MEDICAL SUPPLIES CHARGED	.011658	82,054
56	DRUGS CHARGED TO PATIENTS	.009470	51,762
57	RENAL DIALYSIS	.008865	1,823
58	ASC (NON-DISTINCT PART)		
58 01	WOUND CARE	.038560	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.086799	203,871
62	OBSERVATION BEDS (NON-DIS	.134146	19,666
63	OTHER OUTPATIENT SERVICE		
63 01	GENESIS	.282338	
63 02	WOMENS CENTER	.043997	
63 03	RES HOMES	.005057	
63 04	ONCOLOGY CLINIC		
63 05			
63 06	FAMILY PRACTICE		
63 07	DIABETIC EDUCATION	.029579	55
63 08	NEW CHOICES		
63 09	OB/GYN		
63 10	HOWARD CO CLINIC		
63 11	HOWARD CO CSS	.296031	
63 12	CLINTON COUNTY	.006454	
63 13	TELEMEDICINE		
63 14	TELEMEDICINE		
63 15	HC&T HAIDER		
63 16	DR AROUTINOVA		
63 17	OB/GYN GREER	.007362	
63 18	ONCOLOGY-BECHAR	.007647	
63 19	CRITICAL CARE PHYSICIANS	.004087	
63 20	PSYCH DR STEINER		
63 21	PSYCH GOOD HOPE		
63 22	PSYCH DR ERIKA	.004823	
63 23	PSYCH DR KENNETH	.107223	
63 24	PSYCH DR DEB	.014823	
63 25	PSYCH DR M SHEI	.002957	
63 26	N CENTRAL PED		
63 27	CFHC		
63 28	PSYCH MEDICATION	.006799	
63 29	PSYCH PHD CLINIC		
63 30	RUSSIAVILLE OFFICE		
63 31	DR JERRY GREER		
63 32	OTHER OUTPATIENT SERVICE		
63 33	DR KOESTER		
63 34	OPEN HEART		
63 35	DR B. FOGELSON		
63 36	ONCOLOGY MOORE		
63 37	DR BARROW		
63 38	DR. MOUALLA		
63 39	DR. SEDAGHAT		
63 40	DR. KINSEY		
63 41	B.HEALTH TIPTON	.008137	
63 42	DR. SCHILT		
63 43	B.HEALTH PH MEDICAL PHYS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		780,783

PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-S007 I I

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	168,272	626,128	13,958,944	3,000	.012055	36
39	DELIVERY ROOM & LABOR ROO	56,237	209,239				
40	ANESTHESIOLOGY	1,270	4,729	2,430,788	338	.000522	
41	RADIOLOGY-DIAGNOSTIC	120,124	440,704	45,041,047	107,794	.002667	287
41 02	MAGNETIC RESONANCE IMAGIN	7,098	26,512	5,084,933	16,614	.001396	23
41 03	LITHOTRIPSY	622	2,311	587,420		.001059	
41 04	CARDIAC CATHETERIZATION L	26,759	99,642	21,604,615		.001239	
41 05	ONCOLOGY	166,889	622,085	11,586,609		.014404	
44	LABORATORY	56,495	200,223	35,431,620	245,785	.001594	392
47	BLOOD STORING, PROCESSING	1,491	5,550	1,626,323		.000917	
49	RESPIRATORY THERAPY	49,806	185,454	14,775,002	32,592	.003371	110
50	PHYSICAL THERAPY	21,236	79,053	1,800,146	46,406	.011797	547
53	ELECTROCARDIOLOGY	6,547	24,434	5,468,281	14,024	.001197	17
54	ELECTROENCEPHALOGRAPHY	2,700	10,047	376,300	9,162	.007175	66
55	MEDICAL SUPPLIES CHARGED	70,400	262,694	22,534,104	28,935	.003124	90
56	DRUGS CHARGED TO PATIENTS	64,734	241,689	25,521,921	225,834	.002536	573
57	RENAL DIALYSIS	720	2,688	303,203	1,298	.002375	3
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	19,507	72,593	1,882,607		.010362	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	372,896	1,390,306	16,017,572	97,827	.023280	2,277
62	OBSERVATION BEDS (NON-DIS	78,340	291,895	2,175,950		.036003	
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	326,853	1,253,642	4,440,220		.073612	
63 02	WOMENS CENTER	24,613	91,583	2,081,556		.011824	
63 03	RES HOMES	4,963	18,554	3,669,255		.001353	
63 04	ONCOLOGY CLINIC	2,611	9,763				
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	565	2,112	71,402	106	.007913	1
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC	100,012	372,038				
63 11	HOWARD CO CSS	87,421	325,240	1,098,667		.079570	
63 12	CLINTON COUNTY	2,681	10,020	1,552,435		.001727	
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER	1,405	5,253				
63 16	DR AROUTINOVA	901	3,369				
63 17	OB/GYN GREER	1,551	5,800	787,801		.001969	
63 18	ONCOLOGY-BECHAR	1,081	4,040	528,307		.002046	
63 19	CRITICAL CARE PHYSICIANS	2,611	9,764	2,389,243		.001093	
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	318	1,186	245,929		.001293	
63 23	PSYCH DR KENNETH	179	668	6,230		.028732	
63 24	PSYCH DR DEB	1,175	4,394	296,422		.003964	
63 25	PSYCH DR M SHEI	290	1,085	366,898		.000790	
63 26	N CENTRAL PED	6,275	23,462				
63 27	CFHC	88,635	329,734				
63 28	PSYCH MEDICATION	1,045	3,905	574,340		.001819	
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE	781	2,920				
63 33	DR KOESTER	62	231				
63 34	OPEN HEART						
63 35	DR B. FOGELSON	2,301	8,604				
63 36	ONCOLOGY MOORE	414	1,547				
63 37	DR BARROW	414	1,548				
63 38	DR. MOUALLA	547	2,044				
63 39	DR. SEDAGHAT	1,121	4,192				
63 40	DR. KINSEY	810	3,028				
63 41	B.HEALTH TIPTON	745	2,781	341,789		.002180	
63 42	DR. SCHILT	163	609				
63 43	B.HEALTH PH MEDICAL PHYS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	1,954,686	7,301,092	246,657,879	829,715		4,422

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-S007 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.044855	135
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.001945	1
41	RADIOLOGY-DIAGNOSTIC	.009784	1,055
41 02	MAGNETIC RESONANCE IMAGIN	.005214	87
41 03	LITHOTRIPSY	.003934	
41 04	CARDIAC CATHETERIZATION L	.004612	
41 05	ONCOLOGY	.053690	
44	LABORATORY	.005651	1,389
47	BLOOD STORING, PROCESSING	.003413	
49	RESPIRATORY THERAPY	.012552	409
50	PHYSICAL THERAPY	.043915	2,038
53	ELECTROCARDIOLOGY	.004468	63
54	ELECTROENCEPHALOGRAPHY	.026699	245
55	MEDICAL SUPPLIES CHARGED	.011658	337
56	DRUGS CHARGED TO PATIENTS	.009470	2,139
57	RENAL DIALYSIS	.008865	12
58	ASC (NON-DISTINCT PART)		
58 01	WOUND CARE	.038560	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.086799	8,491
62	OBSERVATION BEDS (NON-DIS	.134146	
63	OTHER OUTPATIENT SERVICE		
63 01	GENESIS	.282338	
63 02	WOMENS CENTER	.043997	
63 03	RES HOMES	.005057	
63 04	ONCOLOGY CLINIC		
63 05			
63 06	FAMILY PRACTICE		
63 07	DIABETIC EDUCATION	.029579	3
63 08	NEW CHOICES		
63 09	OB/GYN		
63 10	HOWARD CO CLINIC		
63 11	HOWARD CO CSS	.296031	
63 12	CLINTON COUNTY	.006454	
63 13	TELEMEDICINE		
63 14	TELEMEDICINE		
63 15	HC&T HAIDER		
63 16	DR AROUTINOVA		
63 17	OB/GYN GREER	.007362	
63 18	ONCOLOGY-BECHAR	.007647	
63 19	CRITICAL CARE PHYSICIANS	.004087	
63 20	PSYCH DR STEINER		
63 21	PSYCH GOOD HOPE		
63 22	PSYCH DR ERIKA	.004823	
63 23	PSYCH DR KENNETH	.107223	
63 24	PSYCH DR DEB	.014823	
63 25	PSYCH DR M SHEI	.002957	
63 26	N CENTRAL PED		
63 27	CFHC		
63 28	PSYCH MEDICATION	.006799	
63 29	PSYCH PHD CLINIC		
63 30	RUSSIIVILLE OFFICE		
63 31	DR JERRY GREER		
63 32	OTHER OUTPATIENT SERVICE		
63 33	DR KOESTER		
63 34	OPEN HEART		
63 35	DR B. FOGELSON		
63 36	ONCOLOGY MOORE		
63 37	DR BARROW		
63 38	DR. MOUALLA		
63 39	DR. SEDAGHAT		
63 40	DR. KINSEY		
63 41	B.HEALTH TIPTON	.008137	
63 42	DR. SCHILT		
63 43	B.HEALTH PH MEDICAL PHYS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		16,404

