

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-0074 | PERIOD FROM 1/1/2010 TO 12/31/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/31/2011 TIME 8:31

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: COMMUNITY HOSPITALS OF INDIANA, INC. 15-0074 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 5 columns: TITLE V, A, XVIII, B, XIX. Row 1: 1 HOSPITAL, 0, 807,977, -124,074, 9,185,027. Row 2: 100 TOTAL, 0, 807,977, -124,074, 9,185,027.

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: 1500 NORTH RITTER AVENUE P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46219- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	15-0074	2.01	7/1/1966	V XVIII XIX 4 5 6 N P 0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 26900
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 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 DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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	118,059,072	1,144,437	119,203,509	4,051,182.00	29.42	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	738,728		738,728	10,039.00	73.59	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,355,859		1,355,859	18,124.00	74.81	
5 PHYSICIAN - PART B	152,888		152,888	2,080.00	73.50	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		1,250,008	1,250,008	41,434.00	30.17	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	20,986,633	3,219,359	24,205,992	588,013.00	41.17	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,484,672		1,484,672	80,368.00	18.47	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,164,208		1,164,208	8,380.00	138.93	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	20,983,806		20,983,806	620,119.00	33.84	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	21,951,775		21,951,775			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,735,379		3,735,379			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	82,026		82,026			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS	293,339		293,339			CMS 339
19 PHYSICIAN PART B	8,831		8,831			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	175,922		175,922			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,851,574	4,456	1,856,030	41,825.00	44.38	
22 ADMINISTRATIVE & GENERAL	9,112,880	-3,759,333	5,353,547	162,275.00	32.99	
22.01 A & G UNDER CONTRACT	3,675,861		3,675,861	19,573.00	187.80	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	4,906,035	12,513	4,918,548	196,222.00	25.07	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	2,057,059	4,884	2,061,943	142,854.00	14.43	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,515,328	-868,231	647,097	46,442.00	13.93	
27.01 DIETARY UNDER CONTRACT	382,099		382,099	9,318.00	41.01	
28 CAFETERIA		871,555	871,555	63,291.00	13.77	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	5,868,580	20,426	5,889,006	167,258.00	35.21	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	2,949,090	110,062	3,059,152	70,181.00	43.59	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	253,053	1,086	254,139	10,911.00	23.29	
34 SOCIAL SERVICE	1,774,420	3,230	1,777,650	55,847.00	31.83	
35 OTHER GENERAL SERVICE	198,411	495	198,906	15,219.00	13.07	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	119,869,557	-105,571	119,763,986	4,008,396.00	29.88	
2 EXCLUDED AREA SALARIES	20,986,633	3,219,359	24,205,992	588,013.00	41.17	
3 SUBTOTAL SALARIES	98,882,924	-3,324,930	95,557,994	3,420,383.00	27.94	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	23,632,686		23,632,686	708,867.00	33.34	
5 SUBTOTAL WAGE-RELATED COSTS	21,951,775		21,951,775		22.97	
6 TOTAL	144,467,385	-3,324,930	141,142,455	4,129,250.00	34.18	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	34,544,390	-3,598,857	30,945,533	1,001,216.00	30.91	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	33,922,119
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	7,700,000
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	41,622,119
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.325424
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	144,477,047

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	47,016,299
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	46,895,612
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	15,260,958
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	47,016,299

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				6,981,961	6,981,961
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,866,537	8,866,537
5	0500 EMPLOYEE BENEFITS	1,851,574	14,507,064	16,358,638	2,889,889	19,248,527
6	0600 ADMINISTRATIVE & GENERAL	9,112,880	77,177,970	86,290,850	-32,819,026	53,471,824
8	0800 OPERATION OF PLANT	4,906,035	4,110,450	9,016,485	-581,056	8,435,429
9	0900 LAUNDRY & LINEN SERVICE		664,358	664,358	-176	664,182
10	1000 HOUSEKEEPING	2,057,059	446,857	2,503,916	-3,912	2,500,004
11	1100 DIETARY	1,515,328	2,049,216	3,564,544	-1,929,768	1,634,776
12	1200 CAFETERIA				2,206,490	2,206,490
14	1400 NURSING ADMINISTRATION	5,868,580	-2,198,849	3,669,731	-35,754	3,633,977
15	1500 CENTRAL SERVICES & SUPPLY		2,582,601	2,582,601	-1,846,752	735,849
16	1600 PHARMACY	2,949,090	4,975,197	7,924,287	-4,194,925	3,729,362
17	1700 MEDICAL RECORDS & LIBRARY	253,053	-10,744	242,309	671	242,980
18	1800 SOCIAL SERVICE	1,774,420	-150,140	1,624,280	2,866	1,627,146
19	1950 TRANSPORTATION	198,411	23,060	221,471	-5,702	215,769
20	2000 NONPHYSICIAN ANESTHETISTS	738,728	89,179	827,907	-6,363	821,544
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				1,250,008	1,250,008
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,006,804	3,449,228	5,456,032	-2,061,175	3,394,857
24	2400 PARAMED PRGM-(SPECIFY)	211,545	67,043	278,588	83,260	361,848
24.01	2401 RESPIRATORY SCHOOL					
24.02	2402 RADIOLOGY EDUCATION	147,398	-100,284	47,114	67,112	114,226
24.03	2403 PHARMACY RESIDENCY PROGRAM	216,817	26,383	243,200	-129,844	113,356
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	24,356,304	995,480	25,351,784	-2,842,436	22,509,348
26	2600 INTENSIVE CARE UNIT	2,115,031	591,834	2,706,865	-80,887	2,625,978
26.01	2601 NEONATAL INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT	2,316,807	519,742	2,836,549	-24,748	2,811,801
31	3100 SUBPROVIDER	417,992	-100,190	317,802	-314,233	3,569
31.01	3101 SUBPROVIDER 2 - PSYCH DPU		68	68		68
33	3300 NURSERY				809,741	809,741
34	3400 SKILLED NURSING FACILITY		332	332	-26	306
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	79,669	12,354,011	12,433,680	-9,567,037	2,866,643
38	3800 RECOVERY ROOM		1,269,236	1,269,236	-1,649	1,267,587
39	3900 DELIVERY ROOM & LABOR ROOM	1	66,155	66,156	1,709,452	1,775,608
41	4100 RADIOLOGY-DIAGNOSTIC	2,452,252	1,270,863	3,723,115	-1,173,042	2,550,073
41.01	4101 ULTRA SOUND	603,702	296,789	900,491	33,933	934,424
41.02	4102 CAT SCAN	668,982	830,213	1,499,195	87,064	1,586,259
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	541,142	750,322	1,291,464	-81,928	1,209,536
41.04	4104 NUCLEAR MEDICINE-DIAGNOSTIC	124,125	247,732	371,857	-26,847	345,010
41.05	4105 ONCOLOGY	3,573,670	18,323,434	21,897,104	-11,275,948	10,621,156
44	4400 LABORATORY		6,478,219	6,478,219	-8,521	6,469,698
48	4800 INTRAVENOUS THERAPY	274,070	22,557	296,627	1,242	297,869
49	4900 RESPIRATORY THERAPY	1,518,524	201,328	1,719,852	-96,886	1,622,966
50	5000 PHYSICAL THERAPY	2,579,085	1,775,958	4,355,043	-1,669,006	2,686,037
51	5100 OCCUPATIONAL THERAPY				983,566	983,566
52	5200 SPEECH PATHOLOGY				513,165	513,165
53	5300 ELECTROCARDIOLOGY	445,384	808,099	1,253,483	-9,690	1,243,793
54	5400 ELECTROENCEPHALOGRAPHY	1,278,236	-25,346	1,252,890	-133,917	1,118,973
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				10,515,002	10,515,002
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				8,372,539	8,372,539
56	5600 DRUGS CHARGED TO PATIENTS				17,096,322	17,096,322
57	5700 RENAL DIALYSIS		543,796	543,796	-503	543,293
59	3020 CARDIAC CATH LAB	367,763	2,806,060	3,173,823	-2,485,193	688,630
59.01	3021 ENDOSCOPY		383,184	383,184	-38,352	344,832
59.02	3022 MENTAL HEALTH OP	11,777,301	4,462,467	16,239,768	-93,371	16,146,397
59.03	3023 CNR	725,529	125,237	850,766	299,704	1,150,470
59.04	3550 PAIN MED PSYCH					
59.05	3025 LUTHERWOOD	552,641	125,856	678,497	-1,438	677,059
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	742,663	162,740	905,403	-12,776	892,627
60.01	6001 HEALTHY HEARTS CENTER					
60.02	6002 DIABETIC CARE CENTER	439,735	32,624	472,359	-4,668	467,691
60.03	6003 PAIN REHAB ADMIN					
60.04	6004 FAMILY PRACTICE CENTER	1,104,155	1,029,290	2,133,445	-177,903	1,955,542
60.05	6005 PALLIATIVE CARE	368,270	-145,913	222,357	400	222,757
60.06	6006 SPINE CENTER					
60.07	6007 INFUSION CENTERS	179,694	1,899,424	2,079,118	-1,768,917	310,201
61	6100 EMERGENCY	4,655,742	1,672,419	6,328,161	-170,298	6,157,863
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	98,066,191	167,482,609	265,548,800	-12,903,749	252,645,051
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	6,621,716	2,949,863	9,571,579	-119,390	9,452,189
98.01	9801 OCCUPATIONAL HEALTH	5,311,317	6,273,960	11,585,277	-2,276,241	9,309,036
98.02	9802 MEDCHECK FACILITIES	4,508,624	1,934,832	6,443,456	-240,321	6,203,135
98.03	9803 INFERTILITY SERVICES					
98.04	9804 BREAST DIAGNOSTIC		2,531,936	2,531,936	-7,510	2,524,426
98.05	9805 HAWTHORNE SCHOOL	678,489	1,615,963	2,294,452	-14,506	2,279,946
98.06	9806 INDIANA NEURORESTORATIVE CENTER					
98.07	9807 PRONET	374,485	40,785	415,270	-3,153	412,117
98.08	9808 DIAGNOSTIC TESTING FACILITY		2,229	2,229		2,229
98.09	9809 INDIANA SURGERY CENTER EAST LLC				15,826,630	15,826,630
98.10	9810 COMMUNITY PULMONARY CC	195,508	1,580,502	1,776,010		1,776,010

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
98.11 9811	PROFESSIONAL OFFICE BUILDING		622,754	622,754	-70,713	552,041
98.12 9812	LIFECHECK	84,714	30,702	115,416	-2,205	113,211
100 7950	OTHER NONREIMBURSABLE COST CENTERS	2,218,028	1,197,518	3,415,546	-188,842	3,226,704
101	TOTAL	118,059,072	186,263,653	304,322,725	-0-	304,322,725

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0074
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-605,247	6,376,714
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,062,241	7,804,296
5	0500 EMPLOYEE BENEFITS	3,190,355	22,438,882
6	0600 ADMINISTRATIVE & GENERAL	-25,299,265	28,172,559
8	0800 OPERATION OF PLANT	-1,217,545	7,217,884
9	0900 LAUNDRY & LINEN SERVICE		664,182
10	1000 HOUSEKEEPING	-128	2,499,876
11	1100 DIETARY		1,634,776
12	1200 CAFETERIA	-1,035,190	1,171,300
14	1400 NURSING ADMINISTRATION	-240,887	3,393,090
15	1500 CENTRAL SERVICES & SUPPLY		735,849
16	1600 PHARMACY	-306,939	3,422,423
17	1700 MEDICAL RECORDS & LIBRARY	2,495,380	2,738,360
18	1800 SOCIAL SERVICE	-108,563	1,518,583
19	1950 TRANSPORTATION		215,769
20	2000 NONPHYSICIAN ANESTHETISTS	-821,544	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-105,077	1,144,931
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,177,694	2,217,163
24	2400 PARAMED ED PRGM-(SPECIFY)	-31,425	330,423
24.01	2401 RESPIRATORY SCHOOL		
24.02	2402 RADIOLOGY EDUCATION	91,548	205,774
24.03	2403 PHARMACY RESIDENCY PROGRAM		113,356
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,780,700	20,728,648
26	2600 INTENSIVE CARE UNIT	-5,420	2,620,558
26.01	2601 NEONATAL INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT	-119,779	2,692,022
31	3100 SUBPROVIDER	-3,569	
31.01	3101 SUBPROVIDER 2 - PSYCH DPU	-68	
33	3300 NURSERY		809,741
34	3400 SKILLED NURSING FACILITY		306
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	573,235	3,439,878
38	3800 RECOVERY ROOM		1,267,587
39	3900 DELIVERY ROOM & LABOR ROOM	-61,610	1,713,998
41	4100 RADIOLOGY-DIAGNOSTIC	-270,611	2,279,462
41.01	4101 ULTRA SOUND		934,424
41.02	4102 CAT SCAN	-1,640	1,584,619
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)		1,209,536
41.04	4104 NUCLEAR MEDICINE-DIAGNOSTIC		345,010
41.05	4105 ONCOLOGY	-650,488	9,970,668
44	4400 LABORATORY	-670,492	5,799,206
48	4800 INTRAVENOUS THERAPY		297,869
49	4900 RESPIRATORY THERAPY		1,622,966
50	5000 PHYSICAL THERAPY	-150,429	2,535,608
51	5100 OCCUPATIONAL THERAPY		983,566
52	5200 SPEECH PATHOLOGY		513,165
53	5300 ELECTROCARDIOLOGY	-386,074	857,719
54	5400 ELECTROENCEPHALOGRAPHY	13,511	1,132,484
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,515,002
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		8,372,539
56	5600 DRUGS CHARGED TO PATIENTS		17,096,322
57	5700 RENAL DIALYSIS		543,293
59	3020 CARDIAC CATH LAB	-151,583	537,047
59.01	3021 ENDOSCOPY	-9,183	335,649
59.02	3022 MENTAL HEALTH OP	-9,020,541	7,125,856
59.03	3023 CNR	2,955	1,153,425
59.04	3550 PAIN MED PSYCH		
59.05	3025 LUTHERWOOD	-528,538	148,521
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-40,139	852,488
60.01	6001 HEALTHY HEARTS CENTER		
60.02	6002 DIABETIC CARE CENTER	-32,252	435,439
60.03	6003 PAIN REHAB ADMIN		
60.04	6004 FAMILY PRACTICE CENTER	-198,388	1,757,154
60.05	6005 PALLIATIVE CARE	363,078	585,835
60.06	6006 SPINE CENTER		
60.07	6007 INFUSION CENTERS	-84,757	225,444
61	6100 EMERGENCY	-527,130	5,630,733
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-39,975,074	212,669,977
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES	-21,418	9,430,771
98.01	9801 OCCUPATIONAL HEALTH	-1,496,815	7,812,221
98.02	9802 MEDCHECK FACILITIES	-235,819	5,967,316
98.03	9803 INFERTILITY SERVICES		
98.04	9804 BREAST DIAGNOSTIC		2,524,426
98.05	9805 HAWTHORNE SCHOOL	-1,484,217	795,729
98.06	9806 INDIANA NEURORESTORATIVE CENTER		
98.07	9807 PRONET		412,117
98.08	9808 DIAGNOSTIC TESTING FACILITY		2,229
98.09	9809 INDIANA SURGERY CENTER EAST LLC		15,826,630
98.10	9810 COMMUNITY PULMONARY CC		1,776,010

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	TRANSPORTATION	1950	
20	NONPHYSICIAN ANESTHETISTS	2000	OTHER GENERAL SERVICE COST CENTERS
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	RESPIRATORY SCHOOL	2401	PARAMED ED PRGM
24.02	RADIOLOGY EDUCATION	2402	PARAMED ED PRGM
24.03	PHARMACY RESIDENCY PROGRAM	2403	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2601	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2 - PSYCH DPU	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
41.02	CAT SCAN	3230	CAT SCAN
41.03	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.04	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.05	ONCOLOGY	3480	ONCOLOGY
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATH LAB	3020	ACUPUNCTURE
59.01	ENDOSCOPY	3021	ACUPUNCTURE
59.02	MENTAL HEALTH OP	3022	ACUPUNCTURE
59.03	CNR	3023	ACUPUNCTURE
59.04	PAIN MED PSYCH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.05	LUTHERWOOD	3025	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HEALTHY HEARTS CENTER	6001	CLINIC
60.02	DIABETIC CARE CENTER	6002	CLINIC
60.03	PAIN REHAB ADMIN	6003	CLINIC
60.04	FAMILY PRACTICE CENTER	6004	CLINIC
60.05	PALLIATIVE CARE	6005	CLINIC
60.06	SPINE CENTER	6006	CLINIC
60.07	INFUSION CENTERS	6007	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OCCUPATIONAL HEALTH	9801	PHYSICIANS' PRIVATE OFFICES
98.02	MEDCHECK FACILITIES	9802	PHYSICIANS' PRIVATE OFFICES
98.03	INFERTILITY SERVICES	9803	PHYSICIANS' PRIVATE OFFICES
98.04	BREAST DIAGNOSTIC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	HAWTHORNE SCHOOL	9805	PHYSICIANS' PRIVATE OFFICES
98.06	INDIANA NEURORESTORATIVE CENTER	9806	PHYSICIANS' PRIVATE OFFICES
98.07	PRONET	9807	PHYSICIANS' PRIVATE OFFICES
98.08	DIAGNOSTIC TESTING FACILITY	9808	PHYSICIANS' PRIVATE OFFICES
98.09	INDIANA SURGERY CENTER EAST LLC	9809	PHYSICIANS' PRIVATE OFFICES
98.10	COMMUNITY PULMONARY CC	9810	PHYSICIANS' PRIVATE OFFICES
98.11	PROFESSIONAL OFFICE BUILDING	9811	PHYSICIANS' PRIVATE OFFICES

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98.12	LIFECHECK	9812	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 150074	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/31/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 Labor & Delivery Salary	A	NURSERY	33	649,883	
2		DELIVERY ROOM & LABOR ROOM	39	1,371,975	
3					
4 Labor & Delivery Other	B	NURSERY	33		159,858
5		DELIVERY ROOM & LABOR ROOM	39		337,477
6					
7 Chargeable Medical Supplies	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		18,887,541
8		ENDOSCOPY	59.01		5,916
9					
10					
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13					
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33					
34					
35					

1 Chargeable Medical Supplies	C				
2					
3					
4					
5 Depreciation Expense	D	NEW CAP REL COSTS-MVBLE EQUIP	4		15,016,261
6					
7					
8					
9					
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RECLASSIFICATIONS

