

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0005	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/19/2011 TIME 15:15

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: HENDRICKS REGIONAL HEALTH 15-0005 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.

 ECR ENCRYPTION INFORMATION
 DATE: 5/19/2011 TIME 15:15

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PI ENCRYPTION INFORMATION
 DATE: 5/19/2011 TIME 15:15

76Vu4:2Ddyo6:9ca:m56zXCbqppKR0
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 1AjR53fGOZ0G1udy

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1	HOSPITAL	0	247,469	85,954	1,105,167
2	SUBPROVIDER	0	-1	0	103,102
100	TOTAL	0	247,468	85,954	1,208,269

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: 1000 EAST MAIN STREET P.O. BOX:
 1.01 CITY: DANVILLE STATE: IN ZIP CODE: 46122-1409 COUNTY: HENDRICKS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	HENDRICKS REGIONAL HEALTH	15-0005		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	HENDRICKS REGIONAL HEALTH	15-S005		1/ 1/1988	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010
 18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y 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 I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 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.
- 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). / /

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

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

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

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

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

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

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

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

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

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

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

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

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

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

	1	2	3	4
	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

28.03 STAFFING % Y/N 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (F)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?

V XVIII XIX

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHC/MQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

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

DATE	Y OR N	LIMIT	Y OR N	FEES
0	1	2	3	4
	N	0.00		0
		0.00		0
		0.00		0
		0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. Y

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	113	41,245	2.01	3	4	7,044	5
2 HMO						533	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	113	41,245				7,044	717
6 INTENSIVE CARE UNIT	12	4,380				1,324	87
11 NURSERY							132
12 TOTAL	125	45,625				8,368	936
13 RPCH VISITS							
14 SUBPROVIDER	12	3,912				267	102
25 TOTAL	137						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							378

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	8
2 HMO			14,778		
2 01 HMO - (IRF PPS SUBPROVIDER)					
3 ADULTS & PED-SB SNF					
4 ADULTS & PED-SB NF					
5 TOTAL ADULTS AND PEDS			14,778		
6 INTENSIVE CARE UNIT			2,267		
11 NURSERY			2,623		
12 TOTAL			19,668		
13 RPCH VISITS					
14 SUBPROVIDER			956		
25 TOTAL					
26 OBSERVATION BED DAYS			4,010		
26 01 OBSERVATION BED DAYS-SUB I			196		
27 AMBULANCE TRIPS					
28 EMPLOYEE DISCOUNT DAYS					
28 01 EMP DISCOUNT DAYS -IRF					
29 LABOR & DELIVERY DAYS			974		

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					1,899	216	4,778
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,235.98			1,899	216	4,778
13 RPCH VISITS							
14 SUBPROVIDER		15.40			63	33	315
25 TOTAL		1,251.38					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	73,876,939		73,876,939	2,602,872.00	28.38	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
6 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
7 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL SNF						
8.01 EXCLUDED AREA SALARIES	20,607,233		20,607,233	510,064.00	40.40	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT	974,850		974,850	18,494.00	52.71	
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	134,438		134,438	1,103.00	121.88	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	15,342,979		15,342,979			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	4,455,224		4,455,224			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
20 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	646,229		646,229	15,059.00	42.91	
22.01 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	6,227,322		6,227,322	251,950.00	24.72	
23 MAINTENANCE & REPAIRS	414,814		414,814	2,809.00	147.67	
24 OPERATION OF PLANT	1,931,813		1,931,813	101,028.00	19.12	
25 LAUNDRY & LINEN SERVICE	235,366		235,366	19,158.00	12.29	
26 HOUSEKEEPING	1,876,112		1,876,112	140,939.00	13.31	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,704,935	-1,188,025	516,910	40,851.00	12.65	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,188,025	1,188,025	76,686.00	15.49	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,189,104		2,189,104	74,675.00	29.32	
31 CENTRAL SERVICE AND SUPPLY	551,510		551,510	30,166.00	18.28	
32 PHARMACY	1,336,586		1,336,586	43,095.00	31.01	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,319,105		1,319,105	68,266.00	19.32	
34 SOCIAL SERVICE	1,401,072		1,401,072	41,540.00	33.73	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	74,291,753		74,291,753	2,605,681.00	28.51	
2 EXCLUDED AREA SALARIES	20,607,233		20,607,233	510,064.00	40.40	
3 SUBTOTAL SALARIES	53,684,520		53,684,520	2,095,617.00	25.62	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,109,288		1,109,288	19,597.00	56.60	
5 SUBTOTAL WAGE-RELATED COSTS	15,342,979		15,342,979		28.58	
6 TOTAL	70,136,787		70,136,787	2,115,214.00	33.16	
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	19,833,968		19,833,968	906,222.00	21.89	

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
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- 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) .374969
- 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

Health Financial Systems MCRIF32 FOR HENDRICKS REGIONAL HEALTH IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I PROVIDER NO: I PERIOD: I PREPARED 5/19/2011
I 15-0005 I FROM 1/ 1/2010 I WORKSHEET S-10
I I TO 12/31/2010 I
I

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

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

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
3	0300 OLD CAP REL COSTS-BLDG & FIXT		4,617,260	4,617,260		4,617,260
5	0500 NEW CAP REL COSTS-BLDG & FIXT		12,125,398	12,125,398		12,125,398
6	0600 EMPLOYEE BENEFITS	646,229	2,503,494	3,149,723		3,149,723
8	0800 ADMINISTRATIVE & GENERAL	6,227,322	10,178,624	16,405,946	14,452	16,420,398
9	0900 OPERATION OF PLANT	1,931,813	3,224,198	5,156,011	4,521	5,160,532
10	1000 LAUNDRY & LINEN SERVICE	235,366	297,786	533,152	14,614	547,766
11	1100 HOUSEKEEPING	1,876,112	998,570	2,874,682		2,874,682
12	1200 DIETARY	1,704,935	1,725,372	3,430,307	-2,390,291	1,040,016
14	1400 CAFETERIA				2,390,291	2,390,291
15	1500 NURSING ADMINISTRATION	2,189,104	900,218	3,089,322		3,089,322
16	1600 CENTRAL SERVICES & SUPPLY	551,510	742,074	1,293,584		1,293,584
17	1700 PHARMACY	1,336,586	6,247,994	7,584,580	-4,813,311	2,771,269
18	1800 MEDICAL RECORDS & LIBRARY	1,319,105	794,671	2,113,776		2,113,776
	1800 SOCIAL SERVICE	1,401,072	500,909	1,901,981	2,196	1,904,177
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	9,881,828	3,865,559	13,747,387		13,747,387
31	3100 INTENSIVE CARE UNIT	1,897,589	763,768	2,661,357		2,661,357
33	3300 SUBPROVIDER	672,071	212,444	884,515		884,515
	3300 NURSERY	313,669	130,094	443,763		443,763
37	3700 ANCILLARY SRVC COST CNTRS					
37.01	3700 OPERATING ROOM	2,067,773	5,847,393	7,915,166	-2,169,411	5,745,755
38	3800 ENDOSCOPY	565,027	437,472	1,002,499		1,002,499
39	3900 RECOVERY ROOM	556,401	232,234	788,635		788,635
40	4000 DELIVERY ROOM & LABOR ROOM	1,092,335	217,351	1,309,686		1,309,686
41	4100 ANESTHESIOLOGY		180,155	180,155		180,155
41.01	4100 RADIOLOGY-DIAGNOSTIC	3,356,393	3,055,742	6,412,135	34,225	6,446,360
44	4400 RADIATION-ONCOLOGY	615,409	5,824,150	6,439,559	55,601	6,495,160
48	4800 LABORATORY	2,303,256	3,979,416	6,282,672	8,336	6,291,008
49	4900 INTRAVENOUS THERAPY	835,034	272,805	1,107,839	69,999	1,177,838
50	5000 RESPIRATORY THERAPY	1,441,619	752,949	2,194,568		2,194,568
51	5100 PHYSICAL THERAPY	2,580,227	1,061,152	3,641,379	45,027	3,686,406
52	5200 OCCUPATIONAL THERAPY	354,795	105,456	460,251	3,026	463,277
53	5300 SPEECH PATHOLOGY	163,104	54,386	217,490		217,490
53.01	5300 ELECTROCARDIOLOGY	679,222	1,539,342	2,218,564	-398,032	1,820,532
54	5400 CARDIAC REHAB	361,120	64,369	425,489		425,489
55	5500 ELECTROENCEPHALOGRAPHY	95,852	39,879	135,731		135,731
55.30	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,053,940	3,053,940
56	5600 IMPL. DEV. CHARGED TO PATIENT				4,743,312	4,743,312
56.01	5600 DRUGS CHARGED TO PATIENTS					
57	5700 ULTRA SOUND	420,899	139,387	560,286		560,286
59	5900 RENAL DIALYSIS		25,734	25,734		25,734
	5900 NUCLEAR MEDICINE	171,692	286,531	458,223		458,223
60	6000 OUTPAT SERVICE COST CNTRS					
61	6100 CLINIC	1,351,800	3,979,142	5,330,942	-400,815	4,930,127
62	6200 EMERGENCY	2,745,508	1,652,419	4,397,927		4,397,927
95	9500 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS SUBTOTALS	53,941,777	79,575,897	133,517,674	267,680	133,785,354
98	9800 NONREIMBURS COST CENTERS					
98.01	9800 PHYSICIANS' PRIVATE OFFICES	16,296,191	9,936,138	26,232,329	-267,680	25,964,649
100	10001 HEALTH TRACKS	2,618,097	909,062	3,527,159		3,527,159
100.01	10001 PRIMARY CARE CLINIC	116,705	58,248	174,953		174,953
100.02	10001 PARTNERS IN CARE	451,104	192,089	643,193		643,193
100.03	10001 OCCUPATIONAL MEDICINE	157,762	559,185	716,947		716,947
100.04	10001 FOUNDATION	109,832	39,118	148,950		148,950
101	10001 SCHOOL & TOWN CLINICS	185,471	24,195	209,666		209,666
	TOTAL	73,876,939	91,293,932	165,170,871	-0-	165,170,871

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
1	0100 GENERAL SERVICE COST CNTR		
3	0300 OLD CAP REL COSTS-BLDG & FIXT	-508,534	4,108,726
5	0500 NEW CAP REL COSTS-BLDG & FIXT	-14,430	12,110,968
6	0600 EMPLOYEE BENEFITS	-17,191	3,132,532
8	0800 ADMINISTRATIVE & GENERAL	-2,975,856	13,444,542
9	0900 OPERATION OF PLANT		5,160,532
10	1000 LAUNDRY & LINEN SERVICE		547,766
11	1100 HOUSEKEEPING		2,874,682
12	1200 DIETARY	-235,258	804,758
14	1400 CAFETERIA	-738,281	1,652,010
15	1500 NURSING ADMINISTRATION	-3,914	3,085,408
16	1600 CENTRAL SERVICES & SUPPLY	-3,170	1,290,414
17	1700 PHARMACY		2,771,269
18	1800 MEDICAL RECORDS & LIBRARY	-39,159	2,074,617
	1800 SOCIAL SERVICE	-319	1,903,858
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,408,859	12,338,528
26	2600 INTENSIVE CARE UNIT		2,661,357
31	3100 SUBPROVIDER	-17,600	866,915
33	3300 NURSERY		443,763
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		5,745,755
37.01	3330 ENDOSCOPY		1,002,499
38	3800 RECOVERY ROOM		788,635
39	3900 DELIVERY ROOM & LABOR ROOM		1,309,686
40	4000 ANESTHESIOLOGY		180,155
41	4100 RADIOLOGY-DIAGNOSTIC	-65,288	6,381,072
41.01	3480 RADIATION-ONCOLOGY	-206	6,494,954
44	4400 LABORATORY	-64,503	6,226,505
48	4800 INTRAVENOUS THERAPY		1,177,838
49	4900 RESPIRATORY THERAPY		2,194,568
50	5000 PHYSICAL THERAPY	-395,262	3,291,144
51	5100 OCCUPATIONAL THERAPY	-55,726	407,551
52	5200 SPEECH PATHOLOGY	-130	217,360
53	5300 ELECTROCARDIOLOGY	-272,729	1,547,803
53.01	5301 CARDIAC REHAB		425,489
54	5400 ELECTROENCEPHALOGRAPHY		135,731
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		3,053,940
56	5600 DRUGS CHARGED TO PATIENTS	-3,700	4,739,612
56.01	3630 ULTRA SOUND		560,286
57	5700 RENAL DIALYSIS		25,734
59	3450 NUCLEAR MEDICINE		458,223
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-17,645	4,912,482
61	6100 EMERGENCY	-52,985	4,344,942
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-6,890,745	126,894,609
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		25,964,649
98.01	9801 HEALTH TRACKS		3,527,159
100	7950 PRIMARY CARE CLINIC		174,953
100.01	7951 PARTNERS IN CARE		643,193
100.02	7952 OCCUPATIONAL MEDICINE		716,947
100.03	7953 FOUNDATION		148,950
100.04	7954 SCHOOL & TOWN CLINICS		209,666
101	TOTAL	-6,890,745	158,280,126

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3330	ENDOSCOPY
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIATION-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	
53.01	CAROTID REHAB	5301	ELECTROCARDIOLOGY
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	
56.01	ULTRA SOUND	3630	ULTRA SOUND
57	RENAL DIALYSIS	5700	
59	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
	OUTPAT SERVICE COST		
60	CLINIC	6000	
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	HEALTH TRACKS	9801	PHYSICIANS' PRIVATE OFFICES
100	PRIMARY CARE CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PARTNERS IN CARE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL MEDICINE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FOUNDATION	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SCHOOL & TOWN CLINICS	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASS CODE: A
 EXPLANATION : DRUG RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	4,743,312	PHARMACY	16	4,813,311	
2.00	INTRAVENOUS THERAPY	48	69,999			0	
TOTAL RECLASSIFICATIONS FOR CODE A			4,813,311			4,813,311	

RECLASS CODE: B
 EXPLANATION : MOB PLANT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	14,452	PHYSICIANS' PRIVATE OFFICES	98	267,680	
2.00	OPERATION OF PLANT	8	4,521			0	
3.00	LAUNDRY & LINEN SERVICE	9	14,614			0	
4.00	SOCIAL SERVICE	18	2,196			0	
5.00	RADIOLOGY-DIAGNOSTIC	41	34,225			0	
6.00	RADIATION-ONCOLOGY	41.01	55,601			0	
7.00	LABORATORY	44	8,336			0	
8.00	PHYSICAL THERAPY	50	45,027			0	
9.00	OCCUPATIONAL THERAPY	51	3,026			0	
10.00	CLINIC	60	85,682			0	
TOTAL RECLASSIFICATIONS FOR CODE B			267,680			267,680	