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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS			405,809			405,809
26	INTENSIVE CARE UNIT						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			405,809			405,809

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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 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	20,903	19.41	10,029	194,663
26	INTENSIVE CARE UNIT	2,568		1,628	
31	SUBPROVIDER	5,116		1,581	
33	NURSERY	1,703			
34	SKILLED NURSING FACILITY	3,512		2,970	
101	TOTAL	33,802		16,208	194,663

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	02 MAGNETIC RESONANCE IMAGIN						
41	03 LITHOTRIPSY						
41	04 CARDIAC CATHETERIZATION L						
41	05 ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS				63,542		
63	OTHER OUTPATIENT SERVICE						
63	01 GENESIS						
63	02 WOMENS CENTER						
63	03 RES HOMES						
63	04 ONCOLOGY CLINIC						
63	05						
63	06 FAMILY PRACTICE						
63	07 DIABETIC EDUCATION						
63	08 NEW CHOICES						
63	09 OB/GYN						
63	10 HOWARD CO CLINIC						
63	11 HOWARD CO CSS						
63	12 CLINTON COUNTY						
63	13 TELEMEDICINE						
63	14 TELEMEDICINE						
63	15 HC&T HAIDER						
63	16 DR AROUTINOVA						
63	17 OB/GYN GREER						
63	18 ONCOLOGY-BECHAR						
63	19 CRITICAL CARE PHYSICIANS						
63	20 PSYCH DR STEINER						
63	21 PSYCH GOOD HOPE						
63	22 PSYCH DR ERIKA						
63	23 PSYCH DR KENNETH						
63	24 PSYCH DR DEB						
63	25 PSYCH DR M SHEI						
63	26 N CENTRAL PED						
63	27 CFHC						
63	28 PSYCH MEDICATION						
63	29 PSYCH PHD CLINIC						
63	30 RUSSIIVILLE OFFICE						
63	31 DR JERRY GREER						
63	32 OTHER OUTPATIENT SERVICE						
63	33 DR KOESTER						
63	34 OPEN HEART						
63	35 DR B. FOGELSON						
63	36 ONCOLOGY MOORE						
63	37 DR BARROW						
63	38 DR. MOUALLA						
63	39 DR. SEDAGHAT						
63	40 DR. KINSEY						
63	41 B.HEALTH TIPTON						
63	42 DR. SCHILT						
63	43 B.HEALTH PH MEDICAL PHYS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				63,542		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			13,958,944			4,573,144	
39	OPERATING ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,430,788			563,870	
41	RADIOLOGY-DIAGNOSTIC			45,041,047			6,596,374	
41 02	MAGNETIC RESONANCE IMAGIN			5,084,933			535,720	
41 03	LITHOTRIPSY			587,420				
41 04	CARDIAC CATHETERIZATION L			21,604,615			3,147,369	
41 05	ONCOLOGY			11,586,609			177,688	
44	LABORATORY			35,431,620			7,246,451	
47	BLOOD STORING, PROCESSING			1,626,323				
49	RESPIRATORY THERAPY			14,775,002			3,385,028	
50	PHYSICAL THERAPY			1,800,146			805,322	
53	ELECTROCARDIOLOGY			5,468,281			579,557	
54	ELECTROENCEPHALOGRAPHY			376,300			95,313	
55	MEDICAL SUPPLIES CHARGED			22,534,104			7,038,411	
56	DRUGS CHARGED TO PATIENTS			25,521,921			5,465,916	
57	RENAL DIALYSIS			303,203			205,609	
58	ASC (NON-DISTINCT PART)							
58 01	WOUND CARE			1,882,607				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			16,017,572			2,348,766	
62	OBSERVATION BEDS (NON-DIS	63,542	63,542	2,175,950	.029202	.029202	146,604	4,281
63	OTHER OUTPATIENT SERVICE							
63 01	GENESIS			4,440,220				
63 02	WOMENS CENTER			2,081,556				
63 03	RES HOMES			3,669,255				
63 04	ONCOLOGY CLINIC							
63 05								
63 06	FAMILY PRACTICE							
63 07	DIABETIC EDUCATION			71,402			1,855	
63 08	NEW CHOICES							
63 09	OB/GYN							
63 10	HOWARD CO CLINIC							
63 11	HOWARD CO CSS			1,098,667				
63 12	CLINTON COUNTY			1,552,435				
63 13	TELEMEDICINE							
63 14	TELEMEDICINE							
63 15	HC&T HAIDER							
63 16	DR AROUTINOVA							
63 17	OB/GYN GREER			787,801				
63 18	ONCOLOGY-BECHAR			528,307				
63 19	CRITICAL CARE PHYSICIANS			2,389,243				
63 20	PSYCH DR STEINER							
63 21	PSYCH GOOD HOPE							
63 22	PSYCH DR ERIKA			245,929				
63 23	PSYCH DR KENNETH			6,230				
63 24	PSYCH DR DEB			296,422				
63 25	PSYCH DR M SHEI			366,898				
63 26	N CENTRAL PED							
63 27	CFHC							
63 28	PSYCH MEDICATION			574,340				
63 29	PSYCH PHD CLINIC							
63 30	RUSSIAVILLE OFFICE							
63 31	DR JERRY GREER							
63 32	OTHER OUTPATIENT SERVICE							
63 33	DR KOESTER							
63 34	OPEN HEART							
63 35	DR B. FOGELSON							
63 36	ONCOLOGY MOORE							
63 37	DR BARROW							
63 38	DR. MOUALLA							
63 39	DR. SEDAGHAT							
63 40	DR. KINSEY							
63 41	B.HEALTH TIPTON			341,789				
63 42	DR. SCHILT							
63 43	B.HEALTH PH MEDICAL PHYS							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	63,542	63,542	246,657,879			42,912,997	4,281

TITLE XVIII, PART A		HOSPITAL			PPS		COL 8.01	COL 8.02
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	* COL 5	* COL 5	
LINE NO.		8	8.01	8.02	9	9.01	9.02	
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	3,238,714						
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY	189,395						
41	RADIOLOGY-DIAGNOSTIC	11,833,750						
41 02	MAGNETIC RESONANCE IMAGIN	133,617						
41 03	LITHOTRIPSY	181,048						
41 04	CARDIAC CATHETERIZATION L	2,728,122						
41 05	ONCOLOGY	4,903,271						
44	LABORATORY	250,741						
47	BLOOD STORING, PROCESSING	280,901						
49	RESPIRATORY THERAPY	5,263,298						
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY	584,234						
54	ELECTROENCEPHALOGRAPHY	60,977						
55	MEDICAL SUPPLIES CHARGED	2,966,086						
56	DRUGS CHARGED TO PATIENTS	10,906,999						
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
58 01	WOUND CARE							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	1,870,473						
62	OBSERVATION BEDS (NON-DIS	1,636,529			47,790			
63	OTHER OUTPATIENT SERVICE							
63 01	GENESIS	873,683						
63 02	WOMENS CENTER							
63 03	RES HOMES							
63 04	ONCOLOGY CLINIC							
63 05								
63 06	FAMILY PRACTICE							
63 07	DIABETIC EDUCATION							
63 08	NEW CHOICES							
63 09	OB/GYN							
63 10	HOWARD CO CLINIC							
63 11	HOWARD CO CSS							
63 12	CLINTON COUNTY	7,004						
63 13	TELEMEDICINE							
63 14	TELEMEDICINE							
63 15	HC&T HAIDER							
63 16	DR AROUTINOVA							
63 17	OB/GYN GREER							
63 18	ONCOLOGY-BECHAR							
63 19	CRITICAL CARE PHYSICIANS							
63 20	PSYCH DR STEINER							
63 21	PSYCH GOOD HOPE							
63 22	PSYCH DR ERIKA							
63 23	PSYCH DR KENNETH							
63 24	PSYCH DR DEB							
63 25	PSYCH DR M SHEI							
63 26	N CENTRAL PED							
63 27	CFHC							
63 28	PSYCH MEDICATION							
63 29	PSYCH PHD CLINIC							
63 30	RUSSIAVILLE OFFICE							
63 31	DR JERRY GREER							
63 32	OTHER OUTPATIENT SERVICE							
63 33	DR KOESTER							
63 34	OPEN HEART							
63 35	DR B. FOGELSON							
63 36	ONCOLOGY MOORE							
63 37	DR BARROW							
63 38	DR. MOUALLA							
63 39	DR. SEDAGHAT							
63 40	DR. KINSEY							
63 41	B.HEALTH TIPTON							
63 42	DR. SCHILT							
63 43	B.HEALTH PH MEDICAL PHYS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	47,908,842			47,790			