PROVIDER NO:
150074

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/31/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 Depreciation Expense	D					
2						
3						
4						
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16						
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18						
19						
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21						
22						
23						
24 Radiology Salary	E	ULTRA SOUND	41.01		91,915	
25		CAT SCAN	41.02		448,276	
26		MAGNETIC RESONANCE IMAGING (MRI)	41.03		233,539	
27						
28 Radiology Other	F	RADIOLOGY-DIAGNOSTIC	41			36,725
29						
30						
31						
32 Capital Insurance Costs	G	NEW CAP REL COSTS-BLDG & FIXT	3			199,706
33		NEW CAP REL COSTS-MVBLE EQUIP	4			19,014
34						
35 Implantable Device Recl ass	H	IMPL. DEV. CHARGED TO PATIENT	55.30			8,372,539
1 Implantable Device Recl ass	H					
2 Interest Expense	I	NEW CAP REL COSTS-BLDG & FIXT	3			613,517
3						
4 INTERNS AND RESIDENTS	J	ADMINISTRATIVE & GENERAL	6		29,207	
5		I&R SERVICES-SALARY & FRINGES APPRVD	22		1,250,008	
6 CNR ADMIN	K	CNR	59.03		420,444	
7						
8 CNR Admin Recl ass	L	SUBPROVIDER	31			121,895
9						
10 Depreciation by CC	M	NEW CAP REL COSTS-BLDG & FIXT	3			6,168,738
11						
12 Cafeteria Salary	N	CAFETERIA	12		871,555	
13						
14 Cafeteria Recl ass	O	CAFETERIA	12			1,334,935
15						
16 Benefit Allocation	P	EMPLOYEE BENEFITS	5			3,023,434
17						
18						
19						
20 PTO Allocation	Q	EMPLOYEE BENEFITS	5		4,456	
21		OPERATION OF PLANT	8		12,513	
22		HOUSEKEEPING	10		4,884	
23		DIETARY	11		3,324	
24		NURSING ADMINISTRATION	14		20,426	
25		PHARMACY	16		11,720	
26		MEDICAL RECORDS & LIBRARY	17		1,086	
27		SOCIAL SERVICE	18		3,230	
28		TRANSPORTATION	19		495	
29		NONPHYSICIAN ANESTHETISTS	20		2,169	
30		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		4,484	
31		PARAMED ED PRGM-(SPECIFY)	24		942	
32		RADIOLOGY EDUCATION	24.02		575	
33		PHARMACY RESIDENCY PROGRAM	24.03		367	
34		ADULTS & PEDIATRICS	25		36,817	
35		INTENSIVE CARE UNIT	26		4,616	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 PTO Allocation	Q	CORONARY CARE UNIT	27	3,813	
2		SUBPROVIDER	31	2,452	
3		OPERATING ROOM	37	368	
4		RADIOLOGY-DIAGNOSTIC	41	4,351	
5		ULTRA SOUND	41.01	448	
6		CAT SCAN	41.02	2,086	
7		MAGNETIC RESONANCE IMAGING (MRI)	41.03	840	
8		NUCLEAR MEDICINE-DIAGNOSTIC	41.04	77	
9		ONCOLOGY	41.05	7,216	
10		INTRAVENOUS THERAPY	48	1,242	
11		RESPIRATORY THERAPY	49	2,053	
12		PHYSICAL THERAPY	50	6,962	
13		ELECTROCARDIOLOGY	53	478	
14		ELECTROENCEPHALOGRAPHY	54	2,327	
15		CARDIAC CATH LAB	59	1,017	
16		MENTAL HEALTH OP	59.02	24,128	
17		CNR	59.03	2,973	
18		LUTHERWOOD	59.05	877	
19		CLINIC	60	954	
20		DIABETIC CARE CENTER	60.02	1,583	
21		FAMILY PRACTICE CENTER	60.04	2,238	
22		PALLIATIVE CARE	60.05	400	
23		INFUSION CENTERS	60.07	211	
24		EMERGENCY	61	6,846	
25		PHYSICIANS' PRIVATE OFFICES	98	2,208	
26		OCCUPATIONAL HEALTH	98.01	7,603	
27		MEDCHECK FACILITIES	98.02	5,271	
28		HAWTHORNE SCHOOL	98.05	1,328	
29		PRONET	98.07	703	
30		LIFECHECK	98.12	394	
31		OTHER NONREIMBURSABLE COST CENTERS	100	5,744	
32					
33 PHARMACY RESIDENCY SALARY RECLASS	R	PHARMACY	16	98,342	
34					
35 PHARMACY RESIDENCY OTHER RECLASS	S	PHARMACY	16		31,869
1 PHARMACY RESIDENCY OTHER RECLASS	S				
2 Drugs Charges to Pat	T	DRUGS CHARGED TO PATIENTS	56		17,096,322
3					
4					
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21					
22					
23 Therapy Salary	U	OCCUPATIONAL THERAPY	51	594,679	
24		SPEECH PATHOLOGY	52	310,267	
25					
26 Therapy Other	V	OCCUPATIONAL THERAPY	51		388,887
27		SPEECH PATHOLOGY	52		202,898
28					
29 Plant Operations Expense	W	OPERATION OF PLANT	8		78,735
30					
31 Dietary Food Service Allocation	X	ADMINISTRATIVE & GENERAL	6		52,235
32		DIETARY	11		353,518
33					
34					
35					

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 Dietary Food Service Allocation	X				
2					
3					
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25					
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27					
28					
29					
30					
31					
32					
33 ISC LLC Salary Recl ass	AA	INDIANA SURGERY CENTER EAST LLC	98.09	3,577,245	
34					
35 Recl ass ISC LLC Other Expense	AB	INDIANA SURGERY CENTER EAST LLC	98.09		12,249,385
1 Recl ass ISC LLC Other Expense	AB				
2 RADIOLOGY SCHOOL ALLIED HEALTH	AC	RADIOLOGY EDUCATION	24.02	69,863	
3					
4 RADIOLOGY SCHOOL OTHER RECLASS	AD	RADIOLOGY EDUCATION	24.02		5,849
5					
6 EMS SCHOOL SALARY RECLASS	AE	PARAMED ED PRGM-(SPECIFY)	24	63,450	
7					
8 EMS SCHOOL OTHER RECLASS	AF	PARAMED ED PRGM-(SPECIFY)	24		21,517
9					
36 TOTAL RECLASSIFICATIONS				10,291,943	84,778,771

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 Labor & Delivery Salary	A						
2							
3		ADULTS & PEDIATRICS	25		2,021,858		
4 Labor & Delivery Other	B						
5							
6 Chargeable Medical Supplies	C	ADULTS & PEDIATRICS	25			497,335	
7		EMPLOYEE BENEFITS	5			8,426	
8		ADMINISTRATIVE & GENERAL	6			5,224,796	
9		OPERATION OF PLANT	8			77,338	
10		NURSING ADMINISTRATION	14			316	
11		CENTRAL SERVICES & SUPPLY	15			1,807,524	
12		PHARMACY	16			124,375	
13		TRANSPORTATION	19			1,068	
14		NONPHYSICIAN ANESTHETISTS	20			61	
15		PARAMED ED PRGM-(SPECIFY)	24			491	
16		ADULTS & PEDIATRICS	25			11,337	
17		INTENSIVE CARE UNIT	26			508	
18		CORONARY CARE UNIT	27			239	
19		SKILLED NURSING FACILITY	34			19	
20		OPERATING ROOM	37			9,177,576	
21		RADIOLOGY-DIAGNOSTIC	41			27,141	
22		MAGNETIC RESONANCE IMAGING (MRI)	41.03			2	
23		ONCOLOGY	41.05			9,669	
24		RESPIRATORY THERAPY	49			572	
25		PHYSICAL THERAPY	50			4,000	
26		ELECTROENCEPHALOGRAPHY	54			1,019	
27		CARDIAC CATH LAB	59			2,250,979	
28		MENTAL HEALTH OP	59.02			137	
29		CLINIC	60			1,466	
30		FAMILY PRACTICE CENTER	60.04			1,080	
31		INFUSION CENTERS	60.07			664	
32		EMERGENCY	61			1,419	
33		OCCUPATIONAL HEALTH	98.01			21,489	
34							
35							
1 Chargeable Medical Supplies	C	MEDCHECK FACILITIES	98.02			32,983	
2		HAWTHORNE SCHOOL	98.05			177	
3		PRONET	98.07			183	
4		OTHER NONREIMBURSABLE COST CENTERS	100			106,403	
5 Depreciation Expense	D						
6		EMPLOYEE BENEFITS	5			14,178	
7		ADMINISTRATIVE & GENERAL	6			10,222,671	
8		OPERATION OF PLANT	8			589,616	
9		LAUNDRY & LINEN SERVICE	9			176	
10		HOUSEKEEPING	10			6,657	
11		DIETARY	11			80,120	
12		NURSING ADMINISTRATION	14			46,953	
13		CENTRAL SERVICES & SUPPLY	15			37,722	
14		PHARMACY	16			62,156	
15		MEDICAL RECORDS & LIBRARY	17			415	
16		SOCIAL SERVICE	18			176	
17		TRANSPORTATION	19			4,996	
18		NONPHYSICIAN ANESTHETISTS	20			8,471	
19		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			11,992	
20		PARAMED ED PRGM-(SPECIFY)	24			2,158	
21		RADIOLOGY EDUCATION	24.02			9,175	
22		ADULTS & PEDIATRICS	25			206,904	
23		INTENSIVE CARE UNIT	26			79,044	
24		CORONARY CARE UNIT	27			22,253	
25		SUBPROVIDER	31			16,408	
26		OPERATING ROOM	37			384,565	
27		RECOVERY ROOM	38			1,433	
28		RADIOLOGY-DIAGNOSTIC	41			334,077	
29		ULTRA SOUND	41.01			54,067	
30		CAT SCAN	41.02			341,296	
31		MAGNETIC RESONANCE IMAGING (MRI)	41.03			305,093	
32		NUCLEAR MEDICINE-DIAGNOSTIC	41.04			12,862	
33		ONCOLOGY	41.05			1,032,956	
34		LABORATORY	44			8,515	
35		RESPIRATORY THERAPY	49			96,653	

RECLASSIFICATIONS

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 Depreciation Expense	D	PHYSICAL THERAPY	50		85,143	
2		ELECTROCARDIOLOGY	53		10,168	
3		ELECTROENCEPHALOGRAPHY	54		132,189	
4		RENAL DIALYSIS	57		503	
5		CARDIAC CATH LAB	59		233,173	
6		ENDOSCOPY	59.01		44,268	
7		MENTAL HEALTH OP	59.02		70,764	
8		CNR	59.03		1,818	
9		LUTHERWOOD	59.05		2,315	
10		CLINIC	60		12,042	
11		DIABETIC CARE CENTER	60.02		5,455	
12		FAMILY PRACTICE CENTER	60.04		10,577	
13		INFUSION CENTERS	60.07		862	
14		EMERGENCY	61		83,024	
15		PHYSICIANS' PRIVATE OFFICES	98		65,760	
16		OCCUPATIONAL HEALTH	98.01		37,227	
17		MEDCHECK FACILITIES	98.02		101,671	
18		BREAST DIAGNOSTIC	98.04		7,510	
19		HAWTHORNE SCHOOL	98.05		1,181	
20		PRONET	98.07		3,071	
21		PROFESSIONAL OFFICE BUILDING	98.11		69,861	
22		LIFECHECK	98.12		2,599	
23		OTHER NONREIMBURSABLE COST CENTERS	100		41,322	
24 Radiology Salary	E					
25						
26						
27		RADIOLOGY-DIAGNOSTIC	41	773,730		
28 Radiology Other	F					
29		ULTRA SOUND	41.01		4,363	
30		CAT SCAN	41.02		21,277	
31		MAGNETIC RESONANCE IMAGING (MRI)	41.03		11,085	
32 Capital Insurance Costs	G					12
33						12
34		ADMINISTRATIVE & GENERAL	6		218,720	
35 Implantable Device Recl ass	H					
1 Implantable Device Recl ass	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		8,372,539	
2 Interest Expense	I					11
3		ADMINISTRATIVE & GENERAL	6		613,517	
4 INTERNS AND RESIDENTS	J	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	134,778	1,144,437	
5						
6 CNR ADMIN	K					
7		SUBPROVIDER	31	420,444		
8 CNR Admin Recl ass	L					
9		CNR	59.03		121,895	
10 Depreciation by CC	M					9
11		NEW CAP REL COSTS-MVBLE EQUIP	4		6,168,738	9
12 Cafeteria Salary	N					
13		DIETARY	11	871,555		
14 Cafeteria Recl ass	O					
15		DIETARY	11		1,334,935	
16 Benefit Allocation	P					
17		ADMINISTRATIVE & GENERAL	6		92,100	
18		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		727,709	
19		OCCUPATIONAL HEALTH	98.01		2,203,625	
20 PTO Allocation	Q					
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

RECLASSIFICATIONS

PROVIDER NO: 150074	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/31/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			OTHER	A-7 REF
			LINE NO	SALARY			
1 PTO Allocation	Q	6					10
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
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17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32		ADMINISTRATIVE & GENERAL	6		211,295		
33 PHARMACY RESIDENCY SALARY RECLASS	R	PHARMACY RESIDENCY PROGRAM	24.03		98,342		
34							
35 PHARMACY RESIDENCY OTHER RECLASS	S						
1 PHARMACY RESIDENCY OTHER RECLASS	S	PHARMACY RESIDENCY PROGRAM	24.03			31,869	
2 Drugs Charges to Pat	T						
3		EMPLOYEE BENEFITS	5			113,286	
4		ADMINISTRATIVE & GENERAL	6			412,004	
5		OPERATION OF PLANT	8			55	
6		NURSING ADMINISTRATION	14			23	
7		CENTRAL SERVICES & SUPPLY	15			1,506	
8		PHARMACY	16			4,149,404	
9		OPERATING ROOM	37			4,067	
10		RADIOLOGY-DIAGNOSTIC	41			13	
11		NUCLEAR MEDICINE-DIAGNOSTIC	41.04			14,022	
12		ONCOLOGY	41.05			10,223,442	
13		RESPIRATORY THERAPY	49			1,714	
14		PHYSICAL THERAPY	50			82,291	
15		MENTAL HEALTH OP	59.02			15,770	
16		CLINIC	60			1	
17		FAMILY PRACTICE CENTER	60.04			168,385	
18		INFUSION CENTERS	60.07			1,767,602	
19		OCCUPATIONAL HEALTH	98.01			19,237	
20		MEDCHECK FACILITIES	98.02			108,445	
21		HAWTHORNE SCHOOL	98.05			14,453	
22		PRONET	98.07			602	
23 Therapy Salary	U						
24							
25		PHYSICAL THERAPY	50		904,946		
26 Therapy Other	V						
27							
28		PHYSICAL THERAPY	50			591,785	
29 Plant Operations Expense	W						
30		ADMINISTRATIVE & GENERAL	6			78,735	
31 Dietary Food Service Allocation	X						
32							
33		EMPLOYEE BENEFITS	5			2,111	
34		OPERATION OF PLANT	8			5,295	
35		HOUSEKEEPING	10			2,139	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 Dietary Food Service Allocation	X			14		8,888	
2				16		921	
3				18		188	
4				19		133	
5				23		46,743	
6				25		141,819	
7				26		5,951	
8				27		6,069	
9				31		1,728	
10				34		7	
11				37		1,197	
12				38		216	
13				41		3,445	
14				41.02		725	
15				41.03		127	
16				41.04		40	
17				41.05		17,097	
18				44		6	
19				50		7,803	
20				54		3,036	
21				59		2,058	
22				59.02		30,828	
23				60		221	
24				60.02		796	
25				60.04		99	
26				61		7,734	
27				98		55,838	
28				98.01		2,266	
29				98.02		2,493	
30				98.05		23	
31				98.11		852	
32				100		46,861	
33 ISC LLC Salary Recl ass	AA						
34				6		3,577,245	
35 Recl ass ISC LLC Other Expense	AB						
1 Recl ass ISC LLC Other Expense	AB			6			12,249,385
2 RADIOLOGY SCHOOL ALLIED HEALTH	AC						
3				41		69,863	
4 RADIOLOGY SCHOOL OTHER RECLASS	AD						
5				41			5,849
6 EMS SCHOOL SALARY RECLASS	AE						
7				61		63,450	
8 EMS SCHOOL OTHER RECLASS	AF						
9				61			21,517
36 TOTAL RECLASSIFICATIONS						9,147,506	85,923,208

(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:
150074

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/31/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : Labor & Delivery Salary

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	649,883			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,371,975			0	
3.00			0	ADULTS & PEDIATRICS	25	2,021,858	
TOTAL RECLASSIFICATIONS FOR CODE A			2,021,858			2,021,858	

RECLASS CODE: B
EXPLANATION : Labor & Delivery Other

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	159,858			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	337,477			0	
3.00			0	ADULTS & PEDIATRICS	25	497,335	
TOTAL RECLASSIFICATIONS FOR CODE B			497,335			497,335	

RECLASS CODE: C
EXPLANATION : Chargeable Medical Supplies

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	18,887,541			0	
2.00	ENDOSCOPY	59.01	5,916			0	
3.00			0	EMPLOYEE BENEFITS	5	8,426	
4.00			0	ADMINISTRATIVE & GENERAL	6	5,224,796	
5.00			0	OPERATION OF PLANT	8	77,338	
6.00			0	NURSING ADMINISTRATION	14	316	
7.00			0	CENTRAL SERVICES & SUPPLY	15	1,807,524	
8.00			0	PHARMACY	16	124,375	
9.00			0	TRANSPORTATION	19	1,068	
10.00			0	NONPHYSICIAN ANESTHETISTS	20	61	
11.00			0	PARAMED ED PRGM-(SPECIFY)	24	491	
12.00			0	ADULTS & PEDIATRICS	25	11,337	
13.00			0	INTENSIVE CARE UNIT	26	508	
14.00			0	CORONARY CARE UNIT	27	239	
15.00			0	SKILLED NURSING FACILITY	34	19	
16.00			0	OPERATING ROOM	37	9,177,576	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	27,141	
18.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	2	
19.00			0	ONCOLOGY	41.05	9,669	
20.00			0	RESPIRATORY THERAPY	49	572	
21.00			0	PHYSICAL THERAPY	50	4,000	
22.00			0	ELECTROENCEPHALOGRAPHY	54	1,019	
23.00			0	CARDIAC CATH LAB	59	2,250,979	
24.00			0	MENTAL HEALTH OP	59.02	137	
25.00			0	CLINIC	60	1,466	
26.00			0	FAMILY PRACTICE CENTER	60.04	1,080	
27.00			0	INFUSION CENTERS	60.07	664	
28.00			0	EMERGENCY	61	1,419	
29.00			0	OCCUPATIONAL HEALTH	98.01	21,489	
30.00			0	MEDCHECK FACILITIES	98.02	32,983	
31.00			0	HAWTHORNE SCHOOL	98.05	177	
32.00			0	PRONET	98.07	183	
33.00			0	OTHER NONREIMBURSABLE COST CEN	100	106,403	
TOTAL RECLASSIFICATIONS FOR CODE C			18,893,457			18,893,457	

RECLASS CODE: D
EXPLANATION : Depreciation Expense

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	15,016,261			0	
2.00			0	EMPLOYEE BENEFITS	5	14,178	
3.00			0	ADMINISTRATIVE & GENERAL	6	10,222,671	
4.00			0	OPERATION OF PLANT	8	589,616	
5.00			0	LAUNDRY & LINEN SERVICE	9	176	
6.00			0	HOUSEKEEPING	10	6,657	
7.00			0	DIETARY	11	80,120	
8.00			0	NURSING ADMINISTRATION	14	46,953	
9.00			0	CENTRAL SERVICES & SUPPLY	15	37,722	
10.00			0	PHARMACY	16	62,156	
11.00			0	MEDICAL RECORDS & LIBRARY	17	415	
12.00			0	SOCIAL SERVICE	18	176	

RECLASSIFICATIONS

PROVIDER NO:
150074

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/31/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : Depreciation Expense

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
13.00			0	TRANSPORTATION	19	4,996	
14.00			0	NONPHYSICIAN ANESTHETISTS	20	8,471	
15.00			0	I&R SERVICES-OTHER PRGM COSTS	23	11,992	
16.00			0	PARAMED ED PRGM-(SPECIFY)	24	2,158	
17.00			0	RADIOLOGY EDUCATION	24.02	9,175	
18.00			0	ADULTS & PEDIATRICS	25	206,904	
19.00			0	INTENSIVE CARE UNIT	26	79,044	
20.00			0	CORONARY CARE UNIT	27	22,253	
21.00			0	SUBPROVIDER	31	16,408	
22.00			0	OPERATING ROOM	37	384,565	
23.00			0	RECOVERY ROOM	38	1,433	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	334,077	
25.00			0	ULTRA SOUND	41.01	54,067	
26.00			0	CAT SCAN	41.02	341,296	
27.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	305,093	
28.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	12,862	
29.00			0	ONCOLOGY	41.05	1,032,956	
30.00			0	LABORATORY	44	8,515	
31.00			0	RESPIRATORY THERAPY	49	96,653	
32.00			0	PHYSICAL THERAPY	50	85,143	
33.00			0	ELECTROCARDIOLOGY	53	10,168	
34.00			0	ELECTROENCEPHALOGRAPHY	54	132,189	
35.00			0	RENAL DIALYSIS	57	503	
36.00			0	CARDIAC CATH LAB	59	233,173	
37.00			0	ENDOSCOPY	59.01	44,268	
38.00			0	MENTAL HEALTH OP	59.02	70,764	
39.00			0	CNR	59.03	1,818	
40.00			0	LUTHERWOOD	59.05	2,315	
41.00			0	CLINIC	60	12,042	
42.00			0	DIABETIC CARE CENTER	60.02	5,455	
43.00			0	FAMILY PRACTICE CENTER	60.04	10,577	
44.00			0	INFUSION CENTERS	60.07	862	
45.00			0	EMERGENCY	61	83,024	
46.00			0	PHYSICIANS' PRIVATE OFFICES	98	65,760	
47.00			0	OCCUPATIONAL HEALTH	98.01	37,227	
48.00			0	MEDCHECK FACILITIES	98.02	101,671	
49.00			0	BREAST DIAGNOSTIC	98.04	7,510	
50.00			0	HAWTHORNE SCHOOL	98.05	1,181	
51.00			0	PRONET	98.07	3,071	
52.00			0	PROFESSIONAL OFFICE BUILDING	98.11	69,861	
53.00			0	LIFECHECK	98.12	2,599	
54.00			0	OTHER NONREIMBURSABLE COST CEN	100	41,322	
TOTAL RECLASSIFICATIONS FOR CODE D			15,016,261	TOTAL RECLASSIFICATIONS FOR CODE D			15,016,261