RECLASS CODE: C
 EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	2,390,291	DIETARY	11	2,390,291	
TOTAL RECLASSIFICATIONS FOR CODE C			2,390,291			2,390,291	

RECLASS CODE: D
 EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	3,053,940	OPERATING ROOM	37	2,169,411	
2.00			0	ELECTROCARDIOLOGY	53	398,032	
3.00			0	CLINIC	60	486,497	
TOTAL RECLASSIFICATIONS FOR CODE D			3,053,940			3,053,940	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	18,509,748	221,650		221,650		18,731,398	
2	LAND IMPROVEMENTS	6,118,030	25,000		25,000		6,143,030	
3	BUILDINGS & FIXTURE	205,665,874	23,911,003		23,911,003	45,995	229,530,882	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	62,543,895	7,036,479		7,036,479		69,580,374	
7	SUBTOTAL	292,837,547	31,194,132		31,194,132	45,995	323,985,684	
8	RECONCILING ITEMS							
9	TOTAL	292,837,547	31,194,132		31,194,132	45,995	323,985,684	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	186,683		3,786,453	135,590			4,108,726
3	NEW CAP REL COSTS-BL	12,110,968						12,110,968
5	TOTAL	12,297,651		3,786,453	135,590			16,219,694

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	186,683		4,294,987	135,590			4,617,260
3	NEW CAP REL COSTS-BL	12,125,398						12,125,398
5	TOTAL	12,312,081		4,294,987	135,590			16,742,658

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER	3		
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-508,534	OLD CAP REL COSTS-BLDG &	1	11	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4		
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,135,631				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-580,753	CAFETERIA	12		
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATIDN-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4		
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37 ADMITTING TELEPHONE (EQUIPMENT)	A	-26,467	ADMINISTRATIVE & GENERAL	6		
38 ADMITTING TELEPHONE (SALARY)	A	-55,381	ADMINISTRATIVE & GENERAL	6		
39 MARKETING DEPARTMENT	A	-1,978,500	ADMINISTRATIVE & GENERAL	6		
40 STAFF EDUCATION ED DEPT COURSES	B	-3,914	NURSING ADMINISTRATION	14		
41 EMS PROGRAM ED DEPT COURSES	B	-21,843	EMERGENCY	61		
42 LABORATORY MISC. SERVICES	B	-1,765	LABORATORY	44		
43 RADIOLOGY MISC./OTHER	B	-2,450	RADIOLOGY-DIAGNOSTIC	41		
44 RADIOLOGY SALE OF X-RAYS	B	-7,188	RADIOLOGY-DIAGNOSTIC	41		
45 RAD ONCOLOGY SALE OF X-RAYS	B	-206	RADIATION-ONCOLOGY	41.01		
46 PHARMACY SUPPLIES SOLD TO OTHERS	B	-3,700	DRUGS CHARGED TO PATIENTS	56		
47 SPORTS MEDICINE ED DEPT. COURSES	B	-128,524	PHYSICAL THERAPY	50		
48 HIBBELN SURGERY CENTER MISC. SERVICE	B	-17,645	CLINIC	60		
49 PLAINFIELD PT SUPPLIES SOLD TO OTHER	B	-1,370	PHYSICAL THERAPY	50		
49.01 SPEECH THERAPY ED DEPT COURSES	B	-130	SPEECH PATHOLOGY	52		
49.02 DIETARY CATERING	B	-5,766	CAFETERIA	12		
49.03 REGISTRATION ANSWERING SERVICE	B	-6,893	ADMINISTRATIVE & GENERAL	6		
49.04 ACCOUNTING MISCELLANEOUS/OTHER	B	-105,730	ADMINISTRATIVE & GENERAL	6		
49.06 HEALTH INFO MGMT MEDICAL RECORDS TRA	B	-2,041	MEDICAL RECORDS & LIBRARY	17		
49.07 HEALTH INFO MGMT TRANSCRIPTION SERVI	B	-37,118	MEDICAL RECORDS & LIBRARY	17		
49.08 HUMAN RESOURCES FITNESS CENTER	B	-16,434	EMPLOYEE BENEFITS	5		
49.09 HUMAN RESOURCES JURY DUTY RECEIPTS	B	-757	EMPLOYEE BENEFITS	5		
49.10 MATERIALS MGMT. SUPPLIES SOLD TO OTH	B	-3,170	CENTRAL SERVICES & SUPPLY	15		
49.11 THE TERRACE CAFETERIA SALES	B	-151,762	CAFETERIA	12		
49.12 PLAINFIELD PT ED DEPT COURSES	B	-420	PHYSICAL THERAPY	50		
49.13 AVON ORTH/SPORT MISC./OTHER	B	-392	PHYSICAL THERAPY	50		
49.14 OCC THERAPY REHAB SUPPLIES SOLD TO O	B	-55,726	OCCUPATIONAL THERAPY	51		
49.15 SOCIAL SERVICES MISCELLANEOUS/OTHER	B	-319	SOCIAL SERVICE	18		
49.16 MARKETING FITNESS CENTER	B	-5,405	ADMINISTRATIVE & GENERAL	6		
49.17 QUALITY ASSURAN MISCELLANEOUS/OTHER	B	-2,600	ADMINISTRATIVE & GENERAL	6		
49.18 MARKETING ED DEPT COURSES	B	-60,018	ADMINISTRATIVE & GENERAL	6		
49.19 MEALS ON WHEELS	A	-235,258	DIETARY	11		
49.20 1993 CARRYFORWARD	A	-11,142	NEW CAP REL COSTS-BLDG &	3	9	
49.21 1994 CARRYFORWARD	A	-3,288	NEW CAP REL COSTS-BLDG &	3	9	
49.22 PHYSICIAN RECRUITMENT	A	-703,477	ADMINISTRATIVE & GENERAL	6		
49.23 IHA LOBBYING EXPENSE	A	-3,280	ADMINISTRATIVE & GENERAL	6		
49.24 AHA LOBBYING EXPENSE	A	-5,748	ADMINISTRATIVE & GENERAL	6		
49.25						
49.26						
49.27						
49.28						
49.29						
49.30						
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,890,745				

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	4	5
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,890,745			

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

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	31 STRESS CENTER	17,600	17,600		154,100			
2	6 ADMIN	22,357	22,357		177,200			
3	25 HOSPITALIST	1,419,082	1,406,508	12,574	177,200	120	10,223	511
4	61 ER	50,780		50,780	177,200	391	33,310	1,666
5	61 EMS	39,059		39,059	177,200	298	25,387	1,269
6	44 LAB	62,738	62,738		215,700			
7	50 PT	24,000	24,000		177,200			
8	50 SPORTS	240,556	240,556		177,200			
9	53 EKG	117,157	102,157	15,000	177,200	89	7,582	379
10	53 CARDIAC CATH	163,665	161,640	2,025	177,200	6	511	26
11	41 RADIOLOGY-DIAGNOSTIC	55,650	55,650					
12	49 RESPIRATORY THERAPY	15,000		15,000	177,200	199	16,953	848
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,227,644	2,093,206	134,438		1,103	93,966	4,699

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	31 STRESS CENTER							17,600
2	6 ADMIN							22,357
3	25 HOSPITALIST					10,223	2,351	1,408,859
4	61 ER					33,310	17,470	17,470
5	61 EMS					25,387	13,672	13,672
6	44 LAB							62,738
7	50 PT							24,000
8	50 SPORTS							240,556
9	53 EKG					7,582	7,418	109,575
10	53 CARDIAC CATH					511	1,514	163,154
11	41 RADIOLOGY-DIAGNOSTIC							55,650
12	49 RESPIRATORY THERAPY					16,953		
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					93,966	42,425	2,135,631

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	PATIENT	DAYS	ENTERED
12	CAFETERIA	11	MANHOURS		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	100%	ALLOCATION	ENTERED
16	PHARMACY	15	100%	ALLOCATION	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	1	3	5	5a.00	6	8
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &	4,108,726	4,108,726					
005 NEW CAP REL COSTS-BLDG &	12,110,968		12,110,968				
006 EMPLOYEE BENEFITS	3,132,532	13,176	38,838	3,184,546			
008 ADMINISTRATIVE & GENERAL	13,444,542	356,337	1,050,346	270,801	15,122,026	15,122,026	
009 OPERATION OF PLANT	5,160,532	488,505	1,439,927	84,007	7,172,971	757,695	7,930,666
010 LAUNDRY & LINEN SERVICE	547,766	89,154	262,792	10,235	909,947	96,120	53,091
011 HOUSEKEEPING	2,874,682	32,462	95,685	81,585	3,084,414	325,813	129,701
012 DIETARY	804,758	85,740	252,730	22,478	1,165,706	123,136	342,577
014 CAFETERIA	1,652,010	23,146	68,225	51,662	1,795,043	189,614	92,480
015 NURSING ADMINISTRATION	3,085,408	56,333	166,050	95,195	3,402,986	359,464	225,081
016 CENTRAL SERVICES & SUPPLY	1,290,414	88,277	260,206	23,983	1,662,880	175,653	352,711
017 PHARMACY	2,771,269	15,992	47,137	58,123	2,892,521	305,543	63,895
018 MEDICAL RECORDS & LIBRARY	2,074,617	43,293	127,611	57,363	2,302,884	243,258	172,977
025 SOCIAL SERVICE	1,903,858	11,055	32,585	60,927	2,008,425	212,154	14,340
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	12,338,528	511,754	1,508,458	429,721	14,788,461	1,562,135	2,044,721
031 INTENSIVE CARE UNIT	2,661,357	70,275	207,145	82,519	3,021,296	319,146	280,785
033 SUBPROVIDER	866,915	27,293	80,450	29,226	1,003,884	106,042	109,051
037 NURSERY	443,763	13,304	39,214	13,640	509,921	53,864	53,155
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,745,755	169,391	499,301	89,919	6,504,366	687,069	676,804
037 01 ENDOSCOPY	1,002,499			24,571	1,027,070	108,491	
038 RECOVERY ROOM	788,635	73,274	215,984	24,196	1,102,089	116,416	292,768
039 DELIVERY ROOM & LABOR ROO	1,309,686	45,119	132,995	47,501	1,535,301	162,177	180,275
040 ANESTHESIOLOGY	180,155	1,850	5,454		187,459	19,802	7,393
041 RADIOLOGY-DIAGNOSTIC	6,381,072	237,912	701,273	145,956	7,466,213	788,671	631,775
041 01 RADIATION-ONCOLOGY	6,494,954	104,364	307,625	26,762	6,933,705	732,421	
044 LABORATORY	6,226,505	87,248	257,173	100,159	6,671,085	704,680	259,657
048 INTRAVENOUS THERAPY	1,177,838	9,555	28,165	36,312	1,251,870	132,238	38,177
049 RESPIRATORY THERAPY	2,194,568	50,679	149,381	62,690	2,457,318	259,571	202,487
050 PHYSICAL THERAPY	3,291,144	151,398	446,263	112,204	4,001,009	422,635	223,997
051 OCCUPATIONAL THERAPY	407,551	10,337	30,469	15,429	463,786	48,991	13,799
052 SPEECH PATHOLOGY	217,360	7,896	23,275	7,093	255,624	27,002	31,549
053 ELECTROCARDIOLOGY	1,547,803	23,577	69,495	29,537	1,670,412	176,449	339,836
053 01 CARDIAC REHAB	425,489			15,704	441,193	46,604	94,201
054 ELECTROENCEPHALOGRAPHY	135,731	21,391	63,053	4,168	224,343	23,698	85,469
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT	3,053,940				3,053,940	322,594	
056 DRUGS CHARGED TO PATIENTS	4,739,612				4,739,612	500,655	
056 01 ULTRA SOUND	560,286	4,387	12,930	18,303	595,906	62,947	17,527
057 RENAL DIALYSIS	25,734				25,734	2,718	
059 NUCLEAR MEDICINE	458,223	4,203	12,390	7,466	482,282	50,944	16,794
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	4,912,482	160,825	474,051	58,784	5,606,142	592,188	
061 EMERGENCY	4,344,942	180,366	531,650	119,391	5,176,349	546,788	720,654
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	126,894,609	3,269,868	9,638,326	2,317,610	122,716,173	11,365,386	7,767,727
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	25,964,649	670,336	1,975,904	708,692	29,319,581	3,097,035	36,393
098 01 HEALTH TRACKS	3,527,159	99,100	292,109	113,851	4,032,219	425,931	
100 PRIMARY CARE CLINIC	174,953			5,075	180,028	19,017	
100 01 PARTNERS IN CARE	643,193	31,672	93,357	19,617	787,839	83,221	126,546
100 02 OCCUPATIONAL MEDICINE	716,947	37,750	111,272	6,860	872,829	92,199	
100 03 FOUNDATION	148,950			4,776	153,726	16,238	
100 04 SCHOOL & TOWN CLINICS	209,666			8,065	217,731	22,999	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	158,280,126	4,108,726	12,110,968	3,184,546	158,280,126	15,122,026	7,930,666