TITLE XVIII, PART A SUBPROVIDER 1 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
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41 02	MAGNETIC RESONANCE IMAGIN										
41 03	LITHOTRIPSY										
41 04	CARDIAC CATHETERIZATION L										
41 05	ONCOLOGY										
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
58 01	WOUND CARE										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS							63,542			
63	OTHER OUTPATIENT SERVICE										
63 01	GENESIS										
63 02	WOMENS CENTER										
63 03	RES HOMES										
63 04	ONCOLOGY CLINIC										
63 05											
63 06	FAMILY PRACTICE										
63 07	DIABETIC EDUCATION										
63 08	NEW CHOICES										
63 09	OB/GYN										
63 10	HOWARD CO CLINIC										
63 11	HOWARD CO CSS										
63 12	CLINTON COUNTY										
63 13	TELEMEDICINE										
63 14	TELEMEDICINE										
63 15	HC&T HAIDER										
63 16	DR AROUTINOVA										
63 17	OB/GYN GREER										
63 18	ONCOLOGY-BECHAR										
63 19	CRITICAL CARE PHYSICIANS										
63 20	PSYCH DR STEINER										
63 21	PSYCH GOOD HOPE										
63 22	PSYCH DR ERIKA										
63 23	PSYCH DR KENNETH										
63 24	PSYCH DR DEB										
63 25	PSYCH DR M SHEI										
63 26	N CENTRAL PED										
63 27	CFHC										
63 28	PSYCH MEDICATION										
63 29	PSYCH PHD CLINIC										
63 30	RUSSIAVILLE OFFICE										
63 31	DR JERRY GREER										
63 32	OTHER OUTPATIENT SERVICE										
63 33	DR KOESTER										
63 34	OPEN HEART										
63 35	DR B. FOGELSON										
63 36	ONCOLOGY MOORE										
63 37	DR BARROW										
63 38	DR. MOUALLA										
63 39	DR. SEDAGHAT										
63 40	DR. KINSEY										
63 41	B.HEALTH TIPTON										
63 42	DR. SCHILT										
63 43	B.HEALTH PH MEDICAL PHYS										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL							63,542			

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			13,958,944			3,000	
39	OPERATING ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,430,788				338
41	RADIOLOGY-DIAGNOSTIC			45,041,047			107,794	
41 02	MAGNETIC RESONANCE IMAGIN			5,084,933			16,614	
41 03	LITHOTRIPSY			587,420				
41 04	CARDIAC CATHETERIZATION L			21,604,615				
41 05	ONCOLOGY			11,586,609				
44	LABORATORY			35,431,620			245,785	
47	BLOOD STORING, PROCESSING			1,626,323				
49	RESPIRATORY THERAPY			14,775,002			32,592	
50	PHYSICAL THERAPY			1,800,146			46,406	
53	ELECTROCARDIOLOGY			5,468,281			14,024	
54	ELECTROENCEPHALOGRAPHY			376,300			9,162	
55	MEDICAL SUPPLIES CHARGED			22,534,104			28,935	
56	DRUGS CHARGED TO PATIENTS			25,521,921			225,834	
57	RENAL DIALYSIS			303,203			1,298	
58	ASC (NON-DISTINCT PART)							
58 01	WOUND CARE			1,882,607				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			16,017,572			97,827	
62	OBSERVATION BEDS (NON-DIS	63,542	63,542	2,175,950	.029202	.029202		
63	OTHER OUTPATIENT SERVICE							
63 01	GENESIS			4,440,220				
63 02	WOMENS CENTER			2,081,556				
63 03	RES HOMES			3,669,255				
63 04	ONCOLOGY CLINIC							
63 05								
63 06	FAMILY PRACTICE							
63 07	DIABETIC EDUCATION			71,402			106	
63 08	NEW CHOICES							
63 09	OB/GYN							
63 10	HOWARD CO CLINIC							
63 11	HOWARD CO CSS			1,098,667				
63 12	CLINTON COUNTY			1,552,435				
63 13	TELEMEDICINE							
63 14	TELEMEDICINE							
63 15	HC&T HAIDER							
63 16	DR AROUTINOVA							
63 17	OB/GYN GREER			787,801				
63 18	ONCOLOGY-BECHAR			528,307				
63 19	CRITICAL CARE PHYSICIANS			2,389,243				
63 20	PSYCH DR STEINER							
63 21	PSYCH GOOD HOPE							
63 22	PSYCH DR ERIKA			245,929				
63 23	PSYCH DR KENNETH			6,230				
63 24	PSYCH DR DEB			296,422				
63 25	PSYCH DR M SHEI			366,898				
63 26	N CENTRAL PED							
63 27	CFHC							
63 28	PSYCH MEDICATION			574,340				
63 29	PSYCH PHD CLINIC							
63 30	RUSSIAVILLE OFFICE							
63 31	DR JERRY GREER							
63 32	OTHER OUTPATIENT SERVICE							
63 33	DR KOESTER							
63 34	OPEN HEART							
63 35	DR B. FOGELSON							
63 36	ONCOLOGY MOORE							
63 37	DR BARROW							
63 38	DR. MOUALLA							
63 39	DR. SEDAGHAT							
63 40	DR. KINSEY							
63 41	B.HEALTH TIPTON			341,789				
63 42	DR. SCHILT							
63 43	B.HEALTH PH MEDICAL PHYS							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	63,542	63,542	246,657,879			829,715	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG CHARGES	OUTPUT PROG D,V COL 5.03	OUTPUT PROG D,V COL 5.04	OUTPUT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	MAGNETIC RESONANCE IMAGIN						
41 03	LITHOTRIPSY						
41 04	CARDIAC CATHETERIZATION L						
41 05	ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	7,514					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	8,654					
63 02	WOMENS CENTER						
63 03	RES HOMES						
63 04	ONCOLOGY CLINIC						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY						
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR KENNETH						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	DR BARROW						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	DR. KINSEY						
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT						
63 43	B.HEALTH PH MEDICAL PHYS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						16,168

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	1.01					
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41	02 MAGNETIC RESONANCE IMAGIN					
41	03 LITHOTRIPSY					
41	04 CARDIAC CATHETERIZATION L					
41	05 ONCOLOGY					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58	01 WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
63	OTHER OUTPATIENT SERVICE					
63	01 GENESIS					
63	02 WOMENS CENTER					
63	03 RES HOMES					
63	04 ONCOLOGY CLINIC					
63	05					
63	06 FAMILY PRACTICE					
63	07 DIABETIC EDUCATION					
63	08 NEW CHOICES					
63	09 OB/GYN					
63	10 HOWARD CO CLINIC					
63	11 HOWARD CO CSS					
63	12 CLINTON COUNTY					
63	13 TELEMEDICINE					
63	14 TELEMEDICINE					
63	15 HC&T HAIDER					
63	16 DR AROUTINOVA					
63	17 OB/GYN GREER					
63	18 ONCOLOGY-BECHAR					
63	19 CRITICAL CARE PHYSICIANS					
63	20 PSYCH DR STEINER					
63	21 PSYCH GOOD HOPE					
63	22 PSYCH DR ERIKA					
63	23 PSYCH DR KENNETH					
63	24 PSYCH DR DEB					
63	25 PSYCH DR M SHEI					
63	26 N CENTRAL PED					
63	27 CFHC					
63	28 PSYCH MEDICATION					
63	29 PSYCH PHD CLINIC					
63	30 RUSSIAVILLE OFFICE					
63	31 DR JERRY GREER					
63	32 OTHER OUTPATIENT SERVICE					
63	33 DR KOESTER					
63	34 OPEN HEART					
63	35 DR B. FOGELSON					
63	36 ONCOLOGY MOORE					
63	37 DR BARROW					
63	38 DR. MOUALLA					
63	39 DR. SEDAGHAT					
63	40 DR. KINSEY					
63	41 B.HEALTH TIPTON					
63	42 DR. SCHILT					
63	43 B.HEALTH PH MEDICAL PHYS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			13,958,944			4,627	
39	OPERATING ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,430,788				
41	RADIOLOGY-DIAGNOSTIC			45,041,047			53,128	
41 02	MAGNETIC RESONANCE IMAGIN			5,084,933				
41 03	LITHOTRIPSY			587,420				
41 04	CARDIAC CATHETERIZATION L			21,604,615				
41 05	ONCOLOGY			11,586,609			2,449	
44	LABORATORY			35,431,620			249,352	
47	BLOOD STORING, PROCESSING			1,626,323			2,428	
49	RESPIRATORY THERAPY			14,775,002			20,146	
50	PHYSICAL THERAPY			1,800,146			563,934	
53	ELECTROCARDIOLOGY			5,468,281			4,270	
54	ELECTROENCEPHALOGRAPHY			376,300			489	
55	MEDICAL SUPPLIES CHARGED			22,534,104			174,882	
56	DRUGS CHARGED TO PATIENTS			25,521,921			608,080	
57	RENAL DIALYSIS			303,203				
58	ASC (NON-DISTINCT PART)							
58 01	WOUND CARE			1,882,607				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			16,017,572				
62	OBSERVATION BEDS (NON-DIS			2,175,950				
63	OTHER OUTPATIENT SERVICE							
63 01	GENESIS			4,440,220				
63 02	WOMENS CENTER			2,081,556				
63 03	RES HOMES			3,669,255				
63 04	ONCOLOGY CLINIC							
63 05								
63 06	FAMILY PRACTICE							
63 07	DIABETIC EDUCATION			71,402				
63 08	NEW CHOICES							
63 09	OB/GYN							
63 10	HOWARD CO CLINIC							
63 11	HOWARD CO CSS			1,098,667				
63 12	CLINTON COUNTY			1,552,435				
63 13	TELEMEDICINE							
63 14	TELEMEDICINE							
63 15	HC&T HAIDER							
63 16	DR AROUTINOVA							
63 17	OB/GYN GREER			787,801				
63 18	ONCOLOGY-BECHAR			528,307				
63 19	CRITICAL CARE PHYSICIANS			2,389,243				
63 20	PSYCH DR STEINER							
63 21	PSYCH GOOD HOPE							
63 22	PSYCH DR ERIKA			245,929				
63 23	PSYCH DR KENNETH			6,230				
63 24	PSYCH DR DEB			296,422				
63 25	PSYCH DR M SHEI			366,898				
63 26	N CENTRAL PED							
63 27	CFHC							
63 28	PSYCH MEDICATION			574,340				
63 29	PSYCH PHD CLINIC							
63 30	RUSSIAVILLE OFFICE							
63 31	DR JERRY GREER							
63 32	OTHER OUTPATIENT SERVICE							
63 33	DR KOESTER							
63 34	OPEN HEART							
63 35	DR B. FOGELSON							
63 36	ONCOLOGY MOORE							
63 37	DR BARROW							
63 38	DR. MOUALLA							
63 39	DR. SEDAGHAT							
63 40	DR. KINSEY							
63 41	B.HEALTH TIPTON			341,789				
63 42	DR. SCHILT							
63 43	B.HEALTH PH MEDICAL PHYS							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			246,657,879			1,683,785	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	MAGNETIC RESONANCE IMAGIN						
41 03	LITHOTRIPSY						
41 04	CARDIAC CATHETERIZATION L						
41 05	ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS						
63 02	WOMENS CENTER						
63 03	RES HOMES						
63 04	ONCOLOGY CLINIC						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY						
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR KENNETH						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	DR BARROW						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	DR. KINSEY						
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT						
63 43	B.HEALTH PH MEDICAL PHYS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART B