RECLASS CODE: E
EXPLANATION : Radiology Salary

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ULTRA SOUND	41.01	91,915			0	
2.00	CAT SCAN	41.02	448,276			0	
3.00	MAGNETIC RESONANCE IMAGING (MR	41.03	233,539			0	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	773,730	
TOTAL RECLASSIFICATIONS FOR CODE E			773,730	TOTAL RECLASSIFICATIONS FOR CODE E			773,730

RECLASS CODE: F
EXPLANATION : Radiology Other

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	36,725			0	
2.00			0	ULTRA SOUND	41.01	4,363	
3.00			0	CAT SCAN	41.02	21,277	
4.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	11,085	
TOTAL RECLASSIFICATIONS FOR CODE F			36,725	TOTAL RECLASSIFICATIONS FOR CODE F			36,725

RECLASS CODE: G
EXPLANATION : Capital Insurance Costs

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	199,706			0	

RECLASSIFICATIONS

PROVIDER NO:
150074

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/31/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : Capital Insurance Costs

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	19,014
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			218,720

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	218,720	0
			218,720

RECLASS CODE: H
EXPLANATION : Implantable Device Recl ass

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	8,372,539
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			8,372,539

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	8,372,539	0
			8,372,539

RECLASS CODE: I
EXPLANATION : Interest Expense

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	613,517
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			613,517

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	613,517	0
			613,517

RECLASS CODE: J
EXPLANATION : INTERNS AND RESIDENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	29,207
2.00	I&R SERVICES-SALARY & FRINGES	22	1,250,008
TOTAL RECLASSIFICATIONS FOR CODE J			1,279,215

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-OTHER PRGM COSTS	23	1,279,215	0
			1,279,215

RECLASS CODE: K
EXPLANATION : CNR ADMIN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CNR	59.03	420,444
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			420,444

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER	31	420,444	0
			420,444

RECLASS CODE: L
EXPLANATION : CNR Admin Recl ass

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	31	121,895
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE L			121,895

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CNR	59.03	121,895	0
			121,895

RECLASS CODE: M
EXPLANATION : Depreciation by CC

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,168,738
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE M			6,168,738

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	6,168,738	0
			6,168,738

RECLASS CODE: N
EXPLANATION : Cafeteria Salary

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	871,555
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE N			871,555

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	871,555	0
			871,555

RECLASS CODE: O
EXPLANATION : Cafeteria Recl ass

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,334,935

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0

RECLASSIFICATIONS

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150074

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RECLASS CODE: R
EXPLANATION : PHARMACY RESIDENCY SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	PHARMACY RESIDENCY PROGRAM	24.03	98,342	
TOTAL RECLASSIFICATIONS FOR CODE R			98,342				

RECLASS CODE: S
EXPLANATION : PHARMACY RESIDENCY OTHER RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	31,869			0	
2.00			0	PHARMACY RESIDENCY PROGRAM	24.03	31,869	
TOTAL RECLASSIFICATIONS FOR CODE S			31,869				

RECLASS CODE: T
EXPLANATION : Drugs Charges to Pat

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	17,096,322			0	
2.00			0	EMPLOYEE BENEFITS	5	113,286	
3.00			0	ADMINISTRATIVE & GENERAL	6	412,004	
4.00			0	OPERATION OF PLANT	8	55	
5.00			0	NURSING ADMINISTRATION	14	23	
6.00			0	CENTRAL SERVICES & SUPPLY	15	1,506	
7.00			0	PHARMACY	16	4,149,404	
8.00			0	OPERATING ROOM	37	4,067	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	13	
10.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	14,022	
11.00			0	ONCOLOGY	41.05	10,223,442	
12.00			0	RESPIRATORY THERAPY	49	1,714	
13.00			0	PHYSICAL THERAPY	50	82,291	
14.00			0	MENTAL HEALTH OP	59.02	15,770	
15.00			0	CLINIC	60	1	
16.00			0	FAMILY PRACTICE CENTER	60.04	168,385	
17.00			0	INFUSION CENTERS	60.07	1,767,602	
18.00			0	OCCUPATIONAL HEALTH	98.01	19,237	
19.00			0	MEDCHECK FACILITIES	98.02	108,445	
20.00			0	HAWTHORNE SCHOOL	98.05	14,453	
21.00			0	PRONET	98.07	602	
TOTAL RECLASSIFICATIONS FOR CODE T			17,096,322				

RECLASS CODE: U
EXPLANATION : Therapy Salary

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	594,679			0	
2.00	SPEECH PATHOLOGY	52	310,267			0	
3.00			0	PHYSICAL THERAPY	50	904,946	
TOTAL RECLASSIFICATIONS FOR CODE U			904,946				

RECLASS CODE: V
EXPLANATION : Therapy Other

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	388,887			0	
2.00	SPEECH PATHOLOGY	52	202,898			0	
3.00			0	PHYSICAL THERAPY	50	591,785	
TOTAL RECLASSIFICATIONS FOR CODE V			591,785				

RECLASS CODE: W
EXPLANATION : Plant Operations Expense

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	78,735			0	
2.00			0	ADMINISTRATIVE & GENERAL	6	78,735	
TOTAL RECLASSIFICATIONS FOR CODE W			78,735				

RECLASS CODE: X
EXPLANATION : Dietary Food Service Allocation

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	52,235			0	

RECLASSIFICATIONS

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RECLASS CODE: X
EXPLANATION : Dietary Food Service Allocation

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	DIETARY	11	353,518				
3.00			0	EMPLOYEE BENEFITS	5	2,111	
4.00			0	OPERATION OF PLANT	8	5,295	
5.00			0	HOUSEKEEPING	10	2,139	
6.00			0	NURSING ADMINISTRATION	14	8,888	
7.00			0	PHARMACY	16	921	
8.00			0	SOCIAL SERVICE	18	188	
9.00			0	TRANSPORTATION	19	133	
10.00			0	I&R SERVICES-OTHER PRGM COSTS	23	46,743	
13.00			0	ADULTS & PEDIATRICS	25	141,819	
14.00			0	INTENSIVE CARE UNIT	26	5,951	
15.00			0	CORONARY CARE UNIT	27	6,069	
16.00			0	SUBPROVIDER	31	1,728	
17.00			0	SKILLED NURSING FACILITY	34	7	
18.00			0	OPERATING ROOM	37	1,197	
19.00			0	RECOVERY ROOM	38	216	
20.00			0	RADIOLOGY-DIAGNOSTIC	41	3,445	
21.00			0	CAT SCAN	41.02	725	
22.00			0	MAGNETIC RESONANCE IMAGING (MR)	41.03	127	
23.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	40	
24.00			0	ONCOLOGY	41.05	17,097	
25.00			0	LABORATORY	44	6	
26.00			0	PHYSICAL THERAPY	50	7,803	
27.00			0	ELECTROENCEPHALOGRAPHY	54	3,036	
28.00			0	CARDIAC CATH LAB	59	2,058	
29.00			0	MENTAL HEALTH OP	59.02	30,828	
30.00			0	CLINIC	60	221	
31.00			0	DIABETIC CARE CENTER	60.02	796	
32.00			0	FAMILY PRACTICE CENTER	60.04	99	
33.00			0	EMERGENCY	61	7,734	
34.00			0	PHYSICIANS' PRIVATE OFFICES	98	55,838	
35.00			0	OCCUPATIONAL HEALTH	98.01	2,266	
36.00			0	MEDCHECK FACILITIES	98.02	2,493	
37.00			0	HAWTHORNE SCHOOL	98.05	23	
38.00			0	PROFESSIONAL OFFICE BUILDING	98.11	852	
39.00			0	OTHER NONREIMBURSABLE COST CEN	100	46,861	
TOTAL RECLASSIFICATIONS FOR CODE X			405,753	405,753			

RECLASS CODE: AA
EXPLANATION : ISC LLC Salary Recl ass

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INDIANA SURGERY CENTER EAST LL	98.09	3,577,245				
2.00			0	ADMINISTRATIVE & GENERAL	6	3,577,245	
TOTAL RECLASSIFICATIONS FOR CODE AA			3,577,245	3,577,245			

RECLASS CODE: AB
EXPLANATION : Recl ass ISC LLC Other Expense

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INDIANA SURGERY CENTER EAST LL	98.09	12,249,385				
2.00			0	ADMINISTRATIVE & GENERAL	6	12,249,385	
TOTAL RECLASSIFICATIONS FOR CODE AB			12,249,385	12,249,385			

RECLASS CODE: AC
EXPLANATION : RADIOLOGY SCHOOL ALLIED HEALTH

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY EDUCATION	24.02	69,863				
2.00			0	RADIOLOGY-DIAGNOSTIC	41	69,863	
TOTAL RECLASSIFICATIONS FOR CODE AC			69,863	69,863			

RECLASS CODE: AD
EXPLANATION : RADIOLOGY SCHOOL OTHER RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY EDUCATION	24.02	5,849				
TOTAL RECLASSIFICATIONS FOR CODE AD			5,849	5,849			

RECLASSIFICATIONS

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RECLASS CODE: AD
EXPLANATION : RADIOLOGY SCHOOL OTHER RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	5,849	
TOTAL RECLASSIFICATIONS FOR CODE AD			5,849			5,849	

RECLASS CODE: AE
EXPLANATION : EMS SCHOOL SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM-(SPECIFY)	24	63,450			0	
2.00			0	EMERGENCY	61	63,450	
TOTAL RECLASSIFICATIONS FOR CODE AE			63,450			63,450	

RECLASS CODE: AF
EXPLANATION : EMS SCHOOL OTHER RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM-(SPECIFY)	24	21,517			0	
2.00			0	EMERGENCY	61	21,517	
TOTAL RECLASSIFICATIONS FOR CODE AF			21,517			21,517	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,210,933					2,210,933	
2 LAND IMPROVEMENTS	4,076,994	3,050		3,050		4,080,044	
3 BUILDINGS & FIXTURE	147,122,256	8,689,783		8,689,783	39,938	155,772,101	
4 BUILDING IMPROVEMEN	13,724,327	1,800,259		1,800,259		15,524,586	
5 FIXED EQUIPMENT	14,310,591					14,310,591	
6 MOVABLE EQUIPMENT	231,051,506	17,972,136		17,972,136	12,620,182	236,403,460	
7 SUBTOTAL	412,496,607	28,465,228		28,465,228	12,660,120	428,301,715	
8 RECONCILING ITEMS							
9 TOTAL	412,496,607	28,465,228		28,465,228	12,660,120	428,301,715	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	191,898,255		191,898,255	.448045				
4	NEW CAP REL COSTS-MV	236,403,460		236,403,460	.551955				
5	TOTAL	428,301,715		428,301,715	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,723,222		453,786	199,706			6,376,714
4	NEW CAP REL COSTS-MV	7,785,282			19,014			7,804,296
5	TOTAL	13,508,504		453,786	218,720			14,181,010

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

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

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

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-10,351	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-12,231	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,219,245			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	4,458,500			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-964,286	CAFETERIA	12	
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					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-821,544	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 Bad Debt Expense	A	-19,134,261	ADMINISTRATIVE & GENERAL	6	
39 Bad Debt Expense	A	627,390	OPERATING ROOM	37	
40 Bad Debt Expense	A	-84,757	INFUSION CENTERS	60.07	
41 Bad Debt Expense	A	-40,648	OCCUPATIONAL HEALTH	98.01	
42 Bad Debt Expense	A	-230,027	MEDCHECK FACILITIES	98.02	
43 Bad Debt Expense	A	-1,484,217	HAWTHORNE SCHOOL	98.05	
44 Non Allow Marketing Expense	A	-16,838	EMPLOYEE BENEFITS	5	
45 Non Allow Marketing Expense	A	-48,283	ADMINISTRATIVE & GENERAL	6	
46 Non Allow Marketing Expense	A	-957	NURSING ADMINISTRATION	14	
47 Non Allow Marketing Expense	A	-19,223	I&R SERVICES-OTHER PRGM C	23	
48 Non Allow Marketing Expense	A	-974	ADULTS & PEDIATRICS	25	
49 Non Allow Marketing Expense	A	-3,569	SUBPROVIDER	31	
49.01 Non Allow Marketing Expense	A	-28,527	PHYSICAL THERAPY	50	
49.02 Non Allow Marketing Expense	A	-551	FAMILY PRACTICE CENTER	60.04	
49.03 Non Allow Marketing Expense	A	-1,428	OCCUPATIONAL HEALTH	98.01	
49.04 Non Allow Marketing Expense	A	-5,792	MEDCHECK FACILITIES	98.02	
49.05 Non Allow Marketing Expense	A	-7,304	PROFESSIONAL OFFICE BUILD	98.11	
49.06 Patient Phone Cost - Depreciation	A	-248	NEW CAP REL COSTS-MVBLE E	4	9
49.08 Meals on Wheels Cost	A	-62,150	CAFETERIA	12	
49.10 PHARMACY RESIDENCY OFFSET	A	-56,302	PHARMACY	16	
49.11 Depreciation Carryforward	A	236,555	NEW CAP REL COSTS-BLDG &	3	9
49.12 Depreciation Carryforward	A	230,342	NEW CAP REL COSTS-MVBLE E	4	9
49.13 00 Non-Allow Interest Expense	A	-11,370	NEW CAP REL COSTS-BLDG &	3	11
49.14 00 Non-Allow Interest Expense	A	-53,642	ADMINISTRATIVE & GENERAL	6	
49.15 97 Non-Allow Interest Expense	A	-8,320	NEW CAP REL COSTS-BLDG &	3	11
49.16 97 Non-Allow Interest Expense	A	-45,735	ADMINISTRATIVE & GENERAL	6	
49.19 95 Non-Allow Interest Expense	A	-91,114	NEW CAP REL COSTS-BLDG &	3	11
49.20 95 Non-Allow Interest Expense	A	-10,150	ADMINISTRATIVE & GENERAL	6	
49.21 92 Non-Allow Interest Expense	A	-10,426	NEW CAP REL COSTS-BLDG &	3	11
49.22 92 Non-Allow Interest Expense	A	-960	ADMINISTRATIVE & GENERAL	6	
49.23 92A Non-Allow Interest Expense	A	-23,732	NEW CAP REL COSTS-BLDG &	3	11
49.24 92A Non-Allow Interest Expense	A	-5,703	ADMINISTRATIVE & GENERAL	6	
49.26 Gallahue Professional Fee	A	-5,931	ADMINISTRATIVE & GENERAL	6	
49.27 Gallahue Professional Fee	A	-1,569,425	ADULTS & PEDIATRICS	25	
49.28 Gallahue Professional Fee	A	-8,976,101	MENTAL HEALTH OP	59.02	
49.29 Gallahue Professional Fee	A	-528,418	LUTHERWOOD	59.05	
49.30 Gallahue Professional Fee	A	-86,154	LIFECHECK	98.12	
49.31 Gallahue Professional Fee	A	-669,447	OTHER NONREIMBURSABLE COS	100	
49.32 MISCELLANEOUS REVENUE 35000	B	-2,082,915	EMPLOYEE BENEFITS	5	
49.33 MISCELLANEOUS REVENUE 35000	B	-571,936	ADMINISTRATIVE & GENERAL	6	
49.34 MISCELLANEOUS REVENUE 35000	B	-950,452	OPERATION OF PLANT	8	
49.35 MISCELLANEOUS REVENUE 35000	B	-128	HOUSEKEEPING	10	
49.36 MISCELLANEOUS REVENUE 35000	B	-79,589	NURSING ADMINISTRATION	14	
49.37 MISCELLANEOUS REVENUE 35000	B	-100,288	PHARMACY	16	
49.38 MISCELLANEOUS REVENUE 35000	B	-23,186	MEDICAL RECORDS & LIBRARY	17	
49.39 MISCELLANEOUS REVENUE 35000	B	-120,359	I&R SERVICES-OTHER PRGM C	23	
49.40 MISCELLANEOUS REVENUE 35000	B	-199	PARAMED ED PRGM-(SPECIFY)	24	
49.41 MISCELLANEOUS REVENUE 35000	B	-6,913	RADIOLOGY EDUCATION	24.02	