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	1,059,158						
011 HOUSEKEEPING		3,539,928					
012 DIETARY			1,631,419				
014 CAFETERIA				2,077,137			
015 NURSING ADMINISTRATION				117,197	4,104,728		
016 CENTRAL SERVICES & SUPPLY	9,779	55,789		47,343		2,304,155	
017 PHARMACY	1,043	16,546		67,634			3,347,182
018 MEDICAL RECORDS & LIBRARY				107,138			
025 SOCIAL SERVICE				65,194			
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	304,117	1,491,655	1,189,838	512,094	1,751,644		
033 INTENSIVE CARE UNIT	52,870	134,275	171,239	105,614	361,259		
037 SUBPROVIDER	8,801	9,758	72,212	33,308	113,931		
038 NURSERY	28,814	11,667	198,130	13,353	45,673		
039 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	55,608	263,034		118,827	406,454		
037 01 ENDOSCOPY	68,776	6,364		34,383	117,608		
038 RECOVERY ROOM	31,096	47,516		21,052	72,010		
039 DELIVERY ROOM & LABOR ROO	75,556	5,515		50,272	171,957		
040 ANESTHESIOLOGY		5,939					
041 RADIOLOGY-DIAGNOSTIC	110,238	152,729		165,430			
041 01 RADIATION-ONCOLOGY	10,039	76,153		30,058			
044 LABORATORY	2,608	93,123		124,272			
048 INTRAVENOUS THERAPY	3,455	8,273		40,187			
049 RESPIRATORY THERAPY		13,364		86,376	295,454		
050 PHYSICAL THERAPY	37,941	84,213		59,938			
051 OCCUPATIONAL THERAPY		18,879		14,095			
052 SPEECH PATHOLOGY		6,576		7,549			
053 ELECTROCARDIOLOGY	16,559	90,365		46,888	160,383		
053 01 CARDIAC REHAB	261	17,606		17,830	60,989		
054 ELECTROENCEPHALOGRAPHY		35,849		6,180			
055 MEDICAL SUPPLIES CHARGED						2,304,155	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							3,347,182
056 01 ULTRA SOUND		7,424		17,041			
057 RENAL DIALYSIS	130	9,970					
059 NUCLEAR MEDICINE		6,576		7,861			
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	88,855	147,426					
061 EMERGENCY	119,625	281,277		160,023	547,366		
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,026,171	3,097,861	1,631,419	2,077,137	4,104,728	2,304,155	3,347,182
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	22,230	267,701					
098 01 HEALTH TRACKS	7,693	89,941					
100 PRIMARY CARE CLINIC		4,667					
100 01 PARTNERS IN CARE	1,695	24,606					
100 02 OCCUPATIONAL MEDICINE	1,369	55,152					
100 03 FOUNDATION							
100 04 SCHOOL & TOWN CLINICS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,059,158	3,539,928	1,631,419	2,077,137	4,104,728	2,304,155	3,347,182

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	25	26	27
GENERAL SERVICE COST CNTR					
001 OLD CAP REL COSTS-BLDG &					
003 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	2,826,257				
018 SOCIAL SERVICE		2,300,113			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	243,752	1,893,841	25,782,258		25,782,258
026 INTENSIVE CARE UNIT	68,806	200,386	4,715,676		4,715,676
031 SUBPROVIDER	11,118		1,468,105		1,468,105
033 NURSERY		31,433	946,010		946,010
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	349,962	154,022	9,216,146		9,216,146
037 01 ENDOSCOPY	71,475		1,434,167		1,434,167
038 RECOVERY ROOM			1,682,947		1,682,947
039 DELIVERY ROOM & LABOR ROO			2,181,053		2,181,053
040 ANESTHESIOLOGY			220,593		220,593
041 RADIOLOGY-DIAGNOSTIC	712,633		10,027,689		10,027,689
041 01 RADIATION-ONCOLOGY			7,782,376		7,782,376
044 LABORATORY	707,263		8,562,688		8,562,688
048 INTRAVENOUS THERAPY			1,474,200		1,474,200
049 RESPIRATORY THERAPY	94,335		3,408,905		3,408,905
050 PHYSICAL THERAPY	130,772		4,960,505		4,960,505
051 OCCUPATIONAL THERAPY	19,918		579,468		579,468
052 SPEECH PATHOLOGY			328,300		328,300
053 ELECTROCARDIOLOGY	171,475		2,672,367		2,672,367
053 01 CARDIAC REHAB	8,428		687,112		687,112
054 ELECTROENCEPHALOGRAPHY	5,676		381,215		381,215
055 MEDICAL SUPPLIES CHARGED			2,304,155		2,304,155
055 30 IMPL. DEV. CHARGED TO PAT			3,376,534		3,376,534
056 DRUGS CHARGED TO PATIENTS			8,587,449		8,587,449
056 01 ULTRA SOUND			700,845		700,845
057 RENAL DIALYSIS			38,552		38,552
059 NUCLEAR MEDICINE			564,457		564,457
OUTPAT SERVICE COST CNTRS					
060 CLINIC			6,434,611		6,434,611
061 EMERGENCY	230,644	20,431	7,803,157		7,803,157
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	2,826,257	2,300,113	118,321,540		118,321,540
NONREIMBURS COST CENTERS					
098 PHYSICIANS' PRIVATE OFFIC			32,742,940		32,742,940
098 01 HEALTH TRACKS			4,555,784		4,555,784
100 PRIMARY CARE CLINIC			203,712		203,712
100 01 PARTNERS IN CARE			1,023,907		1,023,907
100 02 OCCUPATIONAL MEDICINE			1,021,549		1,021,549
100 03 FOUNDATION			169,964		169,964
100 04 SCHOOL & TOWN CLINICS			240,730		240,730
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	2,826,257	2,300,113	158,280,126		158,280,126

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0005
 I PERIOD: 1/ 1/2010 TO 12/31/2010
 I PREPARED 5/19/2011
 I WORKSHEET B
 I PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	NEW CAP REL C OSTS-BLDG & 3	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS		13,176		13,176	13,176		
008 ADMINISTRATIVE & GENERAL		356,337		356,337	1,121	357,458	
009 OPERATION OF PLANT		488,505		488,505	348	17,911	506,764
010 LAUNDRY & LINEN SERVICE		89,154		89,154	42	2,272	3,393
011 HOUSEKEEPING		32,462		32,462	338	7,702	8,288
012 DIETARY		85,740		85,740	93	2,911	21,890
014 CAFETERIA		23,146		23,146	214	4,482	5,909
015 NURSING ADMINISTRATION		56,333		56,333	394	8,497	14,383
016 CENTRAL SERVICES & SUPPLY		88,277		88,277	99	4,152	22,538
017 PHARMACY		15,992		15,992	241	7,223	4,083
018 MEDICAL RECORDS & LIBRARY		43,293		43,293	237	5,750	11,053
025 SOCIAL SERVICE		11,055		11,055	252	5,015	916
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		511,754		511,754	1,779	36,927	130,658
031 INTENSIVE CARE UNIT		70,275		70,275	342	7,544	17,942
033 SUBPROVIDER		27,293		27,293	121	2,507	6,968
037 NURSERY		13,304		13,304	56	1,273	3,397
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		169,391		169,391	372	16,241	43,247
037 01 ENDOSCOPY					102	2,565	
038 RECOVERY ROOM		73,274		73,274	100	2,752	18,708
039 DELIVERY ROOM & LABOR ROO		45,119		45,119	197	3,834	11,519
040 ANESTHESIOLOGY		1,850		1,850		468	472
041 RADIOLOGY-DIAGNOSTIC		237,912		237,912	604	18,643	40,370
041 01 RADIATION-ONCOLOGY		104,364		104,364	111	17,313	
044 LABORATORY		87,248		87,248	415	16,658	16,592
048 INTRAVENOUS THERAPY		9,555		9,555	150	3,126	2,440
049 RESPIRATORY THERAPY		50,679		50,679	259	6,136	12,939
050 PHYSICAL THERAPY		151,398		151,398	464	9,991	14,313
051 OCCUPATIONAL THERAPY		10,337		10,337	64	1,158	882
052 SPEECH PATHOLOGY		7,896		7,896	29	638	2,016
053 ELECTROCARDIOLOGY		23,577		23,577	122	4,171	21,715
053 01 CARDIAC REHAB					65	1,102	6,019
054 ELECTROENCEPHALOGRAPHY		21,391		21,391	17	560	5,461
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT						7,626	
056 DRUGS CHARGED TO PATIENTS						11,835	
056 01 ULTRA SOUND		4,387		4,387	76	1,488	1,120
057 RENAL DIALYSIS						64	
059 NUCLEAR MEDICINE		4,203		4,203	31	1,204	1,073
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		160,825		160,825	243	13,999	
062 EMERGENCY		180,366		180,366	494	12,925	46,049
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,269,868		3,269,868	9,592	268,663	496,353
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		670,336		670,336	2,930	73,203	2,325
098 01 HEALTH TRACKS		99,100		99,100	471	10,068	
100 PRIMARY CARE CLINIC					21	450	
100 01 PARTNERS IN CARE		31,672		31,672	81	1,967	8,086
100 02 OCCUPATIONAL MEDICINE		37,750		37,750	28	2,179	
100 03 FOUNDATION					20	384	
100 04 SCHOOL & TOWN CLINICS					33	544	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		4,108,726		4,108,726	13,176	357,458	506,764

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	94,861						
011 HOUSEKEEPING		48,790					
012 DIETARY			110,634				
014 CAFETERIA				33,751			
015 NURSING ADMINISTRATION				1,904	81,511		
016 CENTRAL SERVICES & SUPPLY	876	769		769		117,480	
017 PHARMACY	93	228		1,099			28,959
018 MEDICAL RECORDS & LIBRARY				1,741			
025 SOCIAL SERVICE				1,059			
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	27,238	20,559	80,688	8,322	34,785		
033 INTENSIVE CARE UNIT	4,735	1,851	11,613	1,716	7,174		
037 SUBPROVIDER	788	134	4,897	541	2,262		
038 NURSERY	2,581	161	13,436	217	907		
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	4,980	3,625		1,931	8,071		
038 01 ENDOSCOPY	6,160	88		559	2,335		
039 RECOVERY ROOM	2,785	655		342	1,430		
040 DELIVERY ROOM & LABOR ROO	6,767	76		817	3,415		
041 ANESTHESIOLOGY		82					
041 01 RADIOLOGY-DIAGNOSTIC	9,873	2,105		2,688			
044 01 RADIATION-ONCOLOGY	899	1,050		488			
048 LABORATORY	234	1,283		2,019			
049 INTRAVENOUS THERAPY	309	114		653			
050 RESPIRATORY THERAPY		184		1,403	5,867		
051 PHYSICAL THERAPY	3,398	1,161		974			
052 OCCUPATIONAL THERAPY		260		229			
053 SPEECH PATHOLOGY		91		123			
053 01 ELECTROCARDIOLOGY	1,483	1,245		762	3,185		
054 01 CARDIAC REHAB	23	243		290	1,211		
055 ELECTROENCEPHALOGRAPHY		494		100			
055 MEDICAL SUPPLIES CHARGED						117,480	
056 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							28,959
056 01 ULTRA SOUND		102		277			
057 RENAL DIALYSIS	12	137					
059 NUCLEAR MEDICINE		91		128			
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	7,958	2,032					
062 EMERGENCY	10,714	3,877		2,600	10,869		
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
SUBTOTALS	91,906	42,697	110,634	33,751	81,511	117,480	28,959
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	1,991	3,690					
100 01 HEALTH TRACKS	689	1,240					
100 PRIMARY CARE CLINIC		64					
100 01 PARTNERS IN CARE	152	339					
100 02 OCCUPATIONAL MEDICINE	123	760					
100 03 FOUNDATION							
100 04 SCHOOL & TOWN CLINICS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	94,861	48,790	110,634	33,751	81,511	117,480	28,959

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
GENERAL SERVICE COST CNTR					
001 OLD CAP REL COSTS-BLDG &					
003 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	62,074				
018 SOCIAL SERVICE		18,297			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	5,363	15,065	873,138		873,138
026 INTENSIVE CARE UNIT	1,514	1,594	126,300		126,300
031 SUBPROVIDER	245		45,756		45,756
033 NURSERY		250	35,582		35,582
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	7,700	1,225	256,783		256,783
037 01 ENDOSCOPY	1,573		13,382		13,382
038 RECOVERY ROOM			100,046		100,046
039 DELIVERY ROOM & LABOR ROO			71,744		71,744
040 ANESTHESIOLOGY			2,872		2,872
041 RADIOLOGY-DIAGNOSTIC	15,571		327,766		327,766
041 01 RADIATION-ONCOLOGY			124,225		124,225
044 LABORATORY	15,561		140,010		140,010
048 INTRAVENOUS THERAPY			16,347		16,347
049 RESPIRATORY THERAPY	2,075		79,542		79,542
050 PHYSICAL THERAPY	2,877		184,576		184,576
051 OCCUPATIONAL THERAPY	438		13,368		13,368
052 SPEECH PATHOLOGY			10,793		10,793
053 ELECTROCARDIOLOGY	3,773		60,033		60,033
053 01 CARDIAC REHAB	185		9,138		9,138
054 ELECTROENCEPHALOGRAPHY	125		28,148		28,148
055 MEDICAL SUPPLIES CHARGED			117,480		117,480
055 30 IMPL. DEV. CHARGED TO PAT			7,626		7,626
056 DRUGS CHARGED TO PATIENTS			40,794		40,794
056 01 ULTRA SOUND			7,450		7,450
057 RENAL DIALYSIS			213		213
059 NUCLEAR MEDICINE			6,730		6,730
OUTPAT SERVICE COST CNTRS					
060 CLINIC			185,057		185,057
061 EMERGENCY	5,074	163	273,131		273,131
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	62,074	18,297	3,158,030		3,158,030
NONREIMBURS COST CENTERS					
098 PHYSICIANS' PRIVATE OFFIC			754,475		754,475
098 01 HEALTH TRACKS			111,568		111,568
100 PRIMARY CARE CLINIC			535		535
100 01 PARTNERS IN CARE			42,297		42,297
100 02 OCCUPATIONAL MEDICINE			40,840		40,840
100 03 FOUNDATION			404		404
100 04 SCHOOL & TOWN CLINICS			577		577
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	62,074	18,297	4,108,726		4,108,726