HOSPITAL

	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
Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.377461	.377461			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.010559	.010559			
41 RADIOLOGY-DIAGNOSTIC	.090832	.090832			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.337568	.337568			
41 03 LITHOTRIPSY	.197906	.197906			
41 04 CARDIAC CATHETERIZATION LABORATORY	.097446	.097446			
41 05 ONCOLOGY	.347681	.347681			
44 LABORATORY	.071590	.071590			
47 BLOOD STORING, PROCESSING & TRANS.	.013078	.013078			
49 RESPIRATORY THERAPY	.216812	.216812			
50 PHYSICAL THERAPY	.556524	.556524			
53 ELECTROCARDIOLOGY	.440063	.440063			
54 ELECTROENCEPHALOGRAPHY	.063208	.063208			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.584329	.584329			
56 DRUGS CHARGED TO PATIENTS	.594459	.594459			
57 RENAL DIALYSIS	.691609	.691609			
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE	.356627	.356627			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.398909	.398909			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.954878	.954878			
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS	1.019378	1.019378			
63 02 WOMENS CENTER	.413654	.413654			
63 03 RES HOMES	.394818	.394818			
63 04 ONCOLOGY CLINIC					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION	1.907243	1.907243			
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS	1.326536	1.326536			
63 12 CLINTON COUNTY	.619037	.619037			
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HC&T HAIDER					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER	.586173	.586173			
63 18 ONCOLOGY-BECHAR	.609892	.609892			
63 19 CRITICAL CARE PHYSICIANS	.314325	.314325			
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA	.375706	.375706			
63 23 PSYCH DR KENNETH	8.887480	8.887480			
63 24 PSYCH DR DEB	1.205541	1.205541			
63 25 PSYCH DR M SHEI	.220674	.220674			
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION	.539522	.539522			
63 29 PSYCH PHD CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 DR JERRY GREER					
63 32 OTHER OUTPATIENT SERVICE COST CENTER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 DR BARROW					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 DR. KINSEY					
63 41 B.HEALTH TIPTON	.758532	.758532			
63 42 DR. SCHILT					
63 43 B.HEALTH PH MEDICAL PHYS					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	1.067284	1.067284			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 15-0007 I I

TITLE XVIII, PART B

HOSPITAL

		All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		3,238,714			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		189,395			
41	RADIOLOGY-DIAGNOSTIC		11,833,750			
41 02	MAGNETIC RESONANCE IMAGING (MRI)		133,617			
41 03	LITHOTRIPSY		181,048			
41 04	CARDIAC CATHETERIZATION LABORATORY		2,728,122			
41 05	ONCOLOGY		4,903,271			
44	LABORATORY		250,741			
47	BLOOD STORING, PROCESSING & TRANS.		280,901			
49	RESPIRATORY THERAPY		5,263,298			
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		584,234			
54	ELECTROENCEPHALOGRAPHY		60,977			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,966,086	109		
56	DRUGS CHARGED TO PATIENTS		10,906,999	118		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58 01	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,870,473			
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,636,529			
63	OTHER OUTPATIENT SERVICE					
63 01	GENESIS		873,683			
63 02	WOMENS CENTER					
63 03	RES HOMES					
63 04	ONCOLOGY CLINIC					
63 05						
63 06	FAMILY PRACTICE					
63 07	DIABETIC EDUCATION					
63 08	NEW CHOICES					
63 09	OB/GYN					
63 10	HOWARD CO CLINIC					
63 11	HOWARD CO CSS					
63 12	CLINTON COUNTY		7,004			
63 13	TELEMEDICINE					
63 14	TELEMEDICINE					
63 15	HC&T HAIDER					
63 16	DR AROUTINOVA					
63 17	OB/GYN GREER					
63 18	ONCOLOGY-BECHAR					
63 19	CRITICAL CARE PHYSICIANS					
63 20	PSYCH DR STEINER					
63 21	PSYCH GOOD HOPE					
63 22	PSYCH DR ERIKA					
63 23	PSYCH DR KENNETH					
63 24	PSYCH DR DEB					
63 25	PSYCH DR M SHEI					
63 26	N CENTRAL PED					
63 27	CFHC					
63 28	PSYCH MEDICATION					
63 29	PSYCH PHD CLINIC					
63 30	RUSSIAVILLE OFFICE					
63 31	DR JERRY GREER					
63 32	OTHER OUTPATIENT SERVICE COST CENTER					
63 33	DR KOESTER					
63 34	OPEN HEART					
63 35	DR B. FOGELSON					
63 36	ONCOLOGY MOORE					
63 37	DR BARROW					
63 38	DR. MOUALLA					
63 39	DR. SEDAGHAT					
63 40	DR. KINSEY					
63 41	B.HEALTH TIPTON					
63 42	DR. SCHILT					
63 43	B.HEALTH PH MEDICAL PHYS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		47,908,842	227		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		47,908,842	227		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B		HOSPITAL				
Cost Center Description		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,222,488	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				2,000	
41	RADIOLOGY-DIAGNOSTIC				1,074,883	
41 02	MAGNETIC RESONANCE IMAGING (MRI)				45,105	
41 03	LITHOTRIPSY				35,830	
41 04	CARDIAC CATHETERIZATION LABORATORY				265,845	
41 05	ONCOLOGY				1,704,774	
44	LABORATORY				17,951	
47	BLOOD STORING, PROCESSING & TRANS.				3,674	
49	RESPIRATORY THERAPY				1,141,146	
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY				257,100	
54	ELECTROENCEPHALOGRAPHY				3,854	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,733,170	64
56	DRUGS CHARGED TO PATIENTS				6,483,764	70
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58 01	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				746,149	
62	OBSERVATION BEDS (NON-DISTINCT PART)				1,562,686	
63	OTHER OUTPATIENT SERVICE					
63 01	GENESIS				890,613	
63 02	WOMENS CENTER					
63 03	RES HOMES					
63 04	ONCOLOGY CLINIC					
63 05						
63 06	FAMILY PRACTICE					
63 07	DIABETIC EDUCATION					
63 08	NEW CHOICES					
63 09	OB/GYN					
63 10	HOWARD CO CLINIC					
63 11	HOWARD CO CSS					
63 12	CLINTON COUNTY				4,336	
63 13	TELEMEDICINE					
63 14	TELEMEDICINE					
63 15	HC&T HAIDER					
63 16	DR AROUTINOVA					
63 17	OB/GYN GREER					
63 18	ONCOLOGY-BECHAR					
63 19	CRITICAL CARE PHYSICIANS					
63 20	PSYCH DR STEINER					
63 21	PSYCH GOOD HOPE					
63 22	PSYCH DR ERIKA					
63 23	PSYCH DR KENNETH					
63 24	PSYCH DR DEB					
63 25	PSYCH DR M SHEI					
63 26	N CENTRAL PED					
63 27	CFHC					
63 28	PSYCH MEDICATION					
63 29	PSYCH PHD CLINIC					
63 30	RUSSIAVILLE OFFICE					
63 31	DR JERRY GREER					
63 32	OTHER OUTPATIENT SERVICE COST CENTER					
63 33	DR KOESTER					
63 34	OPEN HEART					
63 35	DR B. FOGELSON					
63 36	ONCOLOGY MOORE					
63 37	DR BARROW					
63 38	DR. MOUALLA					
63 39	DR. SEDAGHAT					
63 40	DR. KINSEY					
63 41	B.HEALTH TIPTON					
63 42	DR. SCHILT					
63 43	B.HEALTH PH MEDICAL PHYS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				17,195,368	134
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				17,195,368	134