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5	
			COST CENTER	LINE NO		
	1	2	3	4		
49.43	MI SCCELLANEOUS REVENUE 35000	B	-1,592	ADULTS & PEDIATRICS	25	
49.44	MI SCCELLANEOUS REVENUE 35000	B	-19,277	OPERATING ROOM	37	
49.45	MI SCCELLANEOUS REVENUE 35000	B	-105,194	RADIOLOGY-DIAGNOSTIC	41	
49.46	MI SCCELLANEOUS REVENUE 35000	B	-1,640	CAT SCAN	41.02	
49.47	MI SCCELLANEOUS REVENUE 35000	B	-266,106	ONCOLOGY	41.05	
49.48	MI SCCELLANEOUS REVENUE 35000	B	-12,792	PHYSICAL THERAPY	50	
49.49	MI SCCELLANEOUS REVENUE 35000	B	-9,183	ENDOSCOPY	59.01	
49.50	MI SCCELLANEOUS REVENUE 35000	B	-17,953	MENTAL HEALTH OP	59.02	
49.51	MI SCCELLANEOUS REVENUE 35000	B	-3,120	CNR	59.03	
49.52	MI SCCELLANEOUS REVENUE 35000	B	-120	LUTHERWOOD	59.05	
49.53	MI SCCELLANEOUS REVENUE 35000	B	-29,244	CLINIC	60	
49.54	MI SCCELLANEOUS REVENUE 35000	B	-6,716	DIABETIC CARE CENTER	60.02	
49.55	MI SCCELLANEOUS REVENUE 35000	B	-197,837	FAMILY PRACTICE CENTER	60.04	
49.56	MI SCCELLANEOUS REVENUE 35000	B	-12,542	PALLIATIVE CARE	60.05	
49.57	MI SCCELLANEOUS REVENUE 35000	B	-15,128	EMERGENCY	61	
49.58	MI SCCELLANEOUS REVENUE 35200	B	-7,849	PHARMACY	16	
49.59	MI SCCELLANEOUS REVENUE 35200	B	-31,752	RADIOLOGY EDUCATION	24.02	
49.60	MI SCCELLANEOUS REVENUE 35200	B	3,800	ADULTS & PEDIATRICS	25	
49.61	MI SCCELLANEOUS REVENUE 35200	B	-161,865	RADIOLOGY-DIAGNOSTIC	41	
49.62	MI SCCELLANEOUS REVENUE 35200	B	-10,042	DIABETIC CARE CENTER	60.02	
49.63	Misc Revenue - Acct 35300	B	79,198	CAFETERIA	12	
49.64	Misc Revenue - Acct 35300	B	-574	RADIOLOGY-DIAGNOSTIC	41	
49.65	Misc Revenue - Acct 35300	B	-326	MENTAL HEALTH OP	59.02	
49.66	Outsi de Corp Revenue	B	-2,517	LABORATORY	44	
49.67	Leased Equipment CBI	B	-4,153,587	NEW CAP REL COSTS-MVBLE E	4	9
49.68	Space Rental Revenue CBI	B	-1,180,932	NEW CAP REL COSTS-BLDG &	3	9
49.69	IHH Leased Employees	B	-16,207	EMPLOYEE BENEFITS	5	
49.70	IHH Leased Employees	B	-284,664	ADMINISTRATIVE & GENERAL	6	
49.71	IHH Leased Employees	B	-266,907	OPERATION OF PLANT	8	
49.72	IHH Leased Employees	B	-137,093	NURSING ADMINISTRATION	14	
49.73	IHH Leased Employees	B	-142,500	PHARMACY	16	
49.74	IHH Leased Employees	B	-12,000	MEDICAL RECORDS & LIBRARY	17	
49.75	IHH Leased Employees	B	-2,978	RADIOLOGY-DIAGNOSTIC	41	
49.76	IHH Leased Employees	B	-108,641	PHYSICAL THERAPY	50	
49.77	IHH Leased Employees	B	-882	PALLIATIVE CARE	60.05	
49.78	MI SCCELLANEOUS REVENUE 35200	B	-51,952	CAFETERIA	12	
49.79	Purchased Discounts	B	-102,815	ADMINISTRATIVE & GENERAL	6	
49.80	TIHH MEDICAL DIRECTOR ALLOCATION	B	217,701	CARDIAC CATH LAB	59	
49.81	Space Rental Income IHH and OLI	B	-36,000	CAFETERIA	12	
49.83	Interest Income	B	-14,769	NEW CAP REL COSTS-BLDG &	3	11
49.84	Interest Income	B	-423,159	ADMINISTRATIVE & GENERAL	6	
49.85	PSYCH EXEMPT OFFSET	A	-68	SUBPROVIDER 2 - PSYCH DPU	31.01	
49.86	MI SCCELLANEOUS REVENUE 35100	A	-29,143	OPERATION OF PLANT	8	
49.87	MI SCCELLANEOUS REVENUE 35100	A	-90,505	I&R SERVICES-OTHER PRGM C	23	
49.88	MI SCCELLANEOUS REVENUE 35100	A	-104,813	PARAMED ED PRGM-(SPECIFY)	24	
49.89	MI SCCELLANEOUS REVENUE 35100	A	-1,417	RADIOLOGY EDUCATION	24.02	
49.90	MI SCCELLANEOUS REVENUE 35100	A	-5,420	INTENSIVE CARE UNIT	26	
49.91	MI SCCELLANEOUS REVENUE 35100	A	-26,161	MENTAL HEALTH OP	59.02	
49.92	MI SCCELLANEOUS REVENUE 35100	A	-468	CLINIC	60	
49.96	INTERHOSPITAL ALLOCATION PALIATIVE C	A	376,502	PALLIATIVE CARE	60.05	
49.97	INTERHOSPITAL ALLOCATION PALIATIVE C	A	-8,294	DIABETIC CARE CENTER	60.02	
49.98	INTERHOSP ALLOC ALLIED HEALTH	A	131,630	RADIOLOGY EDUCATION	24.02	
49.99	INTERHOSP ALLOC ALLIED HEALTH	A	73,587	PARAMED ED PRGM-(SPECIFY)	24	
50	TOTAL (SUM OF LINES 1 THRU 49)		-43,965,845			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & Home Office	5,486,667	4,987,806	498,861	9
2	4	NEW CAP REL COSTS-MVBLE E Home Office	2,873,483		2,873,483	9
3	5	EMPLOYEE BENEFITS Home Office	5,355,068		5,355,068	
4	6	ADMINISTRATIVE & GENERAL Home Office	26,831,169	30,160,859	-3,329,690	
4.02	17	MEDICAL RECORDS & LIBRARY Home Office	2,530,566		2,530,566	
4.03	23	I&R SERVICES-OTHER PRGM C Home Office		671,808	-671,808	
4.04	98	1 OCCUPATIONAL HEALTH Home Office		1,454,739	-1,454,739	
4.07	8	OPERATION OF PLANT 1400 N Ritter POB	150,363	121,406	28,957	
4.08	14	NURSING ADMINISTRATION 1400 N Ritter POB	27,859	22,505	5,354	
4.09	41	5 ONCOLOGY 1400 N RITTER POB	134,167	108,383	25,784	
4.10	54	ELECTROENCEPHALOGRAPHY 1400 N Ritter POB	88,356	71,376	16,980	
4.11	98	PHYSICIANS' PRIVATE OFFIC 1400 N Ritter POB	45,917	67,335	-21,418	
4.12	6	ADMINISTRATIVE & GENERAL 7250 Clearvista POB	57,260	42,386	14,874	
4.13	59	3 CNR 7250 Clearvista POB	23,387	17,312	6,075	
4.14	98	12 LI FEHECK 7250 Clearvista POB	23,387	12,984	10,403	
4.15	5	EMPLOYEE BENEFITS 8180 CLEARVI STA POB	14,349	14,814	-465	
4.16	50	PHYSICAL THERAPY 8180 Clearvista POB	4,233	4,371	-138	
4.17	25	ADULTS & PEDIATRICS 1550 E County Line POB	4,564	4,427	137	
4.18	41	5 ONCOLOGY 1550 E County Line POB	61,951	55,167	6,784	
4.19	37	OPERATING ROOM Indiana Surgery Center		1,643	-1,643	
4.20	44	LABORATORY MACL	3,849,139	4,517,114	-667,975	
4.34	22	I&R SERVICES-SALARY & FRI Interns and Residents	1,144,931	1,250,008	-105,077	
4.35	23	I&R SERVICES-OTHER PRGM C Interns and Residents	2,998,697	3,274,496	-275,799	
4.36	53	ELECTROCARDIOLOGY CARDIAC TESTING - IHH PUR	348,562	734,636	-386,074	
5		TOTALS	52,054,075	47,595,575	4,458,500	

* 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	COMMUNITY HEALTH NETWORK	100.00	0.00	
2			0.00	0.00	
3			0.00	0.00	
4			0.00	0.00	
5			0.00	0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0074
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/31/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 5	EMPLOYEE BENEFITS	186,988	27,015	159,973	138,700	2,080	138,700	6,935
2 6	ADMINISTRATIVE & GENERAL	1,286,859	1,286,859					
3 14	NURSING ADMINISTRATION	28,602	28,602					
4 18	SOCIAL SERVICE	1,885		1,885	138,700	15	1,000	50
5 25	ADULTS & PEDIATRICS	298,382	105,670	192,712	196,400	908	85,736	4,287
6 37	OPERATING ROOM	33,235	33,235					
7 39	DELIVERY ROOM & LABOR ROOM	61,610	61,610					
8 41	5 ONCOLOGY	416,950	416,950					
9 44	LABORATORY	125,004		125,004	215,700	2,080	215,700	10,785
10 50	PHYSICAL THERAPY	331	331					
11 54	ELECTROENCEPHALOGRAPHY	10,404		10,404	138,700	104	6,935	347
12 18	SOCIAL SERVICE	261,778	15,778	246,000	154,100	2,080	154,100	7,705
13 59	CARDIAC CATH LAB	407,340	159,871	247,469	165,600	478	38,056	1,903
14 60	2 DIABETIC CARE CENTER	7,200	7,200					
15 61	EMERGENCY	512,002	512,002					
16 27	CORONARY CARE UNIT	163,567		163,567	165,600	550	43,788	2,189
17 60	CLINIC	17,194		17,194	165,600	85	6,767	338
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,819,331	2,655,123	1,164,208		8,380	690,782	34,539

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	COL 12	14	COL 14	16	17	18
1	5	EMPLOYEE BENEFITS				138,700	21,273	48,288
2	6	ADMINISTRATIVE & GENERAL						1,286,859
3	14	NURSING ADMINISTRATION						28,602
4	18	SOCIAL SERVICE				1,000	885	885
5	25	ADULTS & PEDIATRICS				85,736	106,976	212,646
6	37	OPERATING ROOM						33,235
7	39	DELIVERY ROOM & LABOR ROOM						61,610
8	41	5 ONCOLOGY						416,950
9	44	LABORATORY				215,700		
10	50	PHYSICAL THERAPY						331
11	54	ELECTROENCEPHALOGRAPHY				6,935	3,469	3,469
12	18	SOCIAL SERVICE				154,100	91,900	107,678
13	59	CARDIAC CATH LAB				38,056	209,413	369,284
14	60	2 DIABETIC CARE CENTER						7,200
15	61	EMERGENCY						512,002
16	27	CORONARY CARE UNIT				43,788	119,779	119,779
17	60	CLINIC				6,767	10,427	10,427
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				690,782	564,122	3,219,245

COST ALLOCATION STATISTICS

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

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	6,376,714			6,376,714			
005 NEW CAP REL COSTS-MVBLE E	7,804,296				7,804,296		
006 EMPLOYEE BENEFITS	22,438,882				7,369	22,446,251	
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	28,172,559			441,082	5,312,956	1,024,026	34,950,623
009 LAUNDRY & LINEN SERVICE	7,217,884			1,116,297	306,436	940,820	9,581,437
010 HOUSEKEEPING	664,182				91		664,273
011 DIETARY	2,499,876			165,025	3,460	394,408	3,062,769
012 CAFETERIA	1,634,776			144,398	17,743	1,920,694	
014 NURSING ADMINISTRATION	1,171,300			194,477	23,897	166,711	1,556,385
015 CENTRAL SERVICES & SUPPLY	3,393,090			92,671	24,403	1,126,449	4,636,613
016 PHARMACY	735,849				19,605		755,454
017 MEDICAL RECORDS & LIBRARY	3,422,423			82,775	32,304	585,155	4,122,657
018 SOCIAL SERVICE	2,738,360			38,823	216	48,612	2,826,011
019 TRANSPORTATION	1,518,583			61,077	91	340,029	1,919,780
020 NONPHYSICIAN ANESTHETISTS	215,769			27,341	2,597	38,047	283,754
022 I&R SERVICES-SALARY & FRI		1,144,931			4,403	141,719	1,46,122
023 I&R SERVICES-OTHER PRGM C		2,217,163		15,344		239,102	1,384,033
024 PARAMED ED PRGM-(SPECIFY)		330,423		61,201	1,122	358,939	2,597,679
024 01 RESPIRATORY SCHOOL						52,781	445,527
024 02 RADIOLOGY EDUCATION	205,774			12,121		4,768	264,331
024 03 PHARMACY RESIDENCY PROGRA	113,356			4,634		22,732	140,722
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	20,728,648			1,295,522	64,736	4,279,202	26,368,108
026 01 INTENSIVE CARE UNIT	2,620,558			123,266	41,081	405,446	3,190,351
027 NEONATAL INTENSIVE CARE U							
031 CORONARY CARE UNIT	2,692,022			165,920	11,565	443,888	3,313,395
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH DPU							
033 NURSERY	809,741			74,372	13,756	124,310	1,022,179
034 SKILLED NURSING FACILITY	306						306
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,439,878			339,956	199,867	15,309	3,995,010
038 RECOVERY ROOM	1,267,587			101,383	745		1,369,715
039 DELIVERY ROOM & LABOR ROO	1,713,998			155,396	29,041	262,432	2,160,867
041 RADIOLOGY-DIAGNOSTIC	2,279,462			283,636	172,699	308,537	3,044,334
041 01 ULTRA SOUND	934,424			25,106	28,210	133,143	1,120,883
041 02 CAT SCAN	1,584,619			32,778	177,917	214,108	2,009,422
041 03 MAGNETIC RESONANCE IMAGIN	1,209,536			55,743	158,844	148,342	1,572,465
041 04 NUCLEAR MEDICINE-DIAGNOST	345,010			67,863	6,685	23,757	443,315
041 05 ONCOLOGY	9,970,668			113,741	536,851	684,952	11,306,212
044 LABORATORY	5,799,206			103,865	4,425		5,907,496
048 INTRAVENOUS THERAPY	297,869			6,076		52,662	356,607
049 RESPIRATORY THERAPY	1,622,966			48,009	50,233	290,856	2,012,064
050 PHYSICAL THERAPY	2,535,608			176,599	37,291	321,561	3,071,059
051 OCCUPATIONAL THERAPY	983,566			64,692	10,178	113,750	1,172,186
052 SPEECH PATHOLOGY	513,165			33,746	5,310	59,348	611,569
053 ELECTROCARDIOLOGY	857,719			2,657	5,285	85,284	950,945
054 ELECTROENCEPHALOGRAPHY	1,132,484			28,896	68,702	244,946	1,475,028
055 MEDICAL SUPPLIES CHARGED	10,515,002						10,515,002
055 30 IMPL. DEV. CHARGED TO PAT	8,372,539						8,372,539
056 DRUGS CHARGED TO PATIENTS	17,096,322						17,096,322
057 RENAL DIALYSIS	543,293				261		543,554
059 CARDIAC CATH LAB	537,047			56,412	121,185	70,540	785,184
059 01 ENDOSCOPY	335,649				23,007		358,656
059 02 MENTAL HEALTH OP	7,125,856			67,390	36,778	2,257,377	9,487,401
059 03 CNR	1,153,425			11,925	945	219,770	1,386,065
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	148,521				1,203	105,877	255,601
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	852,488			70,984	6,259	142,239	1,071,970
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER	435,439			3,203	2,835	84,415	525,892
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	1,757,154				5,497	211,631	1,974,282
060 05 PALLIATIVE CARE	585,835					70,519	656,354
060 06 SPINE CENTER							
060 07 INFUSION CENTERS	225,444				448	34,412	260,304
061 EMERGENCY	5,630,733			269,116	43,149	879,723	6,822,721
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	212,669,977			6,235,518	7,632,682	17,933,311	207,844,227
095 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	9,430,771			37,176	34,177	1,267,024	10,769,148
098 01 OCCUPATIONAL HEALTH	7,812,221			55,290	19,348	1,017,403	8,904,262
098 02 MEDCHECK FACILITIES	5,967,316				52,841	863,418	6,883,575
098 03 INFERTILITY SERVICES							
098 04 BREAST DIAGNOSTIC	2,524,426			29,771	3,903		2,558,100
098 05 HAWTHORNE SCHOOL	795,729				614	130,035	926,378
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET	412,117				1,596	71,766	485,479
098 08 DIAGNOSTIC TESTING FACILI	2,229						2,229
098 09 INDIANA SURGERY CENTER EA	15,826,630					684,255	16,510,885

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SUBTOTAL
		OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	0	1	2	3	4	5	5a.00
NONREIMBURS COST CENTERS							
098 10 COMMUNITY PULMONARY CC	1,776,010					37,397	1,813,407
098 11 PROFESSIONAL OFFICE BUILD	544,737				36,308		581,045
098 12 LI FEHECK	37,460				1,351	16,279	55,090
100 OTHER NONREIMBURSABLE COS	2,557,257			18,959	21,476	425,363	3,023,055
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	260,356,880			6,376,714	7,804,296	22,446,251	260,356,880

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	34,950,623						
009 OPERATION OF PLANT	1,485,659	11,067,096					
010 LAUNDRY & LINEN SERVICE	103,000		767,273				
011 HOUSEKEEPING	474,901	378,962		3,916,632			
012 DIETARY	297,815	331,594		121,512	2,671,615		
014 CAFETERIA	241,327	446,595		163,653		2,407,960	
015 NURSING ADMINISTRATION	718,935	212,810		77,983		181,391	5,827,732
016 CENTRAL SERVICES & SUPPLY	117,138						
017 PHARMACY	639,243	190,084		69,656		77,091	
018 MEDICAL RECORDS & LIBRARY	438,190	89,154		32,670		11,337	
019 SOCIAL SERVICE	297,673	140,257		51,397		61,219	
020 TRANSPORTATION	43,998	62,786	6,842	23,008		15,872	
022 NONPHYSICIAN ANESTHETISTS	22,657					11,337	
023 I&R SERVICES-SALARY & FRI	214,603					45,348	
024 I&R SERVICES-OTHER PRGM C	402,786	35,236	3,747	12,912		20,406	
024 01 PARAMED ED PRGM-(SPECIFY)	69,082	140,541		51,501		11,337	10,444
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION	40,986	27,834		10,200		6,802	10,444
024 04 PHARMACY RESIDENCY PROGRA	21,820	10,642		3,900		15,872	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,088,562	2,975,028	315,243	1,090,188	2,290,996	768,641	3,540,503
026 01 INTENSIVE CARE UNIT	494,683	283,068	36,228	103,729	133,384	70,289	323,763
027 NEONATAL INTENSIVE CARE U							
031 CORONARY CARE UNIT	513,762	381,019	42,811	139,623	218,224	83,893	386,427
031 01 SUBPROVIDER							
033 SUBPROVIDER 2 - PSYCH DPU							
034 NURSERY	158,495	170,787	18,348	62,584		22,674	104,440
034 SKILLED NURSING FACILITY	47		19,782				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	619,450	780,673	18,704	286,075		145,112	
039 RECOVERY ROOM	212,383	232,816	12,624	85,315			
041 DELIVERY ROOM & LABOR ROO	335,055	356,851	38,337	130,767		49,882	
041 01 RADIOLOGY-DIAGNOSTIC	472,042	651,341	8,924	238,682		68,021	
041 02 ULTRA SOUND	173,800	57,654	18,969	21,127		22,674	
041 03 CAT SCAN	311,573	75,272	24,232	27,583		45,348	
041 04 MAGNETIC RESONANCE IMAGIN	243,820	128,007	10,413	46,908		31,743	
041 05 NUCLEAR MEDICINE-DIAGNOST	68,739	155,841	1,297	57,108		4,535	
044 ONCOLOGY	1,753,096	261,194	19,895	95,714		117,904	626,638
048 LABORATORY	915,993	238,515		87,403			
049 INTRAVENOUS THERAPY	55,294	13,952		5,113		9,070	
050 RESPIRATORY THERAPY	311,983	110,248		40,400		56,685	
051 PHYSICAL THERAPY	476,186	405,542	4,521	148,610		58,952	
052 OCCUPATIONAL THERAPY	181,754	148,558	1,598	54,438		22,674	
053 SPEECH PATHOLOGY	94,827	77,495	836	28,398		11,337	
054 ELECTROCARDIOLOGY	147,450	6,101		2,236		20,406	
055 ELECTROENCEPHALOGRAPHY	228,712	66,357	2,844	24,316		43,080	
055 30 MEDICAL SUPPLIES CHARGED	1,630,414						
056 IMPL. DEV. CHARGED TO PAT	1,298,212						
057 DRUGS CHARGED TO PATIENTS	2,650,887						
059 RENAL DIALYSIS	84,281						
059 01 CARDIAC CATH LAB	121,747	129,545	6,337	47,471		11,337	52,220
059 02 ENDOSCOPY	55,612						
059 03 MENTAL HEALTH OP	1,471,078	154,753		56,709			
059 04 CNR	214,918	27,385		10,035			
059 05 PAIN MED PSYCH							
060 LUTHERWOOD	39,632						
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	166,215	163,007	1,586	59,733		27,209	
060 02 HEALTHY HEARTS CENTER							
060 03 DIABETIC CARE CENTER	81,543	7,355		2,695		15,872	
060 04 PAIN REHAB ADMIN							
060 05 FAMILY PRACTICE CENTER	306,124						
060 06 PALLIATIVE CARE	101,772						
060 07 SPINE CENTER							
061 INFUSION CENTERS	40,362						
062 EMERGENCY	1,057,904	617,997	150,697	226,463	29,011	167,786	772,853
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	26,808,220	10,742,856	764,815	3,797,815	2,671,615	2,333,136	5,827,732
098 NONREIMBURS COST CENTERS							
098 01 PHYSICIANS' PRIVATE OFFIC	1,669,821	85,370	2,458	31,283			
098 02 OCCUPATIONAL HEALTH	1,380,659	126,967		46,527			
098 03 MEDCHECK FACILITIES	1,067,340						
098 04 INFERTILITY SERVICES							
098 05 BREAST DIAGNOSTIC	396,649	68,367		25,053			
098 06 HAWTHORNE SCHOOL	143,640						
098 07 INDIANA NEURORESTORATIVE							
098 08 PRONET	75,276						
098 09 DIAGNOSTIC TESTING FACILI	346						
098 09 INDIANA SURGERY CENTER EA	2,560,112						