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	NEW CAP REL C OSTS-BLDG & 3	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIVE E & GENERAL 6	OPERATION OF PLANT 8
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS			38,838	38,838	38,838		
008 ADMINISTRATIVE & GENERAL		1,050,346	1,050,346	1,050,346	3,300	1,053,646	
009 OPERATION OF PLANT		1,439,927	1,439,927	1,439,927	1,024	52,793	1,493,744
010 LAUNDRY & LINEN SERVICE		262,792	262,792	262,792	125	6,697	10,000
011 HOUSEKEEPING		95,685	95,685	95,685	994	22,701	24,429
012 DIETARY		252,730	252,730	252,730	274	8,580	64,524
014 CAFETERIA		68,225	68,225	68,225	630	13,212	17,419
015 NURSING ADMINISTRATION		166,050	166,050	166,050	1,160	25,046	42,394
016 CENTRAL SERVICES & SUPPLY		260,206	260,206	260,206	292	12,239	66,433
017 PHARMACY		47,137	47,137	47,137	708	21,289	12,035
018 MEDICAL RECORDS & LIBRARY		127,611	127,611	127,611	699	16,949	32,580
025 SOCIAL SERVICE		32,585	32,585	32,585	743	14,782	2,701
026 INPAT ROUTINE SRVC CNTRS			1,508,458	1,508,458	5,237	108,843	385,124
031 ADULTS & PEDIATRICS			207,145	207,145	1,006	22,237	52,886
033 INTENSIVE CARE UNIT			80,450	80,450	356	7,389	20,540
037 SUBPROVIDER			39,214	39,214	166	3,753	10,012
037 01 NURSERY			499,301	499,301	1,096	47,872	127,476
037 01 ENDOSCOPY			215,984	215,984	299	7,559	
038 RECOVERY ROOM			132,995	132,995	295	8,111	55,143
039 DELIVERY ROOM & LABOR ROO			5,454	5,454	579	11,300	33,955
040 ANESTHESIOLOGY			701,273	701,273	1,779	1,380	1,393
041 RADIOLOGY-DIAGNOSTIC			307,625	307,625	326	51,032	118,995
041 01 RADIATION-ONCOLOGY			257,173	257,173	1,221	49,099	48,907
044 LABORATORY			28,165	28,165	443	9,214	7,191
048 INTRAVENOUS THERAPY			149,381	149,381	764	18,086	38,138
049 RESPIRATORY THERAPY			446,263	446,263	1,368	29,447	42,190
050 PHYSICAL THERAPY			30,469	30,469	188	3,413	2,599
051 OCCUPATIONAL THERAPY			23,275	23,275	86	1,881	5,942
052 SPEECH PATHOLOGY			69,495	69,495	360	12,294	64,008
053 ELECTROCARDIOLOGY			63,053	63,053	191	3,247	17,743
053 01 CARDIAC REHAB					51	1,651	16,098
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT						22,477	
056 DRUGS CHARGED TO PATIENTS						34,884	
056 01 ULTRA SOUND			12,930	12,930	223	4,386	3,301
057 RENAL DIALYSIS						189	
059 NUCLEAR MEDICINE			12,390	12,390	91	3,550	3,163
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			474,051	474,051	716	41,261	
062 EMERGENCY			531,650	531,650	1,455	38,098	135,735
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS			9,638,326	9,638,326	28,245	791,892	1,463,054
098 SUBTOTALS							
098 NONREIMBURS COST CENTERS			1,975,904	1,975,904	8,664	215,796	6,855
098 01 PHYSICIANS' PRIVATE OFFIC			292,109	292,109	1,388	29,677	
100 HEALTH TRACKS						62	1,325
100 01 PRIMARY CARE CLINIC			93,357	93,357	239	5,798	23,835
100 02 PARTNERS IN CARE			111,272	111,272	84	6,424	
100 03 OCCUPATIONAL MEDICINE						58	1,131
100 04 FOUNDATION						98	1,603
101 SCHOOL & TOWN CLINICS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			12,110,968	12,110,968	38,838	1,053,646	1,493,744

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: I PERIOD: I PREPARED 5/19/2011
 I 15-0005 I FROM 1/ 1/2010 I WORKSHEET B
 I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	279,614						
010 HOUSEKEEPING		143,809					
011 DIETARY			326,108				
012 CAFETERIA				99,486			
014 NURSING ADMINISTRATION					240,263		
015 CENTRAL SERVICES & SUPPLY	2,582	2,266		2,268		346,286	
016 PHARMACY	275	672		3,239			85,355
017 MEDICAL RECORDS & LIBRARY				5,131			
018 SOCIAL SERVICE				3,123			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	80,289	60,598	237,839	24,527	102,529		
026 INTENSIVE CARE UNIT	13,957	5,455	34,229	5,058	21,146		
031 SUBPROVIDER	2,323	396	14,435	1,595	6,669		
033 NURSERY	7,607	474	39,605	640	2,673		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,680	10,686		5,691	23,791		
037 01 ENDOSCOPY	18,157	259		1,647	6,884		
038 RECOVERY ROOM	8,209	1,930		1,008	4,215		
039 DELIVERY ROOM & LABOR ROO	19,947	224		2,408	10,065		
040 ANESTHESIOLOGY		241					
041 RADIOLOGY-DIAGNOSTIC	29,102	6,205		7,923			
041 01 RADIATION-ONCOLOGY	2,650	3,094		1,440			
044 LABORATORY	688	3,783		5,952			
048 INTRAVENOUS THERAPY	912	336		1,925			
049 RESPIRATORY THERAPY		543		4,137	17,294		
050 PHYSICAL THERAPY	10,016	3,421		2,871			
051 OCCUPATIONAL THERAPY		767		675			
052 SPEECH PATHOLOGY		267		362			
053 ELECTROCARDIOLOGY	4,371	3,671		2,246	9,388		
053 01 CARDIAC REHAB	69	715		854	3,570		
054 ELECTROENCEPHALOGRAPHY		1,456		296			
055 MEDICAL SUPPLIES CHARGED						346,286	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							85,355
056 01 ULTRA SOUND		302		816			
057 RENAL DIALYSIS	34	405					
059 NUCLEAR MEDICINE		267		377			
OUTPUT SERVICE COST CNTRS							
060 CLINIC	23,457	5,989					
061 EMERGENCY	31,581	11,427		7,664	32,039		
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	270,906	125,849	326,108	99,486	240,263	346,286	85,355
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	5,869	10,875					
098 01 HEALTH TRACKS	2,031	3,654					
100 PRIMARY CARE CLINIC		190					
100 01 PARTNERS IN CARE	447	1,000					
100 02 OCCUPATIONAL MEDICINE	361	2,241					
100 03 FOUNDATION							
100 04 SCHOOL & TOWN CLINICS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	279,614	143,809	326,108	99,486	240,263	346,286	85,355

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
003 OLD CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-BLDG &					
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	182,970				
025 SOCIAL SERVICE		53,934			
026 INPAT ROUTINE SRVC CNTRS					
031 ADULTS & PEDIATRICS	15,776	44,407	2,573,627		2,573,627
033 INTENSIVE CARE UNIT	4,453	4,699	372,271		372,271
037 SUBPROVIDER	720		134,873		134,873
038 NURSERY		737	104,881		104,881
039 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	22,650	3,612	756,855		756,855
038 01 ENDOSCOPY	4,626		39,431		39,431
039 RECOVERY ROOM			294,895		294,895
040 DELIVERY ROOM & LABOR ROO			211,473		211,473
041 ANESTHESIOLOGY			8,468		8,468
041 01 RADIOLOGY-DIAGNOSTIC	46,171		966,399		966,399
044 RADIATION-ONCOLOGY			366,167		366,167
048 LABORATORY	45,776		412,599		412,599
049 INTRAVENOUS THERAPY			48,186		48,186
050 RESPIRATORY THERAPY	6,106		234,449		234,449
051 PHYSICAL THERAPY	8,464		544,040		544,040
052 OCCUPATIONAL THERAPY	1,289		39,400		39,400
053 SPEECH PATHOLOGY			31,813		31,813
053 01 ELECTROCARDIOLOGY	11,098		176,931		176,931
054 CARDIAC REHAB	546		26,935		26,935
055 ELECTROENCEPHALOGRAPHY	367		82,972		82,972
055 30 MEDICAL SUPPLIES CHARGED			346,286		346,286
056 IMPL. DEV. CHARGED TO PAT			22,477		22,477
056 01 DRUGS CHARGED TO PATIENTS			120,239		120,239
057 ULTRA SOUND			21,958		21,958
059 RENAL DIALYSIS			628		628
060 NUCLEAR MEDICINE			19,838		19,838
061 OUTPAT SERVICE COST CNTRS					
062 CLINIC			545,474		545,474
062 EMERGENCY	14,928	479	805,056		805,056
095 OBSERVATION BEDS (NON-DIS					
095 SPEC PURPOSE COST CENTERS					
098 SUBTOTALS	182,970	53,934	9,308,621		9,308,621
098 NONREIMBURS COST CENTERS					
098 01 PHYSICIANS' PRIVATE OFFIC			2,223,963		2,223,963
100 HEALTH TRACKS			328,859		328,859
100 01 PRIMARY CARE CLINIC			1,577		1,577
100 02 PARTNERS IN CARE			124,676		124,676
100 03 OCCUPATIONAL MEDICINE			120,382		120,382
100 04 FOUNDATION			1,189		1,189
101 SCHOOL & TOWN CLINICS			1,701		1,701
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	182,970	53,934	12,110,968		12,110,968

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL	C NEW CAP REL	C EMPLOYEE BENE	RECONCIL- IATION	ADMINISTRATIV	OPERATION OF
	OSTS-BLDG &) FEET	OSTS-BLDG &) FEET	(GROSS) SALARIES		E & GENERAL	PLANT
	(SQUARE FEET	(SQUARE FEET	(GROSS) SALARIES		(ACCUM. COST	(SQUARE) FEET
	1	3	5	6a.00	6	8
001 GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	515,146					
003 NEW CAP REL COSTS-BLD		515,146				
005 EMPLOYEE BENEFITS	1,652	1,652	73,230,710			
006 ADMINISTRATIVE & GENE	44,677	44,677	6,227,322	-15,122,026	143,158,100	
008 OPERATION OF PLANT	61,248	61,248	1,931,813		7,172,971	248,863
009 LAUNDRY & LINEN SERVI	11,178	11,178	235,366		909,947	1,666
010 HOUSEKEEPING	4,070	4,070	1,876,112		3,084,414	4,070
011 DIETARY	10,750	10,750	516,910		1,165,706	10,750
012 CAFETERIA	2,902	2,902	1,188,025		1,795,043	2,902
014 NURSING ADMINISTRATIO	7,063	7,063	2,189,104		3,402,986	7,063
015 CENTRAL SERVICES & SU	11,068	11,068	551,510		1,662,880	11,068
016 PHARMACY	2,005	2,005	1,336,586		2,892,521	2,005
017 MEDICAL RECORDS & LIB	5,428	5,428	1,319,105		2,302,884	5,428
018 SOCIAL SERVICE	1,386	1,386	1,401,072		2,008,425	450
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	64,163	64,163	9,881,828		14,788,461	64,163
026 INTENSIVE CARE UNIT	8,811	8,811	1,897,589		3,021,296	8,811
031 SUBPROVIDER	3,422	3,422	672,071		1,003,884	3,422
033 NURSERY	1,668	1,668	313,669		509,921	1,668
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	21,238	21,238	2,067,773		6,504,366	21,238
037 01 ENDOSCOPY			565,027		1,027,070	
038 RECOVERY ROOM	9,187	9,187	556,401		1,102,089	9,187
039 DELIVERY ROOM & LABOR	5,657	5,657	1,092,335		1,535,301	5,657
040 ANESTHESIOLOGY	232	232			187,459	232
041 RADIOLOGY-DIAGNOSTIC	29,829	29,829	3,356,393		7,466,213	19,825
041 01 RADIATION-ONCOLOGY	13,085	13,085	615,409		6,933,705	
044 LABORATORY	10,939	10,939	2,303,256		6,671,085	8,148
048 INTRAVENOUS THERAPY	1,198	1,198	835,034		1,251,870	1,198
049 RESPIRATORY THERAPY	6,354	6,354	1,441,619		2,457,318	6,354
050 PHYSICAL THERAPY	18,982	18,982	2,580,227		4,001,009	7,029
051 OCCUPATIONAL THERAPY	1,296	1,296	354,795		463,786	433
052 SPEECH PATHOLOGY	990	990	163,104		255,624	990
053 ELECTROCARDIOLOGY	2,956	2,956	679,222		1,670,412	10,664
053 01 CARDIAC REHAB			361,120		441,193	2,956
054 ELECTROENCEPHALOGRAPH	2,682	2,682	95,852		224,343	2,682
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO					3,053,940	
056 DRUGS CHARGED TO PATI					4,739,612	
056 01 ULTRA SOUND	550	550	420,899		595,906	550
057 RENAL DIALYSIS					25,734	
059 NUCLEAR MEDICINE	527	527	171,692		482,282	527
060 OUTPAT SERVICE COST C						
060 CLINIC	20,164	20,164	1,351,800		5,606,142	
061 EMERGENCY	22,614	22,614	2,745,508		5,176,349	22,614
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS	409,971	409,971	53,295,548	-15,122,026	107,594,147	243,750
098 NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O	84,046	84,046	16,296,191		29,319,581	1,142
098 01 HEALTH TRACKS	12,425	12,425	2,618,097		4,032,219	
100 PRIMARY CARE CLINIC			116,705		180,028	
100 01 PARTNERS IN CARE	3,971	3,971	451,104		787,839	3,971
100 02 OCCUPATIONAL MEDICINE	4,733	4,733	157,762		872,829	
100 03 FOUNDATION			109,832		153,726	
100 04 SCHOOL & TOWN CLINICS			185,471		217,731	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,108,726	12,110,968	3,184,546		15,122,026	7,930,666
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	7.975848		.043486		.105632	
(WRKSHT B, PT I)		23.509778				31.867598
105 COST TO BE ALLOCATED			13,176		357,458	506,764
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER			.000180		.002497	
(WRKSHT B, PT II)						2.036317
107 COST TO BE ALLOCATED			38,838		1,053,646	1,493,744
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000530		.007360	
(WRKSHT B, PT III)						6.002274