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

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 02 MAGNETIC RESONANCE IMAGING (MRI)			
41 03 LITHOTRIPSY			
41 04 CARDIAC CATHETERIZATION LABORATORY			
41 05 ONCOLOGY			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
58 01 WOUND CARE			
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 OTHER OUTPATIENT SERVICE			
63 01 GENESIS			
63 02 WOMENS CENTER			
63 03 RES HOMES			
63 04 ONCOLOGY CLINIC			
63 05			
63 06 FAMILY PRACTICE			
63 07 DIABETIC EDUCATION			
63 08 NEW CHOICES			
63 09 OB/GYN			
63 10 HOWARD CO CLINIC			
63 11 HOWARD CO CSS			
63 12 CLINTON COUNTY			
63 13 TELEMEDICINE			
63 14 TELEMEDICINE			
63 15 HC&T HAIDER			
63 16 DR AROUTINOVA			
63 17 OB/GYN GREER			
63 18 ONCOLOGY-BECHAR			
63 19 CRITICAL CARE PHYSICIANS			
63 20 PSYCH DR STEINER			
63 21 PSYCH GOOD HOPE			
63 22 PSYCH DR ERIKA			
63 23 PSYCH DR KENNETH			
63 24 PSYCH DR DEB			
63 25 PSYCH DR M SHEI			
63 26 N CENTRAL PED			
63 27 CFHC			
63 28 PSYCH MEDICATION			
63 29 PSYCH PHD CLINIC			
63 30 RUSSIAVILLE OFFICE			
63 31 DR JERRY GREER			
63 32 OTHER OUTPATIENT SERVICE COST CENTER			
63 33 DR KOESTER			
63 34 OPEN HEART			
63 35 DR B. FOGELSON			
63 36 ONCOLOGY MOORE			
63 37 DR BARROW			
63 38 DR. MOUALLA			
63 39 DR. SEDAGHAT			
63 40 DR. KINSEY			
63 41 B. HEALTH TIPTON			
63 42 DR. SCHILT			
63 43 B. HEALTH PH MEDICAL PHYS			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0007 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 15-S007 I I

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.377461	.377461			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.010559	.010559			
41 RADIOLOGY-DIAGNOSTIC	.090832	.090832			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.337568	.337568			
41 03 LITHOTRIPSY	.197906	.197906			
41 04 CARDIAC CATHETERIZATION LABORATORY	.097446	.097446			
41 05 ONCOLOGY	.347681	.347681			
44 LABORATORY	.071590	.071590			
47 BLOOD STORING, PROCESSING & TRANS.	.013078	.013078			
49 RESPIRATORY THERAPY	.216812	.216812			
50 PHYSICAL THERAPY	.556524	.556524			
53 ELECTROCARDIOLOGY	.440063	.440063			
54 ELECTROENCEPHALOGRAPHY	.063208	.063208			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.584329	.584329			
56 DRUGS CHARGED TO PATIENTS	.594459	.594459			
57 RENAL DIALYSIS	.691609	.691609			
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE	.356627	.356627			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.398909	.398909			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.954878	.954878			
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS	1.019378	1.019378			
63 02 WOMENS CENTER	.413654	.413654			
63 03 RES HOMES	.394818	.394818			
63 04 ONCOLOGY CLINIC					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION	1.907243	1.907243			
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS	1.326536	1.326536			
63 12 CLINTON COUNTY	.619037	.619037			
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HC&T HAIDER					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER	.586173	.586173			
63 18 ONCOLOGY-BECHAR	.609892	.609892			
63 19 CRITICAL CARE PHYSICIANS	.314325	.314325			
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA	.375706	.375706			
63 23 PSYCH DR KENNETH	8.887480	8.887480			
63 24 PSYCH DR DEB	1.205541	1.205541			
63 25 PSYCH DR M SHEI	.220674	.220674			
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION	.539522	.539522			
63 29 PSYCH PHD CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 DR JERRY GREER					
63 32 OTHER OUTPATIENT SERVICE COST CENTER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 DR BARROW					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 DR. KINSEY					
63 41 B.HEALTH TIPTON	.758532	.758532			
63 42 DR. SCHILT					
63 43 B.HEALTH PH MEDICAL PHYS					
65 OTHER REIMBURS COST CNTRS	1.067284	1.067284			
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

SUBPROVIDER 1

		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					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41	02 MAGNETIC RESONANCE IMAGING (MRI)					
41	03 LITHOTRIPSY					
41	04 CARDIAC CATHETERIZATION LABORATORY					
41	05 ONCOLOGY					
44	LABORATORY					
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS		7,514			
58	ASC (NON-DISTINCT PART)					
58	01 WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63	OTHER OUTPATIENT SERVICE					
63	01 GENESIS		8,654			
63	02 WOMENS CENTER					
63	03 RES HOMES					
63	04 ONCOLOGY CLINIC					
63	05					
63	06 FAMILY PRACTICE					
63	07 DIABETIC EDUCATION					
63	08 NEW CHOICES					
63	09 OB/GYN					
63	10 HOWARD CO CLINIC					
63	11 HOWARD CO CSS					
63	12 CLINTON COUNTY					
63	13 TELEMEDICINE					
63	14 TELEMEDICINE					
63	15 HC&T HAIDER					
63	16 DR AROUTINOVA					
63	17 OB/GYN GREER					
63	18 ONCOLOGY-BECHAR					
63	19 CRITICAL CARE PHYSICIANS					
63	20 PSYCH DR STEINER					
63	21 PSYCH GOOD HOPE					
63	22 PSYCH DR ERIKA					
63	23 PSYCH DR KENNETH					
63	24 PSYCH DR DEB					
63	25 PSYCH DR M SHEI					
63	26 N CENTRAL PED					
63	27 CFHC					
63	28 PSYCH MEDICATION					
63	29 PSYCH PHD CLINIC					
63	30 RUSSIAVILLE OFFICE					
63	31 DR JERRY GREER					
63	32 OTHER OUTPATIENT SERVICE COST CENTER					
63	33 DR KOESTER					
63	34 OPEN HEART					
63	35 DR B. FOGELSON					
63	36 ONCOLOGY MOORE					
63	37 DR BARROW					
63	38 DR. MOUALLA					
63	39 DR. SEDAGHAT					
63	40 DR. KINSEY					
63	41 B.HEALTH TIPTON					
63	42 DR. SCHILT					
63	43 B.HEALTH PH MEDICAL PHYS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		16,168			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		16,168			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 02 MAGNETIC RESONANCE IMAGING (MRI)					
41 03 LITHOTRIPSY					
41 04 CARDIAC CATHETERIZATION LABORATORY					
41 05 ONCOLOGY					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				4,467	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS				8,822	
63 02 WOMENS CENTER					
63 03 RES HOMES					
63 04 ONCOLOGY CLINIC					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION					
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS					
63 12 CLINTON COUNTY					
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HC&T HAIDER					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA					
63 23 PSYCH DR KENNETH					
63 24 PSYCH DR DEB					
63 25 PSYCH DR M SHEI					
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION					
63 29 PSYCH PHD CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 DR JERRY GREER					
63 32 OTHER OUTPATIENT SERVICE COST CENTER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 DR BARROW					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 DR. KINSEY					
63 41 B.HEALTH TIPTON					
63 42 DR. SCHILT					
63 43 B.HEALTH PH MEDICAL PHYS					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				13,289	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				13,289	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 02 MAGNETIC RESONANCE IMAGING (MRI)
- 41 03 LITHOTRIPSY
- 41 04 CARDIAC CATHETERIZATION LABORATORY
- 41 05 ONCOLOGY
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 58 01 WOUND CARE
- OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 OTHER OUTPATIENT SERVICE
- 63 01 GENESIS
- 63 02 WOMENS CENTER
- 63 03 RES HOMES
- 63 04 ONCOLOGY CLINIC
- 63 05
- 63 06 FAMILY PRACTICE
- 63 07 DIABETIC EDUCATION
- 63 08 NEW CHOICES
- 63 09 OB/GYN
- 63 10 HOWARD CO CLINIC
- 63 11 HOWARD CO CSS
- 63 12 CLINTON COUNTY
- 63 13 TELEMEDICINE
- 63 14 TELEMEDICINE
- 63 15 HC&T HAIDER
- 63 16 DR AROUTINOVA
- 63 17 OB/GYN GREER
- 63 18 ONCOLOGY-BECHAR
- 63 19 CRITICAL CARE PHYSICIANS
- 63 20 PSYCH DR STEINER
- 63 21 PSYCH GOOD HOPE
- 63 22 PSYCH DR ERIKA
- 63 23 PSYCH DR KENNETH
- 63 24 PSYCH DR DEB
- 63 25 PSYCH DR M SHEI
- 63 26 N CENTRAL PED
- 63 27 CFHC
- 63 28 PSYCH MEDICATION
- 63 29 PSYCH PHD CLINIC
- 63 30 RUSSTAVILLE OFFICE
- 63 31 DR JERRY GREER
- 63 32 OTHER OUTPATIENT SERVICE COST CENTER
- 63 33 DR KOESTER
- 63 34 OPEN HEART
- 63 35 DR B. FOGELSON
- 63 36 ONCOLOGY MOORE
- 63 37 DR BARROW
- 63 38 DR. MOUALLA
- 63 39 DR. SEDAGHAT
- 63 40 DR. KINSEY
- 63 41 B.HEALTH TIPTON
- 63 42 DR. SCHILT
- 63 43 B.HEALTH PH MEDICAL PHYS
- OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