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
NONREIMBURS COST CENTERS								
098	10 COMMUNITY PULMONARY CC	281,180						
098	11 PROFESSIONAL OFFICE BUILD	90,095						
098	12 LI FEHECK	8,542						
100	OTHER NONREIMBURSABLE COS	468,743	43,536		15,954		74,824	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	34,950,623	11,067,096	767,273	3,916,632	2,671,615	2,407,960	5,827,732

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	15	16	17	18	19	20	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	872,592						
016 PHARMACY	99,781	5,198,512					
017 MEDICAL RECORDS & LIBRARY	24		3,397,386				
018 SOCIAL SERVICE	410			2,470,736			
019 TRANSPORTATION	36				436,296		
020 NONPHYSICIAN ANESTHETISTS						180,116	
022 I&R SERVICES-SALARY & FRI							1,643,984
023 I&R SERVICES-OTHER PRGM C	1,250						
024 PARAMED ED PRGM-(SPECIFY)	1,062						
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION	73				41,943		
024 03 PHARMACY RESIDENCY PROGRA							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,208		372,847	2,052,331	75,950	180,116	162,375
026 INTENSIVE CARE UNIT	5,664		40,334	117,992			25,429
026 01 NEONATAL INTENSIVE CARE U							
027 CORONARY CARE UNIT	4,918		45,540	193,045			
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH DPU							
033 NURSERY	2,506		27,111	107,368			
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	225,344	1,673	121,646				11,227
038 RECOVERY ROOM	2,207		39,974				
039 DELIVERY ROOM & LABOR ROO	5,290		56,722				90,649
041 RADIOLOGY-DIAGNOSTIC	24,939	5	104,281		102,857		
041 01 ULTRA SOUND	808		41,237		52,762		
041 02 CAT SCAN	6,254		202,108		33,243		
041 03 MAGNETIC RESONANCE IMAGIN	3,508		102,642		14,788		
041 04 NUCLEAR MEDICINE-DIAGNOST	4,230	5,767	9,572		22,004		
041 05 ONCOLOGY	248,681	4,204,507	178,950		24,370		
044 LABORATORY	23,949		298,046				
048 INTRAVENOUS THERAPY	1,681		4,955				
049 RESPIRATORY THERAPY	4,142	705	93,275		18,455		
050 PHYSICAL THERAPY	6,149	33,843	53,254				
051 OCCUPATIONAL THERAPY	1,873		17,632				
052 SPEECH PATHOLOGY	977		9,450				
053 ELECTROCARDIOLOGY	167		45,793		11,357		14,599
054 ELECTROENCEPHALOGRAPHY	2,456		40,168		26,500		
055 MEDICAL SUPPLIES CHARGED			95,203				
055 30 IMPL. DEV. CHARGED TO PAT			140,723				
056 DRUGS CHARGED TO PATIENTS			678,817				
057 RENAL DIALYSIS	28		9,224				
059 CARDIAC CATH LAB	55,585		69,761				
059 01 ENDOSCOPY	2,230		10,596				3,769
059 02 MENTAL HEALTH OP	6,388	6,486	50,163				40,227
059 03 CNR	871		6,717				
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	546		7,855				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,132		8,830				
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER	61		5,635				28,484
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	5,270	69,250	27,403				1,202,918
060 05 PALLIATIVE CARE	31		971				9,045
060 06 SPINE CENTER							3,848
060 07 INFUSION CENTERS	42,072	726,946	4,632				
061 EMERGENCY	19,199		375,319				51,414
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	840,000	5,049,182	3,397,386	2,470,736	424,229	180,116	1,643,984
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	3,102	1,578			12,067		
098 01 OCCUPATIONAL HEALTH	11,652	96,961					
098 02 MEDCHECK FACILITIES	9,647	44,599					
098 03 INFERTILITY SERVICES							
098 04 BREAST DIAGNOSTIC	113						
098 05 HAWTHORNE SCHOOL	1,191	5,944					
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET	123	248					
098 08 DIAGNOSTIC TESTING FACILI							
098 09 INDIANA SURGERY CENTER EA							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	15	16	17	18	19	20	22
NONREIMBURS COST CENTERS							
098 10 COMMUNITY PULMONARY CC							
098 11 PROFESSIONAL OFFICE BUILD		392					
098 12 LI FEHECK		128					
100 OTHER NONREIMBURSABLE COS		6,244					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	872,592	5,198,512	3,397,386	2,470,736	436,296	180,116	1,643,984

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRA	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	23	24	24.01	24.02	24.03	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 TRANSPORTATION							
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	3,074,016						
024 01 PARAMED ED PRGM-(SPECIFY)		729,494					
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION				402,613			
024 03 PHARMACY RESIDENCY PROGRA					192,956		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	303,618					44,611,714	-465,993
026 01 INTENSIVE CARE UNIT	47,549					4,872,463	-72,978
027 NEONATAL INTENSIVE CARE U							
031 CORONARY CARE UNIT						5,322,657	
031 01 SUBPROVIDER							
033 SUBPROVIDER 2 - PSYCH DPU						1,696,492	
034 NURSERY						20,135	
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	20,993					6,225,907	-32,220
039 RECOVERY ROOM						1,955,034	
041 DELIVERY ROOM & LABOR ROO	169,501					3,393,921	-260,150
041 01 RADIOLOGY-DIAGNOSTIC				402,613		5,118,039	
041 02 ULTRA SOUND						1,509,914	
041 03 CAT SCAN						2,735,035	
041 04 MAGNETIC RESONANCE IMAGIN						2,154,294	
041 05 NUCLEAR MEDICINE-DIAGNOST						772,408	
044 ONCOLOGY						18,837,161	
048 LABORATORY						7,471,402	
049 INTRAVENOUS THERAPY						446,672	
050 RESPIRATORY THERAPY						2,647,957	
051 PHYSICAL THERAPY						4,258,116	
052 OCCUPATIONAL THERAPY						1,600,713	
053 SPEECH PATHOLOGY						834,889	
054 ELECTROCARDIOLOGY	27,298					1,226,352	-41,897
055 ELECTROENCEPHALOGRAPHY						1,909,461	
055 30 MEDICAL SUPPLIES CHARGED						12,240,619	
056 IMPL. DEV. CHARGED TO PAT						9,811,474	
057 DRUGS CHARGED TO PATIENTS					192,956	20,618,982	
059 RENAL DIALYSIS						637,087	
059 01 CARDIAC CATH LAB						1,279,187	
059 02 ENDOSCOPY	7,047					437,910	-10,816
059 03 MENTAL HEALTH OP	75,218					11,348,423	-115,445
059 04 CNR						1,645,991	
059 05 PAIN MED PSYCH							
060 LUTHERWOOD						303,634	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC						1,500,682	
060 02 HEALTHY HEARTS CENTER							
060 03 DIABETIC CARE CENTER	53,261					720,798	-81,745
060 04 PAIN REHAB ADMIN							
060 05 FAMILY PRACTICE CENTER	2,249,286					5,834,533	-3,452,204
060 06 PALLIATIVE CARE	16,913					785,086	-25,958
060 07 SPINE CENTER	7,195					11,043	-11,043
061 INFUSION CENTERS						1,074,316	
062 EMERGENCY	96,137	729,494				11,116,995	-147,551
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,074,016	729,494		402,613	192,956	198,987,496	-4,718,000
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC						12,574,827	
098 01 OCCUPATIONAL HEALTH						10,567,028	
098 02 MEDCHECK FACILITIES						8,005,161	
098 03 INFERTILITY SERVICES							
098 04 BREAST DIAGNOSTIC						3,048,282	
098 05 HAWTHORNE SCHOOL						1,077,153	
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET						561,126	
098 08 DIAGNOSTIC TESTING FACILI						2,575	
098 09 INDIANA SURGERY CENTER EA						19,070,997	

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	EDU PHARMACY RESIDENCY PROGRAM	RESI	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
NONREIMBURS COST CENTERS	23	24	24.01	24.02	24.03		25	
098 10 COMMUNITY PULMONARY CC							2,094,587	
098 11 PROFESSIONAL OFFICE BUILD							671,532	
098 12 LI FEHECK							63,760	
100 OTHER NONREIMBURSABLE COS							3,632,356	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	3,074,016	729,494		402,613	192,956		260,356,880	-4,718,000

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENERAL	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	TRANSPORTATION	
022	NONPHYSICIAN ANESTHETISTS	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
024	01 RESPIRATORY SCHOOL	
024	02 RADIOLOGY EDUCATION	
024	03 PHARMACY RESIDENCY PROGRA	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	44,145,721
026	INTENSIVE CARE UNIT	4,799,485
026	01 NEONATAL INTENSIVE CARE U	
027	CORONARY CARE UNIT	5,322,657
031	SUBPROVIDER	
031	01 SUBPROVIDER 2 - PSYCH DPU	
033	NURSERY	1,696,492
034	SKILLED NURSING FACILITY	20,135
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	6,193,687
038	RECOVERY ROOM	1,955,034
039	DELIVERY ROOM & LABOR ROO	3,133,771
041	RADIOLOGY-DIAGNOSTIC	5,118,039
041	01 ULTRA SOUND	1,509,914
041	02 CAT SCAN	2,735,035
041	03 MAGNETIC RESONANCE IMAGIN	2,154,294
041	04 NUCLEAR MEDICINE-DIAGNOST	772,408
041	05 ONCOLOGY	18,837,161
044	LABORATORY	7,471,402
048	INTRAVENOUS THERAPY	446,672
049	RESPIRATORY THERAPY	2,647,957
050	PHYSICAL THERAPY	4,258,116
051	OCCUPATIONAL THERAPY	1,600,713
052	SPEECH PATHOLOGY	834,889
053	ELECTROCARDIOLOGY	1,184,455
054	ELECTROENCEPHALOGRAPHY	1,909,461
055	MEDICAL SUPPLIES CHARGED	12,240,619
055	30 IMPL. DEV. CHARGED TO PAT	9,811,474
056	DRUGS CHARGED TO PATIENTS	20,618,982
057	RENAL DIALYSIS	637,087
059	CARDIAC CATH LAB	1,279,187
059	01 ENDOSCOPY	427,094
059	02 MENTAL HEALTH OP	11,232,978
059	03 CNR	1,645,991
059	04 PAIN MED PSYCH	
059	05 LUTHERWOOD	303,634
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,500,682
060	01 HEALTHY HEARTS CENTER	
060	02 DIABETIC CARE CENTER	639,053
060	03 PAIN REHAB ADMIN	
060	04 FAMILY PRACTICE CENTER	2,382,329
060	05 PALLIATIVE CARE	759,128
060	06 SPINE CENTER	
060	07 INFUSION CENTERS	1,074,316
061	EMERGENCY	10,969,444
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	194,269,496
	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	12,574,827
098	01 OCCUPATIONAL HEALTH	10,567,028
098	02 MEDCHECK FACILITIES	8,005,161
098	03 INFERTILITY SERVICES	
098	04 BREAST DIAGNOSTIC	3,048,282
098	05 HAWTHORNE SCHOOL	1,077,153
098	06 INDIANA NEURORESTORATIVE	
098	07 PRONET	561,126
098	08 DIAGNOSTIC TESTING FACILI	2,575
098	09 INDIANA SURGERY CENTER EA	19,070,997

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
098 10 COMMUNITY PULMONARY CC	76					76	176
098 11 PROFESSIONAL OFFICE BUILD	518,341				36,308	554,649	
098 12 LI FEHECK	23,387				1,351	24,738	77
100 OTHER NONREIMBURSABLE COS	200,901			18,959	21,476	241,336	2,001
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,260,121			6,376,714	7,804,296	21,441,131	105,610

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	6,501,428						
009 OPERATION OF PLANT	276,357	1,867,606					
010 LAUNDRY & LINEN SERVICE	19,160		19,251				
011 HOUSEKEEPING	88,339	63,951		324,448			
012 DIETARY	55,399	55,958		10,066	286,324		
014 CAFETERIA	44,891	75,364		13,557		352,970	
015 NURSING ADMINISTRATION	133,734	35,912		6,460		26,589	358,042
016 CENTRAL SERVICES & SUPPLY	21,790						
017 PHARMACY	118,910	32,077		5,770		11,300	
018 MEDICAL RECORDS & LIBRARY	81,511	15,045		2,706		1,662	
019 SOCIAL SERVICE	55,372	23,669		4,258		8,974	
020 TRANSPORTATION	8,184	10,595		1,906		2,327	
022 NONPHYSICIAN ANESTHETISTS	4,215					1,662	
023 I&R SERVICES-SALARY & FRI	39,920					6,647	
024 I&R SERVICES-OTHER PRGM C	74,925	5,946	94	1,070		2,991	
024 01 PARAMED ED PRGM-(SPECIFY)	12,850	23,717		4,266		1,662	642
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION	7,624	4,697		845		997	642
025 01 PHARMACY RESIDENCY PROGRA	4,059	1,796		323		2,327	
026 02 INPAT ROUTINE SRVC CNTRS							
026 03 ADULTS & PEDIATRICS	760,568	502,044	7,910	90,310	245,532	112,671	217,520
026 01 INTENSIVE CARE UNIT	92,019	47,769	909	8,593	14,295	10,303	19,891
027 02 NEONATAL INTENSIVE CARE U							
031 03 CORONARY CARE UNIT	95,568	64,298	1,074	11,566	23,388	12,297	23,741
033 01 SUBPROVIDER							
033 02 SUBPROVIDER 2 - PSYCH DPU							
034 03 NURSERY	29,483	28,821	460	5,184		3,324	6,417
037 01 SKILLED NURSING FACILITY	9		496				
037 02 ANCILLARY SRVC COST CNTRS							
037 03 OPERATING ROOM	115,228	131,741	469	23,698		21,271	
038 01 RECOVERY ROOM	39,507	39,288	317	7,067			
039 02 DELIVERY ROOM & LABOR ROO	62,326	60,220	962	10,833		7,312	
041 01 RADIOLOGY-DIAGNOSTIC	87,808	109,916	224	19,772		9,971	
041 02 ULTRA SOUND	32,330	9,729	476	1,750		3,324	
041 03 CAT SCAN	57,958	12,702	608	2,285		6,647	
041 04 MAGNETIC RESONANCE IMAGIN	45,355	21,602	261	3,886		4,653	
041 05 NUCLEAR MEDICINE-DIAGNOST	12,787	26,299	33	4,731		665	
044 01 ONCOLOGY	326,105	44,077	499	7,929		17,283	38,499
048 02 LABORATORY	170,390	40,250		7,240			
049 03 INTRAVENOUS THERAPY	10,286	2,355		424		1,329	
050 04 RESPIRATORY THERAPY	58,034	18,605		3,347		8,309	
051 05 PHYSICAL THERAPY	88,579	68,436	113	12,311		8,641	
052 01 OCCUPATIONAL THERAPY	33,809	25,070	40	4,510		3,324	
053 02 SPEECH PATHOLOGY	17,639	13,078	21	2,352		1,662	
054 03 ELECTROCARDIOLOGY	27,428	1,030		185		2,991	
055 04 ELECTROENCEPHALOGRAPHY	42,544	11,198	71	2,014		6,315	
055 05 MEDICAL SUPPLIES CHARGED	303,284						
056 01 IMPL. DEV. CHARGED TO PAT	241,489						
057 02 DRUGS CHARGED TO PATIENTS	493,109						
059 03 RENAL DIALYSIS	15,678						
059 01 CARDIAC CATH LAB	22,647	21,861	159	3,932		1,662	3,208
059 02 ENDOSCOPY	10,345						
059 03 MENTAL HEALTH OP	273,645	26,115		4,698			
059 04 CNR	39,978	4,621		831			
059 05 PAIN MED PSYCH							
060 01 LUTHERWOOD	7,372						
060 02 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC	30,919	27,508	40	4,948		3,988	
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER	15,168	1,241		223		2,327	
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	56,944						
060 05 PALLIATIVE CARE	18,931						
060 06 SPINE CENTER							
060 07 INFUSION CENTERS	7,508						
061 01 EMERGENCY	196,788	104,289	3,781	18,760	3,109	24,595	47,482
062 02 OBSERVATION BEDS (NON-DIS							
095 03 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	4,986,805	1,812,890	19,189	314,606	286,324	342,002	358,042
098 01 NONREIMBURS COST CENTERS							
098 02 PHYSICIANS' PRIVATE OFFIC	310,615	14,406	62	2,591			
098 03 OCCUPATIONAL HEALTH	256,826	21,426		3,854			
098 04 MEDCHECK FACILITIES	198,543						
098 05 INFERTILITY SERVICES							
098 06 BREAST DIAGNOSTIC	73,783	11,537		2,075			
098 07 HAWTHORNE SCHOOL	26,720						
098 08 INDIANA NEURORESTORATIVE							
098 09 PRONET	14,003						
098 01 DIAGNOSTIC TESTING FACILI	64						
098 02 INDIANA SURGERY CENTER EA	476,223						

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
NONREIMBURS COST CENTERS								
098	10 COMMUNITY PULMONARY CC	52,304						
098	11 PROFESSIONAL OFFICE BUILD	16,759						
098	12 LI FEHECK	1,589						
100	OTHER NONREIMBURSABLE COS	87,194	7,347		1,322		10,968	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	6,501,428	1,867,606	19,251	324,448	286,324	352,970	358,042

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	15	16	17	18	19	20	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	850,356						
016 PHARMACY	97,238	718,095					
017 MEDICAL RECORDS & LIBRARY	24		140,216				
018 SOCIAL SERVICE	400			156,597			
019 TRANSPORTATION	35				53,533		
020 NONPHYSICIAN ANESTHETISTS						11,250	
022 I&R SERVICES-SALARY & FRI							47,692
023 I&R SERVICES-OTHER PRGM C	1,218						
024 PARAMED ED PRGM-(SPECIFY)	1,035						
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION	71				5,146		
024 03 PHARMACY RESIDENCY PROGRA							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,514		15,396	130,079	9,319		
026 INTENSIVE CARE UNIT	5,519		1,666	7,478			
026 01 NEONATAL INTENSIVE CARE U							
027 CORONARY CARE UNIT	4,793		1,880	12,235			
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH DPU							
033 NURSERY	2,442		1,120	6,805			
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	219,601	231	5,023				
038 RECOVERY ROOM	2,150		1,651				
039 DELIVERY ROOM & LABOR ROO	5,156		2,342				
041 RADIOLOGY-DIAGNOSTIC	24,303	1	4,306		12,622		
041 01 ULTRA SOUND	788		1,703		6,474		
041 02 CAT SCAN	6,094		8,346		4,079		
041 03 MAGNETIC RESONANCE IMAGIN	3,418		4,238		1,814		
041 04 NUCLEAR MEDICINE-DIAGNOST	4,122	797	395		2,700		
041 05 ONCOLOGY	242,347	580,788	7,389		2,990		
044 LABORATORY	23,338		12,307				
048 INTRAVENOUS THERAPY	1,638		205				
049 RESPIRATORY THERAPY	4,036	97	3,852		2,264		
050 PHYSICAL THERAPY	5,992	4,675	2,199				
051 OCCUPATIONAL THERAPY	1,826		728				
052 SPEECH PATHOLOGY	952		390				
053 ELECTROCARDIOLOGY	163		1,891		1,393		
054 ELECTROENCEPHALOGRAPHY	2,394		1,659		3,251		
055 MEDICAL SUPPLIES CHARGED			3,931				
055 30 IMPL. DEV. CHARGED TO PAT			5,811				
056 DRUGS CHARGED TO PATIENTS			27,957				
057 RENAL DIALYSIS	27		381				
059 CARDIAC CATH LAB	54,168		2,881				
059 01 ENDOSCOPY	2,173		438				
059 02 MENTAL HEALTH OP	6,225	896	2,071				
059 03 CNR	849		277				
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	532		324				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,078		365				
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER	59		233				
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	5,136	9,566	1,132				
060 05 PALLIATIVE CARE	30		40				
060 06 SPINE CENTER							
060 07 INFUSION CENTERS	41,000	100,416	191				
061 EMERGENCY	18,709		15,498				
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	818,593	697,467	140,216	156,597	52,052		
NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFIC	3,023	218			1,481		
098 01 OCCUPATIONAL HEALTH	11,355	13,394					
098 02 MEDCHECK FACILITIES	9,401	6,161					
098 03 INFERTILITY SERVICES							
098 04 BREAST DIAGNOSTIC	111						
098 05 HAWTHORNE SCHOOL	1,161	821					
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET	120	34					
098 08 DIAGNOSTIC TESTING FACILI							
098 09 INDIANA SURGERY CENTER EA							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	15	16	17	18	19	20	22
NONREIMBURS COST CENTERS							
098 10 COMMUNITY PULMONARY CC							
098 11 PROFESSIONAL OFFICE BUILD	382						
098 12 LI FEHECK	125						
100 OTHER NONREIMBURSABLE COS	6,085						
101 CROSS FOOT ADJUSTMENTS						11,250	47,692
102 NEGATIVE COST CENTER							
103 TOTAL	850,356	718,095	140,216	156,597	53,533	11,250	47,692