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(PATIENT DAYS)	(MANHOURS)	(DIRECT SING HRS)	NR(100% CATION)	ALLO(100% CATION)	ALLO)
	9	10	11	12	14	15	16	
001 GENERAL SERVICE COST								
003 OLD CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-BLD								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENE OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVI	16,247							
010 HOUSEKEEPING		16,688						
011 DIETARY			21,598					
012 CAFETERIA				1,323,504				
014 NURSING ADMINISTRATIO				74,675	764,626			
015 CENTRAL SERVICES & SU	150	263		30,166		100		
016 PHARMACY	16	78		43,095			100	
017 MEDICAL RECORDS & LIB				68,266				
018 SOCIAL SERVICE				41,540				
025 INPAT ROUTINE SRVC CN								
026 ADULTS & PEDIATRICS	4,665	7,032	15,752	326,295	326,295			
031 INTENSIVE CARE UNIT	811	633	2,267	67,295	67,295			
033 SUBPROVIDER	135	46	956	21,223	21,223			
037 NURSERY	442	55	2,623	8,508	8,508			
037 01 ANCILLARY SRVC COST C								
038 OPERATING ROOM	853	1,240		75,714	75,714			
039 ENDOSCOPY	1,055	30		21,908	21,908			
040 RECOVERY ROOM	477	224		13,414	13,414			
041 DELIVERY ROOM & LABOR	1,159	26		32,032	32,032			
041 ANESTHESIOLOGY		28						
041 01 RADIOLOGY-DIAGNOSTIC	1,691	720		105,408				
044 RADIATION-ONCOLOGY	154	359		19,152				
048 LABORATORY	40	439		79,183				
049 INTRAVENOUS THERAPY	53	39		25,606				
050 RESPIRATORY THERAPY		63		55,037	55,037			
051 PHYSICAL THERAPY	582	397		38,191				
052 OCCUPATIONAL THERAPY		89		8,981				
052 SPEECH PATHOLOGY		31		4,810				
053 ELECTROCARDIOLOGY	254	426		29,876	29,876			
053 01 CARDIAC REHAB	4	83		11,361	11,361			
054 ELECTROENCEPHALOGRAPH		169		3,938				
055 MEDICAL SUPPLIES CHAR						100		
056 30 IMPL. DEV. CHARGED TO								100
056 01 DRUGS CHARGED TO PATI		35		10,858				
057 RENAL DIALYSIS	2	47						
059 NUCLEAR MEDICINE		31		5,009				
060 OUTPAT SERVICE COST C								
061 CLINIC	1,363	695						
062 EMERGENCY	1,835	1,326		101,963	101,963			
095 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN								
098 SUBTOTALS	15,741	14,604	21,598	1,323,504	764,626	100	100	
098 NONREIMBURS COST CENT								
098 01 PHYSICIANS' PRIVATE O	341	1,262						
100 HEALTH TRACKS	118	424						
100 01 PRIMARY CARE CLINIC		22						
100 02 PARTNERS IN CARE	26	116						
100 03 OCCUPATIONAL MEDICINE	21	260						
100 04 FOUNDATION								
101 SCHOOL & TOWN CLINICS								
102 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,059,158	3,539,928	1,631,419	2,077,137	4,104,728	2,304,155	3,347,182	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		212.124161		1.569423		23,041.550000		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	65.190989		75.535651		5.368282		33,471.820000	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	94,861	48,790	110,634	33,751	81,511	117,480	28,959	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		2.923658		.025501		1,174.800000		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	5.838678		5.122419		.106602		289.590000	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	279,614	143,809	326,108	99,486	240,263	346,286	85,355	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	17.210193	8.617510	15.098991	.075169	.314223	3,462.860000	853.550000	

COST CENTER DESCRIPTION	MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E	
	(GROSS ARGES	CH(TIME)SPENT)
	17	18
001 GENERAL SERVICE COST		
003 OLD CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-BLD		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATIO		
016 CENTRAL SERVICES & SU		
017 PHARMACY		
018 MEDICAL RECORDS & LIB	212,945,471	
025 SOCIAL SERVICE		2,927
026 INPAT ROUTINE SRVC CN		
031 ADULTS & PEDIATRICS	18,365,874	2,410
033 INTENSIVE CARE UNIT	5,184,287	255
037 SUBPROVIDER	837,721	
037 NURSERY		40
037 ANCILLARY SRVC COST C		
037 01 OPERATING ROOM	26,368,409	196
038 ENDOSCOPY	5,385,365	
039 RECOVERY ROOM		
040 DELIVERY ROOM & LABOR		
041 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	53,691,190	
041 01 RADIATION-ONCOLOGY		
044 LABORATORY	53,289,884	
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY	7,107,805	
050 PHYSICAL THERAPY	9,853,196	
051 OCCUPATIONAL THERAPY	1,500,775	
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY	12,920,055	
053 01 CARDIAC REHAB	635,047	
054 ELECTROENCEPHALOGRAPH	427,634	
055 MEDICAL SUPPLIES CHAR		
055 30 IMPL. DEV. CHARGED TO		
056 DRUGS CHARGED TO PATI		
056 01 ULTRA SOUND		
057 RENAL DIALYSIS		
059 NUCLEAR MEDICINE		
060 OUTPAT SERVICE COST C		
061 CLINIC		
062 EMERGENCY	17,378,229	26
095 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN SUBTOTALS	212,945,471	2,927
098 NONREIMBURS COST CENT		
098 01 PHYSICIANS' PRIVATE O		
100 HEALTH TRACKS		
100 PRIMARY CARE CLINIC		
100 01 PARTNERS IN CARE		
100 02 OCCUPATIONAL MEDICINE		
100 03 FOUNDATION		
100 04 SCHOOL & TOWN CLINICS		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	2,826,257	2,300,113
104 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I)	.013272	785.826102
105 COST TO BE ALLOCATED	62,074	18,297
106 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000292	6.251110
107 COST TO BE ALLOCATED	182,970	53,934
108 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000859	18.426375

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	25,782,258		25,782,258	2,351	25,784,609
26	INTENSIVE CARE UNIT	4,715,676		4,715,676		4,715,676
31	SUBPROVIDER	1,468,105		1,468,105		1,468,105
33	NURSERY	946,010		946,010		946,010
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,216,146		9,216,146		9,216,146
37 01	ENDOSCOPY	1,434,167		1,434,167		1,434,167
38	RECOVERY ROOM	1,682,947		1,682,947		1,682,947
39	DELIVERY ROOM & LABOR ROO	2,181,053		2,181,053		2,181,053
40	ANESTHESIOLOGY	220,593		220,593		220,593
41	RADIOLOGY-DIAGNOSTIC	10,027,689		10,027,689		10,027,689
41 01	RADIATION-ONCOLOGY	7,782,376		7,782,376		7,782,376
44	LABORATORY	8,562,688		8,562,688		8,562,688
48	INTRAVENOUS THERAPY	1,474,200		1,474,200		1,474,200
49	RESPIRATORY THERAPY	3,408,905		3,408,905		3,408,905
50	PHYSICAL THERAPY	4,960,505		4,960,505		4,960,505
51	OCCUPATIONAL THERAPY	579,468		579,468		579,468
52	SPEECH PATHOLOGY	328,300		328,300		328,300
53	ELECTROCARDIOLOGY	2,672,367		2,672,367	8,932	2,681,299
53 01	CARDIAC REHAB	687,112		687,112		687,112
54	ELECTROENCEPHALOGRAPHY	381,215		381,215		381,215
55	MEDICAL SUPPLIES CHARGED	2,304,155		2,304,155		2,304,155
55 30	IMPL. DEV. CHARGED TO PAT	3,376,534		3,376,534		3,376,534
56	DRUGS CHARGED TO PATIENTS	8,587,449		8,587,449		8,587,449
56 01	ULTRA SOUND	700,845		700,845		700,845
57	RENAL DIALYSIS	38,552		38,552		38,552
59	NUCLEAR MEDICINE	564,457		564,457		564,457
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,434,611		6,434,611		6,434,611
61	EMERGENCY	7,803,157		7,803,157	31,142	7,834,299
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,753,106		5,753,106		5,753,106
101	SUBTOTAL	124,074,646		124,074,646	42,425	124,117,071
102	LESS OBSERVATION BEDS	5,753,106		5,753,106		5,753,106
103	TOTAL	118,321,540		118,321,540	42,425	118,363,965

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	18,365,874		18,365,874			
26	INTENSIVE CARE UNIT	5,184,287		5,184,287			
31	SUBPROVIDER	837,721		837,721			
33	NURSERY	4,112,928		4,112,928			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,534,882	13,494,705	22,029,587	.418353	.418353	.418353
37 01	ENDOSCOPY	378,466	5,006,899	5,385,365	.266308	.266308	.266308
38	RECOVERY ROOM	1,205,031	2,659,303	3,864,334	.435508	.435508	.435508
39	DELIVERY ROOM & LABOR ROO	5,990,639	729,766	6,720,405	.324542	.324542	.324542
40	ANESTHESIOLOGY	1,804,875	5,298,909	7,103,784	.031053	.031053	.031053
41	RADIOLOGY-DIAGNOSTIC	7,512,371	46,178,819	53,691,190	.186766	.186766	.186766
41 01	RADIATION-ONCOLOGY	108,109	19,965,908	20,074,017	.387684	.387684	.387684
44	LABORATORY	12,310,924	42,687,293	54,998,217	.155690	.155690	.155690
48	INTRAVENOUS THERAPY	1,238,717	2,815,520	4,054,237	.363620	.363620	.363620
49	RESPIRATORY THERAPY	3,821,253	3,286,552	7,107,805	.479600	.479600	.479600
50	PHYSICAL THERAPY	1,460,158	8,393,038	9,853,196	.503441	.503441	.503441
51	OCCUPATIONAL THERAPY	582,672	918,103	1,500,775	.386113	.386113	.386113
52	SPEECH PATHOLOGY	65,851	159,402	225,253	1.457472	1.457472	1.457472
53	ELECTROCARDIOLOGY	3,456,394	8,667,596	12,123,990	.220420	.220420	.221156
53 01	CARDIAC REHAB	18,920	616,127	635,047	1.081986	1.081986	1.081986
54	ELECTROENCEPHALOGRAPHY	101,528	326,106	427,634	.891452	.891452	.891452
55	MEDICAL SUPPLIES CHARGED	3,834,286	2,922,001	6,756,287	.341039	.341039	.341039
55 30	IMPL. DEV. CHARGED TO PAT	4,144,878	1,963,003	6,107,881	.552816	.552816	.552816
56	DRUGS CHARGED TO PATIENTS	8,524,127	8,867,124	17,391,251	.493780	.493780	.493780
56 01	ULTRA SOUND	1,170,055	4,865,772	6,035,827	.116114	.116114	.116114
57	RENAL DIALYSIS	82,534		82,534	.467104	.467104	.467104
59	NUCLEAR MEDICINE	160,126	2,053,455	2,213,581	.254997	.254997	.254997
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	48,990	17,836,424	17,885,414	.359769	.359769	.359769
61	EMERGENCY	2,901,432	14,476,797	17,378,229	.449019	.449019	.450811
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		3,403,811	3,403,811	1.690195	1.690195	1.690195
101	SUBTOTAL	97,958,028	217,592,433	315,550,461			
102	LESS OBSERVATION BEDS						
103	TOTAL	97,958,028	217,592,433	315,550,461			

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,216,146	1,013,638	8,202,508			9,216,146
37 01	ENDOSCOPY	1,434,167	52,813	1,381,354			1,434,167
38	RECOVERY ROOM	1,682,947	394,941	1,288,006			1,682,947
39	DELIVERY ROOM & LABOR ROO	2,181,053	283,217	1,897,836			2,181,053
40	ANESTHESIOLOGY	220,593	11,340	209,253			220,593
41	RADIOLOGY-DIAGNOSTIC	10,027,689	1,294,165	8,733,524			10,027,689
41 01	RADIATION-ONCOLOGY	7,782,376	490,392	7,291,984			7,782,376
44	LABORATORY	8,562,688	552,609	8,010,079			8,562,688
48	INTRAVENOUS THERAPY	1,474,200	64,533	1,409,667			1,474,200
49	RESPIRATORY THERAPY	3,408,905	313,991	3,094,914			3,408,905
50	PHYSICAL THERAPY	4,960,505	728,616	4,231,889			4,960,505
51	OCCUPATIONAL THERAPY	579,468	52,768	526,700			579,468
52	SPEECH PATHOLOGY	328,300	42,606	285,694			328,300
53	ELECTROCARDIOLOGY	2,672,367	236,964	2,435,403			2,672,367
53 01	CARDIAC REHAB	687,112	36,073	651,039			687,112
54	ELECTROENCEPHALOGRAPHY	381,215	111,120	270,095			381,215
55	MEDICAL SUPPLIES CHARGED	2,304,155	463,766	1,840,389			2,304,155
55 30	IMPL. DEV. CHARGED TO PAT	3,376,534	30,103	3,346,431			3,376,534
56	DRUGS CHARGED TO PATIENTS	8,587,449	161,033	8,426,416			8,587,449
56 01	ULTRA SOUND	700,845	29,408	671,437			700,845
57	RENAL DIALYSIS	38,552	841	37,711			38,552
59	NUCLEAR MEDICINE	564,457	26,568	537,889			564,457
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,434,611	730,531	5,704,080			6,434,611
61	EMERGENCY	7,803,157	1,078,187	6,724,970			7,803,157
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,753,106	766,394	4,986,712			5,753,106
101	SUBTOTAL	91,162,597	8,966,617	82,195,980			91,162,597
102	LESS OBSERVATION BEDS	5,753,106	766,394	4,986,712			5,753,106
103	TOTAL	85,409,491	8,200,223	77,209,268			85,409,491

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	22,029,587	.418353	.418353
37 01	ENDOSCOPY	5,385,365	.266308	.266308
38	RECOVERY ROOM	3,864,334	.435508	.435508
39	DELIVERY ROOM & LABOR ROO	6,720,405	.324542	.324542
40	ANESTHESIOLOGY	7,103,784	.031053	.031053
41	RADIOLOGY-DIAGNOSTIC	53,691,190	.186766	.186766
41 01	RADIATION-ONCOLOGY	20,074,017	.387684	.387684
44	LABORATORY	54,998,217	.155690	.155690
48	INTRAVENOUS THERAPY	4,054,237	.363620	.363620
49	RESPIRATORY THERAPY	7,107,805	.479600	.479600
50	PHYSICAL THERAPY	9,853,196	.503441	.503441
51	OCCUPATIONAL THERAPY	1,500,775	.386113	.386113
52	SPEECH PATHOLOGY	225,253	1.457472	1.457472
53	ELECTROCARDIOLOGY	12,123,990	.220420	.220420
53 01	CARDIAC REHAB	635,047	1.081986	1.081986
54	ELECTROENCEPHALOGRAPHY	427,634	.891452	.891452
55	MEDICAL SUPPLIES CHARGED	6,756,287	.341039	.341039
55 30	IMPL. DEV. CHARGED TO PAT	6,107,881	.552816	.552816
56	DRUGS CHARGED TO PATIENTS	17,391,251	.493780	.493780
56 01	ULTRA SOUND	6,035,827	.116114	.116114
57	RENAL DIALYSIS	82,534	.467104	.467104
59	NUCLEAR MEDICINE	2,213,581	.254997	.254997
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	17,885,414	.359769	.359769
61	EMERGENCY	17,378,229	.449019	.449019
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,403,811	1.690195	1.690195
101	SUBTOTAL	287,049,651		
102	LESS OBSERVATION BEDS	3,403,811		
103	TOTAL	283,645,840		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS	873,138		873,138	2,573,627		2,573,627
26	ADULTS & PEDIATRICS	126,300		126,300	372,271		372,271
31	INTENSIVE CARE UNIT	45,756		45,756	134,873		134,873
33	SUBPROVIDER	35,582		35,582	104,881		104,881
101	NURSERY	1,080,776		1,080,776	3,185,652		3,185,652
	TOTAL						