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

Health Financial Systems MCRIF32 FOR HOWARD REGIONAL HEALTH SYSTEM IN LIEU OF FORM CMS-2552-96(08/2000)

APPORIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
	I	15-0007	I	FROM 1/ 1/2008	I	WORKSHEET D
	I		I	TO 12/31/2008	I	PART VI
	I	15-0007	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.594459
3	PROGRAM COSTS	1,548
		920

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 634.82
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,366,610
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,366,610

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,878,727	2,568	1,510.41	1,628	2,458,947
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					13,427,239
49 TOTAL PROGRAM INPATIENT COSTS					22,252,796

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,568,182
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 995,437
 52 TOTAL PROGRAM EXCLUDABLE COST 2,563,619
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 19,689,177

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,273
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	634.82
85	OBSERVATION BED COST	2,077,766

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	500,323	13,269,725	.037704	2,077,766	78,340
87	NEW CAPITAL-RELATED COST	1,864,192	13,269,725	.140485	2,077,766	291,895
88	NON PHYSICIAN ANESTHETIST		13,269,725		2,077,766	
89	MEDICAL EDUCATION		13,269,725		2,077,766	
89.01	MEDICAL EDUCATION - ALLIED HEA	405,809	13,269,725	.030582	2,077,766	63,542
89.02	MEDICAL EDUCATION - ALL OTHER		13,269,725		2,077,766	

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,116
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,116
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5,116
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)	1,581
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	5,429,891.00
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	3,498,232
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	3,498,232

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,432,243
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,432,243
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.643976
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,061.81
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	3,498,232

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	683.78
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,081,056
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,081,056

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1	265,054
49	TOTAL PROGRAM INPATIENT COSTS		1,346,110

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	109,595
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	20,826
52	TOTAL PROGRAM EXCLUDABLE COST	130,421
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,215,689

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	683.78
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	126,244	3,498,232	.036088	
87	NEW CAPITAL-RELATED COST	228,400	3,498,232	.065290	
88	NON PHYSICIAN ANESTHETIST		3,498,232		
89	MEDICAL EDUCATION		3,498,232		
89.01	MEDICAL EDUCATION - ALLIED HEA		3,498,232		
89.02	MEDICAL EDUCATION - ALL OTHER		3,498,232		

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,512
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,512
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,512
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)	2,970
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,656,665
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,656,665

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	951,569
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	951,569
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.791878
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	270.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,656,665

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,656,665
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	756.45
68	PROGRAM ROUTINE SERVICE COST	2,246,657
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,246,657
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	632,280
72	PER DIEM CAPITAL-RELATED COSTS	180.03
73	PROGRAM CAPITAL-RELATED COSTS	534,689
74	INPATIENT ROUTINE SERVICE COST	1,711,968
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,711,968
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,246,657
80	PROGRAM INPATIENT ANCILLARY SERVICES	809,096
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,055,753

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

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)	20,903
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,903
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	20,903
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)	859
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)	1,703
16	NURSERY DAYS (TITLE V OR XIX ONLY)	350

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	13,269,725
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	13,269,725

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,127,969
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,127,969
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.939252
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	675.88
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	13,269,725

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 634.82
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 545,310
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 545,310

	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	1,257,598	1,703	738.46	350	258,461
43 INTENSIVE CARE UNIT	3,878,727	2,568	1,510.41	105	158,593
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1,584,932
 49 TOTAL PROGRAM INPATIENT COSTS 2,547,296

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	3,273
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	634.82
85	OBSERVATION BED COST	2,077,766

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 XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,116
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,116
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5,116
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)	1,180
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	3,498,232
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	3,498,232

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,432,243
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,432,243
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.643976
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,061.81
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	3,498,232

TITLE XIX - I/P SUBPROVIDER I 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 683.78
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 806,860
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 806,860

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY)	1	2	3	4	5
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
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
49 TOTAL PROGRAM INPATIENT COSTS					140,813 947,673