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRA	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	23	24	24.01	24.02	24.03	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 TRANSPORTATION							
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	113,340						
024 I&R SERVICES-OTHER PRGM C		106,743					
024 01 PARAMED ED PRGM-(SPECIFY)							
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION				37,107			
024 04 PHARMACY RESIDENCY PROGRA					13,397		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS						3,518,137	
026 01 INTENSIVE CARE UNIT						554,475	
027 NEONATAL INTENSIVE CARE U							
031 CORONARY CARE UNIT						580,297	
031 01 SUBPROVIDER							
033 SUBPROVIDER 2 - PSYCH DPU						172,769	
034 NURSERY						505	
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS						1,405,016	
039 OPERATING ROOM						192,790	
041 RECOVERY ROOM						334,823	
041 01 DELIVERY ROOM & LABOR ROO						762,312	
041 02 RADIOLOGY-DIAGNOSTIC						224,175	
041 03 ULTRA SOUND						348,083	
041 04 MAGNETIC RESONANCE IMAGIN						300,815	
041 05 NUCLEAR MEDICINE-DIAGNOST						127,340	
044 ONCOLOGY						2,254,178	
048 LABORATORY						361,942	
049 INTRAVENOUS THERAPY						22,935	
050 RESPIRATORY THERAPY						199,294	
051 PHYSICAL THERAPY						696,922	
052 OCCUPATIONAL THERAPY						247,226	
053 SPEECH PATHOLOGY						128,915	
054 ELECTROCARDIOLOGY						43,500	
055 ELECTROENCEPHALOGRAPHY						295,042	
055 30 MEDICAL SUPPLIES CHARGED						307,215	
056 IMPL. DEV. CHARGED TO PAT						247,300	
057 DRUGS CHARGED TO PATIENTS						521,066	
059 RENAL DIALYSIS						16,610	
059 01 CARDIAC CATH LAB						289,463	
059 02 ENDOSCOPY						36,247	
059 03 MENTAL HEALTH OP						1,541,697	
059 04 CNR						116,160	
059 05 PAIN MED PSYCH							
059 06 LUTHERWOOD						25,891	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC						147,909	
060 02 HEALTHY HEARTS CENTER							
060 03 DIABETIC CARE CENTER						94,730	
060 04 PAIN REHAB ADMIN							
060 05 FAMILY PRACTICE CENTER						680,698	
060 06 PALLIATIVE CARE						19,333	
060 07 SPINE CENTER							
061 INFUSION CENTERS						149,725	
062 EMERGENCY						841,029	
095 OBSERVATION BEDS (NON-DIS							
095 01 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS						17,806,564	
098 NONREIMBURS COST CENTERS							
098 01 PHYSICIANS' PRIVATE OFFIC						494,122	
098 02 OCCUPATIONAL HEALTH						627,205	
098 03 MEDCHECK FACILITIES						460,219	
098 04 INFERTILITY SERVICES							
098 05 BREAST DIAGNOSTIC						190,506	
098 06 HAWTHORNE SCHOOL						30,063	
098 07 INDIANA NEURORESTORATIVE							
098 08 PRONET						16,288	
098 09 DIAGNOSTIC TESTING FACILI						64	
098 10 INDIANA SURGERY CENTER EA						479,443	

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRAM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	23	24	24.01	24.02	24.03	25	26
NONREIMBURS COST CENTERS							
098 10 COMMUNITY PULMONARY CC						52,556	
098 11 PROFESSIONAL OFFICE BUILD						571,790	
098 12 LI FEHECK						26,529	
100 OTHER NONREIMBURSABLE COS						356,253	
101 CROSS FOOT ADJUSTMENTS	113,340	106,743		37,107	13,397	329,529	
102 NEGATIVE COST CENTER							
103 TOTAL	113,340	106,743		37,107	13,397	21,441,131	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENERAL	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	TRANSPORTATION	
022	NONPHYSICIAN ANESTHETISTS	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
024	01 RESPIRATORY SCHOOL	
024	02 RADIOLOGY EDUCATION	
024	03 PHARMACY RESIDENCY PROGRA	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	3,518,137
026	INTENSIVE CARE UNIT	554,475
026	01 NEONATAL INTENSIVE CARE U	
027	CORONARY CARE UNIT	580,297
031	SUBPROVIDER	
031	01 SUBPROVIDER 2 - PSYCH DPU	
033	NURSERY	172,769
034	SKILLED NURSING FACILITY	505
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,405,016
038	RECOVERY ROOM	192,790
039	DELIVERY ROOM & LABOR ROO	334,823
041	RADIOLOGY-DIAGNOSTIC	762,312
041	01 ULTRA SOUND	224,175
041	02 CAT SCAN	348,083
041	03 MAGNETIC RESONANCE IMAGIN	300,815
041	04 NUCLEAR MEDICINE-DIAGNOST	127,340
041	05 ONCOLOGY	2,254,178
044	LABORATORY	361,942
048	INTRAVENOUS THERAPY	22,935
049	RESPIRATORY THERAPY	199,294
050	PHYSICAL THERAPY	696,922
051	OCCUPATIONAL THERAPY	247,226
052	SPEECH PATHOLOGY	128,915
053	ELECTROCARDIOLOGY	43,500
054	ELECTROENCEPHALOGRAPHY	295,042
055	MEDICAL SUPPLIES CHARGED	307,215
055	30 IMPL. DEV. CHARGED TO PAT	247,300
056	DRUGS CHARGED TO PATIENTS	521,066
057	RENAL DIALYSIS	16,610
059	CARDIAC CATH LAB	289,463
059	01 ENDOSCOPY	36,247
059	02 MENTAL HEALTH OP	1,541,697
059	03 CNR	116,160
059	04 PAIN MED PSYCH	
059	05 LUTHERWOOD	25,891
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	147,909
060	01 HEALTHY HEARTS CENTER	
060	02 DIABETIC CARE CENTER	94,730
060	03 PAIN REHAB ADMIN	
060	04 FAMILY PRACTICE CENTER	680,698
060	05 PALLIATIVE CARE	19,333
060	06 SPINE CENTER	
060	07 INFUSION CENTERS	149,725
061	EMERGENCY	841,029
062	OBSERVATION BEDS (NON-DIS	
062	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	17,806,564
098	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	494,122
098	01 OCCUPATIONAL HEALTH	627,205
098	02 MEDCHECK FACILITIES	460,219
098	03 INFERTILITY SERVICES	
098	04 BREAST DIAGNOSTIC	190,506
098	05 HAWTHORNE SCHOOL	30,063
098	06 INDIANA NEURORESTORATIVE	
098	07 PRONET	16,288
098	08 DIAGNOSTIC TESTING FACILI	64
098	09 INDIANA SURGERY CENTER EA	479,443

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0074
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 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a. 00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			619,222			
005 NEW CAP REL COSTS-MVB				15,016,260		
006 EMPLOYEE BENEFITS				14,178	117,347,479	
008 ADMINISTRATIVE & GENE			42,832	10,222,671	5,353,547	-34,950,623
009 OPERATION OF PLANT			108,400	589,615	4,918,548	
010 LAUNDRY & LINEN SERVI				176		
011 HOUSEKEEPING			16,025	6,657	2,061,943	
012 DIETARY			14,022	34,139	647,097	
014 CAFETERIA			18,885	45,981	871,555	
015 NURSING ADMINISTRATION			8,999	46,953	5,889,006	
016 CENTRAL SERVICES & SU				37,722		
017 PHARMACY			8,038	62,156	3,059,152	
018 MEDICAL RECORDS & LIB			3,770	415	254,139	
019 SOCIAL SERVICE			5,931	176	1,777,650	
020 TRANSPORTATION			2,655	4,996	198,906	
022 NONPHYSICIAN ANESTHET				8,471	740,897	
023 I&R SERVICES-SALARY &					1,250,008	
024 I&R SERVICES-OTHER PR			1,490	11,992	1,876,510	
024 01 PARAMEDICAL PRGM-(SPEC			5,943	2,158	275,937	
024 02 RESPIRATORY SCHOOL						
024 03 RADIOLOGY EDUCATION			1,177	9,175	217,836	
025 01 PHARMACY RESIDENCY PR			450		118,842	
026 02 ADULTS & PEDIATRICS			125,804	124,559	22,371,263	
027 01 INTENSIVE CARE UNIT			11,970	79,044	2,119,647	
031 01 NEONATAL INTENSIVE CA						
033 01 CORONARY CARE UNIT			16,112	22,253	2,320,620	
034 01 SUBPROVIDER						
037 01 SUBPROVIDER 2 - PSYCH						
038 01 NURSERY			7,222	26,468	649,883	
039 01 SKILLED NURSING FACIL						
041 01 ANCILLARY SRVC COST C						
041 02 OPERATING ROOM			33,012	384,565	80,037	
041 03 RECOVERY ROOM			9,845	1,433		
041 04 DELIVERY ROOM & LABOR			15,090	55,877	1,371,976	
041 05 RADIOLOGY-DIAGNOSTIC			27,543	332,290	1,613,010	
048 01 ULTRA SOUND			2,438	54,279	696,065	
048 02 CAT SCAN			3,183	342,331	1,119,344	
048 03 MAGNETIC RESONANCE IM			5,413	305,633	775,521	
048 04 NUCLEAR MEDICINE-DIAG			6,590	12,862	124,202	
048 05 ONCOLOGY			11,045	1,032,956	3,580,886	
048 06 LABORATORY			10,086	8,515		
048 07 INTRAVENOUS THERAPY			590		275,312	
048 08 RESPIRATORY THERAPY			4,662	96,653	1,520,577	
048 09 PHYSICAL THERAPY			17,149	71,751	1,681,101	
048 10 OCCUPATIONAL THERAPY			6,282	19,583	594,679	
048 11 SPEECH PATHOLOGY			3,277	10,217	310,267	
048 12 ELECTROCARDIOLOGY			258	10,168	445,862	
048 13 ELECTROENCEPHALOGRAPH			2,806	132,189	1,280,563	
048 14 MEDICAL SUPPLIES CHAR						
048 15 30 IMPL. DEV. CHARGED TO						
048 16 DRUGS CHARGED TO PATI						
048 17 RENAL DIALYSIS				503		
048 18 CARDIAC CATH LAB			5,478	233,173	368,780	
048 19 01 ENDOSCOPY				44,268		
048 19 02 MENTAL HEALTH OP			6,544	70,764	11,801,429	
048 19 03 CNR			1,158	1,818	1,148,946	
048 19 04 PAIN MED PSYCH						
048 19 05 LUTHERWOOD				2,315	553,518	
060 01 OUTPAT SERVICE COST C						
060 02 CLINIC			6,893	12,042	743,617	
060 03 HEALTHY HEARTS CENTER						
060 04 DIABETIC CARE CENTER			311	5,455	441,318	
060 05 PAIN REHAB ADMIN						
060 06 FAMILY PRACTICE CENTE				10,577	1,106,393	
060 07 PALLIATIVE CARE					368,670	
060 08 SPINE CENTER						
060 09 07 INFUSION CENTERS				862	179,905	
061 01 EMERGENCY			26,133	83,024	4,599,138	
062 02 OBSERVATION BEDS (NON						
062 03 SPEC PURPOSE COST CEN						
095 04 SUBTOTALS			605,511	14,686,058	93,754,102	-34,950,623
098 05 NONREIMBURS COST CENT						
098 06 PHYSICIANS' PRIVATE O			3,610	65,760	6,623,924	
098 07 01 OCCUPATIONAL HEALTH			5,369	37,227	5,318,920	
098 08 02 MEDCHECK FACILITIES				101,671	4,513,895	
098 09 03 INFERTILITY SERVICES						
098 10 04 BREAST DIAGNOSTIC			2,891	7,510		
098 11 05 HAWTHORNE SCHOOL				1,181	679,817	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
098 06 INDIANA NEURORESTORAT						
098 07 PRONET					375,188	
098 08 DIAGNOSTIC TESTING FA				3,071		
098 09 INDIANA SURGERY CENTE					3,577,245	
098 10 COMMUNITY PULMONARY C					195,508	
098 11 PROFESSIONAL OFFICE B				69,861		
098 12 LI FE CHECK				2,599	85,108	
100 OTHER NONREIMBURSABLE			1,841	41,322	2,223,772	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			6,376,714	7,804,296	22,446,251	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			10.297945		.191280	
(WRKSHT B, PT I)				.519723		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					105,610	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000900	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

15-0074

FROM 1/ 1/2010

WORKSHEET B-1

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| TO

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COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(FTE'S)
	6	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	225,406,257						
008 OPERATION OF PLANT	9,581,437	467,990					
009 LAUNDRY & LINEN SERVICE	664,273		196,374				
010 HOUSEKEEPING	3,062,769	16,025		451,965			
011 DIETARY	1,920,694	14,022		14,022	181,508		
012 CAFETERIA	1,556,385	18,885		18,885		1,062	
014 NURSING ADMINISTRATION	4,636,613	8,999		8,999		80	558
015 CENTRAL SERVICES & SUPPLY	755,454						
016 PHARMACY	4,122,657	8,038		8,038		34	
017 MEDICAL RECORDS & LIBRARY	2,826,011	3,770		3,770		5	
018 SOCIAL SERVICE	1,919,780	5,931		5,931		27	
019 TRANSPORTATION	283,754	2,655	1,751	2,655		7	
020 NONPHYSICIAN ANESTHESIA	146,122					5	
022 I&R SERVICES-SALARY & BENEFITS	1,384,033					20	
023 I&R SERVICES-OTHER PERSONNEL	2,597,679	1,490	959	1,490		9	
024 PARAMEDICAL PRGM-(SPECIALTY)	445,527	5,943		5,943		5	1
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION	264,331	1,177		1,177		3	1
024 03 PHARMACY RESIDENCY PROGRAM	140,722	450		450		7	
025 ADULTS & PEDIATRICS	26,368,108	125,804	80,682	125,804	155,649	339	339
026 INTENSIVE CARE UNIT	3,190,351	11,970	9,272	11,970	9,062	31	31
026 01 NEONATAL INTENSIVE CARE							
027 CORONARY CARE UNIT	3,313,395	16,112	10,957	16,112	14,826	37	37
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH							
033 NURSERY	1,022,179	7,222	4,696	7,222		10	10
034 SKILLED NURSING FACILITY	306		5,063				
037 OPERATING ROOM	3,995,010	33,012	4,787	33,012		64	
038 RECOVERY ROOM	1,369,715	9,845	3,231	9,845			
039 DELIVERY ROOM & LABOR	2,160,867	15,090	9,812	15,090		22	
041 RADIOLOGY-DIAGNOSTIC	3,044,334	27,543	2,284	27,543		30	
041 01 ULTRA SOUND	1,120,883	2,438	4,855	2,438		10	
041 02 CAT SCAN	2,009,422	3,183	6,202	3,183		20	
041 03 MAGNETIC RESONANCE IMAGING	1,572,465	5,413	2,665	5,413		14	
041 04 NUCLEAR MEDICINE-DIAGNOSTIC	443,315	6,590	332	6,590		2	
041 05 ONCOLOGY	11,306,212	11,045	5,092	11,045		52	60
044 LABORATORY	5,907,496	10,086		10,086			
048 INTRAVENOUS THERAPY	356,607	590		590		4	
049 RESPIRATORY THERAPY	2,012,064	4,662		4,662		25	
050 PHYSICAL THERAPY	3,071,059	17,149	1,157	17,149		26	
051 OCCUPATIONAL THERAPY	1,172,186	6,282	409	6,282		10	
052 SPEECH PATHOLOGY	611,569	3,277	214	3,277		5	
053 ELECTROCARDIOLOGY	950,945	258		258		9	
054 ELECTROENCEPHALOGRAPHY	1,475,028	2,806	728	2,806		19	
055 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,515,002						
055 30 IMPL. DEV. CHARGED TO PATIENTS	8,372,539						
056 DRUGS CHARGED TO PATIENTS	17,096,322						
057 RENAL DIALYSIS	543,554						
059 CARDIAC CATH LAB	785,184	5,478	1,622	5,478		5	5
059 01 ENDOSCOPY	358,656						
059 02 MENTAL HEALTH OP	9,487,401	6,544		6,544			
059 03 CNR	1,386,065	1,158		1,158			
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	255,601						
060 OUTPAT SERVICE COST CENTER CLINIC	1,071,970	6,893	406	6,893		12	
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER	525,892	311		311		7	
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	1,974,282						
060 05 PALLIATIVE CARE	656,354						
060 06 SPINE CENTER							
060 07 INFUSION CENTERS	260,304						
061 EMERGENCY	6,822,721	26,133	38,569	26,133	1,971	74	74
062 OBSERVATION BEDS (NON-SPECIALTY PURPOSE COST CENTER)							
095 SUBTOTALS	172,893,604	454,279	195,745	438,254	181,508	1,029	558
NONREIMBURS COST CENTER							
098 PHYSICIANS' PRIVATE OFFICE	10,769,148	3,610	629	3,610			
098 01 OCCUPATIONAL HEALTH	8,904,262	5,369		5,369			
098 02 MEDCHECK FACILITIES	6,883,575						
098 03 INFERTILITY SERVICES							
098 04 BREAST DIAGNOSTIC	2,558,100	2,891		2,891			
098 05 HAWTHORNE SCHOOL	926,378						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0074
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(FTE'S)
	6	8	9	10	11	12	14
NONREIMBURS COST CENT							
098 06 INDIANA NEURORESTORAT							
098 07 PRONET	485,479						
098 08 DIAGNOSTIC TESTING FA	2,229						
098 09 INDIANA SURGERY CENTE	16,510,885						
098 10 COMMUNITY PULMONARY C	1,813,407						
098 11 PROFESSIONAL OFFICE B	581,045						
098 12 LI FE CHECK	55,090						
100 OTHER NONREIMBURSABLE	3,023,055	1,841		1,841		33	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	34,950,623	11,067,096	767,273	3,916,632	2,671,615	2,407,960	5,827,732
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.155056	23.648146	3.907203	8.665786	14.718993	2,267.382298	10,443.964158
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	6,501,428	1,867,606	19,251	324,448	286,324	352,970	358,042
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.028843	3.990696	.098032	.717861	1.577473	332.363465	641.652330
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	TRANSPORTATION (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	19	20	22
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	37,249,833						
016 PHARMACY	4,259,615	12,640,407					
017 MEDICAL RECORDS & LIBRARY	1,041		596,972,562				
018 SOCIAL SERVICE	17,520			61,626			
019 TRANSPORTATION	1,555				40,568		
020 NONPHYSICIAN ANESTHETISTS						100	
022 I&R SERVICES-SALARY & FRI							41,440
023 I&R SERVICES-OTHER PERSONNEL	53,370						
024 PARAMEDICAL PROGRAM-(SPECIALTY)	45,338						
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION	3,109				3,900		
024 03 PHARMACY RESIDENCY PROGRAM							
025 ADULTS & PEDIATRICS	1,161,476		65,515,121	51,190	7,062	100	4,093
026 INTENSIVE CARE UNIT	241,777		7,087,393	2,943			641
026 01 NEONATAL INTENSIVE CARE							
027 CORONARY CARE UNIT	209,956		8,002,065	4,815			
031 SUBPROVIDER							
031 01 SUBPROVIDER 2 - PSYCH							
033 NURSERY	106,980		4,763,923	2,678			
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	9,619,810	4,067	21,375,066				283
038 RECOVERY ROOM	94,202		7,023,989				
039 DELIVERY ROOM & LABOR	225,848		9,967,046				2,285
041 RADIOLOGY-DIAGNOSTIC	1,064,626	13	18,323,826		9,564		
041 01 ULTRA SOUND	34,504		7,245,963		4,906		
041 02 CAT SCAN	266,960		35,513,533		3,091		
041 03 MAGNETIC RESONANCE IMAGING	149,749		18,035,929		1,375		
041 04 NUCLEAR MEDICINE-DIAGNOSTIC	180,575	14,022	1,681,925		2,046		
041 05 ONCOLOGY	10,615,349	10,223,442	31,444,308		2,266		
044 LABORATORY	1,022,349		52,371,418				
048 INTRAVENOUS THERAPY	71,759		870,625				
049 RESPIRATORY THERAPY	176,809	1,714	16,389,830		1,716		
050 PHYSICAL THERAPY	262,494	82,291	9,357,667				
051 OCCUPATIONAL THERAPY	79,974		3,098,251				
052 SPEECH PATHOLOGY	41,725		1,660,532				
053 ELECTROCARDIOLOGY	7,140		8,046,577		1,056		368
054 ELECTROENCEPHALOGRAPHY	104,860		7,058,132		2,464		
055 MEDICAL SUPPLIES CHARGED TO			16,728,616				
055 30 IMPL. DEV. CHARGED TO			24,727,316				
056 DRUGS CHARGED TO PATIENTS			119,276,585				
057 RENAL DIALYSIS	1,203		1,620,874				
059 CARDIAC CATH LAB	2,372,876		12,258,086				
059 01 ENDOSCOPY	95,188		1,861,811				95
059 02 MENTAL HEALTH OP	272,684	15,770	8,814,360				1,014
059 03 CNR	37,202		1,180,306				
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	23,294		1,380,293				
060 OUTPAT SERVICE COST CENTER							
060 CLINIC	91,034	1	1,551,654				
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER	2,594		990,108				718
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	224,969	168,385	4,815,222				30,322
060 05 PALLIATIVE CARE	1,332		170,706				228
060 06 SPINE CENTER							97
060 07 INFUSION CENTERS	1,796,028	1,767,602	813,961				
061 EMERGENCY	819,580		65,949,545				1,296
062 OBSERVATION BEDS (NON-SPECIALTY PURPOSE COST CENTER)							
095 SUBTOTALS	35,858,454	12,277,307	596,972,562	61,626	39,446	100	41,440
NONREIMBURSABLE COST CENTER							
098 PHYSICIANS' PRIVATE OFFICE	132,418	3,836			1,122		
098 01 OCCUPATIONAL HEALTH	497,426	235,764					
098 02 MEDCHECK FACILITIES	411,835	108,445					
098 03 INFERTILITY SERVICES							
098 04 BREAST DIAGNOSTIC	4,841						
098 05 HAWTHORNE SCHOOL	50,838	14,453					