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						
25	ADULTS & PEDIATRICS	18,788	7,044	46.47	327,335	136.98	964,887
26	INTENSIVE CARE UNIT	2,267	1,324	55.71	73,760	164.21	217,414
31	SUBPROVIDER	1,152	267	39.72	10,605	117.08	31,260
33	NURSERY	2,623		13.57		39.99	
101	TOTAL	24,830	8,635		411,700		1,213,561

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	256,783	756,855	22,029,587	4,459,015	.011656	51,974
37 01	ENDOSCOPY	13,382	39,431	5,385,365	39,414	.002485	98
38	RECOVERY ROOM	100,046	294,895	3,864,334	549,547	.025890	14,228
39	DELIVERY ROOM & LABOR ROO	71,744	211,473	6,720,405	2,075	.010676	22
40	ANESTHESIOLOGY	2,872	8,468	7,103,784	698,278	.000404	282
41	RADIOLOGY-DIAGNOSTIC	327,766	966,399	53,691,190	4,508,673	.006105	27,525
41 01	RADIATION-ONCOLOGY	124,225	366,167	20,074,017	46,313	.006188	287
44	LABORATORY	140,010	412,599	54,998,217	7,111,719	.002546	18,106
48	INTRAVENOUS THERAPY	16,347	48,186	4,054,237	1,174,880	.004032	4,737
49	RESPIRATORY THERAPY	79,542	234,449	7,107,805	1,144,864	.011191	12,812
50	PHYSICAL THERAPY	184,576	544,040	9,853,196	979,259	.018733	18,344
51	OCCUPATIONAL THERAPY	13,368	39,400	1,500,775	313,583	.008907	2,793
52	SPEECH PATHOLOGY	10,793	31,813	225,253	52,265	.047915	2,504
53	ELECTROCARDIOLOGY	60,033	176,931	12,123,990	3,369,059	.004952	16,684
53 01	CARDIAC REHAB	9,138	26,935	635,047	7,760	.014389	112
54	ELECTROENCEPHALOGRAPHY	28,148	82,972	427,634	67,977	.065823	4,474
55	MEDICAL SUPPLIES CHARGED	117,480	346,286	6,756,287	2,457,606	.017388	42,733
55 30	IMPL. DEV. CHARGED TO PAT	7,626	22,477	6,107,881	2,254,263	.001249	2,816
56	DRUGS CHARGED TO PATIENTS	40,794	120,239	17,391,251	4,692,152	.002346	11,008
56 01	ULTRA SOUND	7,450	21,958	6,035,827	394,456	.001234	487
57	RENAL DIALYSIS	213	628	82,534	57,588	.002581	149
59	NUCLEAR MEDICINE	6,730	19,838	2,213,581	124,744	.003040	379
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	185,057	545,474	17,885,414	9,447	.010347	98
61	EMERGENCY	273,131	805,056	17,378,229	1,644,419	.015717	25,845
62	OBSERVATION BEDS (NON-DIS	194,144	572,250	3,403,811		.057037	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	2,271,398	6,695,219	287,049,651	36,159,356		258,497

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG 7	RATIO	COSTS 8
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.034356		153,194
37 01	ENDOSCOPY	.007322		289
38	RECOVERY ROOM	.076312		41,937
39	DELIVERY ROOM & LABOR ROO	.031467		65
40	ANESTHESIOLOGY	.001192		832
41	RADIOLOGY-DIAGNOSTIC	.017999		81,152
41 01	RADIATION-ONCOLOGY	.018241		845
44	LABORATORY	.007502		53,352
48	INTRAVENOUS THERAPY	.011885		13,963
49	RESPIRATORY THERAPY	.032985		37,763
50	PHYSICAL THERAPY	.055215		54,070
51	OCCUPATIONAL THERAPY	.026253		8,232
52	SPEECH PATHOLOGY	.141232		7,381
53	ELECTROCARDIOLOGY	.014593		49,165
53 01	CARDIAC REHAB	.042414		329
54	ELECTROENCEPHALOGRAPHY	.194026		13,189
55	MEDICAL SUPPLIES CHARGED	.051254		125,962
55 30	IMPL. DEV. CHARGED TO PAT	.003680		8,296
56	DRUGS CHARGED TO PATIENTS	.006914		32,442
56 01	ULTRA SOUND	.003638		1,435
57	RENAL DIALYSIS	.007609		438
59	NUCLEAR MEDICINE	.008962		1,118
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.030498		288
61	EMERGENCY	.046326		76,179
62	OBSERVATION BEDS (NON-DIS	.168120		
	OTHER REIMBURS COST CNTRS			
101	TOTAL			761,916

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	256,783	756,855	22,029,587	2,803	.011656	33
37 01	ENDOSCOPY	13,382	39,431	5,385,365	68	.002485	
38	RECOVERY ROOM	100,046	294,895	3,864,334		.025890	
39	DELIVERY ROOM & LABOR ROO	71,744	211,473	6,720,405		.010676	
40	ANESTHESIOLOGY	2,872	8,468	7,103,784	159	.000404	
41	RADIOLOGY-DIAGNOSTIC	327,766	966,399	53,691,190	9,464	.006105	58
41 01	RADIATION-ONCOLOGY	124,225	366,167	20,074,017		.006188	
44	LABORATORY	140,010	412,599	54,998,217	78,323	.002546	199
48	INTRAVENOUS THERAPY	16,347	48,186	4,054,237	3,908	.004032	16
49	RESPIRATORY THERAPY	79,542	234,449	7,107,805	837	.011191	9
50	PHYSICAL THERAPY	184,576	544,040	9,853,196	9,345	.018733	175
51	OCCUPATIONAL THERAPY	13,368	39,400	1,500,775	33,396	.008907	297
52	SPEECH PATHOLOGY	10,793	31,813	225,253		.047915	
53	ELECTROCARDIOLOGY	60,033	176,931	12,123,990	20,107	.004952	100
53 01	CARDIAC REHAB	9,138	26,935	635,047		.014389	
54	ELECTROENCEPHALOGRAPHY	28,148	82,972	427,634		.065823	
55	MEDICAL SUPPLIES CHARGED	117,480	346,286	6,756,287	4,229	.017388	74
55 30	IMPL. DEV. CHARGED TO PAT	7,626	22,477	6,107,881		.001249	
56	DRUGS CHARGED TO PATIENTS	40,794	120,239	17,391,251	110,896	.002346	260
56 01	ULTRA SOUND	7,450	21,958	6,035,827	335	.001234	
57	RENAL DIALYSIS	213	628	82,534	721	.002581	2
59	NUCLEAR MEDICINE	6,730	19,838	2,213,581	3,805	.003040	12
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	185,057	545,474	17,885,414	16	.010347	
61	EMERGENCY	273,131	805,056	17,378,229	26,784	.015717	421
62	OBSERVATION BEDS (NON-DIS	194,144	572,250	3,403,811		.057037	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	2,271,398	6,695,219	287,049,651	305,196		1,656

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/19/2011
 I 15-0005 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-S005 I PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.034356	96
37 01	ENDOSCOPY	.007322	
38	RECOVERY ROOM	.076312	
39	DELIVERY ROOM & LABOR ROO	.031467	
40	ANESTHESIOLOGY	.001192	
41	RADIOLOGY-DIAGNOSTIC	.017999	170
41 01	RADIATION-ONCOLOGY	.018241	
44	LABORATORY	.007502	588
48	INTRAVENOUS THERAPY	.011885	46
49	RESPIRATORY THERAPY	.032985	28
50	PHYSICAL THERAPY	.055215	516
51	OCCUPATIONAL THERAPY	.026253	877
52	SPEECH PATHOLOGY	.141232	
53	ELECTROCARDIOLOGY	.014593	293
53 01	CARDIAC REHAB	.042414	
54	ELECTROENCEPHALOGRAPHY	.194026	
55	MEDICAL SUPPLIES CHARGED	.051254	217
55 30	IMPL. DEV. CHARGED TO PAT	.003680	
56	DRUGS CHARGED TO PATIENTS	.006914	767
56 01	ULTRA SOUND	.003638	1
57	RENAL DIALYSIS	.007609	5
59	NUCLEAR MEDICINE	.008962	34
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.030498	
61	EMERGENCY	.046326	1,241
62	OBSERVATION BEDS (NON-DIS	.168120	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		4,879

Health Financial Systems MCRIF32 FOR HENDRICKS REGIONAL HEALTH IN LIEU OF FORM CMS-2552-96(11/1998)
 APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/19/2011
 SERVICE OTHER PASS THROUGH COSTS I 15-0005 I FROM 1/ 1/2010 I WORKSHEET D
 TITLE XVIII, PART A I I TO 12/31/2010 I PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					18,788	
26	INTENSIVE CARE UNIT					2,267	
31	SUBPROVIDER					1,152	
33	NURSERY					2,623	
101	TOTAL					24,830	

Health Financial Systems MCRIF32 FOR HENDRICKS REGIONAL HEALTH IN LIEU OF FORM CMS-2552-96(11/1998)

APPORIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/19/2011

SERVICE OTHER PASS THROUGH COSTS I 15-0005 I FROM 1/ 1/2010 I WORKSHEET D

TITLE XVIII, PART A I I TO 12/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,044	
26	INTENSIVE CARE UNIT	1,324	
31	SUBPROVIDER	267	
33	NURSERY		
101	TOTAL	8,635	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIATION-ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
56 01	ULTRA SOUND						
57	RENAL DIALYSIS						
59	NUCLEAR MEDICINE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			22,029,587			4,459,015	
37 01	ENDOSCOPY			5,385,365			39,414	
38	RECOVERY ROOM			3,864,334			549,547	
39	DELIVERY ROOM & LABOR ROO			6,720,405			2,075	
40	ANESTHESIOLOGY			7,103,784			698,278	
41	RADIOLOGY-DIAGNOSTIC			53,691,190			4,508,673	
41 01	RADIATION-ONCOLOGY			20,074,017			46,313	
44	LABORATORY			54,998,217			7,111,719	
48	INTRAVENOUS THERAPY			4,054,237			1,174,880	
49	RESPIRATORY THERAPY			7,107,805			1,144,864	
50	PHYSICAL THERAPY			9,853,196			979,259	
51	OCCUPATIONAL THERAPY			1,500,775			313,583	
52	SPEECH PATHOLOGY			225,253			52,265	
53	ELECTROCARDIOLOGY			12,123,990			3,369,059	
53 01	CARDIAC REHAB			635,047			7,760	
54	ELECTROENCEPHALOGRAPHY			427,634			67,977	
55	MEDICAL SUPPLIES CHARGED			6,756,287			2,457,606	
55 30	IMPL. DEV. CHARGED TO PAT			6,107,881			2,254,263	
56	DRUGS CHARGED TO PATIENTS			17,391,251			4,692,152	
56 01	ULTRA SOUND			6,035,827			394,456	
57	RENAL DIALYSIS			82,534			57,588	
59	NUCLEAR MEDICINE			2,213,581			124,744	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			17,885,414			9,447	
61	EMERGENCY			17,378,229			1,644,419	
62	OBSERVATION BEDS (NON-DIS			3,403,811				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			287,049,651			36,159,356	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,888,251					
37 01	ENDOSCOPY	25,905					
38	RECOVERY ROOM	525,424					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	312,672					
41	RADIOLOGY-DIAGNOSTIC	10,723,493					
41 01	RADIATION-ONCOLOGY	5,893,167					
44	LABORATORY	891,409					
48	INTRAVENOUS THERAPY	1,445,432					
49	RESPIRATORY THERAPY	261,369					
50	PHYSICAL THERAPY	124,673					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	26,798					
53	ELECTROCARDIOLOGY	2,364,300					
53 01	CARDIAC REHAB	214,312					
54	ELECTROENCEPHALOGRAPHY	307,406					
55	MEDICAL SUPPLIES CHARGED	358,120					
55 30	IMPL. DEV. CHARGED TO PAT	708,230					
56	DRUGS CHARGED TO PATIENTS	1,628,053					
56 01	ULTRA SOUND	954,497					
57	RENAL DIALYSIS	3,300					
59	NUCLEAR MEDICINE	720,895					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	489,511					
61	EMERGENCY	2,493,310					
62	OBSERVATION BEDS (NON-DIS	1,223,951					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	40,584,478					

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIATION-ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
56 01	ULTRA SOUND						
57	RENAL DIALYSIS						
59	NUCLEAR MEDICINE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			22,029,587			2,803	
37 01	ENDOSCOPY			5,385,365			68	
38	RECOVERY ROOM			3,864,334				
39	DELIVERY ROOM & LABOR ROO			6,720,405				
40	ANESTHESIOLOGY			7,103,784			159	
41	RADIOLOGY-DIAGNOSTIC			53,691,190			9,464	
41 01	RADIATION-ONCOLOGY			20,074,017				
44	LABORATORY			54,998,217			78,323	
48	INTRAVENOUS THERAPY			4,054,237			3,908	
49	RESPIRATORY THERAPY			7,107,805			837	
50	PHYSICAL THERAPY			9,853,196			9,345	
51	OCCUPATIONAL THERAPY			1,500,775			33,396	
52	SPEECH PATHOLOGY			225,253				
53	ELECTROCARDIOLOGY			12,123,990			20,107	
53 01	CARDIAC REHAB			635,047				
54	ELECTROENCEPHALOGRAPHY			427,634				
55	MEDICAL SUPPLIES CHARGED			6,756,287			4,229	
55 30	IMPL. DEV. CHARGED TO PAT			6,107,881				
56	DRUGS CHARGED TO PATIENTS			17,391,251			110,896	
56 01	ULTRA SOUND			6,035,827			335	
57	RENAL DIALYSIS			82,534			721	
59	NUCLEAR MEDICINE			2,213,581			3,805	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			17,885,414			16	
61	EMERGENCY			17,378,229			26,784	
62	OBSERVATION BEDS (NON-DIS			3,403,811				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			287,049,651			305,196	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIATION-ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
56 01	ULTRA SOUND						
57	RENAL DIALYSIS						
59	NUCLEAR MEDICINE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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	.418353	.418353			
37 01 ENDOSCOPY	.266308	.266308			
38 RECOVERY ROOM	.435508	.435508			
39 DELIVERY ROOM & LABOR ROOM	.324542	.324542			
40 ANESTHESIOLOGY	.031053	.031053			
41 RADIOLOGY-DIAGNOSTIC	.186766	.186766			
41 01 RADIATION-ONCOLOGY	.387684	.387684			
44 LABORATORY	.155690	.155690			
48 INTRAVENOUS THERAPY	.363620	.363620			
49 RESPIRATORY THERAPY	.479600	.479600			
50 PHYSICAL THERAPY	.503441	.503441			
51 OCCUPATIONAL THERAPY	.386113	.386113			
52 SPEECH PATHOLOGY	1.457472	1.457472			
53 ELECTROCARDIOLOGY	.220420	.220420			
53 01 CARDIAC REHAB	1.081986	1.081986			
54 ELECTROENCEPHALOGRAPHY	.891452	.891452			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.341039	.341039			
55 30 IMPL. DEV. CHARGED TO PATIENT	.552816	.552816			
56 DRUGS CHARGED TO PATIENTS	.493780	.493780			
56 01 ULTRA SOUND	.116114	.116114			
57 RENAL DIALYSIS	.467104	.467104			
59 NUCLEAR MEDICINE	.254997	.254997			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.359769	.359769			
61 EMERGENCY	.449019	.449019			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.690195	1.690195			
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