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 SUBPROVIDER I 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	683.78
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		7,297,436	
31	INTENSIVE CARE UNIT		2,308,947	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.377461	4,573,144	1,726,184
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.010559	563,870	5,954
41	RADIOLOGY-DIAGNOSTIC	.090832	6,596,374	599,162
41	02 MAGNETIC RESONANCE IMAGING (MRI)	.337568	535,720	180,842
41	03 LITHOTRIPSY	.197906		
41	04 CARDIAC CATHETERIZATION LABORATORY	.097446	3,147,369	306,699
41	05 ONCOLOGY	.347681	177,688	61,779
44	LABORATORY	.071590	7,246,451	518,773
47	BLOOD STORING, PROCESSING & TRANS.	.013078		
49	RESPIRATORY THERAPY	.216812	3,385,028	733,915
50	PHYSICAL THERAPY	.556524	805,322	448,181
53	ELECTROCARDIOLOGY	.440063	579,557	255,042
54	ELECTROENCEPHALOGRAPHY	.063208	95,313	6,025
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.584329	7,038,411	4,112,748
56	DRUGS CHARGED TO PATIENTS	.594459	5,465,916	3,249,263
57	RENAL DIALYSIS	.691609	205,609	142,201
58	ASC (NON-DISTINCT PART)			
58	01 WOUND CARE	.356627		
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.398909	2,348,766	936,944
62	OBSERVATION BEDS (NON-DISTINCT PART)	.954878	146,604	139,989
63	OTHER OUTPATIENT SERVICE			
63	01 GENESIS	1.019378		
63	02 WOMENS CENTER	.413654		
63	03 RES HOMES	.394818		
63	04 ONCOLOGY CLINIC			
63	05			
63	06 FAMILY PRACTICE			
63	07 DIABETIC EDUCATION	1.907243	1,855	3,538
63	08 NEW CHOICES			
63	09 OB/GYN			
63	10 HOWARD CO CLINIC			
63	11 HOWARD CO CSS	1.326536		
63	12 CLINTON COUNTY	.619037		
63	13 TELEMEDICINE			
63	14 TELEMEDICINE			
63	15 HC&T HAIDER			
63	16 DR AROUTINOVA			
63	17 OB/GYN GREER	.586173		
63	18 ONCOLOGY-BECHAR	.609892		
63	19 CRITICAL CARE PHYSICIANS	.314325		
63	20 PSYCH DR STEINER			
63	21 PSYCH GOOD HOPE			
63	22 PSYCH DR ERIKA	.375706		
63	23 PSYCH DR KENNETH	8.887480		
63	24 PSYCH DR DEB	1.205541		
63	25 PSYCH DR M SHEI	.220674		
63	26 N CENTRAL PED			
63	27 CFHC			
63	28 PSYCH MEDICATION	.539522		
63	29 PSYCH PHD CLINIC			
63	30 RUSSIAVILLE OFFICE			
63	31 DR JERRY GREER			
63	32 OTHER OUTPATIENT SERVICE COST CENTER			
63	33 DR KOESTER			
63	34 OPEN HEART			
63	35 DR B. FOGELSON			
63	36 ONCOLOGY MOORE			
63	37 DR BARROW			
63	38 DR. MOUALLA			
63	39 DR. SEDAGHAT			
63	40 DR. KINSEY			
63	41 B.HEALTH TIPTON	.758532		
63	42 DR. SCHILT			
63	43 B.HEALTH PH MEDICAL PHYS			
65	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		42,912,997	13,427,239
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		42,912,997	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER		1,616,912	
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	.377461	3,000	1,132
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY	.010559	338	4
41	RADIOLOGY-DIAGNOSTIC	.090832	107,794	9,791
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.337568	16,614	5,608
41 03	LITHOTRIPSY	.197906		
41 04	CARDIAC CATHETERIZATION LABORATORY	.097446		
41 05	ONCOLOGY	.347681		
44	LABORATORY	.071590	245,785	17,596
47	BLOOD STORING, PROCESSING & TRANS.	.013078		
49	RESPIRATORY THERAPY	.216812	32,592	7,066
50	PHYSICAL THERAPY	.556524	46,406	25,826
53	ELECTROCARDIOLOGY	.440063	14,024	6,171
54	ELECTROENCEPHALOGRAPHY	.063208	9,162	579
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.584329	28,935	16,908
56	DRUGS CHARGED TO PATIENTS	.594459	225,834	134,249
57	RENAL DIALYSIS	.691609	1,298	898
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	.356627		
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY	.398909	97,827	39,024
62	OBSERVATION BEDS (NON-DISTINCT PART)	.954878		
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	1.019378		
63 02	WOMENS CENTER	.413654		
63 03	RES HOMES	.394818		
63 04	ONCOLOGY CLINIC			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	1.907243	106	202
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1.326536		
63 12	CLINTON COUNTY	.619037		
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HC&T HAIDER			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER	.586173		
63 18	ONCOLOGY-BECHAR	.609892		
63 19	CRITICAL CARE PHYSICIANS	.314325		
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	.375706		
63 23	PSYCH DR KENNETH	8.887480		
63 24	PSYCH DR DEB	1.205541		
63 25	PSYCH DR M SHEI	.220674		
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	.539522		
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	DR JERRY GREER			
63 32	OTHER OUTPATIENT SERVICE COST CENTER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	DR BARROW			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	DR. KINSEY			
63 41	B.HEALTH TIPTON	.758532		
63 42	DR. SCHILT			
63 43	B.HEALTH PH MEDICAL PHYS			
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES		829,715	265,054
102	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES -			
103	PROGRAM ONLY CHARGES			
103	NET CHARGES		829,715	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
37	SUBPROVIDER			
39	ANCILLARY SRVC COST CNTRS			
40	OPERATING ROOM	.377461	4,627	1,747
41	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY	.010559		
41	RADIOLOGY-DIAGNOSTIC	.090832	53,128	4,826
41	02 MAGNETIC RESONANCE IMAGING (MRI)	.337568		
41	03 LITHOTRIPSY	.197906		
41	04 CARDIAC CATHETERIZATION LABORATORY	.097446		
41	05 ONCOLOGY	.347681	2,449	851
44	LABORATORY	.071590	249,352	17,851
47	BLOOD STORING, PROCESSING & TRANS.	.013078	2,428	32
49	RESPIRATORY THERAPY	.216812	20,146	4,368
50	PHYSICAL THERAPY	.556524	563,934	313,843
53	ELECTROCARDIOLOGY	.440063	4,270	1,879
54	ELECTROENCEPHALOGRAPHY	.063208	489	31
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.584329	174,882	102,189
56	DRUGS CHARGED TO PATIENTS	.594459	608,080	361,479
57	RENAL DIALYSIS	.691609		
58	ASC (NON-DISTINCT PART)			
58	01 WOUND CARE	.356627		
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.398909		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.954878		
63	OTHER OUTPATIENT SERVICE			
63	01 GENESIS	1.019378		
63	02 WOMENS CENTER	.413654		
63	03 RES HOMES	.394818		
63	04 ONCOLOGY CLINIC			
63	05			
63	06 FAMILY PRACTICE			
63	07 DIABETIC EDUCATION	1.907243		
63	08 NEW CHOICES			
63	09 OB/GYN			
63	10 HOWARD CO CLINIC			
63	11 HOWARD CO CSS	1.326536		
63	12 CLINTON COUNTY	.619037		
63	13 TELEMEDICINE			
63	14 TELEMEDICINE			
63	15 HC&T HAIDER			
63	16 DR AROUTINOVA			
63	17 OB/GYN GREER	.586173		
63	18 ONCOLOGY-BECHAR	.609892		
63	19 CRITICAL CARE PHYSICIANS	.314325		
63	20 PSYCH DR STEINER			
63	21 PSYCH GOOD HOPE			
63	22 PSYCH DR ERIKA	.375706		
63	23 PSYCH DR KENNETH	8.887480		
63	24 PSYCH DR DEB	1.205541		
63	25 PSYCH DR M SHEI	.220674		
63	26 N CENTRAL PED			
63	27 CFHC			
63	28 PSYCH MEDICATION	.539522		
63	29 PSYCH PHD CLINIC			
63	30 RUSSIAVILLE OFFICE			
63	31 DR JERRY GREER			
63	32 OTHER OUTPATIENT SERVICE COST CENTER			
63	33 DR KOESTER			
63	34 OPEN HEART			
63	35 DR B. FOGELSON			
63	36 ONCOLOGY MOORE			
63	37 DR BARROW			
63	38 DR. MOUALLA			
63	39 DR. SEDAGHAT			
63	40 DR. KINSEY			
63	41 B.HEALTH TIPTON	.758532		
63	42 DR. SCHILT			
63	43 B.HEALTH PH MEDICAL PHYS			
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES		1,683,785	809,096
102	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,683,785	

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		1,911,623	
26	INTENSIVE CARE UNIT		304,993	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.377461	729,202	275,245
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.010559	129,957	1,372
41	RADIOLOGY-DIAGNOSTIC	.090832	520,982	47,322
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.337568	28,471	9,611
41 03	LITHOTRIPSY	.197906		
41 04	CARDIAC CATHETERIZATION LABORATORY	.097446	148,443	14,465
41 05	ONCOLOGY	.347681	21,503	7,476
44	LABORATORY	.071590	761,180	54,493
47	BLOOD STORING, PROCESSING & TRANS.	.013078	88,821	1,162
49	RESPIRATORY THERAPY	.216812	312,888	67,838
50	PHYSICAL THERAPY	.556524		
53	ELECTROCARDIOLOGY	.440063	23,662	10,413
54	ELECTROENCEPHALOGRAPHY	.063208	8,664	548
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.584329		
56	DRUGS CHARGED TO PATIENTS	.594459	1,661,114	987,464
57	RENAL DIALYSIS	.691609	12,331	8,528
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	.356627	1,167	416
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.398909	246,109	98,175
62	OBSERVATION BEDS (NON-DISTINCT PART)	.954878		
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	1.019378		
63 02	WOMENS CENTER	.413654		
63 03	RES HOMES	.394818		
63 04	ONCOLOGY CLINIC			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	1.907243	212	404
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1.326536		
63 12	CLINTON COUNTY	.619037		
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HC&T HAIDER			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER	.586173		
63 18	ONCOLOGY-BECHAR	.609892		
63 19	CRITICAL CARE PHYSICIANS	.314325		
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	.375706		
63 23	PSYCH DR KENNETH	8.887480		
63 24	PSYCH DR DEB	1.205541		
63 25	PSYCH DR M SHEI	.220674		
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	.539522		
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	DR JERRY GREER			
63 32	OTHER OUTPATIENT SERVICE COST CENTER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	DR BARROW			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	DR. KINSEY			
63 41	B.HEALTH TIPTON	.758532		
63 42	DR. SCHILT			
63 43	B.HEALTH PH MEDICAL PHYS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		4,694,706	1,584,932
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,694,706	