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0074
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	TRANSPORTATION (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	19	20	22
NONREIMBURS COST CENT							
098 06 INDIANA NEURORESTORAT							
098 07 PRONET	5,242	602					
098 08 DIAGNOSTIC TESTING FA							
098 09 INDIANA SURGERY CENTE							
098 10 COMMUNITY PULMONARY C							
098 11 PROFESSIONAL OFFICE B	16,735						
098 12 LI FE CHECK	5,478						
100 OTHER NONREIMBURSABLE	266,566						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	872,592	5,198,512	3,397,386	2,470,736	436,296	180,116	1,643,984
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.023425	.411261	.005691	40.092429	10.754683	1,801.160000	39.671429
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	850,356	718,095	140,216	156,597	53,533	11,250	47,692
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.022828	.056809	.000235	2.541087	1.319587	112.500000	1.150869
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRAM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)
GENERAL SERVICE COST	23	24	24.01	24.02	24.03
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & 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 TRANSPORTATION					
020 NONPHYSICIAN ANESTHETIC					
022 I&R SERVICES-SALARY & BENEFITS					
023 I&R SERVICES-OTHER PROGRAM	41,440				
024 PARAMED ED PRGM-(SPECIFY)		100			
024 01 RESPIRATORY SCHOOL					
024 02 RADIOLOGY EDUCATION				100	
024 03 PHARMACY RESIDENCY PROGRAM					100
025 ADULTS & PEDIATRICS	4,093				
026 INTENSIVE CARE UNIT	641				
026 01 NEONATAL INTENSIVE CARE					
027 CORONARY CARE UNIT					
031 SUBPROVIDER					
031 01 SUBPROVIDER 2 - PSYCHIATRY					
033 NURSERY					
034 SKILLED NURSING FACILITY					
037 ANCILLARY SERVICE COST CENTER					
037 OPERATING ROOM	283				
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR	2,285				
041 RADIOLOGY-DIAGNOSTIC				100	
041 01 ULTRA SOUND					
041 02 CAT SCAN					
041 03 MAGNETIC RESONANCE IMAGING					
041 04 NUCLEAR MEDICINE-DIAGNOSTIC					
041 05 ONCOLOGY					
044 LABORATORY					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY	368				
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED TO PATIENT					
055 30 IMPL. DEV. CHARGED TO PATIENT					
056 DRUGS CHARGED TO PATIENT					100
057 RENAL DIALYSIS					
059 CARDIAC CATH LAB					
059 01 ENDOSCOPY	95				
059 02 MENTAL HEALTH OP	1,014				
059 03 CNR					
059 04 PAIN MED PSYCH					
059 05 LUTHERWOOD					
060 OUTPAT SERVICE COST CENTER					
060 CLINIC					
060 01 HEALTHY HEARTS CENTER					
060 02 DIABETIC CARE CENTER	718				
060 03 PAIN REHAB ADMIN					
060 04 FAMILY PRACTICE CENTER	30,322				
060 05 PALLIATIVE CARE	228				
060 06 SPINE CENTER	97				
060 07 INFUSION CENTERS					
061 EMERGENCY	1,296	100			
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)					
095 SUBTOTALS	41,440	100		100	100
NONREIMBURS COST CENTER					
098 PHYSICIANS' PRIVATE OFFICE					
098 01 OCCUPATIONAL HEALTH					
098 02 MEDCHECK FACILITIES					
098 03 INFERTILITY SERVICES					
098 04 BREAST DIAGNOSTIC					
098 05 HAWTHORNE SCHOOL					

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRAM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)
NONREIMBURS COST CENT	23	24	24.01	24.02	24.03
098 06 INDIANA NEURORESTORAT					
098 07 PRONET					
098 08 DIAGNOSTIC TESTING FA					
098 09 INDIANA SURGERY CENTE					
098 10 COMMUNITY PULMONARY C					
098 11 PROFESSIONAL OFFICE B					
098 12 LI FE CHECK					
100 OTHER NONREIMBURSABLE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	3,074,016	729,494		402,613	192,956
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		7,294.940000		4,026.130000	1,929.560000
(WRKSHT B, PT I)	74.179923				
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	113,340	106,743		37,107	13,397
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		1,067.430000		371.070000	133.970000
(WRKSHT B, PT III)	2.735039				

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	55,926,282		55,926,282			
26	INTENSIVE CARE UNIT	7,087,393		7,087,393			
26	01 NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT	8,002,065		8,002,065			
31	SUBPROVIDER						
31	01 SUBPROVIDER 2 - PSYCH DPU						
33	NURSERY	4,763,923		4,763,923			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	16,741,570	4,633,496	21,375,066	.289762	.289762	.289762
38	RECOVERY ROOM	5,114,103	1,909,886	7,023,989	.278337	.278337	.278337
39	DELIVERY ROOM & LABOR ROO	9,967,046		9,967,046	.314413	.314413	.314413
41	RADIOLOGY-DIAGNOSTIC	5,715,053	12,608,773	18,323,826	.279311	.279311	.279311
41	01 ULTRA SOUND	1,703,966	5,541,997	7,245,963	.208380	.208380	.208380
41	02 CAT SCAN	8,625,055	26,888,478	35,513,533	.077014	.077014	.077014
41	03 MAGNETIC RESONANCE IMAGIN	3,835,460	14,200,469	18,035,929	.119445	.119445	.119445
41	04 NUCLEAR MEDICINE-DIAGNOST	251,229	1,430,696	1,681,925	.459240	.459240	.459240
41	05 ONCOLOGY	453,200	30,991,108	31,444,308	.599064	.599064	.599064
44	LABORATORY	28,114,735	24,256,683	52,371,418	.142662	.142662	.142662
48	INTRAVENOUS THERAPY	836,992	33,633	870,625	.513048	.513048	.513048
49	RESPIRATORY THERAPY	14,541,667	1,848,163	16,389,830	.161561	.161561	.161561
50	PHYSICAL THERAPY	1,834,082	7,523,585	9,357,667	.455040	.455040	.455040
51	OCCUPATIONAL THERAPY	1,212,933	1,885,318	3,098,251	.516651	.516651	.516651
52	SPEECH PATHOLOGY	266,802	1,393,730	1,660,532	.502784	.502784	.502784
53	ELECTROCARDIOLOGY	5,490,087	2,556,490	8,046,577	.147200	.147200	.147200
54	ELECTROENCEPHALOGRAPHY	792,668	6,265,464	7,058,132	.270533	.270533	.271025
55	MEDICAL SUPPLIES CHARGED	11,240,285	5,488,331	16,728,616	.731717	.731717	.731717
55	30 IMPL. DEV. CHARGED TO PAT	20,078,398	4,648,918	24,727,316	.396787	.396787	.396787
56	DRUGS CHARGED TO PATIENTS	34,271,294	85,005,291	119,276,585	.172867	.172867	.172867
57	RENAL DIALYSIS	1,568,287	52,587	1,620,874	.393052	.393052	.393052
59	CARDIAC CATH LAB	7,378,336	4,879,750	12,258,086	.104355	.104355	.121438
59	01 ENDOSCOPY	883,141	978,670	1,861,811	.229397	.229397	.229397
59	02 MENTAL HEALTH OP		8,814,360	8,814,360	1.274395	1.274395	1.274395
59	03 CNR	256,709	923,597	1,180,306	1.394546	1.394546	1.394546
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD		1,380,293	1,380,293	.219978	.219978	.219978
60	OUTPAT SERVICE COST CNTRS CLINIC	80,023	1,471,631	1,551,654	.967150	.967150	.973870
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER	323,128	666,980	990,108	.645438	.645438	.645438
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER	1,114,854	3,700,368	4,815,222	.494750	.494750	.494750
60	05 PALLIATIVE CARE	170,706		170,706	4.446991	4.446991	4.446991
60	06 SPINE CENTER						
60	07 INFUSION CENTERS		813,961	813,961	1.319862	1.319862	1.319862
61	EMERGENCY	16,243,990	49,705,555	65,949,545	.166331	.166331	.166331
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	405,822	9,183,017	9,588,839	.154325	.154325	.154325
101	SUBTOTAL	275,291,284	321,681,278	596,972,562			
102	LESS OBSERVATION BEDS						
103	TOTAL	275,291,284	321,681,278	596,972,562			

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						
38	OPERATING ROOM	6,193,687	1,405,016	4,788,671			6,193,687
39	RECOVERY ROOM	1,955,034	192,790	1,762,244			1,955,034
41	DELIVERY ROOM & LABOR ROO	3,133,771	334,823	2,798,948			3,133,771
41	RADIOLOGY-DIAGNOSTIC	5,118,039	762,312	4,355,727			5,118,039
41	01 ULTRA SOUND	1,509,914	224,175	1,285,739			1,509,914
41	02 CAT SCAN	2,735,035	348,083	2,386,952			2,735,035
41	03 MAGNETIC RESONANCE IMAGIN	2,154,294	300,815	1,853,479			2,154,294
41	04 NUCLEAR MEDICINE-DIAGNOST	772,408	127,340	645,068			772,408
41	05 ONCOLOGY	18,837,161	2,254,178	16,582,983			18,837,161
44	LABORATORY	7,471,402	361,942	7,109,460			7,471,402
48	INTRAVENOUS THERAPY	446,672	22,935	423,737			446,672
49	RESPIRATORY THERAPY	2,647,957	199,294	2,448,663			2,647,957
50	PHYSICAL THERAPY	4,258,116	696,922	3,561,194			4,258,116
51	OCCUPATIONAL THERAPY	1,600,713	247,226	1,353,487			1,600,713
52	SPEECH PATHOLOGY	834,889	128,915	705,974			834,889
53	ELECTROCARDIOLOGY	1,184,455	43,500	1,140,955			1,184,455
54	ELECTROENCEPHALOGRAPHY	1,909,461	295,042	1,614,419			1,909,461
55	MEDICAL SUPPLIES CHARGED	12,240,619	307,215	11,933,404			12,240,619
55	30 IMPL. DEV. CHARGED TO PAT	9,811,474	247,300	9,564,174			9,811,474
56	DRUGS CHARGED TO PATIENTS	20,618,982	521,066	20,097,916			20,618,982
57	RENAL DIALYSIS	637,087	16,610	620,477			637,087
59	CARDIAC CATH LAB	1,279,187	289,463	989,724			1,279,187
59	01 ENDOSCOPY	427,094	36,247	390,847			427,094
59	02 MENTAL HEALTH OP	11,232,978	1,541,697	9,691,281			11,232,978
59	03 CNR	1,645,991	116,160	1,529,831			1,645,991
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD	303,634	25,891	277,743			303,634
	OUTPAT SERVICE COST CNTRS						
	CLINIC	1,500,682	147,909	1,352,773			1,500,682
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER	639,053	94,730	544,323			639,053
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER	2,382,329	680,698	1,701,631			2,382,329
60	05 PALLIATIVE CARE	759,128	19,333	739,795			759,128
60	06 SPINE CENTER						
60	07 INFUSION CENTERS	1,074,316	149,725	924,591			1,074,316
61	EMERGENCY	10,969,444	841,029	10,128,415			10,969,444
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,479,794	117,645	1,362,149			1,479,794
101	SUBTOTAL	139,764,800	13,098,026	126,666,774			139,764,800
102	LESS OBSERVATION BEDS	1,479,794	117,645	1,362,149			1,479,794
103	TOTAL	138,285,006	12,980,381	125,304,625			138,285,006

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	21,375,066	.289762	.289762
38	RECOVERY ROOM	7,023,989	.278337	.278337
39	DELIVERY ROOM & LABOR ROO	9,967,046	.314413	.314413
41	RADIOLOGY-DIAGNOSTIC	18,323,826	.279311	.279311
41 01	ULTRA SOUND	7,245,963	.208380	.208380
41 02	CAT SCAN	35,513,533	.077014	.077014
41 03	MAGNETIC RESONANCE IMAGIN	18,035,929	.119445	.119445
41 04	NUCLEAR MEDICINE-DIAGNOST	1,681,925	.459240	.459240
41 05	ONCOLOGY	31,444,308	.599064	.599064
44	LABORATORY	52,371,418	.142662	.142662
48	INTRAVENOUS THERAPY	870,625	.513048	.513048
49	RESPIRATORY THERAPY	16,389,830	.161561	.161561
50	PHYSICAL THERAPY	9,357,667	.455040	.455040
51	OCCUPATIONAL THERAPY	3,098,251	.516651	.516651
52	SPEECH PATHOLOGY	1,660,532	.502784	.502784
53	ELECTROCARDIOLOGY	8,046,577	.147200	.147200
54	ELECTROENCEPHALOGRAPHY	7,058,132	.270533	.270533
55	MEDICAL SUPPLIES CHARGED	16,728,616	.731717	.731717
55 30	IMPL. DEV. CHARGED TO PAT	24,727,316	.396787	.396787
56	DRUGS CHARGED TO PATIENTS	119,276,585	.172867	.172867
57	RENAL DIALYSIS	1,620,874	.393052	.393052
59	CARDIAC CATH LAB	12,258,086	.104355	.104355
59 01	ENDOSCOPY	1,861,811	.229397	.229397
59 02	MENTAL HEALTH OP	8,814,360	1.274395	1.274395
59 03	CNR	1,180,306	1.394546	1.394546
59 04	PAIN MED PSYCH			
59 05	LUTHERWOOD	1,380,293	.219978	.219978
	OUTPAT SERVICE COST CNTRS			
	CLINIC	1,551,654	.967150	.967150
60 01	HEALTHY HEARTS CENTER			
60 02	DIABETIC CARE CENTER	990,108	.645438	.645438
60 03	PAIN REHAB ADMIN			
60 04	FAMILY PRACTICE CENTER	4,815,222	.494750	.494750
60 05	PALLIATIVE CARE	170,706	4.446991	4.446991
60 06	SPINE CENTER			
60 07	INFUSION CENTERS	813,961	1.319862	1.319862
61	EMERGENCY	65,949,545	.166331	.166331
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	9,588,839	.154325	.154325
101	SUBTOTAL	521,192,899		
102	LESS OBSERVATION BEDS	9,588,839		
103	TOTAL	511,604,060		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				3,518,137		3,518,137
26	INTENSIVE CARE UNIT				554,475		554,475
26 01	NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT				580,297		580,297
31	SUBPROVIDER						
31 01	SUBPROVIDER 2 - PSYCH DPU						
33	NURSERY				172,769		172,769
101	TOTAL				4,825,678		4,825,678

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	52,961	17,252			66.43	1,146,050
26	INTENSIVE CARE UNIT	2,943	1,222			188.40	230,225
26 01	NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT	4,815	2,622			120.52	316,003
31	SUBPROVIDER						
31 01	SUBPROVIDER 2 - PSYCH DPU						
33	NURSERY	2,678				64.51	
101	TOTAL	63,397	21,096				1,692,278

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

PROVIDER NO: 15-0074
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D
 PART III

PPS

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

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

PROVIDER NO: 15-0074
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D
 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	52,961		17,252	
26	INTENSIVE CARE UNIT	2,943		1,222	
26 01	NEONATAL INTENSIVE CARE U				
27	CORONARY CARE UNIT	4,815		2,622	
31	SUBPROVIDER				
31 01	SUBPROVIDER 2 - PSYCH DPU				
33	NURSERY	2,678			
34	SKILLED NURSING FACILITY				
101	TOTAL	63,397		21,096	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC										
41	01 ULTRA SOUND										
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
41	04 NUCLEAR MEDICINE-DIAGNOST										
41	05 ONCOLOGY										
44	LABORATORY										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	CARDIAC CATH LAB										
59	01 ENDOSCOPY										
59	02 MENTAL HEALTH OP										
59	03 CNR										
59	04 PAIN MED PSYCH										
59	05 LUTHERWOOD										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 HEALTHY HEARTS CENTER										
60	02 DIABETIC CARE CENTER										
60	03 PAIN REHAB ADMIN										
60	04 FAMILY PRACTICE CENTER										
60	05 PALLIATIVE CARE										
60	06 SPINE CENTER										
60	07 INFUSION CENTERS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