Cost Center Description	5	All Other (1)	PPS Services	Non-PPS	PPS Services	Outpatient
			FYB to 12/31	Services	1/1 to FYE	Ambulatory Surgical Ctr
			5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM			8,888,251	283		
37 01 ENDOSCOPY			25,905	17		
38 RECOVERY ROOM			525,424			
39 DELIVERY ROOM & LABOR ROOM						
40 ANESTHESIOLOGY			312,672	16		
41 RADIOLOGY-DIAGNOSTIC			10,723,493	713		
41 01 RADIATION-ONCOLOGY			5,893,167			
44 LABORATORY			891,409			
48 INTRAVENOUS THERAPY			1,445,432			
49 RESPIRATORY THERAPY			261,369	5		
50 PHYSICAL THERAPY			124,673	15		
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY			26,798			
53 ELECTROCARDIOLOGY			2,364,300	36		
53 01 CARDIAC REHAB			214,312			
54 ELECTROENCEPHALOGRAPHY			307,406			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			358,120	2,442		
55 30 IMPL. DEV. CHARGED TO PATIENT			708,230			
56 DRUGS CHARGED TO PATIENTS			1,628,053			
56 01 ULTRA SOUND			954,497	9		
57 RENAL DIALYSIS			3,300			
59 NUCLEAR MEDICINE			720,895	14		
60 OUTPAT SERVICE COST CNTRS						
60 CLINIC			489,511	301		
61 EMERGENCY			2,493,310	28		
62 OBSERVATION BEDS (NON-DISTINCT PART)			1,223,951	11		
101 SUBTOTAL			40,584,478	3,890		
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104 NET CHARGES			40,584,478	3,890		

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				3,718,426	118
37 01 ENDOSCOPY				6,899	5
38 RECOVERY ROOM				228,826	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				9,709	
41 RADIOLOGY-DIAGNOSTIC				2,002,784	133
41 01 RADIATION-ONCOLOGY				2,284,687	
44 LABORATORY				138,783	
48 INTRAVENOUS THERAPY				525,588	
49 RESPIRATORY THERAPY				125,353	2
50 PHYSICAL THERAPY				62,765	8
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				39,057	
53 ELECTROCARDIOLOGY				521,139	8
53 01 CARDIAC REHAB				231,883	
54 ELECTROENCEPHALOGRAPHY				274,038	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				122,133	833
55 30 IMPL. DEV. CHARGED TO PATIENT				391,521	
56 DRUGS CHARGED TO PATIENTS				803,900	
56 01 ULTRA SOUND				110,830	1
57 RENAL DIALYSIS				1,541	
59 NUCLEAR MEDICINE				183,826	4
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				176,111	108
61 EMERGENCY				1,119,544	13
62 OBSERVATION BEDS (NON-DISTINCT PART)				2,068,716	19
101 SUBTOTAL				15,148,059	1,252
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				15,148,059	1,252

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

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 ENDOSCOPY			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 RADIATION-ONCOLOGY			
44 LABORATORY			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
53 01 CARDIAC REHAB			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
56 01 ULTRA SOUND			
57 RENAL DIALYSIS			
59 NUCLEAR MEDICINE			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
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)

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

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/19/2011
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	15-0005	I	FROM	I	1/ 1/2010	WORKSHEET D
	I		I	TO	I	12/31/2010	PART VI
	I	15-0005	I		I		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.493780
2	PROGRAM VACCINE CHARGES		9,373
3	PROGRAM COSTS		4,628

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,788
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,788
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,788
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,044
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25,784,609
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	25,784,609

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23,550,161
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23,550,161
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.094880
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,253.47
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	25,784,609

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,372.40
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,667,186
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,667,186

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	4,715,676	2,267	2,080.14	1,324	2,754,105
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					11,835,949
					24,257,240

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,583,396
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,020,413
52	TOTAL PROGRAM EXCLUDABLE COST					2,603,809
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					21,653,431

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,010
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,372.40
85	OBSERVATION BED COST	5,503,324

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	873,138	.033863	5,503,324	186,359
87	NEW CAPITAL-RELATED COST	2,573,627	.099813	5,503,324	549,303
88	NON PHYSICIAN ANESTHETIST			5,503,324	
89	MEDICAL EDUCATION			5,503,324	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,152
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,152
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,152
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	267
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,468,105
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,468,105

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	837,721
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	837,721
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.752499
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	727.19
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,468,105

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,274.40
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	340,265
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	340,265

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				108,654
49	TOTAL PROGRAM INPATIENT COSTS				448,919

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	41,865
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	6,535
52	TOTAL PROGRAM EXCLUDABLE COST	48,400
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	400,519

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	196
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,274.40
85	OBSERVATION BED COST	249,782

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	OLD CAPITAL-RELATED COST	45,756	.031167	249,782	7,785
87	NEW CAPITAL-RELATED COST	134,873	.091869	249,782	22,947
88	NON PHYSICIAN ANESTHETIST			249,782	
89	MEDICAL EDUCATION			249,782	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,788
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,788
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,788
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	717
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,623
16	NURSERY DAYS (TITLE V OR XIX ONLY)	132

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25,782,258
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	25,782,258

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23,550,161
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23,550,161
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.094781
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,253.47
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	25,782,258

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,372.27
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 983,918
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 983,918

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	946,010	2,623	360.66	132	47,607
43 INTENSIVE CARE UNIT	4,715,676	2,267	2,080.14	87	180,972
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					807,539
49 TOTAL PROGRAM INPATIENT COSTS					2,020,036

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,010
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,372.27
85	OBSERVATION BED COST	5,502,803

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,152
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,152
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,152
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	102
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,468,105
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,468,105

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	837,721
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	837,721
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.752499
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	727.19
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,468,105

TITLE XIX - I/P SUBPROVIDER I OTHER
 PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				1,274.40
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				129,989
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				129,989
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				1
47	OTHER SPECIAL CARE				18,497
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				148,486
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P

SUBPROVIDER I

OTHER

1

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

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

196
 1,274.40
 249,782

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		5,551,522	
26	INTENSIVE CARE UNIT		1,497,820	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.418353	4,459,015	1,865,442
37	01 ENDOSCOPY	.266308	39,414	10,496
38	RECOVERY ROOM	.435508	549,547	239,332
39	DELIVERY ROOM & LABOR ROOM	.324542	2,075	673
40	ANESTHESIOLOGY	.031053	698,278	21,684
41	RADIOLOGY-DIAGNOSTIC	.186766	4,508,673	842,067
41	01 RADIATION-ONCOLOGY	.387684	46,313	17,955
44	LABORATORY	.155690	7,111,719	1,107,224
48	INTRAVENOUS THERAPY	.363620	1,174,880	427,210
49	RESPIRATORY THERAPY	.479600	1,144,864	549,077
50	PHYSICAL THERAPY	.503441	979,259	492,999
51	OCCUPATIONAL THERAPY	.386113	313,583	121,078
52	SPEECH PATHOLOGY	1.457472	52,265	76,175
53	ELECTROCARDIOLOGY	.221156	3,369,059	745,088
53	01 CARDIAC REHAB	1.081986	7,760	8,396
54	ELECTROENCEPHALOGRAPHY	.891452	67,977	60,598
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.341039	2,457,606	838,139
55	30 IMPL. DEV. CHARGED TO PATIENT	.552816	2,254,263	1,246,193
56	DRUGS CHARGED TO PATIENTS	.493780	4,692,152	2,316,891
56	01 ULTRA SOUND	.116114	394,456	45,802
57	RENAL DIALYSIS	.467104	57,588	26,900
59	NUCLEAR MEDICINE	.254997	124,744	31,809
60	OUTPAT SERVICE COST CNTRS CLINIC	.359769	9,447	3,399
61	EMERGENCY	.450811	1,644,419	741,322
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.690195		
101	TOTAL		36,159,356	11,835,949
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		36,159,356	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		226,976	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.418353	2,803	1,173
37 01	ENDOSCOPY	.266308	68	18
38	RECOVERY ROOM	.435508		
39	DELIVERY ROOM & LABOR ROOM	.324542		
40	ANESTHESIOLOGY	.031053	159	5
41	RADIOLOGY-DIAGNOSTIC	.186766	9,464	1,768
41 01	RADIATION-ONCOLOGY	.387684		
44	LABORATORY	.155690	78,323	12,194
48	INTRAVENOUS THERAPY	.363620	3,908	1,421
49	RESPIRATORY THERAPY	.479600	837	401
50	PHYSICAL THERAPY	.503441	9,345	4,705
51	OCCUPATIONAL THERAPY	.386113	33,396	12,895
52	SPEECH PATHOLOGY	1.457472		
53	ELECTROCARDIOLOGY	.221156	20,107	4,447
53 01	CARDIAC REHAB	1.081986		
54	ELECTROENCEPHALOGRAPHY	.891452		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.341039	4,229	1,442
55 30	IMPL. DEV. CHARGED TO PATIENT	.552816		
56	DRUGS CHARGED TO PATIENTS	.493780	110,896	54,758
56 01	ULTRA SOUND	.116114	335	39
57	RENAL DIALYSIS	.467104	721	337
59	NUCLEAR MEDICINE	.254997	3,805	970
60	OUTPAT SERVICE COST CNTRS CLINIC	.359769	16	6
61	EMERGENCY	.450811	26,784	12,075
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.690195		
101	TOTAL		305,196	108,654
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		305,196	

WKST A	COST CENTER DESCRIPTION	HOSPITAL	OTHER
LINE NO.			
		RATIO COST TO CHARGES	INPATIENT CHARGES
		1	2
			INPATIENT COST
			3
25	INPAT ROUTINE SRVC CNTRS		
	ADULTS & PEDIATRICS		758,173
26	INTENSIVE CARE UNIT		77,111
31	SUBPROVIDER		
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.418353	178,622
37	01 ENDOSCOPY	.266308	4,037
38	RECOVERY ROOM	.435508	33,801
39	DELIVERY ROOM & LABOR ROOM	.324542	1,013,719
40	ANESTHESIOLOGY	.031053	49,971
41	RADIOLOGY-DIAGNOSTIC	.186766	143,196
41	01 RADIATION-ONCOLOGY	.387684	
44	LABORATORY	.155690	305,178
48	INTRAVENOUS THERAPY	.363620	51,733
49	RESPIRATORY THERAPY	.479600	82,275
50	PHYSICAL THERAPY	.503441	16,130
51	OCCUPATIONAL THERAPY	.386113	5,954
52	SPEECH PATHOLOGY	1.457472	220
53	ELECTROCARDIOLOGY	.220420	57,208
53	01 CARDIAC REHAB	1.081986	470
54	ELECTROENCEPHALOGRAPHY	.891452	1,583
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.341039	216,500
55	30 IMPL. DEV. CHARGED TO PATIENT	.552816	
56	DRUGS CHARGED TO PATIENTS	.493780	240,236
56	01 ULTRA SOUND	.116114	40,079
57	RENAL DIALYSIS	.467104	
59	NUCLEAR MEDICINE	.254997	2,017
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.359769	3,866
61	EMERGENCY	.449019	66,042
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.690195	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,512,837
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		807,539
103	NET CHARGES		2,512,837

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	13,224,556	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	928,891	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		114.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(vii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		1.84
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.83
4.02 SUM OF LINES 4 AND 4.01		16.67
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.59
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		474,762
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/19/2011
 I 15-0005 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART A
 I 15-0005 I I

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 INSTRU		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	14,628,209	
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)	14,628,209	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,236,546
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	15,864,755	
17 PRIMARY PAYER PAYMENTS		54,347
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	15,810,408	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,488,856
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		36,300
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		255,039
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		178,527
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		187,179
22 SUBTOTAL	14,463,779	
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	14,463,779	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	14,216,310	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	247,469	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		50,000
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13,943,346		7,329,951
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	1/ 1/2010	105,329	1/ 1/2010	125,376
ADJUSTMENTS TO PROVIDER .02	8/12/2010	167,635		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50			8/12/2010	27,642
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		272,964		97,734
4 TOTAL INTERIM PAYMENTS		14,216,310		7,427,685
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01		247,469		85,954
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		14,463,779		7,513,639

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		255,896		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99	NONE	NONE
4 TOTAL INTERIM PAYMENTS		255,896		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			1	
7 TOTAL MEDICARE PROGRAM LIABILITY			255,895	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	210,291	
1.09	NET IPF PPS OUTLIER PAYMENTS	96,204	
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	2.619178	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF .5150 - 1.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	306,495	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	306,495	
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	306,495	
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL	306,495	
7	DEDUCTIBLES	50,600	
8	SUBTOTAL	255,895	
9	COINSURANCE		
10	SUBTOTAL	255,895	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	255,895	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	255,895
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	255,896
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-1
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