WKST A LINE NO.	COST CENTER DESCRIPTION	SUBPROVIDER 1	RATIO COST TO CHARGES 1	OTHER	
				INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS				
26	INTENSIVE CARE UNIT				
31	SUBPROVIDER			525,612	
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.377461		
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY		.010559		
41	RADIOLOGY-DIAGNOSTIC		.090832	38,376	3,486
41 02	MAGNETIC RESONANCE IMAGING (MRI)		.337568	7,693	2,597
41 03	LITHOTRIPSY		.197906		
41 04	CARDIAC CATHETERIZATION LABORATORY		.097446		
41 05	ONCOLOGY		.347681	142	49
44	LABORATORY		.071590	204,940	14,672
47	BLOOD STORING, PROCESSING & TRANS.		.013078		
49	RESPIRATORY THERAPY		.216812	17,733	3,845
50	PHYSICAL THERAPY		.556524		
53	ELECTROCARDIOLOGY		.440063	12,078	5,315
54	ELECTROENCEPHALOGRAPHY		.063208	18,943	1,197
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.584329		
56	DRUGS CHARGED TO PATIENTS		.594459	111,098	66,043
57	RENAL DIALYSIS		.691609		
58	ASC (NON-DISTINCT PART)				
58 01	WOUND CARE		.356627		
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY		.398909	101,480	40,481
62	OBSERVATION BEDS (NON-DISTINCT PART)		.954878		
63	OTHER OUTPATIENT SERVICE				
63 01	GENESIS		1.019378	1,207	1,230
63 02	WOMENS CENTER		.413654		
63 03	RES HOMES		.394818	225	89
63 04	ONCOLOGY CLINIC				
63 05					
63 06	FAMILY PRACTICE				
63 07	DIABETIC EDUCATION		1.907243	159	303
63 08	NEW CHOICES				
63 09	OB/GYN				
63 10	HOWARD CO CLINIC				
63 11	HOWARD CO CSS		1.326536	711	943
63 12	CLINTON COUNTY		.619037	480	297
63 13	TELEMEDICINE				
63 14	TELEMEDICINE				
63 15	HC&T HAIDER				
63 16	DR AROUTINOVA				
63 17	OB/GYN GREER		.586173		
63 18	ONCOLOGY-BECHAR		.609892		
63 19	CRITICAL CARE PHYSICIANS		.314325		
63 20	PSYCH DR STEINER				
63 21	PSYCH GOOD HOPE				
63 22	PSYCH DR ERIKA		.375706		
63 23	PSYCH DR KENNETH		8.887480		
63 24	PSYCH DR DEB		1.205541		
63 25	PSYCH DR M SHEI		.220674		
63 26	N CENTRAL PED				
63 27	CFHC				
63 28	PSYCH MEDICATION		.539522	493	266
63 29	PSYCH PHD CLINIC				
63 30	RUSSIAVILLE OFFICE				
63 31	DR JERRY GREER				
63 32	OTHER OUTPATIENT SERVICE COST CENTER				
63 33	DR KOESTER				
63 34	OPEN HEART				
63 35	DR B. FOGELSON				
63 36	ONCOLOGY MOORE				
63 37	DR BARROW				
63 38	DR. MOUALLA				
63 39	DR. SEDAGHAT				
63 40	DR. KINSEY				
63 41	B.HEALTH TIPTON		.758532		
63 42	DR. SCHILT				
63 43	B.HEALTH PH MEDICAL PHYS				
	OTHER REIMBURS COST CNTRS				
65	AMBULANCE SERVICES				
101	TOTAL			515,758	140,813
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			515,758	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	16,911,467	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	572,059	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		124.76
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.27
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.83
4.02 SUM OF LINES 4 AND 4.01		18.10
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.51
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		762,707
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 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	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	18,246,233	
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)	18,246,233	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,518,217	
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)		
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	194,663	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	4,281	
16 TOTAL	19,963,394	
17 PRIMARY PAYER PAYMENTS	8,076	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,955,318	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,722,906	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	65,528	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	374,204	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	261,943	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	374,204	
22 SUBTOTAL	18,428,827	
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	18,428,827	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	18,437,166	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-8,339	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	20,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,054
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	17,147,578
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,965,319
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.	47,790
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,054
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,775
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,775
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)	1,775
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	721
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,054
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,013,109
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	22
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,785,198
19	SUBTOTAL (SEE INSTRUCTIONS)	9,228,943
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	9,228,943
24	PRIMARY PAYER PAYMENTS	1,766
25	SUBTOTAL	9,227,177
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	218,190
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	152,733
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	218,190
28	SUBTOTAL	9,379,910
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)	238
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,379,672
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,452,014
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-72,342
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,289
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,267
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.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,267
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,893
19	SUBTOTAL (SEE INSTRUCTIONS)	7,374
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,374
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	7,374
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	7,374
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	7,374
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,374
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
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		18,238,863		9,178,841
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	12/31/2008	164,508	8/14/2008	33,818
ADJUSTMENTS TO PROVIDER .02	12/31/2008	125,423	12/31/2008	239,335
ADJUSTMENTS TO PROVIDER .03	12/18/2008	33,514	8/14/2008	20
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/14/2008	8,810		
ADJUSTMENTS TO PROGRAM .51	8/14/2008	4,342		
ADJUSTMENTS TO PROGRAM .52	12/18/2008	111,990		
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		198,303		273,173
4 TOTAL INTERIM PAYMENTS		18,437,166		9,452,014
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		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER .01			
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM .02	8,339		72,342
7 TOTAL MEDICARE PROGRAM LIABILITY		18,428,827		9,379,672

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.

TITLE XVIII SUBPROVIDER 1

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		970,790		7,374
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		NONE		NONE
4 TOTAL INTERIM PAYMENTS		970,790		7,374
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		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)		1		
7 TOTAL MEDICARE PROGRAM LIABILITY		970,789		7,374

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.

TITLE XVIII SNF

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		1,071,788		
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			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,071,788		
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			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,071,788		

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.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,089,249
1.09	NET IPF PPS OUTLIER PAYMENTS	43,855
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.978142
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,133,104
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,133,104
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,133,104
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,133,104
7	DEDUCTIBLES	152,603
8	SUBTOTAL	980,501
9	COINSURANCE	9,712
10	SUBTOTAL	970,789
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	970,789
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	

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

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES		
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		1,103,660
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		1,103,660
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		1,103,660
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		1,103,660
36	COINSURANCE		31,872
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)		1,071,788
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		1,071,788
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,071,788
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		1,071,788
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

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

TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	2,547,296	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	2,547,296	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	2,547,296	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	2,216,616	
11	ANCILLARY SERVICE CHARGES	4,694,706	
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	6,911,322	
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)	6,911,322	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,364,026	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	2,547,296	
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	2,547,296	
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	2,547,296	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	2,547,296	
36	COINSURANCE		
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)	2,547,296	
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	2,547,296	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2,547,296	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	2,091,812	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

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

TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	947,673	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	947,673	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	947,673	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	525,612	
11	ANCILLARY SERVICE CHARGES	515,758	
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	1,041,370	
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)	1,041,370	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	93,697	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	947,673	
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	947,673	
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	947,673	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	947,673	
36	COINSURANCE		
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)	947,673	
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	947,673	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	947,673	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	551,524	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	8,474,642			
2	TEMPORARY INVESTMENTS	13,851,390			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	19,575,388			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	5,162,377			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	11,580,535			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	58,644,332			
FIXED ASSETS					
12	LAND	84,056,906			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	84,056,906			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	4,814,872			
26	TOTAL OTHER ASSETS	4,814,872			
27	TOTAL ASSETS	147,516,110			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,734,279			
29 SALARIES, WAGES & FEES PAYABLE	9,476,453			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,890,872			
36 TOTAL CURRENT LIABILITIES	16,101,604			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	59,962,264			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	8,522,120			
42 TOTAL LONG-TERM LIABILITIES	68,484,384			
43 TOTAL LIABILITIES	84,585,988			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	62,930,122			
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	62,930,122			
52 TOTAL LIABILITIES AND FUND BALANCES	147,516,110			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0007	I	FROM 1/ 1/2008	I	WORKSHEET	G-1
I		I	TO 12/31/2008	I		

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
1	FUND BALANCE AT BEGINNING	85,008,646
	OF PERIOD	
2	NET INCOME (LOSS)	-22,078,524
3	TOTAL	62,930,122
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	
5	ADDITIONS (CREDIT ADJUSTM	
6		
7		
8		
9		
10	TOTAL ADDITIONS	
11	SUBTOTAL	62,930,122
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)	
13	DEDUCTIONS (DEBIT ADJUSTM	
14		
15		
16		
17		
18	TOTAL DEDUCTIONS	
19	FUND BALANCE AT END OF	62,930,122
	PERIOD PER BALANCE SHEET	

	ENDOWMENT FUND	PLANT FUND
	5	6
1	FUND BALANCE AT BEGINNING	
	OF PERIOD	
2	NET INCOME (LOSS)	
3	TOTAL	
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	
5	ADDITIONS (CREDIT ADJUSTM	
6		
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	15,418,444		15,418,444
2 00 SUBPROVIDER	5,461,313		5,461,313
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	951,569		951,569
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	21,831,326		21,831,326
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,874,230		3,874,230
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,874,230		3,874,230
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	25,705,556		25,705,556
17 00 ANCILLARY SERVICES	76,352,359		76,352,359
18 00 OUTPATIENT SERVICES		191,473,599	191,473,599
20 00 AMBULANCE SERVICES			
24 00 OTHER OPERATING REVENUE		626,557	626,557
25 00 TOTAL PATIENT REVENUES	102,057,915	192,100,156	294,158,071

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	138,608,865
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	138,608,865

DESCRIPTION

1	TOTAL PATIENT REVENUES	294,158,071
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	177,062,874
3	NET PATIENT REVENUES	117,095,197
4	LESS: TOTAL OPERATING EXPENSES	138,608,865
5	NET INCOME FROM SERVICE TO PATIENTS	-21,513,668
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
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	
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	
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	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	13,171,939
25	TOTAL OTHER INCOME	13,171,939
26	TOTAL	-8,341,729
	OTHER EXPENSES	
27	INVESTMENT LOSS	13,736,795
28		
29		
30	TOTAL OTHER EXPENSES	13,736,795
31	NET INCOME (OR LOSS) FOR THE PERIOD	-22,078,524