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			21,375,066			8,049,669	
38	OPERATING ROOM			7,023,989			2,302,849	
39	RECOVERY ROOM			9,967,046			1,129	
41	DELIVERY ROOM & LABOR ROO			18,323,826	.021972	.021972	2,798,226	61,483
41	RADIOLOGY-DIAGNOSTIC	402,613	402,613	7,245,963			733,150	
41	01 ULTRA SOUND			35,513,533			4,196,193	
41	02 CAT SCAN			18,035,929			1,722,284	
41	03 MAGNETIC RESONANCE IMAGIN			1,681,925			122,207	
41	04 NUCLEAR MEDICINE-DIAGNOST			31,444,308			269,990	
41	05 ONCOLOGY			52,371,418			11,675,940	
44	LABORATORY			870,625			414,165	
48	INTRAVENOUS THERAPY			16,389,830			6,882,246	
49	RESPIRATORY THERAPY			9,357,667			1,089,765	
50	PHYSICAL THERAPY			3,098,251			703,561	
51	OCCUPATIONAL THERAPY			1,660,532			140,693	
52	SPEECH PATHOLOGY			8,046,577			3,039,817	
53	ELECTROCARDIOLOGY			7,058,132			390,567	
54	ELECTROENCEPHALOGRAPHY			16,728,616			4,855,556	
55	MEDICAL SUPPLIES CHARGED			24,727,316			8,329,916	
55	30 IMPL. DEV. CHARGED TO PAT			119,276,585	.001618	.001618	14,290,531	23,122
56	DRUGS CHARGED TO PATIENTS	192,956	192,956	1,620,874			1,154,738	
57	RENAL DIALYSIS			12,258,086			2,777,019	
59	CARDIAC CATH LAB			1,861,811			483,561	
59	01 ENDOSCOPY			8,814,360				
59	02 MENTAL HEALTH OP			1,180,306			1,626	
59	03 CNR							
59	04 PAIN MED PSYCH							
59	05 LUTHERWOOD			1,380,293				
60	OUTPAT SERVICE COST CNTRS			1,551,654			36,805	
60	CLINIC							
60	01 HEALTHY HEARTS CENTER			990,108			220	
60	02 DIABETIC CARE CENTER							
60	03 PAIN REHAB ADMIN			4,815,222				
60	04 FAMILY PRACTICE CENTER			170,706				
60	05 PALLIATIVE CARE							
60	06 SPINE CENTER							
60	07 INFUSION CENTERS			813,961				
61	EMERGENCY	729,494	729,494	65,949,545	.011061	.011061	8,709,751	96,339
62	OBSERVATION BEDS (NON-DIS			9,588,839				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	1,325,063	1,325,063	521,192,899			85,172,174	180,944

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,450,348					
38	RECOVERY ROOM	491,809					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	5,446,176			119,663		
41 01	ULTRA SOUND	1,283,115					
41 02	CAT SCAN	7,007,934					
41 03	MAGNETIC RESONANCE IMAGIN	4,395,577					
41 04	NUCLEAR MEDICINE-DIAGNOST	357,150					
41 05	ONCOLOGY	24,048,782					
44	LABORATORY	1,389,727					
48	INTRAVENOUS THERAPY	8,445					
49	RESPIRATORY THERAPY	543,946					
50	PHYSICAL THERAPY	1,407,916					
51	OCCUPATIONAL THERAPY	215					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	730,216					
54	ELECTROENCEPHALOGRAPHY	1,644,636					
55	MEDICAL SUPPLIES CHARGED	539,447					
55 30	IMPL. DEV. CHARGED TO PAT	1,839,541					
56	DRUGS CHARGED TO PATIENTS	11,805,393			19,101		
57	RENAL DIALYSIS	10,795					
59	CARDIAC CATH LAB	2,134,270					
59 01	ENDOSCOPY	500,830					
59 02	MENTAL HEALTH OP						
59 03	CNR	656,643					
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	708,441					
60 01	HEALTHY HEARTS CENTER						
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE						
60 06	SPINE CENTER						
60 07	INFUSION CENTERS	332,730					
61	EMERGENCY	8,139,162			90,027		
62	OBSERVATION BEDS (NON-DIS	1,853,049					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	78,726,293			228,791		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.289762	.289762			
38 RECOVERY ROOM	.278337	.278337			
39 DELIVERY ROOM & LABOR ROOM	.314413	.314413			
41 RADIOLOGY-DIAGNOSTIC	.279311	.279311			
41 01 ULTRA SOUND	.208380	.208380			
41 02 CAT SCAN	.077014	.077014			
41 03 MAGNETIC RESONANCE IMAGING (MRI)	.119445	.119445			
41 04 NUCLEAR MEDICINE-DIAGNOSTIC	.459240	.459240			
41 05 ONCOLOGY	.599064	.599064			
44 LABORATORY	.142662	.142662			
48 INTRAVENOUS THERAPY	.513048	.513048			
49 RESPIRATORY THERAPY	.161561	.161561			
50 PHYSICAL THERAPY	.455040	.455040			
51 OCCUPATIONAL THERAPY	.516651	.516651			
52 SPEECH PATHOLOGY	.502784	.502784			
53 ELECTROCARDIOLOGY	.147200	.147200			
54 ELECTROENCEPHALOGRAPHY	.270533	.270533			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.731717	.731717			
55 30 IMPL. DEV. CHARGED TO PATIENT	.396787	.396787			
56 DRUGS CHARGED TO PATIENTS	.172867	.172867			
57 RENAL DIALYSIS	.393052	.393052			
59 CARDIAC CATH LAB	.104355	.104355			
59 01 ENDOSCOPY	.229397	.229397			
59 02 MENTAL HEALTH OP	1.274395	1.274395			
59 03 CNR	1.394546	1.394546			
59 04 PAIN MED PSYCH					
59 05 LUTHERWOOD	.219978	.219978			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.967150	.967150			
60 01 HEALTHY HEARTS CENTER					
60 02 DIABETIC CARE CENTER	.645438	.645438			
60 03 PAIN REHAB ADMIN					
60 04 FAMILY PRACTICE CENTER	.494750	.494750			
60 05 PALLIATIVE CARE	4.446991	4.446991			
60 06 SPINE CENTER					
60 07 INFUSION CENTERS	1.319862	1.319862			
61 EMERGENCY	.166331	.166331			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.154325	.154325			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XIX - O/P		HOSPITAL				
		PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center	Description	5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC					
41	01 ULTRA SOUND					
41	02 CAT SCAN					
41	03 MAGNETIC RESONANCE IMAGING (MRI)					
41	04 NUCLEAR MEDICINE-DIAGNOSTIC					
41	05 ONCOLOGY					
44	LABORATORY					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55	30 IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	CARDIAC CATH LAB					
59	01 ENDOSCOPY					
59	02 MENTAL HEALTH OP					
59	03 CNR					
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 HEALTHY HEARTS CENTER					
60	02 DIABETIC CARE CENTER					
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER					
60	05 PALLIATIVE CARE					
60	06 SPINE CENTER					
60	07 INFUSION CENTERS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	. 172867
3	PROGRAM COSTS	29, 560
		5, 110

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	1,771
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	835.57
85	OBSERVATION BED COST	1,479,794

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	44,252,697		1,479,794	
87	NEW CAPITAL-RELATED COST	3,518,137	.079501	1,479,794	117,645
88	NON PHYSICIAN ANESTHETIST	44,252,697		1,479,794	
89	MEDICAL EDUCATION	44,252,697		1,479,794	
89.01	MEDICAL EDUCATION - ALLIED HEA	44,252,697		1,479,794	
89.02	MEDICAL EDUCATION - ALL OTHER	44,252,697		1,479,794	

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	1,771
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	842.35
85	OBSERVATION BED COST	1,491,802

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				

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		19,321,818	
26	INTENSIVE CARE UNIT		2,851,341	
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT		4,317,620	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.289762	8,049,669	2,332,488
38	RECOVERY ROOM	.278337	2,302,849	640,968
39	DELIVERY ROOM & LABOR ROOM	.314413	1,129	355
41	RADIOLOGY-DIAGNOSTIC	.279311	2,798,226	781,575
41	01 ULTRA SOUND	.208380	733,150	152,774
41	02 CAT SCAN	.077014	4,196,193	323,166
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.119445	1,722,284	205,718
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.459240	122,207	56,122
41	05 ONCOLOGY	.599064	269,990	161,741
44	LABORATORY	.142662	11,675,940	1,665,713
48	INTRAVENOUS THERAPY	.513048	414,165	212,487
49	RESPIRATORY THERAPY	.161561	6,882,246	1,111,903
50	PHYSICAL THERAPY	.455040	1,089,765	495,887
51	OCCUPATIONAL THERAPY	.516651	703,561	363,495
52	SPEECH PATHOLOGY	.502784	140,693	70,738
53	ELECTROCARDIOLOGY	.147200	3,039,817	447,461
54	ELECTROENCEPHALOGRAPHY	.271025	390,567	105,853
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.731717	4,855,556	3,552,893
55	30 IMPL. DEV. CHARGED TO PATIENT	.396787	8,329,916	3,305,202
56	DRUGS CHARGED TO PATIENTS	.172867	14,290,531	2,470,361
57	RENAL DIALYSIS	.393052	1,154,738	453,872
59	CARDIAC CATH LAB	.121438	2,777,019	337,236
59	01 ENDOSCOPY	.229397	483,561	110,927
59	02 MENTAL HEALTH OP	1.274395		
59	03 CNR	1.394546	1,626	2,268
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD	.219978		
60	OUTPAT SERVICE COST CNTRS CLINIC	.973870	36,805	35,843
60	01 HEALTHY HEARTS CENTER			
60	02 DIABETIC CARE CENTER	.645438	220	142
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER	.494750		
60	05 PALLIATIVE CARE	4.446991		
60	06 SPINE CENTER			
60	07 INFUSION CENTERS	1.319862		
61	EMERGENCY	.166331	8,709,751	1,448,702
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.154325		
101	TOTAL		85,172,174	20,845,890
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		85,172,174	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
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 INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	37,099,037	
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)	37,099,037	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	2,724,672	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	368,417	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	30,653	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	180,944	
16 TOTAL	40,403,723	
17 PRIMARY PAYER PAYMENTS	38,438	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	40,365,285	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,325,772	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	84,022	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,336,986	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	935,890	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	974,977	
22 SUBTOTAL	37,891,381	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
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	37,891,381	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	37,083,404	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	807,977	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	3,923,714	
----- 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 ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		36,208,177		14,378,272
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	8/12/2010	533,342	8/12/2010	215,031
ADJUSTMENTS TO PROVIDER .02	12/16/2010	341,885	12/16/2010	3,820
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		875,227		218,851
4 TOTAL INTERIM PAYMENTS		37,083,404		14,597,123
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		807,977		124,074
7 TOTAL MEDICARE PROGRAM LIABILITY		37,891,381		14,473,049

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		14,955,994	
2	MEDICAL AND OTHER SERVICES		8,836,353	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		23,792,347	
7	INPATIENT PRIMARY PAYER PAYMENTS		969,775	
8	OUTPATIENT PRIMARY PAYER PAYMENTS		522,436	
9	SUBTOTAL		22,300,136	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		19,658,385	
11	ANCILLARY SERVICE CHARGES		66,101,885	
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		85,760,270	
	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)		85,760,270	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		63,460,134	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		22,300,136	
	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		22,300,136	
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		22,300,136	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		22,300,136	
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)		22,300,136	
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		22,300,136	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		22,300,136	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		13,115,109	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		9,185,027	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		24.75
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	-1.86
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	22.68 -1.86	20.82
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		19.92
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		19.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		19.92
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		19.92
3.10	SEE INSTRUCTIONS		19.92
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		74,264.68
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		20.18
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		20.31
3.21	SEE INSTRUCTIONS	RES INIT YEARS	20.14
3.22	SEE INSTRUCTIONS		20.14
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		74,264.68
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,495,691
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,495,691

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		21,096
5	TOTAL INPATIENT DAYS		58,948
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.357875
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	535,270	535,270
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		3,560
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		58,948
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		77,565
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,620,874
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	40,217,667
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	38,438
16	TOTAL PART A REASONABLE COST	40,179,229

PART B REASONABLE COST

17	REASONABLE COST	26,657,043
18	PRIMARY PAYER PAYMENTS	1,024
19	TOTAL PART B REASONABLE COST	26,656,019
20	TOTAL REASONABLE COST	66,835,248
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.601168
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.398832

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	612,835
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	368,417
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	244,418

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	22.68	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	24.75	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	22.68	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	18.88
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	21.09
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	18.88

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		-143,866,831		
2	NET INCOME (LOSS)		16,177,386		
3	TOTAL		-127,689,445		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	PENSION SFAS158	57,268,094			
6					
7					
8					
9					
10	TOTAL ADDITIONS		57,268,094		
11	SUBTOTAL		-70,421,351		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	10,013,909			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		10,013,915		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-80,435,266		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	PENSION SFAS158				
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	73,977,335		73,977,335
2 00 SUBPROVIDER			
2 01 SUBPROVIDER 2 - PSYCH DPU			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	73,977,335		73,977,335
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,140,620		7,140,620
10 01 NEONATAL INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT	8,048,778		8,048,778
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	15,189,398		15,189,398
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	89,166,733		89,166,733
17 00 ANCILLARY SERVICES	192,912,535	454,740,056	647,652,591
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	282,079,268	454,740,056	736,819,324

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	304,322,725		
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		304,322,725	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,424,803
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	38,475
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	162.84
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	17.20
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	3.03
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	73,472
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	7.06
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	29.80
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	36.86
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	7.75
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	187,922
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,724,672
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

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	6,225,907	1,405,016	4,820,891	140,502	279,612	5,805,793
38	RECOVERY ROOM	1,955,034	192,790	1,762,244	19,279	102,210	1,833,545
39	DELIVERY ROOM & LABOR ROO	3,393,921	334,823	3,059,098	33,482	177,428	3,183,011
41	RADIOLOGY-DIAGNOSTIC	5,118,039	762,312	4,355,727	76,231	252,632	4,789,176
41 01	ULTRA SOUND	1,509,914	224,175	1,285,739	22,418	74,573	1,412,923
41 02	CAT SCAN	2,735,035	348,083	2,386,952	34,808	138,443	2,561,784
41 03	MAGNETIC RESONANCE IMAGIN	2,154,294	300,815	1,853,479	30,082	107,502	2,016,710
41 04	NUCLEAR MEDICINE-DIAGNOST	772,408	127,340	645,068	12,734	37,414	722,260
41 05	ONCOLOGY	18,837,161	2,254,178	16,582,983	225,418	961,813	17,649,930
44	LABORATORY	7,471,402	361,942	7,109,460	36,194	412,349	7,022,859
48	INTRAVENOUS THERAPY	446,672	22,935	423,737	2,294	24,577	419,801
49	RESPIRATORY THERAPY	2,647,957	199,294	2,448,663	19,929	142,022	2,486,006
50	PHYSICAL THERAPY	4,258,116	696,922	3,561,194	69,692	206,549	3,981,875
51	OCCUPATIONAL THERAPY	1,600,713	247,226	1,353,487	24,723	78,502	1,497,488
52	SPEECH PATHOLOGY	834,889	128,915	705,974	12,892	40,946	781,051
53	ELECTROCARDIOLOGY	1,226,352	43,500	1,182,852	4,350	68,605	1,153,397
54	ELECTROENCEPHALOGRAPHY	1,909,461	295,042	1,614,419	29,504	93,636	1,786,321
55	MEDICAL SUPPLIES CHARGED	12,240,619	307,215	11,933,404	30,722	692,137	11,517,760
55 30	IMPL. DEV. CHARGED TO PAT	9,811,474	247,300	9,564,174	24,730	554,722	9,232,022
56	DRUGS CHARGED TO PATIENTS	20,618,982	521,066	20,097,916	52,107	1,165,679	19,401,196
57	RENAL DIALYSIS	637,087	16,610	620,477	1,661	35,988	599,438
59	CARDIAC CATH LAB	1,279,187	289,463	989,724	28,946	57,404	1,192,837
59 01	ENDOSCOPY	437,910	36,247	401,663	3,625	23,296	410,989
59 02	MENTAL HEALTH OP	11,348,423	1,541,697	9,806,726	154,170	568,790	10,625,463
59 03	CNR	1,645,991	116,160	1,529,831	11,616	88,730	1,545,645
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD	303,634	25,891	277,743	2,589	16,109	284,936
	OUTPAT SERVICE COST CNTRS						
	CLINIC	1,500,682	147,909	1,352,773	14,791	78,461	1,407,430
60 01	HEALTHY HEARTS CENTER						
60 02	DIABETIC CARE CENTER	720,798	94,730	626,068	9,473	36,312	675,013
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER	5,834,533	680,698	5,153,835	68,070	298,922	5,467,541
60 05	PALLIATIVE CARE	785,086	19,333	765,753	1,933	44,414	738,739
60 06	SPIRE CENTER	11,043		11,043		640	10,403
60 07	INFUSION CENTERS	1,074,316	149,725	924,591	14,973	53,626	1,005,717
61	EMERGENCY	11,116,995	841,029	10,275,966	84,103	596,006	10,436,886
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,479,794	117,645	1,362,149	11,765	79,005	1,389,024
101	SUBTOTAL	143,943,829	13,098,026	130,845,803	1,309,806	7,589,054	135,044,969
102	LESS OBSERVATION BEDS	1,479,794	117,645	1,362,149	11,765	79,005	1,389,024
103	TOTAL	142,464,035	12,980,381	129,483,654	1,298,041	7,510,049	133,655,945

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	21,375,066	.271615	.284696
38	RECOVERY ROOM	7,023,989	.261040	.275592
39	DELIVERY ROOM & LABOR ROO	9,967,046	.319353	.337155
41	RADIOLOGY-DIAGNOSTIC	18,323,826	.261363	.275150
41 01	ULTRA SOUND	7,245,963	.194995	.205286
41 02	CAT SCAN	35,513,533	.072135	.076034
41 03	MAGNETIC RESONANCE IMAGIN	18,035,929	.111816	.117777
41 04	NUCLEAR MEDICINE-DIAGNOST	1,681,925	.429425	.451669
41 05	ONCOLOGY	31,444,308	.561308	.591895
44	LABORATORY	52,371,418	.134097	.141971
48	INTRAVENOUS THERAPY	870,625	.482183	.510413
49	RESPIRATORY THERAPY	16,389,830	.151680	.160345
50	PHYSICAL THERAPY	9,357,667	.425520	.447593
51	OCCUPATIONAL THERAPY	3,098,251	.483333	.508671
52	SPEECH PATHOLOGY	1,660,532	.470362	.495020
53	ELECTROCARDIOLOGY	8,046,577	.143340	.151866
54	ELECTROENCEPHALOGRAPHY	7,058,132	.253087	.266353
55	MEDICAL SUPPLIES CHARGED	16,728,616	.688506	.729881
55 30	IMPL. DEV. CHARGED TO PAT	24,727,316	.373353	.395787
56	DRUGS CHARGED TO PATIENTS	119,276,585	.162657	.172430
57	RENAL DIALYSIS	1,620,874	.369824	.392027
59	CARDIAC CATH LAB	12,258,086	.097310	.101993
59 01	ENDOSCOPY	1,861,811	.220747	.233259
59 02	MENTAL HEALTH OP	8,814,360	1.205472	1.270002
59 03	CNR	1,180,306	1.309529	1.384704
59 04	PAIN MED PSYCH			
59 05	LUTHERWOOD	1,380,293	.206432	.218102
	OUTPAT SERVICE COST CNTRS			
	CLINIC	1,551,654	.907051	.957617
60 01	HEALTHY HEARTS CENTER			
60 02	DIABETIC CARE CENTER	990,108	.681757	.718432
60 03	PAIN REHAB ADMIN			
60 04	FAMILY PRACTICE CENTER	4,815,222	1.135470	1.197549
60 05	PALLIATIVE CARE	170,706	4.327551	4.587730
60 06	SPINE CENTER			
60 07	INFUSION CENTERS	813,961	1.235584	1.301467
61	EMERGENCY	65,949,545	.158256	.167293
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	9,588,839	.144858	.153098
101	SUBTOTAL	521,192,899		
102	LESS OBSERVATION BEDS	9,588,839		
103	TOTAL	511,604,060		