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	2,020,036	
2		MEDICAL AND OTHER SERVICES		
3		INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4		ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5		COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6		SUBTOTAL	2,020,036	
7		INPATIENT PRIMARY PAYER PAYMENTS		
8		OUTPATIENT PRIMARY PAYER PAYMENTS		
9		SUBTOTAL	2,020,036	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10		ROUTINE SERVICE CHARGES	835,284	
11		ANCILLARY SERVICE CHARGES	2,512,837	
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	3,348,121	
	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)	3,348,121	
21		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,328,085	
22		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23		COST OF COVERED SERVICES	2,020,036	
	PROSPECTIVE PAYMENT AMOUNT			
24		OTHER THAN OUTLIER PAYMENTS		
25		OUTLIER PAYMENTS		
26		PROGRAM CAPITAL PAYMENTS		
27		CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28		ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29		ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30		SUBTOTAL	2,020,036	
31		CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32		TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	2,020,036	
33		DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34		EXCESS OF REASONABLE COST		
35		SUBTOTAL	2,020,036	
36		COINSURANCE		
37		SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38		REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01		ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02		REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03		ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39		UTILIZATION REVIEW		
40		SUBTOTAL (SEE INSTRUCTIONS)	2,020,036	
41		INPATIENT ROUTINE SERVICE COST		
42		MEDICARE INPATIENT ROUTINE CHARGES		
43		AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44		AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45		RATIO OF LINE 43 TO 44		
46		TOTAL CUSTOMARY CHARGES		
47		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49		RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50		OTHER ADJUSTMENTS (SPECIFY)		
51		AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52		SUBTOTAL	2,020,036	
53		INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54		DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55		TOTAL AMOUNT PAYABLE TO THE PROVIDER	2,020,036	
56		SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57		INTERIM PAYMENTS	914,869	
57.01		TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58		BALANCE DUE PROVIDER/PROGRAM	1,105,167	
59		PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

Health Financial Systems MCRIF32 FOR HENDRICKS REGIONAL HEALTH
CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
PROVIDER NO: 15-0005
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/19/2011
WORKSHEET E-3
PART III

TITLE XIX HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/19/2011
 I 15-0005 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-S005 I I

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

TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	148,486	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	148,486	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	148,486	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	94,038	
11	ANCILLARY SERVICE CHARGES	59,289	
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	153,327	
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)	153,327	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,841	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	148,486	
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	148,486	
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	148,486	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	148,486	
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)	148,486	
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	148,486	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	148,486	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	45,384	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	103,102	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

Health Financial Systems MCRIF32 FOR HENDRICKS REGIONAL HEALTH
CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
I PROVIDER NO: I PERIOD: I PREPARED 5/19/2011
I 15-0005 I FROM 1/ 1/2010 I WORKSHEET E-3
I COMPONENT NO: I TO 12/31/2010 I PART III
I 15-S005 I I

TITLE XIX SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX TITLE XVIII
1 SNF PPS
2

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,881,383			
2	TEMPORARY INVESTMENTS	8,083,121			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	22,493,863			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	817,783			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	4,825,462			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	41,101,612			
FIXED ASSETS					
12	LAND	18,731,398			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	306,529,103			
14.01	LESS ACCUMULATED DEPRECIATION	-116,308,017			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	208,952,484			
OTHER ASSETS					
22	INVESTMENTS	87,508,387			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,999,696			
26	TOTAL OTHER ASSETS	89,508,083			
27	TOTAL ASSETS	339,562,179			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,464,536			
29 SALARIES, WAGES & FEES PAYABLE	7,388,488			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,995,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	4,257,629			
36 TOTAL CURRENT LIABILITIES	19,105,653			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	122,861,525			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	122,861,525			
43 TOTAL LIABILITIES	141,967,178			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	197,595,001			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	197,595,001			
52 TOTAL LIABILITIES AND FUND BALANCES	339,562,179			

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/19/2011
 I 15-0005 I FROM 1/ 1/2010 I WORKSHEET G-3
 I I TO 12/31/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	354,297,646
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	188,313,937
3	NET PATIENT REVENUES	165,983,709
4	LESS: TOTAL OPERATING EXPENSES	164,693,562
5	NET INCOME FROM SERVICE TO PATIENTS	1,290,147
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	2,549,663
24.01	INVESTMENT INCOME	7,181,370
25	TOTAL OTHER INCOME	9,731,033
26	TOTAL	11,021,180
	OTHER EXPENSES	
27	CONTRIBUTION	3,124,909
28		
29		
30	TOTAL OTHER EXPENSES	3,124,909
31	NET INCOME (OR LOSS) FOR THE PERIOD	7,896,271

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,081,788
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	117,653
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	46.70
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	1.84
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.83
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	16.67
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.43
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	37,105
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,236,546

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	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,782,258		25,782,258	2,351	25,784,609
26	INTENSIVE CARE UNIT	4,715,676		4,715,676		4,715,676
31	SUBPROVIDER	1,468,105		1,468,105		1,468,105
33	NURSERY	946,010		946,010		946,010
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	9,216,146		9,216,146		9,216,146
37 01	ENDOSCOPY	1,434,167		1,434,167		1,434,167
38	RECOVERY ROOM	1,682,947		1,682,947		1,682,947
39	DELIVERY ROOM & LABOR ROO	2,181,053		2,181,053		2,181,053
40	ANESTHESIOLOGY	220,593		220,593		220,593
41	RADIOLOGY-DIAGNOSTIC	10,027,689		10,027,689		10,027,689
41 01	RADIATION-ONCOLOGY	7,782,376		7,782,376		7,782,376
44	LABORATORY	8,562,688		8,562,688		8,562,688
48	INTRAVENOUS THERAPY	1,474,200		1,474,200		1,474,200
49	RESPIRATORY THERAPY	3,408,905		3,408,905		3,408,905
50	PHYSICAL THERAPY	4,960,505		4,960,505		4,960,505
51	OCCUPATIONAL THERAPY	579,468		579,468		579,468
52	SPEECH PATHOLOGY	328,300		328,300		328,300
53	ELECTROCARDIOLOGY	2,672,367		2,672,367	8,932	2,681,299
53 01	CARDIAC REHAB	687,112		687,112		687,112
54	ELECTROENCEPHALOGRAPHY	381,215		381,215		381,215
55	MEDICAL SUPPLIES CHARGED	2,304,155		2,304,155		2,304,155
55 30	IMPL. DEV. CHARGED TO PAT	3,376,534		3,376,534		3,376,534
56	DRUGS CHARGED TO PATIENTS	8,587,449		8,587,449		8,587,449
56 01	ULTRA SOUND	700,845		700,845		700,845
57	RENAL DIALYSIS	38,552		38,552		38,552
59	NUCLEAR MEDICINE	564,457		564,457		564,457
60	OUTPAT SERVICE COST CNTRS CLINIC	6,434,611		6,434,611		6,434,611
61	EMERGENCY	7,803,157		7,803,157	31,142	7,834,299
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,753,106		5,753,106		5,753,106
101	SUBTOTAL	124,074,646		124,074,646	42,425	124,117,071
102	LESS OBSERVATION BEDS	5,753,106		5,753,106		5,753,106
103	TOTAL	118,321,540		118,321,540	42,425	118,363,965

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	18,365,874		18,365,874			
26	INTENSIVE CARE UNIT	5,184,287		5,184,287			
31	SUBPROVIDER	837,721		837,721			
33	NURSERY	4,112,928		4,112,928			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,534,882	13,494,705	22,029,587	.418353	.418353	.418353
37 01	ENDOSCOPY	378,466	5,006,899	5,385,365	.266308	.266308	.266308
38	RECOVERY ROOM	1,205,031	2,659,303	3,864,334	.435508	.435508	.435508
39	DELIVERY ROOM & LABOR ROO	5,990,639	729,766	6,720,405	.324542	.324542	.324542
40	ANESTHESIOLOGY	1,804,875	5,298,909	7,103,784	.031053	.031053	.031053
41	RADIOLOGY-DIAGNOSTIC	7,512,371	46,178,819	53,691,190	.186766	.186766	.186766
41 01	RADIATION-ONCOLOGY	108,109	19,965,908	20,074,017	.387684	.387684	.387684
44	LABORATORY	12,310,924	42,687,293	54,998,217	.155690	.155690	.155690
48	INTRAVENOUS THERAPY	1,238,717	2,815,520	4,054,237	.363620	.363620	.363620
49	RESPIRATORY THERAPY	3,821,253	3,286,552	7,107,805	.479600	.479600	.479600
50	PHYSICAL THERAPY	1,460,158	8,393,038	9,853,196	.503441	.503441	.503441
51	OCCUPATIONAL THERAPY	582,672	918,103	1,500,775	.386113	.386113	.386113
52	SPEECH PATHOLOGY	65,851	159,402	225,253	1.457472	1.457472	1.457472
53	ELECTROCARDIOLOGY	3,456,394	8,667,596	12,123,990	.220420	.220420	.221156
53 01	CARDIAC REHAB	18,920	616,127	635,047	1.081986	1.081986	1.081986
54	ELECTROENCEPHALOGRAPHY	101,528	326,106	427,634	.891452	.891452	.891452
55	MEDICAL SUPPLIES CHARGED	3,834,286	2,922,001	6,756,287	.341039	.341039	.341039
55 30	IMPL. DEV. CHARGED TO PAT	4,144,878	1,963,003	6,107,881	.552816	.552816	.552816
56	DRUGS CHARGED TO PATIENTS	8,524,127	8,867,124	17,391,251	.493780	.493780	.493780
56 01	ULTRA SOUND	1,170,055	4,865,772	6,035,827	.116114	.116114	.116114
57	RENAL DIALYSIS	82,534		82,534	.467104	.467104	.467104
59	NUCLEAR MEDICINE	160,126	2,053,455	2,213,581	.254997	.254997	.254997
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	48,990	17,836,424	17,885,414	.359769	.359769	.359769
61	EMERGENCY	2,901,432	14,476,797	17,378,229	.449019	.449019	.450811
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		3,403,811	3,403,811	1.690195	1.690195	1.690195
101	SUBTOTAL	97,958,028	217,592,433	315,550,461			
102	LESS OBSERVATION BEDS						
103	TOTAL	97,958,028	217,592,433	315,550,461			

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,216,146	1,013,638	8,202,508	101,364	475,745	8,639,037
37 01	ENDOSCOPY	1,434,167	52,813	1,381,354	5,281	80,119	1,348,767
38	RECOVERY ROOM	1,682,947	394,941	1,288,006	39,494	74,704	1,568,749
39	DELIVERY ROOM & LABOR ROO	2,181,053	283,217	1,897,836	28,322	110,074	2,042,657
40	ANESTHESIOLOGY	220,593	11,340	209,253	1,134	12,137	2,07,322
41	RADIOLOGY-DIAGNOSTIC	10,027,689	1,294,165	8,733,524	129,417	506,544	9,391,728
41 01	RADIATION-ONCOLOGY	7,782,376	490,392	7,291,984	49,039	422,935	7,310,402
44	LABORATORY	8,562,688	552,609	8,010,079	55,261	464,585	8,042,842
48	INTRAVENOUS THERAPY	1,474,200	64,533	1,409,667	6,453	81,761	1,385,986
49	RESPIRATORY THERAPY	3,408,905	313,991	3,094,914	31,399	179,505	3,198,001
50	PHYSICAL THERAPY	4,960,505	728,616	4,231,889	72,862	245,450	4,642,193
51	OCCUPATIONAL THERAPY	579,468	52,768	526,700	5,277	30,549	543,642
52	SPEECH PATHOLOGY	328,300	42,606	285,694	4,261	16,570	307,469
53	ELECTROCARDIOLOGY	2,672,367	236,964	2,435,403	23,696	141,253	2,507,418
53 01	CARDIAC REHAB	687,112	36,073	651,039	3,607	37,760	645,745
54	ELECTROENCEPHALOGRAPHY	381,215	111,120	270,095	11,112	15,666	354,437
55	MEDICAL SUPPLIES CHARGED	2,304,155	463,766	1,840,389	46,377	106,743	2,151,035
55 30	IMPL. DEV. CHARGED TO PAT	3,376,534	30,103	3,346,431	3,010	194,093	3,179,431
56	DRUGS CHARGED TO PATIENTS	8,587,449	161,033	8,426,416	16,103	488,732	8,082,614
56 01	ULTRA SOUND	700,845	29,408	671,437	2,941	38,943	658,961
57	RENAL DIALYSIS	38,552	841	37,711	84	2,187	36,281
59	NUCLEAR MEDICINE	564,457	26,568	537,889	2,657	31,198	530,602
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,434,611	730,531	5,704,080	73,053	330,837	6,030,721
61	EMERGENCY	7,803,157	1,078,187	6,724,970	107,819	390,048	7,305,290
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,753,106	766,394	4,986,712	76,639	289,229	5,387,238
101	SUBTOTAL	91,162,597	8,966,617	82,195,980	896,662	4,767,367	85,498,568
102	LESS OBSERVATION BEDS	5,753,106	766,394	4,986,712	76,639	289,229	5,387,238
103	TOTAL	85,409,491	8,200,223	77,209,268	820,023	4,478,138	80,111,330

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	22,029,587	.392156	.413752
37 01	ENDOSCOPY	5,385,365	.250450	.265328
38	RECOVERY ROOM	3,864,334	.405956	.425288
39	DELIVERY ROOM & LABOR ROO	6,720,405	.303948	.320328
40	ANESTHESIOLOGY	7,103,784	.029185	.030893
41	RADIOLOGY-DIAGNOSTIC	53,691,190	.174921	.184356
41 01	RADIATION-ONCOLOGY	20,074,017	.364172	.385241
44	LABORATORY	54,998,217	.146238	.154686
48	INTRAVENOUS THERAPY	4,054,237	.341861	.362028
49	RESPIRATORY THERAPY	7,107,805	.449928	.475183
50	PHYSICAL THERAPY	9,853,196	.471136	.496046
51	OCCUPATIONAL THERAPY	1,500,775	.362241	.382596
52	SPEECH PATHOLOGY	225,253	1.364994	1.438556
53	ELECTROCARDIOLOGY	12,123,990	.206815	.218465
53 01	CARDIAC REHAB	635,047	1.016846	1.076306
54	ELECTROENCEPHALOGRAPHY	427,634	.828833	.865467
55	MEDICAL SUPPLIES CHARGED	6,756,287	.318375	.334174
55 30	IMPL. DEV. CHARGED TO PAT	6,107,881	.520546	.552323
56	DRUGS CHARGED TO PATIENTS	17,391,251	.464752	.492854
56 01	ULTRA SOUND	6,035,827	.109175	.115627
57	RENAL DIALYSIS	82,534	.439589	.466087
59	NUCLEAR MEDICINE	2,213,581	.239703	.253797
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	17,885,414	.337187	.355684
61	EMERGENCY	17,378,229	.420370	.442815
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,403,811	1.582708	1.667680
101	SUBTOTAL	287,049,651		
102	LESS OBSERVATION BEDS	3,403,811		
103	TOTAL	283,645,840		